MAPP HHTS Release 2.8 Updates

Below is a summary of major changes that will be made to the MAPP HHTS during Release 2.8, which is currently scheduled to be deployed on January 10th. A number of fields will be added to files in the release, so in addition to the below, please reference the MAPP HHTS File Specifications V6.0 excel document. A more detailed File Specifications document will be issued in the near future. More detail related to changes implemented in this release will also be presented during the December 12th biweekly webinar.

HCBS Related Changes

- Changes to the Children's Referral Portal (CRP) to accommodate carve-in of children's HCBS services.
    - After agreeing to the Terms and Conditions the CRP will now display a "Referral Rationale" screen. On this screen providers will select if they are referring a child that qualifies for 'Chronic Conditions Only', 'HCBS Only', or' Chronic Conditions and HCBS'. This information will be added to the Children's Referral Download file in a new field called "Chronic Conditions."
    - Based on the selection made on the "Referral Rationale" screen the provider will be taken to another appropriate screen where they will select Chronic Conditions and appropriateness criteria and/or the HCBS attestation.
    - The newly available selections will be displayed on the referral PDF, CRP info tab, Children's Referral Download file, Managed Care Assignment file, and Health Home Assignment file.
    - HCBS information will be included on the Children's Referral Download file in a new field called "HCBS" (HCBS/None) and on the Assignment Download files in a new field called "Child HCBS Flag" as follows:
        - O – HCBS Only
        - H – Chronic Conditions and HCBS
        - N – Chronic Conditions Only

- HCBS flag added to Enrollment Download
    - On the Enrollment Download File the system will look to R/E codes to determine HCBS eligibility and will populate the field with a 'Y' for any child who currently has an HCBS R/E code (23, 62, 63, 65, 72, 73, 74, K1, K2, K3, K4, K5, K6, K7, K8, K9, KK)

- Pull in of HCBS Assessment information
    - The HCBS Assessment information will be pulled in from the UAS
    - This information will be displayed under the Assessment tab, with a new inner tab – "Children's HCBS Eligibility"

- New Assessment Download File

- o This file contains Children's HCBS eligibility information and CANs-NY Assessment information
- o This file will be available to MCPs, HHs, and CMA users
  - MCPS will be able to see all assessments that have a signed and finalized date in between the members begin and end date with the MCP
  - HHs and CMAs will be able to see all assessments that have a signed and finalized date in between the member's segment with the downloading provider or if the signed and finalized date is within 12 months prior to the segment begin date.

Ability to Suggest Providers via the CRP

- Addition of a Suggested Providers Screen to the CRP
  - o If a provider is making a straight referral (not putting a member directly into a segment) they will now receive the "Suggested Providers" Screen in the CRP after entering consenter contact information.
  - o This screen is optional but will collect information from the referring provider related to suggested HH and CMA.
  - o This information will not be used to make system assignments, but will be displayed on the Assignment Download Files, Children's Referral Download file, referral PDF and CRP info tab.

Changes to Billing Questionnaires

- Additional Questions and Responses added to the HML
  - o The Question "Please select the health home qualifying conditions most applicable to the member" will be updated to include the option "Adult HCBS and other conditions"
    - When this option is selected another condition must also be selected
    - On the BSU/BSD files this new response will be coded as 28
  - o The Question "Did the member complete the UAS Complexity High Risk Assessment?" will be added to adult HML questions. This question will appear on screen in the functional requirements section for enrollment segments on and after 1/1/2019
    - This question will be required on full HMLs and possible responses are Y/N/U
    - This field will be added to the Billing Support Upload File – Field #35.
    - This field will be added to the Billing Support Download File – Field #81
  - o Due to changes made to the HML providers will be required to complete a full HML for Jan 2019 DOS

- Additional Responses for Children's Questionnaire for enrollment billing
  - o The Question "Please select the health home qualifying conditions most applicable to the member" will be updated to include the options "Children's HCBS only" and "Children's HCBS and other conditions"

- If selecting "Children's HCBS only" one will receive an error message if they select other qualifying conditions as well
- If selecting "Children's HCBS and other conditions" one must select other conditions
- Coding for these additional responses on the BSU/BSD are as follows:
  - 24 – Children's HCBS only
  - 26 – Children's HCBS and other conditions