



### Log In


<https://www.cyberaccessonline.net>

Use your assigned User Name and Password.

Review the End User License Agreement and select 'I Accept'.

### Search

- Enter the participant's ID (DCN) and birth date or last name in the 'Search for Participant' panel and select 'Search'; or
- Select the participant from the 'Site Patients' panel. The Site Patients panel will display participants that have had case actions by a user within your practice and site within the last 90 days.

**Note: An additional participant specific search feature is available within the screens of the HCBS Web Tool by selecting the  at the top right of each screen. Utilizing this search will navigate the user to the Participant Case Summary screen for the newly selected participant.**

### MO HealthNet Demographics Screen

This information is populated from the Missouri Medicaid Information System (MMIS) and can only be changed by contacting Family Support Division.

Select 'HCBS' from the dropdown box on the screen menu bar labeled HCBS to navigate to the participant's record.


The following policy is separated into two different processes:

- 1.) Outlines the reassessment process for participants that have a previous assessment in the HCBS Web Tool.
- 2.) Outlines the reassessment process for participants that are being transitioned from either the LTACS or CDS Database into the HCBS Web Tool.

**Reassessment of participants that have a previous assessment in the  
HCBS Web Tool**

**Participant Case Summary Screen**




**Demographics**

The information shall be reviewed, updated and saved as needed. Select the 'Save'  if any information has been changed.

**Physician Information**

Review and update the Physician Information.

Physician information can be added either:

- Manually by selecting the ; or
- Through the Physician search feature. Physician search can be completed by entering last name, city or zip code and selecting the 
  - Select the  for the participant's physician to populate the physician information fields. The physician ID will remain blank.


**Eligibility**

The 'HCB Medicaid Referral' checkbox shall be utilized, typically by the call center staff, to facilitate access to the HCBS Web Tool for **new** HCBS referrals. Selection of the checkbox enables the Prescreen for those participants who are eligible for Medicaid spenddown but not in an active period of eligibility and are requesting an Aged and Disabled Waiver service (see Chapter 2). This checkbox should not be utilized at reassessment.


The 'CDS Restricted' checkbox shall be utilized to denote participants who have been determined at the conclusion of an investigation to no longer be eligible for authorization of Consumer Directed Personal Care Services. Selection of this check will restrict authorization of 'Personal Care Consumer Directed Model' throughout the web tool application.


Review the Eligibility section to verify the participant's Medicaid eligibility for continued HCBS authorization. Additional information on the 'HCBS Eligibility' tab will provide ME code, age and applicable spenddown messages. Medicaid eligibility in the HCBS Web Tool may not reflect 'real time' information, as updates to the system require an overnight transaction. Additional Medicaid information may be accessed through use of LFAM and associated screens within the Mo. Dept. of Social Services Network.

**Other Information**

Review 'Other Responsible Person' and 'Formal Supports' and update as necessary. Select the  to save each category.

**Case Items**

Case Items provides a list of the various case stages including Prescreen (if applicable), Assessment(s) and Prior Authorization – Care Plan(s). To see Case Items related to a specific case select the .

To initiate a reassessment for a participant with an open case who was previously assessed through the HCBS Web Tool select  at the bottom of the Participant Case Summary screen. This will create an open Reassessment in the Case Items list and will navigate the user to the Assessment screen for completion of the InterRAI HC.

**Assessment Screen****Demographics**

Displays as previously entered from the Participant Case Summary screen. The information shall be reviewed, updated and saved as needed.

**Physician Information**

Displays as previously entered from the Participant Case Summary screen. The information may be added or updated as needed.

**InterRAI HC Assessment**



Select  to access the 'InterRAI Assessment Form.'

The InterRAI HC for reassessment will populate with the answers from the last completed InterRAI HC assessment in the HCBS Web Tool when the following two steps are performed:

- 'Routine Reassessment' is selected for the answer to question #8 'Reason for Assessment' in Section A 'Identification Information'; and
- The remainder of Section A 'Identification Information' is updated and saved.

Note: Question 9 in Section A of the Assessment, 'Identification Information' shall reflect the actual date the assessment is completed with the participant.

Review all responses in the subsequent sections of the InterRAI HC with the participant.

- If updates are necessary to any of the information, the 'Save'  button must be selected at the bottom of the associated updated page to store the updated information.
- Complete Section T 'Assessment Information' and select 'Save'  to complete the InterRAI HC.

Note: The 'Date assessment signed as complete' field on Section T, 'Assessment Information' shall reflect the actual date the assessment is completed with the participant. No future dates are allowed.

- One of the following messages will be received:
  - ‘Criteria Not Met’ indicates that the individual has not met the required nursing facility level of care to be eligible for HCBS. No further action on the Assessment screen is allowed. Adverse Action policy per Chapter 5 shall be followed; or
  - ‘Criteria Met’ indicates that the individual has met the required nursing facility level of care.
- Close the InterRAI Assessment Outcome box.

Select ‘Submit Assessment’. This completes and locks the InterRAI HC. Editing of the InterRAI HC is no longer allowed.

If ‘Criteria Met’ is received, the development of the care plan within the ‘Care Plan Services’ section will be enabled.

To complete the Reassessment processes within the HCBS Web Tool refer to policy 10.05 HCBS Web Tool – Initial Assessment, beginning at page 5 ‘Care Plan Services and continue to the end of policy 10.05.

The **effective date** for the reauthorized services at reassessment shall be:

- Coordinated with the end date of the previous Prior Authorization to ensure there are no gaps in services or overlap of dates (see below);
- On or after the date of level of care determination from the InterRAI HC for reassessment; and
- Associated with the reassessment completed date (except in cases of adverse action).

The **end date** for the reauthorized services shall not exceed the last full month within 365 days from the level of care determination from the reassessment.


### **End dating the previous HCBS Prior Authorization – Care Plan**

To complete a reassessment it is imperative that the previous Prior Authorization be closed or end dated. However, an end date cannot be earlier than the current date therefore the assessor must be aware of both the end date of the previous Prior Authorization and the new effective date from the recently completed reassessment. Coordination of these dates will prevent a gap in service or overlap (duplication) of the dates of the Prior Authorizations.

### **Participant Case Summary Screen**

#### **Case Items**


Expand the appropriate case by selecting the  sign.

Select the  for the previous Prior Authorization - Care Plan to be end dated. This will navigate the user to the Prior Authorization (header) screen.

#### **Prior Authorization (header)**

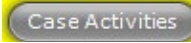
On the Prior Authorization (header) screen of the care plan to be closed, select ‘Prior Authorizations’ in the blue menu at the top of the screen. From the drop down list, select ‘End Date the PA’.

A pop up box will display. Enter the current date, or the actual date the authorization is to end. Although the end date cannot be backdated, the user shall coordinate the end date of the previous authorization with the start date of the reauthorized services from the reassessment to ensure there are no gaps in services or overlap of dates.

Select . This will end date all of the services in the current Prior Authorization – Care Plan. The user will be navigated to the Prior Authorization Detail screen. The newly entered End Date will be displayed. Exit from the Prior Authorization Detail screen.

### **Adverse Action**

Any reassessment that adversely affects the participant shall require the user to follow the Adverse Action policy (see Chapter 5). The prior authorization from the reassessment should not be submitted pending the response from the participant regarding the Adverse Action Notification. Effective and end dates of the reauthorized services and the end date for the previous authorization shall be coordinated based on the participant's response to adverse action notification and related policy.

Note: Case Notes accessed through the 'Case Activities' button  on the Participant Case Summary screen shall thoroughly document all participant related actions/contacts necessary to reassess and reauthorize HCBS. All required documents shall also be attached to the HCBS Web Tool on the Case Activity screen.




### **Reassessment of participants that are being transitioned from either the LTACS or CDS Database into the HCBS Web Tool**


Current participants in either the LTACS or CDS database must first have a case opened in the HCBS Web Tool before proceeding with the reassessment. To open a case, the user shall complete the Participant Case Summary screen (see below).

#### **Participant Case Summary Screen**

##### **Demographics**

Complete/update demographic information:




- Verify address is required. Select the  to review all of the information in the 'FSD address' by answering 'yes' or 'no'. If the answer is 'no' complete the 'Current Address' information and select the  to save.  
Note: If directions are needed, 'Directions to Residence' must be entered/edited within the 'Verify Address' window. 'Direction to Residence' is not a required field. Once entered, select  to save. The directions will then populate within the Demographics.
- From the drop down boxes select appropriate options for:
  - Primary language, marital status/living arrangement and special communication needs.

- Enter any notes specific to special communication needs.
- Select 'Save' .

### **Physician Information**

Complete the Physician information.

Physician Information can be added either:

- Manually by selecting the ; or
- Through the Physician search feature. Physician search can be completed by entering last name, city or zip code and selecting the .
  - Select the  for the participant's physician to populate the physician information fields. The physician ID will remain blank.


### **Eligibility**

The 'HCB Medicaid Referral' checkbox shall be utilized typically by the call center staff to facilitate access to the HCBS Web Tool for **new** referrals in order to enable the Prescreen when the participant is eligible for Medicaid spenddown but are not in an active period of eligibility and are requesting an Aged and Disabled Waiver service (see Chapter2).. This checkbox would not be utilized at reassessment.

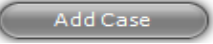
The 'CDS Restricted' checkbox shall be utilized to denote participants who have been determined through investigation to be no longer entitled to authorization of Consumer Directed Personal Care Services. Selection of this checkbox will prevent selection of 'Personal Care Consumer Directed Model' throughout the web tool application.

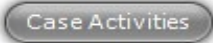
Review the Eligibility section to verify the participant's Medicaid eligibility for continued HCBS authorization. Additional information on the 'HCBS Eligibility' tab will provide ME code, age and applicable spenddown messages. Medicaid eligibility in the HCBS Web Tool may not reflect 'real time' information, as updates to the system require an overnight transaction. Additional Medicaid information may be accessed through use of LFAM and associated screens within the Mo. Dept. of Social Services Network.

### **Other Information**

Complete 'Other Responsible Person' and 'Formal Supports' and update as necessary. Select the  to save each category.

To complete a reassessment for a current participant new to the HCBS Web Tool, a case must be opened.

Select  from the bottom of the Participant Case Summary screen (Demographics on the Participant Case Summary must be saved before 'Add Case' button is enabled.) An open case will be reflected by a yellow bar with an associated case number.

Upon initiating a case, navigation to the Case Activities screen is now enabled. Selecting the  button within the open case line will navigate the user to the Case Activities screen. The Case Activity screen provides functionality to document actions relevant to the participant's services including:

- Attachments; and
- Case Notes.

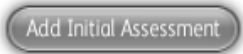
The 'Add PreScreen' and 'Add Initial Assessment' buttons at the bottom of the Participant Case Summary screen are enabled.



Although the 'Add Prescreen' button is enabled, current HCBS participants transitioning from the current data systems (LTACS and the CDS Database) into the HCBS Web Tool do **not** require a Prescreen.

**Note: The first assessment completed in the HCBS Web Tool is considered an 'Initial Assessment', even if the participant is a currently authorized in either the LTACS system or the CDS Database.**



To initiate the reassessment select  at the bottom of the Participant Case Summary screen. This will create an open 'Initial Assessment' in the Case Items list and will navigate the user to the Assessment screen for completion of the InterRAI HC.

### **Assessment Screen**

#### **Demographics**

Displays as previously entered from the Participant Case Summary screen. The information may be updated and saved as needed.

#### **Physician Information**


Displays as previously entered from the Participant Case Summary screen. The information may be added or updated as needed.

#### **InterRAI HC Assessment**

Select  to access the 'InterRAI Assessment Form'.

Complete all sections of the InterRAI HC.

- 'Initial Assessment' shall be entered in 'Section A Identification Information', question #8 since this is the first InterRAI HC completed for this individual in this open case.
- Question 9 in Section A of the Assessment, 'Identification Information' shall reflect the actual date the assessment is completed with the participant.

- Select 'Save' after each page is completed. If answers are edited during completion, save must be reselected at the bottom of the associated page.
- Complete 'Section T Assessment Information' page and select 'Save' .
  - The date entered shall reflect the date of the home visit with the participant for completion of the InterRAI HC. No future dates are allowed.
- One of the following messages will be received:
  - 'Criteria Not Met' indicates that the individual has **not** met the required nursing facility level of care for HCBS. No further action on the Assessment screen is allowed. Adverse Action policy per Chapter 5 shall be followed; or
  - 'Criteria Met' indicates that the individual has met the required nursing facility level of care.
- Close the InterRAI Assessment Outcome box.

Select 'Submit Assessment'. This completes and locks the assessment. Editing of the InterRAI HC is no longer allowed.

When the 'Criteria Met' message is received, the 'Care Plan Services' section will be enabled to allow for the development of the care plan.

To complete the Reassessment process within the HCBS Web Tool refer to policy 10.05 HCBS Web Tool – Initial Assessment, beginning at page 5 'Care Plan Services' and continue to the end of policy 10.05.

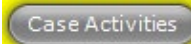
The **effective date** for the authorized services in the HCBS Web Tool shall be:

- Coordinated with the end date of the previously authorized services in either LTACS or the CDS Database to ensure there are no gaps in service or overlap of dates;
- On or after the date of level of care determination from the InterRAI HC for reassessment; and
- Associated with the reassessment completed date (except in cases of adverse action).

The **end date** for the reauthorized services shall not exceed the last full month within 365 days from the level of care determination from the reassessment.

### Adverse Action

Any reassessment that adversely affects the participant shall require the user to follow the Adverse Action policy (see Chapter 5). The prior authorization from the reassessment should not be submitted pending the response from the participant regarding the Adverse Action Notification. Effective and end dates of the authorized services and the end date for the previous authorization in the LTACS or CDS Database shall be coordinated based on the participant's response to adverse action notification and related policy.

Note: Case Notes accessed through the 'Case Activities' button  on the Participant Case Summary screen shall thoroughly document all participant related actions/contacts necessary to reassess and reauthorize HCBS. **Any attachments related to the reassessment shall be uploaded in the Attachments section of the Case Activity screen.**