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Services

The YES Waiver User Guide & YOU!

**Using CMBHS
May 2019**

Purpose



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- Strengthen compliance with contractual requirements
- Align with best practices
- Accelerate onboarding of CMBHS
- Drive feature adoption



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Overview

- Medicaid Eligibility Verification
- Clinical Eligibility
- Individual Plan of Care
- Transfer Process
- YES Waiver Service Note

Medicaid Eligibility Verification



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The **Medicaid Eligibility Verification (MEV)** feature verifies a participant's Medicaid coverage.

Tips:

- Always submit an MEV request before submitting a Clinical Eligibility document
- Review the participant's MEV on a monthly basis prior to providing services

Medicaid Eligibility Verification



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Client Profile CLI015

Client Information | Address | Contacts | **Identifiers** | Additional Information

Client Identifiers

Identifier Type	Identifier	Begin Date	End Date
No records found			

Audit Information

Created Date	1/14/2018
Last Saved Date	1/14/2018

Tips:

- Participants should have only *one* Medicaid Identifier listed in their profile
- A valid Medicaid Identifier has a *Begin Date* and *End Date*

Medicaid Eligibility Verification



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Medicaid Eligibility Verification Request MEV122

Provider NPI/API

Eligibility From Date *

Eligibility Through Date *

Client Information Fields on the page are pre-populated from either the Client Profile or the Financial Eligibility pages for the active client.

In order to perform a Medicaid Eligibility Verification Request one of the following valid field combinations is required:

- Medicaid ID and Date of Birth or
- Medicaid ID and Last Name or
- Medicaid ID and Social Security Number or
- Social Security Number and Last Name or
- Social Security Number and Date of Birth or
- Date of Birth and Last Name and First Name

Review If space has been removed from the clients First name/Last Name. Please insert it before submitting MEV Request.

Client Information to be Submitted to Medicaid Payer:

Medicaid ID

Last Name

First Name

Middle Name

Social Security Number

Date Of Birth

Message from webpage

Successfully Submitted.

↓

Sending a Medicaid Eligibility Verification Request may result in updates to the client's CMBHS Client Profile and Financial Eligibility. When the Medicaid Eligibility Verification results return, a Medicaid Eligibility Verification Results page will be added to the Client Workspace Document List.

[Return To List](#)

[Close](#) [Print](#)

Inquiry Information	
Provider NPI/API	000000000
Eligibility From	00/00/0000
Eligibility Through	04/30/2019
Medicaid ID	
Social Security Number	000000000
Date of Birth	00/00/0000
Last Name	
First Name	

Patient Information	
Medicaid ID	000000000
Date Of Birth	00/00/0000
Gender	
Social Security Number	000000000
Client Name	
Address	
City	
State	TX
Zip Code	00000
Medicare Number	
Base Plan	

Eligibility Segments							
Eff Date	End Date	Add Date	Medical Coverage	Program Type	Program	Benefit Plan	Spend Down Indicator
00/00/0000	00/00/0000	00/00/0000	R REGULAR	13 SSI, RECIPIENT	100-Medicaid	100 TRADITIONAL MEDICAID	

Medicare Segments						
Eff Date	End Date	Add Date	Medicare Type	Contract Number	PlanID	
No Medicare Segments Found						

Lock-In Segments					
Eff Date	End Date	Add Date	Name	Address	Phone
No Lock-In Segments Found					

Third Party Resource (TPR) Segments						
Eff Date	End Date	Add Date	Name	Address	Phone	Additional Information
No TPR Segments Found						

Third Party Liability (TPL) Segments					
Eff Date	End Date	Date Of Loss	Address	Phone	Additional Information
No TPL Segments Found					

Managed Care Segments					
Eff Date	End Date	Add Date	Organization	Name	Phone
00/00/0000	00/00/0000	00/00/0000	K3 KIDS AMERIGROUP		
00/00/0000	00/00/0000	00/00/0000	1J DENT MCNA		

Limits Segments				
Dental	Hearing Aid	Eye Exam	Eye Glasses	Medical
00/00/0000		00/00/0000	00/00/0000	00/00/0000

Audit Information	
Created By	CMBHS
Created Date	00/00/0000

[Close](#) [Print](#)

Medicaid Eligibility Verification



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03/19/2019 - Build 318

Provider Tools **Business Office** Data Account Management Help Logout

Client Name: User Name: Episode Of Care:
Client Number: Local Case:

MEV123

Refresh Print Close

Medicaid Eligibility Verification List

Clear Filters

Client Name	Date Of Birth	Medicaid ID	Social Security Number	From Date	Through Date	Date Submitted	Status	Link
All	All	All	All	All	All	All	All	All
	0/00/0000	000000000	000000000	0/00/0000	0/00/0000	0/0/0000 0:00:00 PM	Processed	View Results
	0/00/0000	000000000		0/00/0000	0/00/0000	0/00/0000 0:00:00 PM	Processed	View Results

Clear Filters

Page size: 50

2 items in 1 pages

Refresh Print Close

This page lists only Medicaid Eligibility Verification Requests that were submitted by users in CMBHS.

DSHS CMBHS Help Line: 1-866-806-7806

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Clinical Eligibility

Clinical Eligibility (CE) document is a multi-purpose document which contains information related to an individual's clinical eligibility for or enrollment in YES Waiver.

This document summarizes the individual's clinical history and is used to:

- determinate clinical eligibility;
- transfer an enrolled participant's services; and
- end a participant's enrollment.



CE Document Types

DOCUMENT TYPE	PURPOSE
Pending	Initial assessment of individual without Medicaid
Initial	Initial assessment of individual with Medicaid
Annual Renewal	Annual re-assessment of enrolled participants
LMHA Transfer Out/ LMHA Transfer In	Transfer of an enrolled participant's eligibility to a new service region
Termination	Termination of a participant's enrollment



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Creating a Clinical Eligibility Document

Submitting a YES Assessment (CANS)



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Submitting a CE



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Individual Plan of Care

- The **Individual Plan of Care (IPC)** document is a multi-purpose document which allows users to submit a request for YES Waiver services.
- Services must:
 - Be developed through the Child and Family Team meeting;
 - Support the participant's mental health needs; and
 - Be documented on the participant's Wraparound Plan of Care.



IPC Document Types

DOCUMENT TYPE	PURPOSE
Initial	Initial request for services. Services must be necessary to support participant's Crisis and Safety Plan
Revision	Request for change(s) to a participant's service(s)
Annual Renewal	Request for continued service(s) at annual re-enrollment
LMHA Transfer Out/ LMHA Transfer In	Transfer of an enrolled participant's services to a new service region
Outgoing Estimate/ Incoming Estimate	Transfer of an enrolled participant's services to a new service provider



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Creating an IPC Document

Submitting an IPC



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Transfer Process

- The **Transfer Process** allows a YES Waiver participant to transfer their YES Waiver services to a new provider.
- If the participant has moved to a different Local Service Area (LSA), this is considered an **LMHA to LMHA Transfer**.
- If the participant chooses a different service provider, this is considered a **Comprehensive Waiver Provider (CWP) Transfer**.



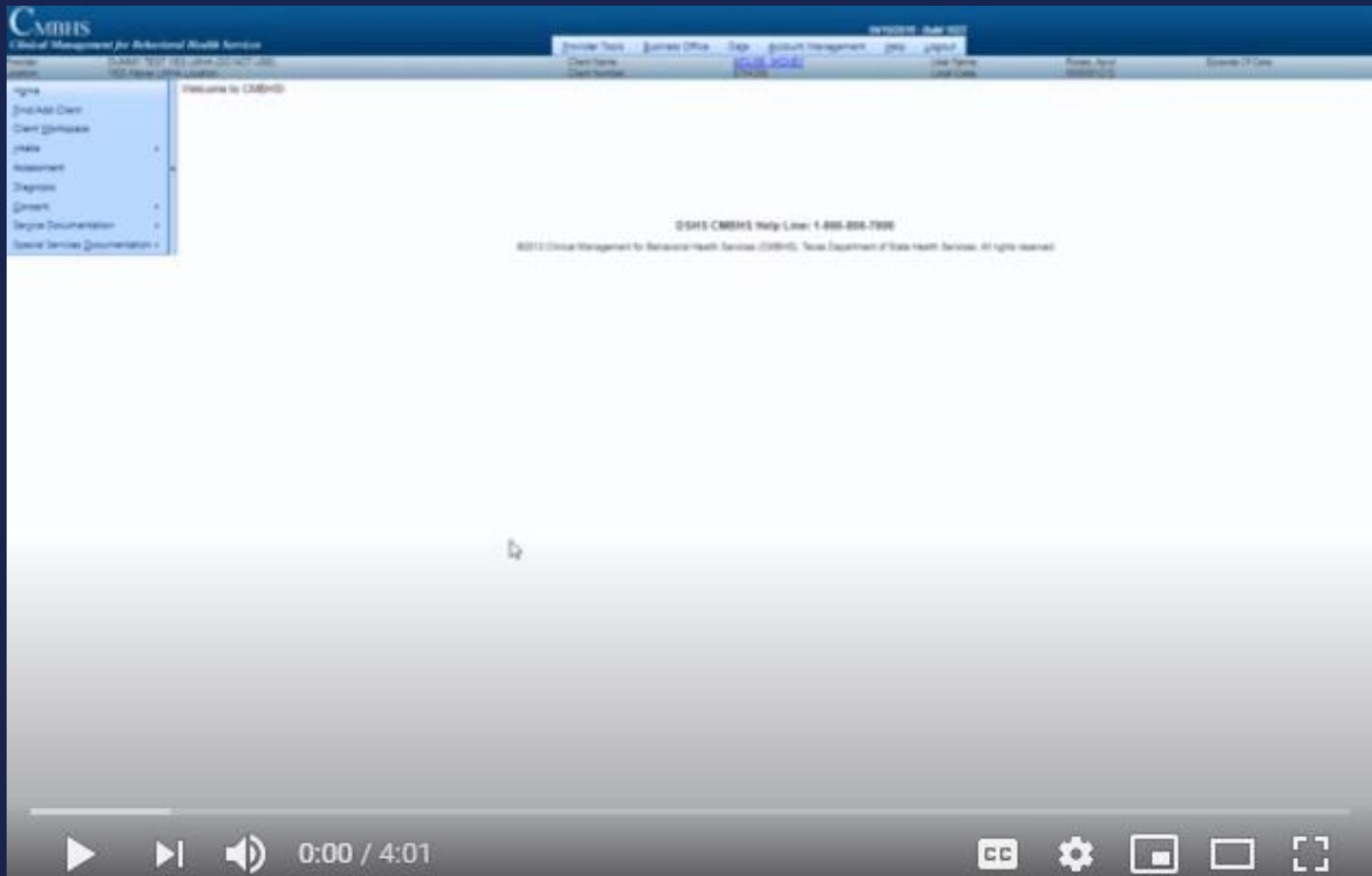
LMHA to LMHA Transfer

- The **LMHA to LMHA Transfer** requires the submission of the **LMHA Transfer CE** and **LMHA Transfer IPC** documents.
- These documents must be submitted in the following order:
 1. LMHA Transfer Out CE
 2. LMHA Transfer Out IPC
 3. LMHA Transfer In CE
 4. LMHA Transfer In IPC

Submitting an LMHA Transfer Out CE



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Submitting an LMHA Transfer In CE



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A screenshot of the CMBHS (Clinical Management for Behavioral Health Services) web application. The interface is in a light blue theme. At the top, there's a header with the CMBHS logo and navigation links like 'Provider Tools', 'Business Office', 'Help', 'Account Management', 'Sign Out', and 'Logout'. Below the header, there's a navigation menu on the left with options like 'Home', 'Checklist Client', 'Client Dashboard', 'Intake', 'Assessment', 'Diagnosis', 'Consent', 'Service Documentation', and 'Special Services Documentation'. The main content area displays 'Welcome to CMBHS!' and 'DSHS CMBHS Help Line: 1-800-806-7806'. At the bottom, there's a footer with the text '©2019 Clinical Management for Behavioral Health Services (CMBHS), Texas Department of State Health Services. All rights reserved.' The screenshot is presented as a video player with a play button, a progress bar showing 0:00 / 4:44, and other standard video controls.

Comprehensive Waiver Provider Transfer



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- The **Comprehensive Waiver Provider (CWP) Transfer** process applies to LMHA with more than one Comprehensive Waiver Provider.
- The **CWP Transfer** requires the submission of the **Outgoing Estimate IPC** and **Incoming Estimate IPC** documents.

Submitting an Outgoing Estimate



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CMBHS
Clinical Management for Behavioral Health Services

02/28/2019 - Build 1603

Provider Tools Business Office Data Account Management Help Logout

Provider: Client Name: User Name: Episode Of Care:
 Location: Client Number: Local Case: IPC139

Yes Waiver Individual Plan of Care (IPC) Save Cancel Spell Check

* IPC Type

* Performed On

Notes on IPC Type

* Annual IPC Begin Date
 * Annual IPC End Date

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Total Billable Amount	0.00
Estimated Annual Cost of Yes Waiver Services	0.00
Estimated Requisition Fee Cost	0.00
Total Estimated Cost	0.00
Remaining Amount	0.00
Total Paid Amount	0.00

YES Provider Name Provider Contact Information -

YES Wraparound/PE Service Provider Name Provider Contact Information -

Yes Waiver Services: General

General Services		TMHP Authorization Number	TMHP Response File Date 0/00/0019				
Edit General Service	Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 0/00/2019	Amount Paid As Of 0/00/2019
<input type="button" value="Edit"/>	Animal Assisted Therapy - Individual		15 min	19.36			
	Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94			
<input type="button" value="Edit"/>	Animal Assisted Therapy -Group		15 min	19.36			

Submitting an Incoming Estimate



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02/28/2019 - Build 1603

Provider Tools Business Office Data Account Management Help Logout

Provider: Client Name: User Name: Episode Of Care:
 Location: Client Number: Local Case:

Yes Waiver Individual Plan of Care (IPC) IPC139

Save Cancel Spell Check

* IPC Type

* Performed On

Notes on IPC Type

* Annual IPC Begin Date
 * Annual IPC End Date

ANNUAL TOTAL SUMMARY FOR ALL WAIVER SERVICES	AMOUNT
Total Billable Amount	0.00
Estimated Annual Cost of Yes Waiver Services	0.00
Estimated Requisition Fee Cost	0.00
Total Estimated Cost	0.00
Remaining Amount	0.00
Total Paid Amount	0.00

YES Provider Name Provider Contact Information -

YES Wraparound/PE Service Provider Name Provider Contact Information -

Yes Waiver Services: General

General Services		TMHP Authorization Number	TMHP Response File Date 0/00/0019				
Edit General Service	Service Name	Requested Units	Unit Time	Unit Rate	Estimated Annual Cost	Units Documented As Of 0/00/2019	Amount Paid As Of 0/00/2019
<input type="button" value="Edit"/>	Animal Assisted Therapy - Individual		15 min	19.36			
	Animal Assisted Therapy - Individual - Requisition Fee		15 min	1.94			
<input type="button" value="Edit"/>	Animal Assisted Therapy -Group		15 min	19.36			



YES Waiver Service Note

The **YES Waiver Service Note** documents services delivered to a participant.

Tips:

- Review the participant's **Client Workspace** to confirm the participant has a **YES Waiver IPC** authorized by TMHP.
- Some organizations may have developed a batch process to submit YES Waiver Service Notes and claims. Speak to your organization to learn more.

Submitting a YES Waiver Service Note



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02/28/2019 - Build 1603

Provider Tools Business Office Data Account Management Help Logout

Provider: Client Name: User Name: Episode Of Care:
Location: Client Number: Local Case:

Yes Waiver Service Note YSN140

Save Cancel Spell Check

Service Note Type	YES Waiver Service Note
Service Date	* <input type="text"/> mm/dd/yyyy
Authorized IPC	Enter a Service Date.
Service Type	* None Selected ▾
Service Description	* None Selected ▾
Authorization Number	
Service Location	* None Selected ▾
Start Time	* <input type="text"/> hh:mm * <input type="radio"/> AM <input checked="" type="radio"/> PM
End Time	* <input type="text"/> hh:mm * <input type="radio"/> AM <input checked="" type="radio"/> PM
Duration	
Authorized Units	0
Remaining Units	0
Service Units	0
Billing Unit	

Comments

Performed By * None Selected ▾
Document Status * Draft ▾
Document Status Date

Save Cancel Spell Check

DSHS CMBHS Help Line: 1-866-806-7806

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Thank you

YES Waiver

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