The YES Waiver User Guide & YOU!

Using CMBHS
May 2019
Purpose

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

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

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

Tips:

• Participants should have only one Medicaid Identifier listed in their profile

• A valid Medicaid Identifier has a Begin Date and End Date

5/20/2020
Medicaid Eligibility Verification

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

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

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.
### Medicaid Eligibility Verification Result

#### Inquiry Information
- Provider (NPI/API): 0000000000
- Eligibility From: 04/01/2020
- Eligibility Through: 04/30/2019
- Medicaid ID: 000000000
- Social Security Number: 000000000
- Date of Birth: 00/00/0000

#### Patient Information
- Medicaid ID: 000000000
- Date of Birth: 00/00/0000
- Gender: 
- Social Security Number: 000000000
- Client Name: 
- Address: 
- City: 
- State: TX
- Zip Code: 
- Medicare Number: 000000
- Base Plan: 

#### Eligibility Segments
<table>
<thead>
<tr>
<th>EFF Date</th>
<th>End Date</th>
<th>Add Date</th>
<th>Medical Coverage</th>
<th>Program Type</th>
<th>Program</th>
<th>Benefit Plan</th>
<th>Spend Down Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>R.REGULAR</td>
<td>13 SIG RECIPIENT</td>
<td>100-Medcard</td>
<td>100.TRADITIONAL MEDICAI</td>
<td></td>
</tr>
</tbody>
</table>

#### Medicare Segments
- No Medicare Segments Found

#### Look-Up Segments
- No Look-Up Segments Found

#### Third Party Resource (TPR) Segments
- No TPR Segments Found

#### Third Party Liability (TPL) Segments
- No TPL Segments Found

#### Managed Care Segments
<table>
<thead>
<tr>
<th>EFF Date</th>
<th>End Date</th>
<th>Add Date</th>
<th>Organization</th>
<th>Name</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>KS KIDS AVERAGE</td>
<td>Group</td>
<td></td>
</tr>
<tr>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>00/00/0000</td>
<td>DENT MONA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Limits Segments
- No limits found

#### Audit Information
- Created By: CMSBHS
- Created Date: 00/00/0000

#### Contact Information
DHS CMSBHS Help Line: 1-888-888-7308

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Medicaid Eligibility Verification

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

DSHS CMHMS Help Line 1-866-386-1965

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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

<table>
<thead>
<tr>
<th>DOCUMENT TYPE</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>Initial assessment of individual without Medicaid</td>
</tr>
<tr>
<td>Initial</td>
<td>Initial assessment of individual with Medicaid</td>
</tr>
<tr>
<td>Annual Renewal</td>
<td>Annual re-assessment of enrolled participants</td>
</tr>
<tr>
<td>LMHA Transfer Out/LMHA Transfer In</td>
<td>Transfer of an enrolled participant’s eligibility to a new service region</td>
</tr>
<tr>
<td>Termination</td>
<td>Termination of a participant’s enrollment</td>
</tr>
</tbody>
</table>
Creating a Clinical Eligibility Document
Submitting a YES Assessment (CANS)
Submitting a CE
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

<table>
<thead>
<tr>
<th>DOCUMENT TYPE</th>
<th>PURPOSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial</td>
<td>Initial request for services. Services must be necessary to support participant’s Crisis and Safety Plan</td>
</tr>
<tr>
<td>Revision</td>
<td>Request for change(s) to a participant’s service(s)</td>
</tr>
<tr>
<td>Annual Renewal</td>
<td>Request for continued service(s) at annual re-enrollment</td>
</tr>
<tr>
<td>LMHA Transfer Out/LMHA Transfer In</td>
<td>Transfer of an enrolled participant’s services to a new service region</td>
</tr>
<tr>
<td>Outgoing Estimate/Incoming Estimate</td>
<td>Transfer of an enrolled participant’s services to a new service provider</td>
</tr>
</tbody>
</table>
Creating an IPC Document
Submitting an IPC
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.
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
Submitting an LMHA Transfer In CE
Comprehensive Waiver Provider Transfer

- 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
Submitting an Incoming Estimate
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
Thank you

YES Waiver
yeswaiver@hhsc.state.tx.us