

Release Notes (7.81) - 08.14.2020

Texas Health and Human Service Commission (HHSC)																		
Clinical Management for Behavioral Health Services (CMBHS)																		
Release Information																		
Date August 14, 2020																		
Page or Function	Description of Change and/or User Instructions	Business Entity/User Type Impacted																
Service Begin - (SER030): Revise Service Begin	<p>The issue with CMBHS not allowing multiple concurrent services to be started for Outpatient and Ambulatory Detox has been resolved.</p> <p>Now, user can enter start dates for multiple concurrent services in both Outpatient and Ambulatory Detox for an individual receiving services with the same provider without causing billing errors.</p> <p>For services at different Providers: No Validation rule, services should be allowed irrespective of any type of service.</p> <p>For services within same Provider: Validation rule is as per below table</p> <p>The table below shows allowable concurrent services.</p> <table><tr><th>Service Type Overlap Rules</th><th>Residential</th><th>Ambulatory</th><th>Other</th></tr><tr><td>Residential</td><td>No</td><td>No</td><td>Yes</td></tr><tr><td>Ambulatory</td><td>No</td><td>No</td><td>Yes</td></tr><tr><td>Other</td><td>Yes</td><td>Yes</td><td>Yes</td></tr></table> <p>When Service Type Overlap is No, Service Begin Date and Time of SB2 must be after the Service End Date and Time of SB1.</p> <p>The following Ambulatory Detox and Outpatient Services can overlap.</p>	Service Type Overlap Rules	Residential	Ambulatory	Other	Residential	No	No	Yes	Ambulatory	No	No	Yes	Other	Yes	Yes	Yes	Substance Use Disorder (SUD) Treatment Providers
Service Type Overlap Rules	Residential	Ambulatory	Other															
Residential	No	No	Yes															
Ambulatory	No	No	Yes															
Other	Yes	Yes	Yes															

	<ol style="list-style-type: none"> 1. If a Female client has an Outpatient – Adult service, then an Ambulatory Detoxification Specialized Female– Adult or an Ambulatory Detoxification – Adult is allowed. 2. If a Female client has an Outpatient (Specialized Female)– Adult service then an Ambulatory Detoxification Specialized Female (PPW) – Adult, or an Ambulatory Detoxification Specialized Female– Adult or an Ambulatory Detoxification – Adult is allowed. 3. If a Female client has an Outpatient Specialized Female (PPW) service – Adult then an Ambulatory Detoxification Specialized Female (PPW) – Adult, or an Ambulatory Detoxification Specialized Female Adult or an Ambulatory Detoxification – Adult is allowed. 4. If a Female client has an Ambulatory Detoxification – Adult service, then an Outpatient (Specialized Female) – Adult or an Outpatient – Adult is allowed. 5. If a Female client has an Ambulatory Detoxification Specialized Female– Adult service then an Outpatient Specialized Female (PPW) – Adult, or an Outpatient (Specialized Female)– Adult or an Outpatient – Adult is allowed 6. If a Female client has an Ambulatory Detoxification Specialized Female (PPW) – Adult service then an Outpatient Specialized Female (PPW) – Adult, or an Outpatient (Specialized Female)– Adult or an Outpatient – Adult is allowed 7. If Male Client has an Ambulatory Detoxification – Adult service, then an Outpatient – Adult and vice versa is allowed. 	
Jail Match - IDD Report in MBOW	<p>An improvement has been made to the Department of Public Safety (DPS), Texas Law Enforcement Telecommunications System (TLETS) and Clinical Management for Behavioral Health Services (CMBHS) data exchange process. In addition to checking for individuals with a history of mental health treatment, the systems will now check for individuals with a history of receiving Intellectual and Developmental Disability(IDD) services.</p> <p>Jail Match – IDD (New Report)</p> <p>This report identifies individuals that have been processed into a correctional institution, and for whom facility personnel used the Department of Public Safety (DPS), Texas Law Enforcement Telecommunications System (TLETS) to check whether the individual has received Intellectual and Developmental Disability services for the purposes of establishing continuity of care. The TLETS uses an electronic data exchange process to search for matches based on the following demographic data: last name, first name, date of birth, social security number, gender, and race against a group of individuals identified as having within the last three years been:</p> <ul style="list-style-type: none"> • hospitalized in a state psychiatric hospital; • admitted to an HHSC-funded contracted psychiatric hospital bed; or 	LIDDAs

	<ul style="list-style-type: none"> assessed, authorized, and received services by a LIDDA. <p>For individuals under the age 18, there is not a 3-year limit</p>	
Provider and Location Details	<p>HCBS-AMH, added 2 additional flags on the Provider/Location detail page; which will help in setting up the Providers of HCBS-AMH program. HCBS-AMH program has Provider Agencies (PA's) and Recovery Management Entities (RME's).</p> <p>Flags which will be displayed under Provider Details page>Provider flags are:</p> <ul style="list-style-type: none"> Is HCBS-AMH? Yes/No radio Buttons (Entered by HHSC and required) HCBS-AMH type – PA/ RME radio buttons (Entered by HHSC and required) If the HCBS-AMH flag – Yes, then hide all the other flags on the screen LBHA, TTOR service Location, IS Yes waiver, ER&S Submitted, Non LMHA MH Provider, MCO Contract Location. IF the HCBS-AMH flag - NO, then display all above mentioned flags. <p>Flags which will be displayed under Provider Details page>Provider flags are:</p> <ul style="list-style-type: none"> Is HCBS-AMH? Yes/No radio Buttons (Entered by HHSC and required) If the HCBS-AMH flag – Yes, then hide all the other flags on the screen LBHA, TTOR service Location, IS Yes waiver, ER&S Submitted, Non LMHA MH Provider, MCO Contract Location. IF the HCBS-AMH flag - NO, then display all the above-mentioned flags. HCBS-AMH type – PA/ RME radio buttons (Entered by HHSC and required) <p>"Title" field has been added under the Last Name field of contact tab of the Provider/Location Detail page and this is an optional field.</p> <p>Home and Community Based Services- Adult Mental Health will serve the Mental Health locations. All the Providers for this program will be under Location Type-MH.</p> <p>The navigation path to enter the Location Type in CMBHS is Business Office> Provider/Location Detail Page>Location>Location Information</p>	HCBS-AMH System Support
Find/Add Client	<p>For HCBS-AMH program, under 'Find/New Client', Provider Based Search Criteria will be hidden.</p> <p>For CMBHS users, under 'Customize Display of Search Results' in First, Second and Third Sort drop down fields, the label changed from Maiden Name to Mother's Maiden Name. Under Existing Client List, where information is</p>	CMBHS Users, Recovery Management Entity staff and Provider Agency staff, HHSC HCBS-AMH Users (HCBS-AMH Oversight), HCBS-

	<p>displayed about the clients who meet the search criteria, the label changed from Maiden Name to Mother's Maiden Name.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>AMH Application Reviewer, HCBS-AMH System Support, Billing Specialist</p>
Client Profile	<p>For HCBS-AMH Program, under Client Information tab of Client Profile, the following changes have been made:</p> <p>Moved Transgender field with "Yes" and "No" radio buttons from Additional Information tab to the "Demographics" section of the Client Information tab of the Client Profile.</p>	<p>Recovery Management Entity staff, Referral Specialist, Billing Specialist, HCBS-AMH users (HCBS-AMH Oversight), HCBS-AMH Application Reviewer, HCBS-AMH System Support</p>
Client Workspace	<p>For HCBS-AMH program, in the Client Workspace, Episode of Care fields will be hidden.</p> <p>When the user logs into any of the Provider Agencies or Recovery Management Entities locations, they can view only those documents created in that location and the documents received through consent.</p> <p>When the user logs in to HHSC HCBS-AMH (UM-MH) location, they can view all the documents including Consented documents created in different locations for a Client.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>Recovery Management Entity staff and Provider Agency staff, HHSC HCBS-AMH Users (HCBS-AMH Oversight), HCBS-AMH Application Reviewer, HCBS-AMH System Support</p>
Consent	<p>For HCBS-AMH Program, following changes have been made on the Create Consent screen</p> <p>Added "HCBS-AMH Health Records" sub section in the "General Records" segment/section.</p> <p>HCBS-AMH Health Records sub section has the following check boxes</p> <ul style="list-style-type: none"> • All Records • Clinical Eligibility • Critical Incident Report • Individual Recovery Plan • Notification of Individual's Rights • Progress Notes • Provider Selection Form 	<p>Recovery Management Entity staff, Provider Agency staff, Referral Specialist, Billing Specialist, HCBS-AMH users (HCBS-AMH Oversight), HCBS-AMH Application Reviewer, HCBS-</p>

	<ul style="list-style-type: none"> • Provider Selection Update Form <p>Added “Consent for Eligibility Determination and Enrollment” check box in the “Purpose of Authorization” Purpose.</p> <p>Added “All Records” check box in the “Substance Use Records” and “Mental Health Records” section of the General Records segment.</p>	AMH System Support
Clinical Eligibility	<p>HHSC has added a new function to CMBHS to facilitate the documentation and submission of Clinical Eligibility to HHSC staff.</p> <p>HHSC HCBS-AMH users review the Clinical Eligibility document submitted by the LMHA’s/SH’s and determine the Eligibility of an individual/client.</p> <p>The Clinical Eligibility document is a multi-purpose document which contains information related to an individual’s Clinical Eligibility and Enrollment in HCBS-AMH program. It summarizes the individual’s clinical history and is used to:</p> <ul style="list-style-type: none"> • Determine Demographic and Medicaid Eligibility, Population Criteria, Diagnosis and ANSA Assessment for HCBS-AMH, • Disenroll, Suspend and Re-enroll the individual’s HCBS-AMH services <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • Always verify that you have the correct Client by checking the Client’s name and at least one other identifier at the top of the screen before you begin • The Client/Individual must be at least 18 or above. • Both MEV and Diagnosis should be in Closed Complete status. Diagnosis should be within 1 year old within parent organization • There should be only one Closed Complete Clinical Eligibility form per individual per enrollment. <p>The Clinical Eligibility feature can be accessed from services toolbar and will be available only on LMHA and state hospital location to complete the enrollment process of the individual. But, Enrollment Status Change Request can only be done by Recovery Managers on Recovery Management Entity locations. Signature (s) are required to capture on Clinical Eligibility document.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	HCBS-AMH Referral Specialist, Recovery Management Entity staff and HHSC HCBS-AMH users (HCBS-AMH Oversight,-HCBS-AMH System Support)
Provider Selection Form	<p>The Provider Selection Form is used during the initial Enrollment process for the HCBS–AMH Program. In the HCBS–AMH Program, to get his/her service, the individual will select the LMHA, Recovery Management Entities (RME) and the Provider Agencies (PA). There will be one initial form per individual per Enrollment. The Provider Selection Form will need approval from the</p>	HCBS-AMH Referral Specialist, HCBS-AMH Oversight, HCBS-AMH Application Reviewer and

	<p>Approvers and the form will be saved in Closed Complete status only by Approvers.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The Client must have Diagnosis and Assessment in Closed Complete status. • Clinical Eligibility document should exist in 'Ready for Review' or Closed Complete Status. <p>The Provider Selection Form will need approval from the Approvers and will be saved in Closed Complete status only by the Approvers.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS</p>	HCBS-AMH System Support
Notification of Individual's Rights	<p>The Notification of Individual Rights form is one of the forms used during the initial Enrollment process for the Home and Community Based Health–Adult Mental Health (HCBS-AMH) Program. This form can only be accessed by LMHAs and State Hospital Providers, and only if the Clinical Eligibility (CE) document is in Ready for Review status. This form will include all the Emergency contact information for the individual to reach out in case of an emergency or if the individual has any questions or concerns about the HCBS-AMH program; the form also includes the Relay number and mailing addresses. The Notification of Individual Rights Form also has hyperlinks for the handbooks in both English and Spanish Versions. Users can click on the hyperlinks to print the handbooks. The Notification of Individual Rights form does not require an approval from the approver. The form should be in Closed Complete for the approver to approve the Provider Selection Form or to complete the initial enrollment process.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The client must have Diagnosis and Assessment in closed complete status. • Clinical Eligibility document should exist in 'Ready for Review' or Closed Complete Status. <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS</p>	HCBS-AMH Referral Specialist,
Provider Selection Update Form	<p>HHSC has added a new function to CMBHS to facilitate the documentation of HCBS-AMH Provider Change by Recovery Management Entity staff or LMHA/State Hospital staff on the Provider Selection Update Form. The</p>	Recovery Management Entity staff, Referral Specialist, HHSC

	<p>Provider Selection Update Form needs HHSC (Health and Human Services Commission) authorization.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have a Client Profile in CMBHS • You must be in the Client’s CMBHS record, at the Client Workspace, to create Provider Selection Update Form in the CMBHS application. • If the user wants to change the provider in the CMBHS application, then the system must satisfy the following scenarios: <ul style="list-style-type: none"> a. If there is no Individual Recovery Plan record on file in the system, then “Clinical Eligibility” and “Provider Selection Form” must be in closed complete status b. If there is an existing record of Individual Recovery Plan in the system (Initial/Update/Annual), then most recent approved version of the Individual Recovery Plan (IRP) and Clinical Eligibility must be in closed complete status <p>Provider Selection Update Form is available only on Recovery Management Entity staff locations and on SH/State hospital locations and can be accessed from the services toolbar menu of the CMBHS application. When the HCBS-AMH Individual Recovery Plan page is selected, it gives the user an opportunity where Recovery Management Entity staff/LMHA or State Hospital can document the “End date” of service for Current providers and can make selection of new providers for an Individual.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>HCBS-AMH users (HCBS-AMH Oversight,-HCBS-AMH System Support)</p>
<p>HCBS-AMH Authorization List</p>	<p>HHSC has added a new function to CMBHS to facilitate the submission of HCBS-AMH Documents to HHSC staff on the HCBS-AMH Authorization List screen. HCBS-AMH documents that needs an authorization from HHSC staff are Provider Selection Form, Provider Selection Update Form, Clinical Eligibility, and HCBS-AMH Individual Recovery Plan.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • Diagnosis and Assessment must be in closed complete status. • LMHA/LBHA or state hospital staff must have access to Provider Selection Form, Clinical Eligibility and Provider Selection Update Form features on the CMBHS application. • Recovery Management Entity staff have access to Individual Recovery Plan and Provider Selection Update Form features on the CMBHS application. <p>The users can access HCBS-AMH Authorization List from the Provider Tools. After accessing the page, the users can select the authorization document</p>	<p>HHSC HCBS-AMH users (HCBS-AMH Oversight), HCBS-AMH System Support, HCBS-AMH Application Reviewer</p>

	<p>from the list and can review the document. Once the review of the clinical document is done, the authorization approver documents a decision and saves the document in Closed Complete status.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	
Document Status List screen	<p>HHSC has added a new function to CMBHS to facilitate the process of making edits on the HCBS-AMH Authorization document in draft status requested by HHSC staff.</p> <p>HCBS-AMH Providers (LMHA – Local Mental Health Authority, LBHA – Local Behavioral Health Authority, State Hospitals, Recovery Managers and Provider Agency) would have different view of Document Status List screen.</p> <ul style="list-style-type: none"> • SH/LMHA Document Status List – SHL001 • PA Document Status List – PAD001 • RME Document Status List – RME001 <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • Diagnosis and Assessment must be in closed complete status. • LMHA/LBHA or state hospital staff have access to Provider Selection Form, Clinical Eligibility and Provider Selection Update Form features on the CMBHS application. • Recovery Management Entity staff have access to Individual Recovery Plan and Provider Selection Update Form features on the CMBHS application. • HHSC staff should receive the HCBS-AMH authorization document on HCBS-AMH Authorization List screen. • HHSC staff should have right required access to change the document to “Draft” status. <p>The users can access Document Status List from the Provider Tools at their logged in location. After accessing the page, the users can select the authorization document from the list and can make the changes as suggested by HHSC staff.</p> <p>Once changes are made to the document, HCBS-AMH Providers can change the document status to “Ready for Review” status. On saving the document to ‘Ready for Review’ status, the system removes the document from the Document Status List screen and update the document on HCBS-AMH Authorization List Screen.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>SH/LMHA Document Status List – HCBS-AMH Referral Specialist</p> <p>PA Document Status List: PA Leadership, PA Supervisor, PA Service Provider, PA Data Administrator</p> <p>RME Document Status List: RME Leadership, RM Supervisor, Recovery Manager, RM Data Administrator</p>

<p>Individual Recovery Plan (IRP)</p>	<p>HHSC has added a new function to CMBHS to facilitate the documentation and submission of HCBS-AMH Individual Recovery Plan to HHSC by Recovery Management Entity staff.</p> <p>HCBS-AMH Individual Recovery Plan (IRP's) are either auto- approved by system (CMBHS) or reviewed by HHSC to verify that submissions follow policy requirements.</p> <p>Before you can use this new function, you must have the following:</p> <ul style="list-style-type: none"> • The Client must have Client Profile in CMBHS • The Client must be enrolled in the HCBS-AMH Program. • The Client must have Diagnosis, Assessment, Provider Selection Form, Notification of Individual Rights and Clinical Eligibility on record. • Documents such as "Diagnosis, Assessment, Provider Selection Form, Notification of individual Rights, Clinical Eligibility (enrolled)" must be in closed complete status and shared through Consent on the assigned Recovery Manager location. <p>HCBS-AMH Individual Recovery Plan page is available only on Recovery Management Entity staff location and can be accessed from the services toolbar menu of the CMBHS application. When the HCBS-AMH Individual Recovery Plan page is selected, it gives the users an opportunity to create an EAR, Initial, Update or Annual Individual Recovery Plan depending on the IRP frequency rules. In the HCBS-AMH program, it is optional to document. "Emergency Action Request", but required to draft Initial, Update and Annual versions of the IRP.</p> <p>HCBS-AMH Individual Recovery Plan screen have different set of following tabs.</p> <ul style="list-style-type: none"> • General • Narrative • Goals • Services • Recovery Management (RM) Services • Modification • Safety Plan • ANE Prevention Plan • Contacts and Signatures <p>Signature (s) are required to capture on Initial, Update and Annual versions of the IRP.</p>	<p>HHSC HCBS-AMH users (HCBS-AMH Oversight, HCBS-AMH System Support), Recovery Management Entity staff and Provider Agency staff</p>
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	<p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	
Progress Note	<p>The functionality Progress Note is used to document the delivery of a service to a client, the client's response, and progress towards goals identified in the treatment plan. The Progress Note is also the place to address clinical observations of the counselor, collateral contacts with clinical relevance, and other clinically significant events.</p> <p>A Progress Note is a permanent record in the client's file and cannot be deleted once it is saved in Closed Complete status.</p> <p>Provider Agency staff can create Progress Note only if the Client is Enrolled in the HCBS-AMH program.</p> <p>Recovery Manager staff can create Progress Note when the Client's Enrollment status is Enrolled or Suspension.</p> <p>To understand the Business Rules for Progress Notes and how to document a new Progress Note log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>HHSC HCBS-AMH users (HCBS-AMH Oversight), LMHA's, State Hospitals (SH), Provider Agencies and Recovery Management Entities</p>
Day Rate Attendance – Record	<p>In CMBHS, Day Rate Attendance Record(DRA) is a system generated record for each day a client has a Day Rate service type in Closed Complete IRP. Providers will select the days the client received Day Rate services and submit the Day Rate Attendance Record for payment.</p> <p>For a Provider Agency Providers/Locations, before you can document a Day Rate Attendance Record for a client, the client must be Enrolled in the program to your organization and have an active Enrollment status for a Day Rate service provided.</p> <p>For a Recovery Management Entity Providers/Locations, before you can document a Day Rate Attendance Record for a client, the client must be Enrolled in the program to your organization and have an active Enrollment status or in Suspension for a Day Rate service provided.</p> <p>The Day Rate Attendance Record (Single- Client) will be displayed in the Client workspace under Document type drop-down list. Highlight the record and Click on the View button. The Day Rate Attendance Record (Multi- Client) will be displayed on the Day Rate Attendance Record List screen that the user can access from the Provider Tools menu on the Administrative Toolbar.</p> <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	<p>HHSC HCBS-AMH users (HCBS-AMH Oversight, HCBS-AMH System Support), LMHA's, State Hospitals (SH), Provider Agencies and Recovery Management Entities</p>
Claims	<p>Pending Claims - For HCBS-AMH Program, under Search Pending Claims the following changes have been made:</p> <ul style="list-style-type: none"> Funding Source drop-down will have DSHS Program Funding and Medicaid Claim values. 	<p>HHSC HCBS-AMH users (HCBS-AMH Oversight, HCBS-AMH System</p>

	<ul style="list-style-type: none"> Supporting Document Type (SD Type) will have HCBS-AMH DRA and HCBS-AMH Progress Note radio buttons. Service Types drop down will be displayed based on the selection made in the Funding Source field. Procedure Codes (PC) drop-down will be displayed values based on the Service Types field On the Result view of the Pending Claims screen, Service Provider column is added along with the other column list in the Submit Claims table. <p>Submitted Claims Status - For HCBS-AMH Program, the following changes are made under Search Claims on Submitted Claims screen</p> <ul style="list-style-type: none"> Funding Source drop-down will have DSHS Program Funding and Medicaid Claim values. The Values will be displayed based on the Services selected from the Services Types field. Procedure Codes (PC) drop-down will be displayed based on the Services selected from the Services Types field. Supporting Document Type (SD Type) drop-down will have Day - Rate Attendance Record and HCBS-AMH Progress Note. <p>If you need help with these concepts, log into CMBHS and select HELP found on the administrative menu at the top of every page of CMBHS.</p>	Support), Recovery Management Entity staff and Provider Agency Staff
<p>If you have problems using CMBHS please contact the CMBHS Help Line at 1 866 806-7806 Monday - Friday 8:00 am to 4:30 pm</p>		