Health Home Managed Care Work Group Meeting

March 2, 2015

Agenda

- Health Home Performance Data

- Update on Health Home Implementation Funds

- Medicaid Analytics Performance Portal (MAPP) Access and Training

- MAPP Functionality and Demo

- Changeover from Direct Billing: Readiness and Prompt Payment (Attachment 1, Draft Billing Survey)

- Assignment, Outreach and Engagement Guidance (Attachment 2, Draft Health Home and HARP Assignment, Outreach and Enrollment Guidance)

- Feedback and Discussion of Provider Standards (Attachment 3, Draft Standards and Interpretive Guidance)

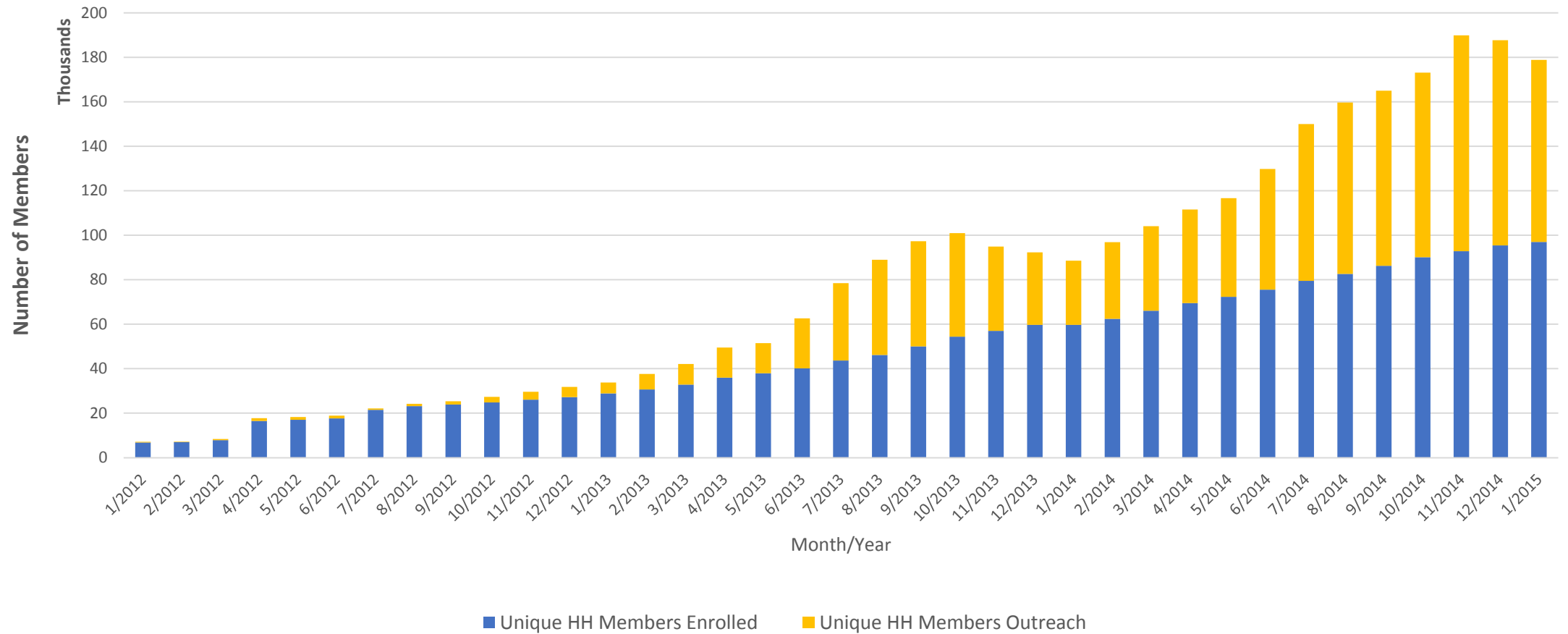- HARP Update and Development and Implementation of InterRAI Assesment Tool and Training

Health Home Performance Data
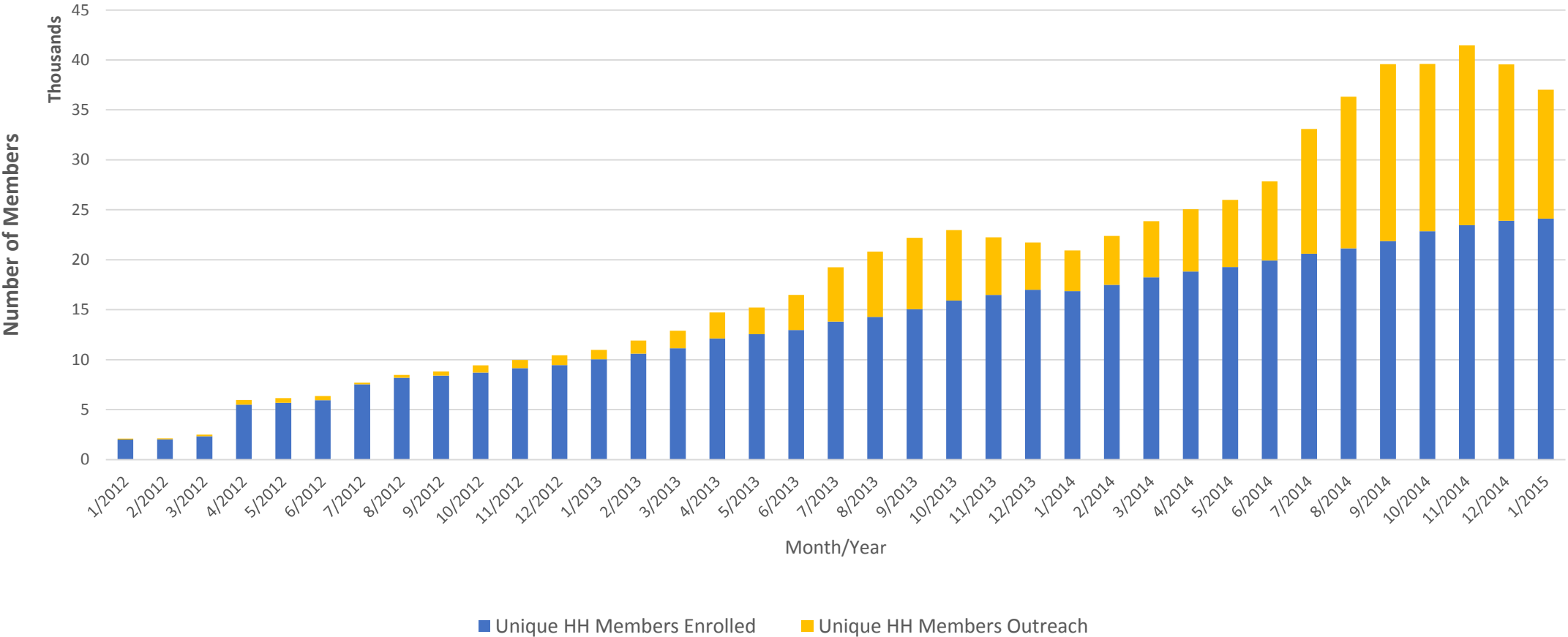
Health Home Outreach and Enrollment

HH Outreach and Enrollment – HARP Members

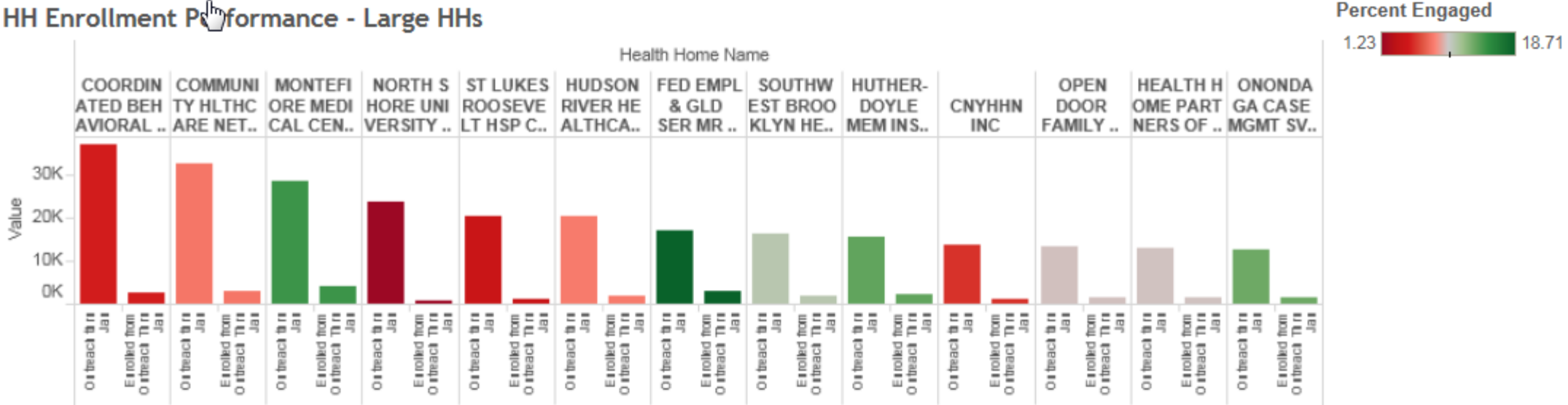# Links to Performance Dashboards

MCO Performance:

https://public.tableausoftware.com/views/MCOHHDASHBOARD/MCOHHDASHBOARD?:embed=y&:showTabs=y&:display_count=no

HH Performance:

https://public.tableausoftware.com/views/NewHHEnrollmentDashboard/Dashboard1?:embed=y&:showTabs=y&:display_count=no
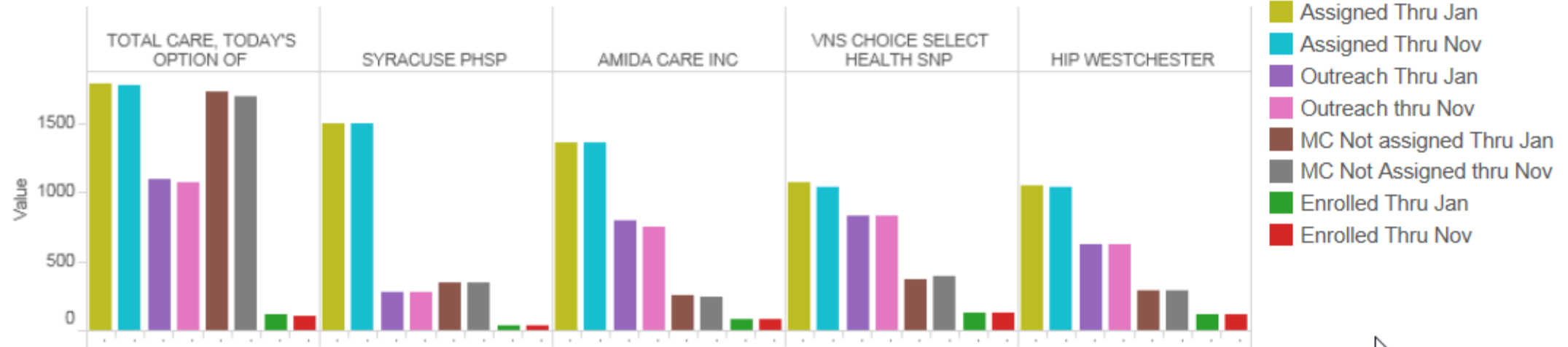
Sample Health Home Dashboards

Sample Managed Care Plan Dashboards

Salient Dashboards for MAPP Phase 1

SALIENT HHS
Performance Management Systems for Health & Human Services

- Dashboard 1 – Health Home Program Enrollment
- Dashboard 2 – Health Home Assignment Work Flow
- Dashboard 3 – Managed Care Plan Assignment Work Flow
- Dashboard 4 – Health Home Dollars Paid for Members Not in Tracking System
- Dashboard 5 – Emergency Room Utilization for Enrolled Health Home Members
- Dashboard 6 – Inpatient Utilization for Enrolled Health Home Members
- Dashboard 7 – Primary Care Utilization for Enrolled Health Home Members

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Salient Dashboards for MAPP Phase 1
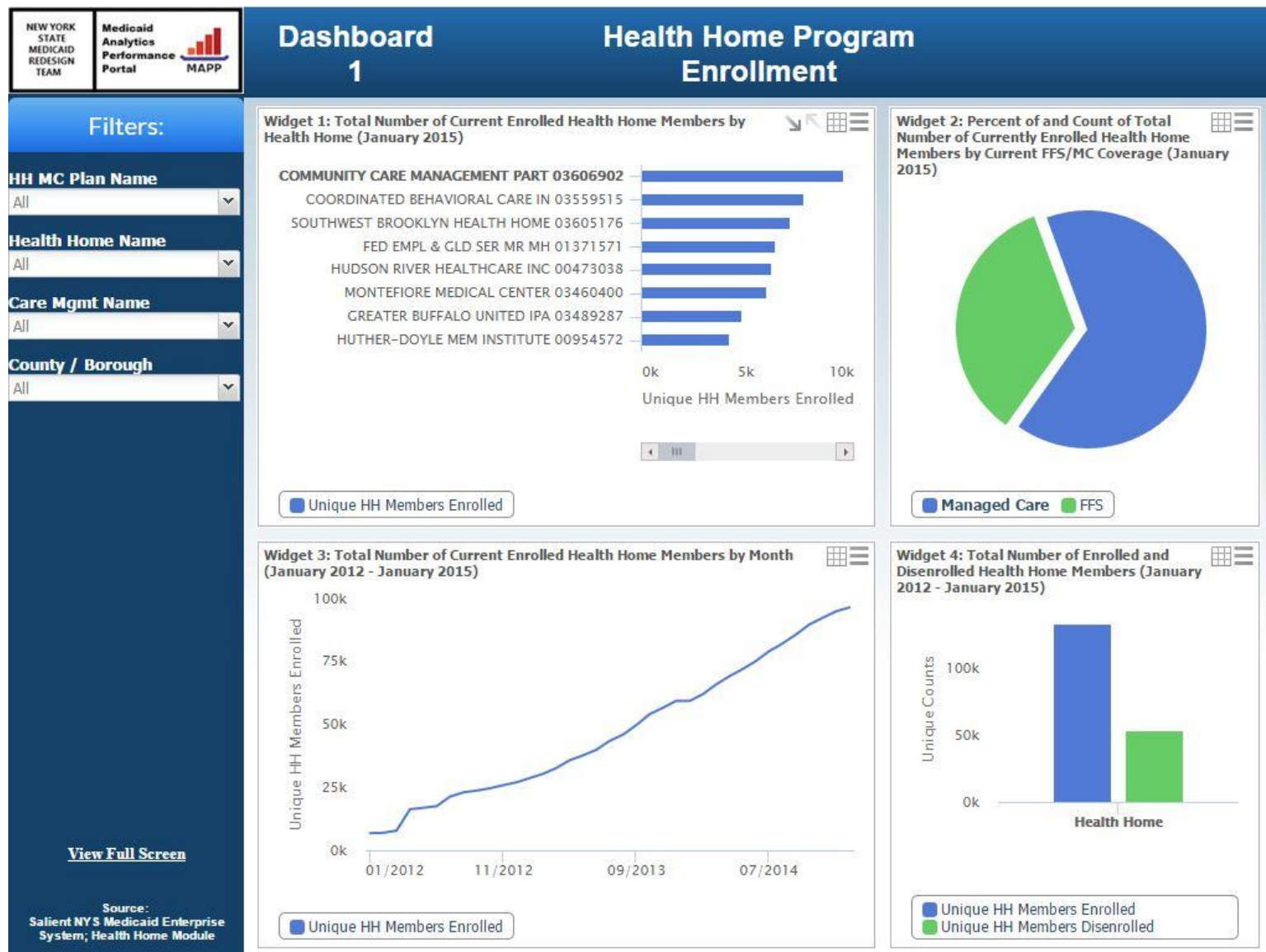
Dashboard 1 - Health Home Program Enrollment

Question: How many people are enrolled in the Health Home program?

Purpose: This dashboard allows the user to view current Health Home enrollment, as well as by member's Managed Care or Fee for Service statuses. The viewer can also view full program enrollment and disenrollment, as well as a monthly trend of Health Home Program enrollment. This includes Health Home enrollees regardless of source, e.g., list assignment or community referral.

Salient Dashboards for MAPP Phase 1 -Example
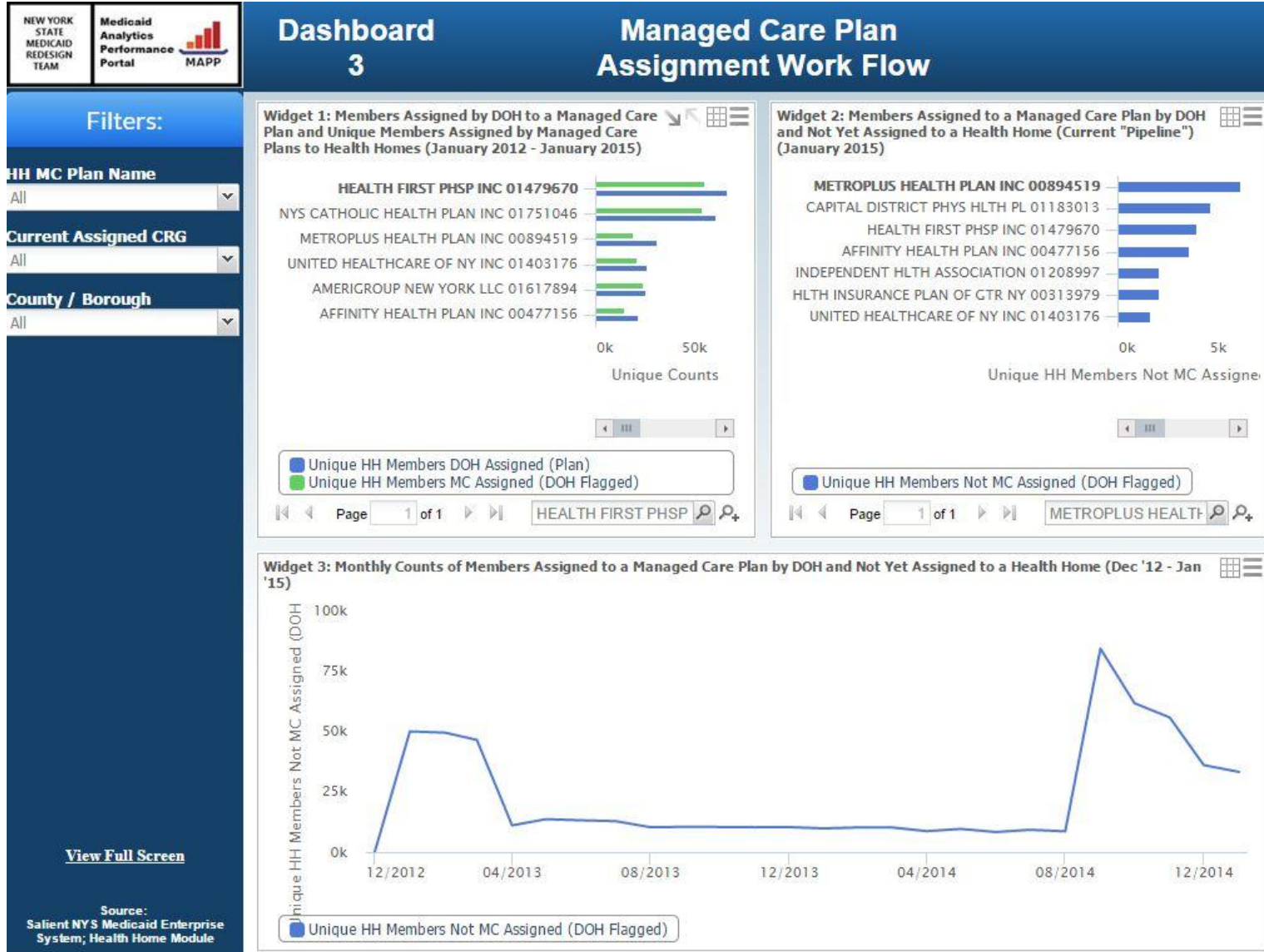
Dashboard 3 - Managed Care Plan Assignment Work Flow

Question: How well is a Managed Care Plan moving people Assigned to them by DOH to a Health Home Assignment?

Purpose: This dashboard shows the assignment of members from DOH to a Managed Care Plan, and the subsequent Assignment from the Managed Care Plan to a Health Home.

Update Health Home Implementation Funds

Update and Reminders for Implementation of Health Home Development Funds

- DOH anticipates CMS SPA approval is imminent
- The State anticipates making its first payment this month – payment will be based on claims with dates of service from August 2014 to January 2015. Additional payments will be made quarterly (June, September, December and March) through DSRIP Year 2 (ends December 31, 2016) for claims with dates of service in prior quarter
  - *Paid claims will be reconciled against the tracking system, the rate add on will apply only to paid claims (outreach and engagement) which have a corresponding segment in the tracking system*
- DOH will host Webinar to provide additional guidance regarding the uses of funds and reporting requirements

MAPP Access and Training

Phase 1 Update: Health Homes MAPP Schedule

- **Jan/Feb 2015** – DOH working with MC/HH/CMA to identify users and ensure users complete MAPP training prerequisites
- **Feb/March 2015 –** MAPP demos available to HH community for user feedback
- **Feb. 27, 2015** – System Build Complete
- **Mid March 2015**– Training Materials Finalized/Release of web based training tools
- **Late March 2015** – Begin in person instructor led training Managed Care and Health Home worker role users
- **Mid April** – MAPP GO LIVE
- **Post Go Live** - Begin in person instructor led training for Care Management Agency worker role users

- DOH is working to implement two factor authentication for security in HCS MAPP

Health Commerce System

1. Each <u>Managed Care Plan, Health Home, and Care Management Agency</u> that will be using MAPP **MUST** be listed in the Health Commerce System (HCS) under the <u>appropriate Health Home organization type.</u>

2. <u>Prior to attending training</u>, either instructor led or web based depending on the role, <u>all users **MUST**</u> have an active HCS account <u>with the appropriate Health Home MAPP user roles</u> assigned to them in HCS.

Reminder: MAPP Phase 1 User Roles

- Health Homes, Managed Care Plans and Care Management Agencies to identify MAPP Single Point of Contact (SPOC), MAPP Gatekeeper and MAPP Users (i.e., Workers, Read Only, Screeners)

  - **MAPP SPOC** will coordinate, manage and support the organization's MAPP implementation

  - **MAPP Gatekeeper** will coordinate, authorize and manage their organization's MAPP users and assign the MAPP access type/role (Worker, Screener and Read Only role) to each user

Reminder: MAPP Phase 1 User Roles

- The MAPP **MCP Worker** will be able to:
  - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
  - ✓ Submit Health Home assignments for their Plan members
  - ✓ Download Health Home assignment, outreach and enrollment activity for their Plan members
  - ✓ Download billing roster information for their Plan members

- The MAPP **HH Worker** will be able to:
  - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
  - ✓ Assign Health Home members to downstream Care Management Agencies
  - ✓ Accept or reject assignments from DOH and MCPs
  - ✓ Review, modify and accept outreach and enrollment records from the CMA
  - ✓ Download Health Home assignment, outreach and enrollment activity for their members
  - ✓ Accept, review and upload/download billing roster information for their members

- The MAPP **CMA Worker** will be able to:
  - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
  - ✓ Accept or reject assignments from HHs
  - ✓ Create and modify outreach and enrollment records for their members
  - ✓ Download Health Home assignment, outreach and enrollment activity for their members
  - ✓ Create and upload/download billing roster information for their members

Reminder: MAPP Phase 1 User Roles

- MAPP **Read Only users** will be able to:
  - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status
  - ✓ View information for their organization's members in MAPP but not create, accept or upload information to MAPP

- MAPP **Screeners** will be able to:
  - ✓ Lookup a Medicaid member's assignment, outreach or enrollment status

Health Homes/Managed Care Organizations

1. Completed by each Health Home/Managed Care Organization
    a) Active Health Commerce System (HCS) account
    b) Submitted a Single Point of Contact (SPOC)
    c) Submitted list of organization's MAPP users to be trained

2. To Do
    a) All each Health Home/Managed Care Organization must set up their MAPP users in HCS with special MAPP roles created for the Health Home program.
        i.   More information on setting up Health Home HCS roles:
             http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2014-12-16_hh_mapp.pdf
    b) Contact your Plan's SPOC for more information on your organization's progress
        i.   A list of each organization's SPOC is posted in the MAPP section of the Health Home website:
             http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_spoc.xlsx
        ii. If your organization is not included on the SPOC list Submit an email containing your organization's name, MMIS Provider ID, organization type, and name, email address, mailing address, & phone number for your SPOC to DOH using the HH email webform under the subject "Medicaid Analytics Performance Portal (MAPP)"
             https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action

Care Management Agency

1. Each organization is identifying a Single Point of Contact (SPOC).
2. HCS Health Home Care Management Agency Organizational Accounts are being created for each CMA:
   a) **To activate the new HCS Organizational Accounts:**
      i. SPOC submits HCS Director and HCS Coordinator information to DOH.
      ii. DOH will generate account requests.
      iii. Each HCS Director and HCS Coordinator will receive an automatically generated email from Commerce Accounts Management Unit (CAMU – unit responsible for administrating the HCS).
      iv. Follow instructions in email (Print application, Have application notarized, Mail notarized, stamped application to CAMU).
   b) **Once HCS Organizational Account is created:**
      i. Organization's HCS Coordinator creates HCS User Accounts for all staff who will access MAPP
      ii. Organization's HCS Coordinator creates assigns MAPP roles in the HCS to all users.
      iii. Submit "CMA LMS and MAPP Access" form to DOH containing all of the organization's users. This information will be used to provide staff access to web-based and instructor-led training.
3. More information on setting up Health Home HCS roles:
   http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/2014-12-16_hh_mapp.pd
4. Single Point of Contacts will receive additional information concerning upcoming training.

MAPP Access FAQs

1. **Who is the SPOC for my Organization?**
   - Webpage Link of SPOC by organization:
     http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/mapp_spoc.xlsx
2. **My organization is not listed on the SPOC list**
   - Submit an email containing your organization's name, MMIS provider ID & provider type and name, email address, mailing address, & phone number for your organization's SPOC to DOH using the HH email webform under the subject "Medicaid Analytics Performance Portal (MAPP)"
     https://apps.health.ny.gov/pubdoh/health_care/medicaid/program/medicaid_health_homes/emailHealthHome.action
3. **I already have a HCS account. Do I still need to submit HCS Director and Coordinator information to DOH?**
   - It is not enough to have a HCS account. MAPP users must have a HH type HCS account. If your organization has an existing HCS account but is not listed in HCS as a HH organization type, then you need to submit paperwork to request that your organization also be listed as a HH organization type in HCS.
4. **I am both a Health Home and a Care Management Agency. Can I just be set up as a Health Home in HCS?**
   - No. If your organization will be working as both a HH and a CMA, your agency must submit two sets of paperwork: one for your HH organization type and a second set for your HH CMA organization type.
5. **I am a Care Management Agency. Do I set up my HCS account through the Health Homes I'm working with?**
   - No. HH CANNOT set up HCS accounts for their CMAs. Each MC/HH/CMA must set up their organization in HCS.

March/April 2015 MAPP Training Activities

Course Name	Description
MAPP Cúram Member Tracking Overview and Navigation	This course introduces the Medicaid Analytics Performance Portal (MAPP), including its purpose, benefits and scope. This course also covers basic navigation. (WBT) [**All users**]
MAPP Cúram Member Tracking (Health Homes)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Health Homes job role. (ILT) [**up to 5 workers per Health Home**]
MAPP Cúram Member Tracking (Managed Care Plan)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Managed Care Plans job role. (ILT) [**up to 5 workers per Managed Care Organization**]
MAPP Cúram Member Tracking ("GateKeeper" Role)	This course provides instructions on how to authorize new users to the MAPP Portal. (WBT) [**All gatekeepers**]
MAPP Cúram Member Tracking ("Read Only" Job Role)	This course provides instructions on how to search and view information in MAPP. (WBT) [**All staff with Read-only role**]
MAPP Cúram Member Tracking Introduction	This course provides a non-interactive demo on how to perform member tracking tasks in MAPP. (online video) [**All Care Management Agency users**]
MAPP Cúram Member Tracking (Care Management Agency)	This course provides instructions on how to perform member tracking tasks in MAPP Cúram for the Care Management Agency job role. (ILT) [**One worker per Care Management Agency**]

WBT – Web Based Training   *ILT – Instructor Led Training*

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Health Home /MC Current Status: MAPP Access

	Managed Care Plans	Health Homes
Organizations set up with HH roles in HCS	12	18
Submitted SPOC	17	32
Submitted List of Users for Training	17	32

MAPP Access Activities

1. DOH reached out to CMAs identified as downstream providers by Health Homes
2. DOH sent to each Health Home a list of the Health Home's CMAs to confirm that DOH's has a complete list of the CMAs for each Health Home
3. Some CMAs submitted by Health Homes did not have DEAA subcontractor packets completed with DOH. doh.sm.medicaid.data.exchange@health.ny.gov is reaching out to Health Homes that **must** complete these subcontractor packets. **IF YOU ARE CONTACTED, PLEASE COMPLETE YOUR SUBCONTRACTOR PACKET IMMEDIATELY.**
4. About 30% of CMAs set up in HCS (percentage increases every day)
5. CMA Consulting Services will conduct MAPP training and will start reaching out to Managed Care Plans and Health Home SPOC to schedule training dates.

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MAPP Functionality

Reminder: Phase 1: Health Homes MAPP Features

- Identification of Health Home eligible population

- Assigning eligible individuals to Health Homes

- Outreach of CMAs and Health Homes to potential members

- Enrolling an individual into a Health Home once outreach is complete

- Referrals of potential members

- Billing Support (Members' MCO, HH, and CMA and Diagnosis information)

- Transfer of individuals between Health Homes

- Member Batch lookup and export

- Dashboards to evaluate the performance of the Health Home program

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MAPP Functionality

- Actions within MAPP can be performed:
  - individual online screen entry,
  - bulk online screen entry (select population of members and perform one action on all selected), or
  - file transfer
- Will track creation, acceptance, and rejection of assignments made from MC to HH to CMA
- New concept of "accepting" of assignments, transfers, and referrals by all users and of HH "accepting" assignment, outreach, and enrollment submitted by CMA
- Allow seamless "warm" transfer of members
- Uses status types and new end date reason codes for members in Assignment, Outreach, and Enrollment to better track members in outreach hiatus, incarcerated, lapsed Medicaid eligibility

File Specifications

- Most existing Health Home Tracking System Files have at least one field addition
- All fields added to existing files were added to the end of the file
- Four new files added to address new MAPP functionality
- All uploaded and downloaded files will be available in either fixed length text file or .csv format
- Following slide contains a list of the MAPP files.
- **Draft MAPP File Specifications will be released ASAP**

MAPP Upload/Download Files

Files listed in red are new to MAPP

Files Uploaded into MAPP

1. Managed Care Final Health Home Assignment File
2. Tracking File Create, Accept, Modify, Pend Record (formerly Add/Change file)
3. Tracking File Assignment Action – Accept, Reject, End
4. Tracking File Rejection Record
5. Tracking File Delete Record
6. Billing Support Upload File (formerly Billing Roster File)
7. Partner Network File Upload
8. HML Monthly Questionnaire File (available post go-live)

Files Downloaded from MAPP

9. Managed Care Plan Assignment File
10. Managed Care Final Assignment Error Report
11. Health Home Assignment File
12. Health Home Tracking Error Report File
13. Enrollment Download File
14. Acuity File Download
15. Billing Support Rejection File (formerly Billing Roster Rejection File)
16. Billing Support Download File (formerly Billing Roster Download File)
17. Partner Network File Error Report
18. Partner Network File Download
19. Bulk Member CIN Download File
20. My Member Download File

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Community Participation in MAPP Design

- DOH will continue to demonstrate and make available online short demos of MAPP functionality

- Health Home community members are encouraged to submit suggestions/questions/concerns regarding MAPP to the HH email webform under the subject heading "Medicaid Analytics Performance Portal (MAPP)"

- CHCS will schedule a series of "Deep Dive" sessions that will focus on specific Health Home issues (MAPP and HARP Transition)

- DOH will schedule a webinar with the Health Home community to review and discuss the new MAPP file specifications once they are finalized

MAPP Demo

Changeover from Direct Billing: Readiness and Prompt Payment

Health Home Billing Support

- Direct billing by converting care management agencies is scheduled to be eliminated effective **July 1, 2015** (date is aligned with implementation of HML rates and shift of BH benefit to MC)
  - Additional guidance will be distributed and posted to Health Home Website

- MAPP will have a robust billing roster function that will enable communication within MAPP between the downstream providers that are performing billable services and the upstream providers that are billing Medicaid for Health Home services.
  - MAPP will significantly reduce concerns over the ability to timely submit claims and have information needed to pay downstream providers

- The billing roster function will contain in one place the information needed to submit a Health Home claim, **but it will not submit the claim**. The entity responsible for billing Medicaid for a member will still have to submit a Health Home claim to Medicaid using the information available within the billing roster function.

Health Home Billing Support Schedule

- **Go Live (April 2015):** A member's monthly billing information uploaded/entered into MAPP will instantly be available to MC/HH/CMA users connected to the member.

- **Post MAPP Go-live (April – June 2015):**The Health Home community will have to work together to develop mechanism for HH to pay downstream providers that will no longer be direct billers and to identify and trouble shoot any issues that arise from HH making payments to these downstream providers.
  - DOH will work with the HH community to identify information that should be submitted back to MAPP to assist users in reconciling paid and denied HH payments.
  - Health Homes and downstream providers should look to best practices for establishing and testing payment mechanisms

- **Post Direct Billing (July 2015):** Feedback loop regarding paid and denied claims will be available in MAPP when direct billing goes away.

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Possible Approach to Testing Payment Stream

- To prepare for the elimination of direct billing by converting CMAs, DOH is requiring Managed Care Plans, Health Homes, and Care Management Agencies to test their ability to pass Health Home payments downstream. Testing should begin as soon as possible

- <u>Possible testing strategy</u>
  - Once MAPP is online, select 5 fee for service (FFS) and 5 managed care members from each CMA and agree that the HH will bill for the FFS members and that Plans will bill for their members.
  - This would require these members being entered into MAPP as non direct billed members.
  - This will enable the partners to identify and work through any issues that arise in the downstream payment and to suggest to DOH any MAPP enhancements that would facilitate the timely downstream payment of Health Home claims.

- Health Homes that are currently working with non converting CMAs are encouraged to discuss with the Health Home community lessons learned from billing on behalf of non converting CMAs

Health Home Billing Readiness

Data on numbers of direct billers vs. non direct billers shows that 14.2% of the CMAs are non-direct billers that are not billing under the same provider MMIS-so Health Homes have experience with billing on behalf of these entities.

Direct vs Non-Direct Bill	CMA Provider ID and HH Provider ID are the same for the Member	HH Members Enrolled + Outreach - Jan 2015	% of Total
Direct Bill	No	118,170	66.1%
Direct Bill	Yes	11,491	6.4%
Direct Bill Total		**129,661**	72.5%
Non-Direct Bill	No	25,473	14.2%
Non-Direct Bill	Yes	23,692	13.2%
Non-Direct Bill Total		**49,165**	27.5%
Grand Total		**178,826**	**100.0%**

Health Home Billing Readiness

- See attachment

- Percent of members by Health Home which are subject to direct billing (legacy provider) and non direct billing

- More than 90% of the members of 20 Health Homes are direct billers, have for which Health Homes bill directly or non-directly
  - 11 of those Health Homes are 100% direct billers and have NO experience in making payments to downstream providers

Health Home and Plan Billing Readiness

- DOH will conduct a Billing Readiness survey (see Draft-Attachment 1 for discussion and feedback) which will build on an earlier survey done by the HH/MCO Standardization Sub workgroup to determine each Health Home's ability to:
  - Collect monthly billing information from Care Management Agencies*
  - Submit claims to Medicaid for fee for service members
  - Submit billable information to Managed Care Organizations*
  - Accept payment from Managed Care Organizations
  - Pass Health Home payments on to Care Management Agencies
- The survey will also assess timeframes for Plans to make payments to Health Homes
- DOH will use survey responses to identify ways that DOH and MAPP can help overcome current barriers to passing HH payments downstream and to reach out to Health Homes that require billing assistance

*MAPP Billing Support will facilitate the exchange of this information

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Health Home Billing Readiness

1. By May 1, 2015, each Health Home must submit to DOH either:

   a) **Attestation**
      i. That the Health Home has procedures in place that will allow it to pay CMAs within X days of receiving payments from the Plans
      ii. The Health Home has tested their ability to bill Managed Care Organizations for Health Home services and pass Health Home payments down to Care Management Agencies, including a description of such testing procedures; Or

   b) **Letter of Deficiency**
      i. Identify issues Health Home encountered when billing Managed Care Organizations for Health Home services and passing Health Home payments down to Care Management Agencies.
      ii. Include possible solutions and timeframes for resolving deficiency prior to July 1, 2015
      iii. DOH will work with these Health Homes to overcome billing issues

2. Inability to successfully pass Health Home payments to CMA by July 1, 2015 will negatively affect a Health Home's re-designation review and may impact the ability to enroll new members.

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Feedback and Discussion on Proposals for Outreach and Enrollment, Standards and Interpretive Guidelines

Outreach and Enrollment Draft Standards

- Performance data highlights outreach is a difficult task.

- State Agency partners have been focusing on proposals to strengthen collaboration between Health Homes and Plans to facilitate outreach and enrollment efforts

- Draft standards (Attachment 3) focuses on methods that keep members linked to Health Homes (i.e., Plans do not compete with Health Homes and create separate care management and planning tracks for Health Home eligible members)

- Department received comments from 2 Health Homes

Outreach and Enrollment-Draft Standards

- Feedback was requested in the following areas:
  - Standards and Activities for Conducting Routine Outreach
  - Mandated timelines for Plans, HHs, and HH CMAs to make assignments and begin outreach
    - 2 business days for AOT individuals
    - 3 business days for all other individuals

Outreach and Enrollment-Draft Standards

- Proposed model for "Intensive Outreach"
  - Avoid creating disincentive to provide meaningful routine outreach
    - How do we define who is eligible for intensive outreach?
      - How long should someone remain in routine outreach before they are eligible for intensive outreach?
      - Other criteria to be eligible for intensive outreach? (e.g., no prescriptions filled in prior 3 months, no outpatient services in prior 3 months)
  - Intensive Outreach Payments
    - Outside of Health Home payment structure – paid by Plan
    - Amount and terms of payment - paid only after member locate and enrolled in Health Home?
      - What activities outside of routine outreach constitute intensive outreach? What are we paying for?
      - Who conducts Intensive Outreach – Health Homes specializing in outreach activities?

Outreach and Enrollment-Draft Standards

- HARP Members that Opt out of Health Homes but want HCBS services (which require plan of care)
  - Health Home care manager is employed to complete InterRAI and create plan of care for HCBS services
  - Maintains connectivity with Health Home, provides opportunity to relationship build and work towards Health Home enrollment
  - HCBS Plan of Care Payment – paid by Plan
  - Amount and terms of payment
    - Separate fee for conducting assessment already in place

Outreach and Enrollment-Draft Guidance

- HARP members that do not want HCBS and has opted out of HH
  - MCO and Health Home will continue outreach and education efforts for Health Home and HCBS
  - Should such members be automatically flagged for Intensive Outreach?

Standards and Requirements for HCBS Care Plans

Standards Discussion

- Follow up on standards and interpretive guidance shared at the January 2015 meeting (see Attachment 4)

- The outreach and enrollment proposals and the standard documents will eventually be merged

- No feedback received on the standards and interpretive guidance

- Further discussion required

Development and Implementation of InterRAI Assesment Tool and Training

Timeline for Behavioral Health Transition to Managed Care

Date	Activity
January 2015	Readiness review Webinar and information distributed to the Plans
February 2015	• Initiated InterRAI Assessment training at pilot site • Updated billing manual released
March 2015	• Anticipated CMS Approval • Plan Documents due to State for purposes of conducting desk readiness reviews due March 9, 2015 • List of NYC designated anticipated to be released
May 15, 2015	NYC Health Home InterRAI training begins (Rest of state beginning September 2015)
April 1, 2015	• Begin passive enrollment • NYC on site plan readiness reviews April – May 2015 • Training provided to Plans and Health Homes on HCBS Services
June 2015	• Begin to conduct InterRAI Assessments in NYC (Rest of state beginning October 2015) • On site plan readiness reviews complete
July 1, 2015	Plans begin managing BH Health Benefit (Rest of state January 1, 2016)

interRAI: Assessment Tool for Determining HCBS Eligibility for HARP Members

- The Community Mental Health (CMH) suite of the interRAI has been customized for NYS and includes:
  - Brief Assessment to determine HARP and HCBS eligibility
  - Full Assessment to identify needs and assist in the development of a care plan including HCBS
- The CMH tool has been automated and will be included in the UAS Assessment tool portfolio
- Health Home care managers/care coordinators will be conducting the HCBS Eligibility Assessment and the Full Functional Assessment using these tools.
- Members Receiving HCBS must have such service(s) reflected in their person-centered care plan (CMS requirement for HCBS services)
- HCBS Eligibility Assessments must be conducted annually or when there is significant change in an individual's condition

interRAI: Assessment Tool for Determining HCBS Eligibility for HARP Members

- Initial interRai training has been conducted for HH Care Coordinators in the Pilot Project.

- Data from the Pilot will inform our analysis on determining HARP and HCBS eligibility cut points

- Integration of CMH into the Uniform Assessment System (UAS) through the Health Commerce System, including mandatory required training

- HH Care Coordinators conducting UAS assessments need access to the HCS and UAS
  - Care coordinators access to MAPP through the HCS
  - Guidance regarding access to UAS will be forthcoming

interRAI Community Mental Health Assessment (CMH): UAS Integration

- CMH interRAI modules are being developed to provide web-based training using the UAS training platform

- Health Home Care Managers will access training via the UAS and must complete required training modules prior to being able access/use the CMH tool

- Additional supports will be provided through webinars and a learning community

- The roles of the HH Care Coordinators will be established and incorporated into the UAS

- Next Steps
- Schedule Upcoming Meetings
  - First Tuesday of Every Month