NEW YORK STATE | **Department of Health** | **Medicaid Redesign Team**

UA-Community Mental Health Application: Conducting the HARP/HCBS Eligibility Assessment

September 2015

Purpose

- Understand background of HARP/HCBS
- Review HARP/HCBS Eligibility Criteria
- Review HARP/HCBS Eligibility Assessment
- Discuss Outputs
- Review Process for Manual Scoring
- Next steps for the consumer
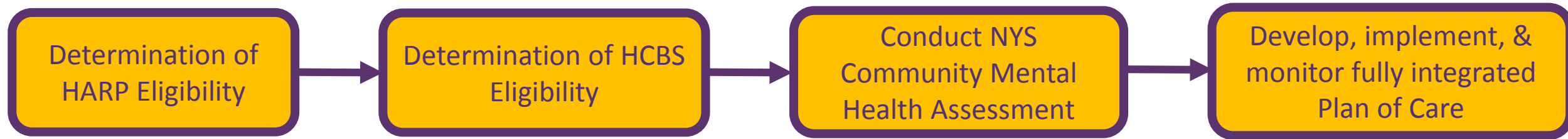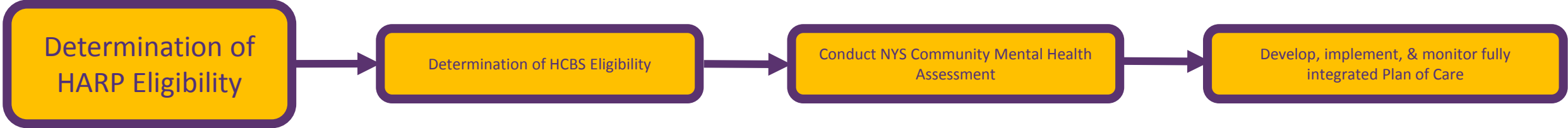- UAS-NY Training Environment

Objectives

Upon completion of this course you will be able to:

- add and complete an eligibility assessment

- manually determine the eligibility assessment outcomes

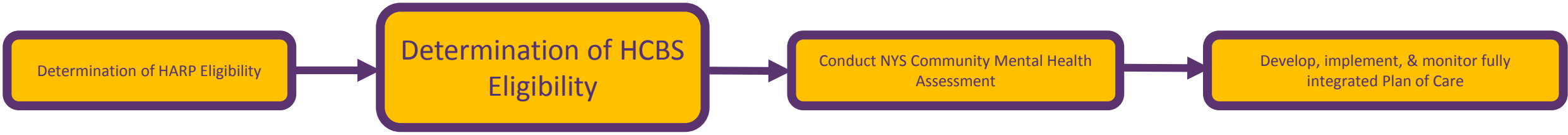- use the assessment outcomes to determine appropriate next steps.

Overview

Determination of HARP Eligibility	→	Determination of HCBS Eligibility	→	Conduct NYS Community Mental Health Assessment	→	Develop, implement, & monitor fully integrated Plan of Care

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┌─────────────────┐     ┌──────────────────┐     ┌──────────────────┐     ┌──────────────────┐
│ Determination of│ ──▶ │ Determination of │ ──▶ │ Conduct NYS      │ ──▶ │ Develop,         │
│ HARP Eligibility│     │ HCBS Eligibility │     │ Community Mental │     │ implement, &     │
│                 │     │                  │     │ Health Assessment│     │ monitor fully    │
│                 │     │                  │     │                  │     │ integrated Plan  │
│                 │     │                  │     │                  │     │ of Care          │
└─────────────────┘     └──────────────────┘     └──────────────────┘     └──────────────────┘
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┌─────────────────┐
│ HARP Eligibility│
│ List   │
└─────────────────┘

┌─────────────────┐
│ HARP/HCBS   │
│ Eligibility   │
│ Assessment   │
└─────────────────┘

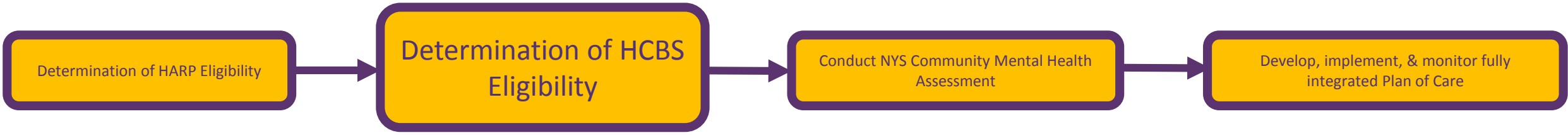| Target Criteria	Risk Factors
• Medicaid enrolled individuals over 20 years of age; • SMI diagnoses as specified by OMH; • SUD diagnoses or diagnoses combinations as specified by OASAS; • Eligible to be enrolled in Mainstream MCOs	Includes… • SSI individuals who received "organized" MH service. • Non-SSI individuals with three or more months of ACT or TCM. • SSI and non-SSI individuals with more than 30 days of psychiatric inpatient services in the three years prior to enrollment.

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Determination of HARP Eligibility  →  Determination of HCBS Eligibility  →  Conduct NYS Community Mental Health Assessment  →  Develop, implement, & monitor fully integrated Plan of Care
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HARP Eligible on DOH List/ Enrolled in HARP/HIV SNP & Health Home

HARP Eligible on DOH List/ Enrolled in HARP/HIV SNP BUT NOT Health Home

HARP Eligible/ Not Currently Enrolled in HARP/HIV SNP BUT NOT Health Home

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┌──────────────────────┐     ┌──────────────────────┐     ┌──────────────────────┐     ┌──────────────────────┐
│ Determination of     │ ──▶ │ Determination of     │ ──▶ │ Conduct NYS          │ ──▶ │ Develop, implement,  │
│ HARP Eligibility     │     │ HCBS Eligibility     │     │ Community Mental     │     │ & monitor fully      │
│                      │     │                      │     │ Health Assessment    │     │ integrated Plan of   │
│                      │     │                      │     │                      │     │ Care                 │
└──────────────────────┘     └──────────────────────┘     └──────────────────────┘     └──────────────────────┘
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Find Housing. Live Independently

- Psychosocial Rehabilitation
- CPST
- Habilitation/Residential Support Services
- Non-medical Transportation for needed community services

Return to School. Find a Job.

- Education Support Services
- Pre-vocational Services
- Transitional Employment
- Intensive Supported Employment
- Ongoing Supported Employment

Manage Stress. Prevent Crisis

- Short-term Crisis Respite
- Intensive Crisis Respite
- Family support and training
- Self-directed services

Get Help from People who Have Been There.

- Peer Support Services
- Family support and training

Determination of HARP Eligibility → **Determination of HCBS Eligibility** → Conduct NYS Community Mental Health Assessment → Develop, implement, & monitor fully integrated Plan of Care

OMH Website
https://www.omh.ny.gov/omhweb/guidance/hcbs/html/services-application/hcbs-manual.pdf
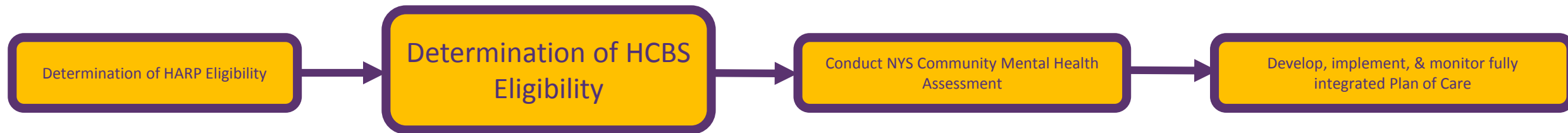
Managed Care Technical Assistance Center (MCTAC)
http://mctac.org/page/get-the-right-tools/resources/

Determination of HARP Eligibility → Determination of HCBS Eligibility → **Conduct NYS Community Mental Health Assessment** → Develop, implement, & monitor fully integrated Plan of Care
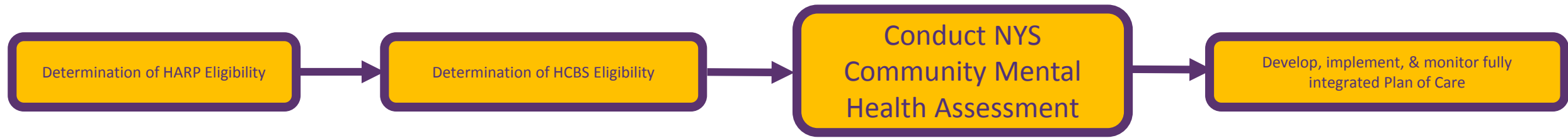
Individuals who are eligible for HARP and HCBS will be assessed using the New York State Community Mental Health Assessment.

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Determination of HARP Eligibility → Determination of HCBS Eligibility → Conduct NYS Community Mental Health Assessment → **Develop, implement, & monitor fully integrated Plan of Care**
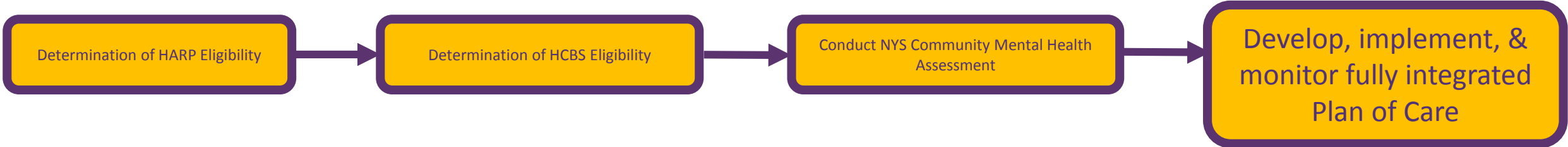
Plan of Care Development Training is under development.

HARP/HCBS Eligibility Assessment

Employment/Education
Instrumental Activities of Daily Living (IADLs)
Cognitive Skills
Social Relations

Stress and Trauma
Co-morbid Conditions
Engagement
Substance Use
Risk of Harm

Special Instructions

- Adhere to same guidelines as the New York State Community Mental Health Assessment
- Assessors must meet stated qualifications
- Must complete online training
- Complete in a timely manner
- May conduct via telephone; face-to-face is preferred.
- All assessments must electronically signed.

Outputs

Office of Mental Health

Office of Alcoholism and Substance Abuse Services

NYS Community Mental Health Assessment System

Eligibility Summary Report from Eligibility Assessment

Name: David

Medicaid ID: WW

Date of Birth/Age: 03/30/1966 (49)

Local Case Number:

HARP Status: Not on HARP list

Gender:

Assessment Date: 09/11/2015   **Health Home:** Health Home Partners of Western NY LLC

Program Eligibility

Categories	Eligibility Criteria
HARP eligibility	Could not be calculated
HCBS Tier 1 services	
Individual Employment Support Services	Could not be calculated
Education Support Services	Could not be calculated
Peer Support Services	Could not be calculated
HCBS Tier 2 services	Could not be calculated

Outputs

Need Levels for Functional Domains

Functional Domain	Below Criteria	Moderate Need	Extensive Need
Employment/Education	Could not be calculated		
IADLs *	Could not be calculated		
Cognitive Skills	Could not be calculated		
Social Relations	Could not be calculated		
Stress and Trauma *	Could not be calculated		
Co-morbid Conditions *	Could not be calculated		
Engagement *	Could not be calculated		
Risk of Harm *	Could not be calculated		
Substance Use *	Could not be calculated		
Totals	0	0	0

* Details for certain Functional Domains with Multiple Contributing Items are presented below

Outputs

Name: David	**Local Case Number:**
Medicaid ID: WW	**HARP Status:** Not on HARP list
Date of Birth/Age: 03/30/1966 (49)	**Gender:**

Assessment Date: 09/11/2015   **Health Home:** Health Home

Functional Domain: Employment/Education

Employment status	*** MISSING ***
Risk of Unemployment or Disrupted Education	
Increase in lateness or absenteeism over LAST 6 MONTHS	*** MISSING ***
Poor productivity or disruptiveness at work or school	*** MISSING ***
Expresses intent to quit work or school	*** MISSING ***
Persistent unemployment or fluctuating work history over LAST 2 YEARS	*** MISSING ***
Person prefers change (when asked)	
Employment support services	*** MISSING ***
Education support services	*** MISSING ***

Functional Domain: IADLs

Meal preparation - CAPACITY	*** MISSING ***
Managing finances - CAPACITY	*** MISSING ***
Managing medications - CAPACITY	*** MISSING ***
Phone use - CAPACITY	*** MISSING ***
Transportation - CAPACITY	*** MISSING ***

Functional Domain: Cognitive Skills

Cognitive skills for daily decision making	*** MISSING ***

Using the Eligibility Summary Report

Outcome	Options for Individual		NYS CMH Assessment Requirement
Not HARP Eligible	Individual has access to Behavioral Health benefits offered through MCO.		None
HARP Eligible and Not HCBS	Individual choses to enroll in HARP.	Individual has access to Behavioral Health benefits offered through MCO.	None
	Individual choses **not** to enroll in HARP.		
HARP and HCBS Eligible	Individual choses **not** to enroll in HARP. Individual has access to Behavioral Health benefits offered through MCO.		None
HARP and HCBS Tier 1 Eligible	Individual has access to all Tier 1 services that they expressed interest and need.		Assessor will conduct full NYS CMH (preferably same day).
HARP and HCBS Tier 2 Eligible	Individual has access to all Tier 2 services. Individual has the option to participate in the Tier 1 services.		Assessor will conduct full NYS CMH (preferably same day).

Outputs – Manual Scoring

SAMPLE Eligibility Scoring Worksheet for Program Eligibility Determination

Office of Mental Health/Office on Alcoholism and Substance Abuse Services

NYS interRAI Community Mental Health Assessment System (CMHAS)

August 14, 2015

Introduction

The worksheet on the following page is used in conjunction with the new Eligibility Assessment (EA) paper form (with label "For use with Scoring Worksheet") to allow assessors working WITHOUT direct access to the CMHAS software application to collect assessment responses and determine eligibility status for a person seeking enrollment in the new Health and Recovery Program (HARP) and for Home and Community Based Services (HCBS) for Behavioral Health Carve-In.

Manual Scoring - Process

1. Complete the HARP/HCBS Eligibility Assessment.

2. Transfer the responses to the Eligibility Scoring Worksheet for Program Eligibility Determination.

3. Calculate the total for each column.

4. Complete the Program Eligibility Determination Logic section of the Eligibility Scoring Worksheet for Program Eligibility Determination.

Manual Scoring - Process

1. Complete the HARP/HCBS Eligibility Asse...

2. Transfer the responses to the ...rksheet for Program Eligibili...

3. Calcul... ...column.

    ...ogram Eligibility Determination Logic section ...ligibility Scoring Worksheet for Program Eligibility Determination.

Only use under extenuating circumstances.

Eligibility Scoring Worksheet

Employment/Education
Instrumental Activities of Daily Living (IADLs)
Cognitive Skills
Social Relations

Stress and Trauma
Co-morbid Conditions
Engagement
Substance Use
Risk of Harm

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Employment/ Education	Mark if response is starred (*) on form ____ Employment status – unemployed seeking employment Risk of unemployment or disrupted education: ____ Increase in lateness or absenteeism ____ Poor productivity or disruptiveness at work/school ____ Expresses intent to quit work/school ____ Persistent unemployment or fluctuating work history	Check if any 1 item marked ☐	N/A

Eligibility Scoring Worksheet

Employment Status

○ Employed

○ Unemployed, seeking employment*

○ Unemployed, not seeking employment

[* transfer to Employment/Education]

Eligibility Scoring Worksheet

Employment Status

○ Employed

○ Unemployed, seeking employment*

○ Unemployed, not seeking employment

[* transfer to Employment/Education]

Eligibility Scoring Worksheet

Employment Status

○ Employed

○ Unemployed, seeking employment*

○ Unemployed, not seeking employment

[* transfer to Employment/Education]

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Employment/ Education	Mark if response is starred (*) on form X ____ Employment status – unemployed seeking employment Risk of unemployment or disrupted education: ____ Increase in lateness or absenteeism ____ Poor productivity or disruptiveness at work/school ____ Expresses intent to quit work/school ____ Persistent unemployment or fluctuating work history	Check if any 1 item marked ☐	N/A

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Employment/ Education	Mark if response is starred (*) on form X ___ Employment status – unemployed seeking employment Risk of unemployment or disrupted education: ___ Increase in lateness or absenteeism ___ Poor productivity or disruptiveness at work/school ___ Expresses intent to quit work/school ___ Persistent unemployment or fluctuating work history	Check if any 1 item marked ☐	N/A

Eligibility Scoring Worksheet

Risk of unemployment or disrupted education

Increase in lateness or absenteeism over LAST 6 MONTHS	○ No	○ Yes *
		○ Not applicable
Poor productivity or disruptiveness at work or school	○ No	○ Yes *
		○ Not applicable
Expresses intent to quit work or school	○ No	○ Yes *
		○ Not applicable
Persistent unemployment or fluctuating work history over LAST 2 YEARS	○ No	○ Yes *
		○ Not applicable

[* transfer to Employment/Education]

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Employment/ Education	Mark if response is starred (*) on form X ___ Employment status – unemployed seeking employment Risk of unemployment or disrupted education: ___ Increase in lateness or absenteeism ___ Poor productivity or disruptiveness at work/school ___ Expresses intent to quit work/school ___ Persistent unemployment or fluctuating work history	Check if any 1 item marked ☐	N/A

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Employment/ Education	Mark if response is starred (*) on form ___ Employment status – unemployed seeking employment Risk of unemployment or disrupted education: ___ Increase in lateness or absenteeism ___ Poor productivity or disruptiveness at work/school ___ Expresses intent to quit work/school ___ Persistent unemployment or fluctuating work history	Check if any 1 item marked	N/A

Eligibility Scoring Worksheet

Social Relationships
[Note: Whenever possible, ask person]
Codes:
0 = Never   **3** = 4 to 7 days ago
1 = More than 30 days ago   **4** = In last 3 days
2 = 8 to 30 days ago   **8** = Unable to determine

	0	1	2	3	4	8
Participation in social activities of long-standing interest	○*	○*	○	○	○	○
Visit with a long-standing social relation or family member	○*	○*	○	○	○	○
Other interaction with long-standing social relation or family member (e.g., telephone, email, text, social media)	○*	○*	○	○	○	○

[* transfer to Social Relations]

Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
	Mark if response is starred (*) on form	Check if one item marked ☐	Check if more than one item marked ☐
Social Relations	___ Participation in social activities of long-standing interest ___ Visit with a long-standing social relation or family member ___ Other interaction with long-standing social relation or family member (e.g., telephone, email, text, social media)		

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Eligibility Scoring Worksheet

Domains of Functional & Safety Needs	Need Criteria	Moderate Need	Extensive Need
Social Relations	Mark if response is starred (*) on form ___ Participation in social activities of long-standing interest ___ Visit with a long-standing social relation or family member ___ Other interaction with long-standing social relation or family member (e.g., telephone, email, text, social media)	Check if one item marked ☐	Check if more than one item marked ☐

Eligibility Scoring Worksheet

Stress and Trauma

Co-morbid Conditions

Engagement

Substance Use

Risk of Harm

Eligibility Scoring Worksheet

Cognitive Skills for Daily Decision Making
Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

○ Independent - decisions consistent, reasonable and safe
○ Modified independence - some difficulty in new situations only *
○ Minimally impaired* - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times*
○ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times**
○ Severely impaired - never or rarely makes decisions**
○ No discernible consciousness, coma

[* mark "Moderate Need" in Cognitive Skills
** mark "Extensive Need" in Cognitive Skills]

Acute Change in Mental Status from Person's Usual Functioning
(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)

○ No   ○ Yes *

[* mark "Moderate Need" in Cognitive Skills]

Eligibility Scoring Worksheet

Cognitive Skills for Daily Decision Making

Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

○ Independent - decisions consistent, reasonable and safe

○ Modified independence - some difficulty in new situations only *

○ Minimally impaired* - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times *

○ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times **

○ Severely impaired - never or rarely makes decisions **

○ No discernible consciousness, coma

[mark "Moderate Need" in Cognitive Skills*

** *mark "Extensive Need" in Cognitive Skills]*

Acute Change in Mental Status from Person's Usual Functioning
(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)

○ No   ○ Yes *

[mark "Moderate Need" in Cognitive Skills]*

Eligibility Scoring Worksheet

Cognitive Skills for Daily Decision Making
Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

○ Independent - decisions consistent, reasonable and safe

○ Modified independence - some difficulty in new situations only *

○ Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times*

○ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times**

○ Severely impaired - never or rarely makes decisions**

○ No discernible consciousness, coma

[mark "Moderate Need" in Cognitive Skills*
** mark "Extensive Need" in Cognitive Skills]*

Acute Change in Mental Status from Person's Usual Functioning
(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)

○ No   ○ Yes *

[mark "Moderate Need" in Cognitive Skills]*

Eligibility Scoring Worksheet

Cognitive Skills	Mark if response is starred (*) on form	Check if any 1 item marked	
	___ Daily Decision Making = modified independence ___ Daily Decision Making = minimally impaired ___ Acute Change in Mental Status **Note**: No Moderate Need if person is in Coma.	☐	
	___ Daily Decision Making = moderately impaired ___ Daily Decision Making = severely impaired		Check if any 1 item marked ☐

Eligibility Scoring Worksheet

Cognitive Skills			
	Mark if response is starred (*) on form ___ Daily Decision Making = modified independence ___ Daily Decision Making = minimally impaired ___ Acute Change in Mental Status **Note**: No Moderate Need if person is in Coma.	Check if any 1 item marked ☐	
	___ Daily Decision Making = moderately impaired ___ Daily Decision Making = severely impaired		Check if any 1 item marked ☐

Eligibility Scoring Worksheet

Cognitive Skills	Mark if response is starred (*) on form	Check if any 1 item marked	
	___ Daily Decision Making = modified independence ___ Daily Decision Making = minimally impaired ___ Acute Change in Mental Status **Note**: No Moderate Need if person is in Coma.	☐	
	___ Daily Decision Making = moderately impaired ___ Daily Decision Making = severely impaired		Check if any 1 item marked ☐

Eligibility Scoring Worksheet

Cognitive Skills	Mark if response is starred (*) on form ___ Daily Decision Making = modified independence ___ Daily Decision Making = minimally impaired ___ Acute Change in Mental Status **Note**: No Moderate Need if person is in Coma.	Check if any 1 item marked ☐	
	___ Daily Decision Making = moderately impaired ___ Daily Decision Making = severely impaired		Check if any 1 item marked ☐

Eligibility Scoring Worksheet

Cognitive Skills	Mark if response is starred (*) on form ___ Daily Decision Making = modified independence ___ Daily Decision Making = minimally impaired ___ Acute Change in Mental Status **Note**: No Moderate Need if person is in Coma.	Check if any 1 item marked ☐	
	___ Daily Decision Making = moderately impaired ___ Daily Decision Making = severely impaired		Check if any 1 item marked ☐

Eligibility Scoring Worksheet

Independent Living Skills (IADLs)

Code for PERFORMANCE in routine activities around the home or in the community during the LAST 3 DAYS

Code for CAPACITY based on presumed ability to carry out activity as independently as possible. This will require "speculation" by the assessor.

0 = Independent - no help, setup, or supervision
1 = Setup help only
2 = Supervision - oversight/cuing
3 = Limited assistance - help on some occasions
4 = Extensive assistance - help throughout task, but performs 50% or more of task on own
5 = Maximal assistance - help throughout task, but performs less than 50% of task on own
6 = Total dependence - full performance by others during entire period
8 = Activity did not occur - during entire period (DO **NOT** USE THIS CODE IN SCORING CAPACITY)

	PERFORMANCE	CAPACITY *
	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6
Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○
Managing medications - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○
Phone use - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles)	○ ○ ○ ○ ○ ○ ○ ○	○ ○ ○ ○ ○ ○ ○

[* Update code in IADL's]

Eligibility Scoring Worksheet

IADLs	Transfer <u>code</u> (0-6) for Capacity level for five (5) IADL's	Check if total score ≥ 1 and < 9	Check if total score ≥ 10
	Meal preparation _____		
	Manage finances _____		
	Phone use _____		
	Manage medications _____		
	Transportation _____		
		☐	☐
	Enter total for all scores _____		

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Eligibility Scoring Worksheet

Outputs – Manual Scoring

___Violence to other		
___Overdose in past year		
Enter total number of domains with check for Moderate Need →→→	4	
Enter total number of domains with check for Extensive Need →→→		1

Outputs – Manual Scoring

1. **HARP eligible:** Meets either of the following:
   a. Meets threshold score for MODERATE needs on at least 3 Functional and Safety Need domains
   b. Person meets criteria _____
   c. Person does not meet criteria _____

Outputs – Manual Scoring

2. **Eligible for HCBS Tier 1 Services (Individual Employment Support, Education Support, and Peer Services)**

    a. Meets HARP eligibility criteria <u>AND</u>

    b. For Individual Employment Support Services:

        i. Expresses desire to receive employment support services. ___

        ii. Person meets criteria ____

        iii. Person does not meet criteria _____

    c. For Education Support Services:

        i. Expresses desire to receive education support services to assist with vocational goals. ___

        ii. Person meets criteria ____

        iii. Person does not meet criteria _____

    d. For Peer Support Services:

        i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u> Expresses desire to receive peer support services (e.g., programs, staff) ___

        ii. Person meets criteria ____

        iii. Person does not meet criteria _____

Outputs – Manual Scoring

2. **Eligible for HCBS Tier 1 Services** (Individual Employment Support, Education Support, and Peer Services)

    a. Meets HARP eligibility criteria <u>AND</u>

    b. For Individual Employment Support Services:

        i. Expresses desire to receive employment support services. ____

        ii. Person meets criteria _____

        iii. Person does not meet criteria _____

    c. For Education Support Services:

        i. Expresses desire to receive education support services to assist with vocational goals. ____

        ii. Person meets criteria _____

        iii. Person does not meet criteria _____

    d. For Peer Support Services:

        i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u> Expresses desire to receive peer support services (e.g., programs, staff) ____

        ii. Person meets criteria _____

        iii. Person does not meet criteria _____

Outputs – Manual Scoring

2. **Eligible for HCBS Tier 1 Services (Individual Employment Support, Education Support, and Peer Services)**
   a. Meets HARP eligibility criteria <u>AND</u>
   b. For Individual Employment Support Services:
      i. Expresses desire to receive employment support services. ___
      ii. Person meets criteria ____
      iii. Person does not meet criteria _____
   c. For Education Support Services:
      i. Expresses desire to receive education support services to assist with vocational goals. ___
      ii. Person meets criteria ____
      iii. Person does not meet criteria _____
   d. For Peer Support Services:
      i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u>
         Expresses desire to receive peer support services (e.g., programs, staff) ___
      ii. Person meets criteria ____
      iii. Person does not meet criteria _____

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Outputs – Manual Scoring

2. **Eligible for HCBS Tier 1 Services (Individual Employment Support, Education Support, and Peer Services)**
   a. Meets HARP eligibility criteria <u>AND</u>
   b. For Individual Employment Support Services:
      i. Expresses desire to receive employment support services. ___
      ii. Person meets criteria _____
      iii. Person does not meet criteria _____
   c. For Education Support Services:
      i. Expresses desire to receive education support services to assist with vocational goals. ___
      ii. Person meets criteria _____
      iii. Person does not meet criteria _____
   d. For Peer Support Services:
      i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u> Expresses desire to receive peer support services (e.g., programs, staff) ___
      ii. Person meets criteria _____
      iii. Person does not meet criteria _____

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Outputs – Manual Scoring

3. Eligible for <u>all</u> HCBS Tier 2 Services
   a. Meets threshold score for MODERATE needs on at least 4 Functional and Safety Need domains; <u>OR</u>
   b. Meets threshold score for EXTENSIVE needs on at least 1 Functional and Safety Need domain
   c. Person meets criteria _____
   d. Person does not meet criteria _____

Outputs – Manual Scoring

NEW YORK STATE
Office of Mental Health
Office of Alcoholism and
Substance Abuse Services

Eligibility Assessment
For use with scoring worksheet

PARTICIPANT INFORMATION

Name (First, Middle Initial, Last)
JOE NAMETH

Medicaid ID (CIN) JN 1 2 1 2 J

Date of Birth
01 / 01 / 1969
Month   Day   Year

Is person on HARP-eligible list?
O On HARP list
● Not on HARP list

IDENTIFICATION INFORMATION

Date of Assessment 08 / 20 / 20 1 5

Reason for Assessment
● First assessment
O Routine reassessment
O Return assessment

Marital
Status
O Neve
O Marri
O Partn
O Wido

SAMPLE Eligibility Scoring Worksheet for Program Eligibility Determination
Office of Mental Health/Office on Alcoholism and Substance Abuse Services
NYS interRAI Community Mental Health Assessment System (CMHAS)
August 14, 2015

Introduction
The worksheet on the following page is used in conjunction with the new Eligibility Assessment (EA) paper form (with label "For use with Scoring Worksheet") to allow assessors working WITHOUT direct access to the CMHAS software application to collect assessment responses and determine eligibility status for a person seeking enrollment in the new Health and Recovery Program (HARP) and for Home and Community Based Services (HCBS) for Behavioral Health Carve-In.

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Outputs – Manual Scoring

Employment Status

○ Employed

● Unemployed, seeking employment*

○ Unemployed, not seeking employment

[* transfer to Employment/Education]

Employment/ Education

Mark if response is starred (*) on form

___ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

Outputs – Manual Scoring

Employment Status

○ Employed

● Unemployed, seeking employment*

○ Unemployed, not seeking employment

[* transfer to Employment/Education]

Employment/ Education

Mark if response is starred (*) on form

✓
___ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

Outputs – Manual Scoring

Risk of unemployment or disrupted education

Increase in lateness or absenteeism over LAST 6 MONTHS
- ○ No   ○ Yes *
- ● Not applicable

Poor productivity or disruptiveness at work or school
- ○ No   ○ Yes *
- ● Not applicable

Expresses intent to quit work or school
- ○ No   ○ Yes *
- ● Not applicable

Persistent unemployment or fluctuating work history over LAST 2 YEARS
- ○ No   ○ Yes *
- ● Not applicable

[* transfer to Employment/Education]

Employment/ Education

Mark if response is starred (*) on form

✓

___ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

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Outputs – Manual Scoring

Risk of unemployment or disrupted education

Increase in lateness or absenteeism over LAST 6 MONTHS
○ No   ○ Yes *
● Not applicable

Poor productivity or disruptiveness at work or school
○ No   ○ Yes *
● Not applicable

Expresses intent to quit work or school
○ No   ○ Yes *
● Not applicable

Persistent unemployment or fluctuating work history over LAST 2 YEARS
○ No   ○ Yes *
● Not applicable

[* transfer to Employment/Education]

Employment/ Education

Mark if response is starred (*) on form

✓___ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

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Outputs – Manual Scoring

	Moderate Need	Extensive Need
	Check if any 1 item marked ☐	N/A

Employment/ Education

Mark if response is starred (*) on form

✔
___ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

Outputs – Manual Scoring

	Moderate Need	Extensive Need
	Check if any 1 item marked ✓	N/A

Employment/ Education

Mark if response is starred (*) on form

✓ Employment status – unemployed seeking employment

Risk of unemployment or disrupted education:
___ Increase in lateness or absenteeism
___ Poor productivity or disruptiveness at work/school
___ Expresses intent to quit work/school
___ Persistent unemployment or fluctuating work history

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Outputs – Manual Scoring

	PERFORMANCE	CAPACITY *
	0 1 2 3 4 5 6 8	0 1 2 3 4 5 6
Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Managing medications - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Phone use - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○

possible. This will require "speculation" by the assessor.

Transfer <u>code</u> (0-6) for Capacity level for five (5) IADL's

		Check if total score ≥ 1 and < 9	Check if total score ≥ 10
Meal preparation	_____		
Manage finances	_____		
Phone use	_____		
Manage medications	_____		
Transportation	_____	☐	☐
Enter total for all scores	_____		

Outputs – Manual Scoring

possible. This will require "speculation" by the assessor.

	PERFORMANCE 0 1 2 3 4 5 6 8	CAPACITY + 0 1 2 3 4 5 6
Meal preparation - How meals are prepared (e.g., planning meals, assembling ingredients, cooking, setting out food and utensils)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Managing finances - How bills are paid, checkbook is balanced, household expenses are budgeted, credit card account is monitored	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Managing medications - How medications are managed (e.g., remembering to take medicines, opening bottles, taking correct drug dosages, giving injections, applying ointments)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Phone use - How telephone calls are made or received (with assistive devices such as large numbers on telephone, amplification as needed)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○
Transportation - How travels by public transportation (navigating system, paying fare) or driving self (including getting out of house, in and out of vehicles)	● ○ ○ ○ ○ ○ ○ ○	● ○ ○ ○ ○ ○ ○

Transfer <u>code</u> (0-6) for Capacity level for five (5) IADL's

		Check if total score ≥ 1 and < 9	Check if total score ≥ 10
Meal preparation	0		
Manage finances	0		
Phone use	0		
Manage medications	0		
Transportation	0	☐	☐
Enter total for all scores	0		

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Outputs – Manual Scoring

Cognitive Skills for Daily Decision Making
Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

- ● Independent - decisions consistent, reasonable and safe
- ○ Modified independence - some difficulty in new situations only *
- ○ Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times*
- ○ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times**
- ○ Severely impaired - never or rarely makes decisions **
- ○ No discernible consciousness, coma

[* mark "Moderate Need" in Cognitive Skills
** mark "Extensive Need" in Cognitive Skills]

Acute Change in Mental Status from Person's Usual Functioning   ● No   ○ Yes *
(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)   [* mark "Modera

Mark if response is starred (*) on form

___ Daily Decision Making = modified independence
___ Daily Decision Making = minimally impaired
___ Acute Change in Mental Status

Note: No Moderate Need if person is in Coma.

___ Daily Decision Making = moderately impaired
___ Daily Decision Making = severely impaired

Check if any 1 item marked

☐

Check if any 1 item marked

☐

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Outputs – Manual Scoring

Cognitive Skills for Daily Decision Making

Making decisions regarding tasks of daily life (e.g., when to get up or have meals, which clothes to wear or activities to do)

- ● Independent - decisions consistent, reasonable and safe
- ○ Modified independence - some difficulty in new situations only *
- ○ Minimally impaired - in specific recurring situations, decisions become poor or unsafe; cues/supervision necessary at those times *
- ○ Moderately impaired - decisions consistently poor or unsafe; cues/supervision required at all times **
- ○ Severely impaired - never or rarely makes decisions **   [* mark "Moderate Need" in Cognitive Skills
- ○ No discernible consciousness, coma   ** mark "Extensive Need" in Cognitive Skills]

Acute Change in Mental Status from Person's Usual Functioning   ● No   ○ Yes *

(e.g., restlessness, lethargy, difficult to arouse, altered environmental perception)   [* mark "Modera

Mark if response is starred (*) on form

___ Daily Decision Making = modified independence
___ Daily Decision Making = minimally impaired
___ Acute Change in Mental Status

Note: No Moderate Need if person is in Coma.

___ Daily Decision Making = moderately impaired
___ Daily Decision Making = severely impaired

Check if any 1 item marked

☐

Check if any 1 item marked

☐

Outputs – Manual Scoring

Intellectual Disability
(e.g., Down Syndrome)   ● No   ○ Yes

Medical Diagnoses

Disease code
0 = Not present
2 = Diagnosis present, receiving active treatment
3 = Diagnosis present, monitored but no active treatment

	0	2*	3*
Asthma	○	●*	○*
Diabetes mellitus	●	○*	○*
Hypothyroidism	●	○	○
Migraine	●	○	○
Traumatic brain injury	●	○*	○*
Heart disease	●	○*	○*
HIV/AIDS	●	○*	○*
Chronic Obstructive Pulmonary Disease (COPD)	○	●*	○*
Hypertension	●	○*	○*
High cholesterol or triglycerides	●	○*	○*
Tuberculosis (either active or newly confirmed inactive infection)	●	○*	○*
Hepatitis C	●	○*	○*

[Transfer to Co-morbid Conditions]

Mark if response is starred (*) on form

___ Asthma
___ Diabetes mellitus
___ Traumatic brain injury
___ Heart disease
___ HIV/AIDS
___ Chronic Obstructive Pulmonary Disease (COPD)
___ Hypertension
___ High cholesterol or triglycerides
___ Tuberculosis
___ Hepatitis C

Check if one item marked	Check if more than one item marked
☐	☐

Outputs – Manual Scoring

Intellectual Disability
(e.g., Down Syndrome)   ◉ No   ○ Yes

Medical Diagnoses

Disease code
0 = Not present
2 = Diagnosis present, receiving active treatment
3 = Diagnosis present, monitored but no active treatment

	0	2*	3*
Asthma	○	◉*	○*
Diabetes mellitus	◉	○*	○*
Hypothyroidism	◉	○	○
Migraine	◉	○	○
Traumatic brain injury	◉	○*	○*
Heart disease	◉	○*	○*
HIV/AIDS	◉	○*	○*
Chronic Obstructive Pulmonary Disease (COPD)	○	◉*	○*
Hypertension	◉	○*	○*
High cholesterol or triglycerides	◉	○*	○*
Tuberculosis (either active or newly confirmed inactive infection)	◉	○*	○*
Hepatitis C	◉	○*	○*

[Transfer to Co-morbid Conditions]

Mark if response is starred (*) on form

✓___ Asthma
___ Diabetes mellitus
___ Traumatic brain injury
___ Heart disease
✓___ HIV/AIDS
✓___ Chronic Obstructive Pulmonary Disease (COPD)
___ Hypertension
___ High cholesterol or triglycerides
___ Tuberculosis
___ Hepatitis C

Check if one item marked	Check if more than one item marked
☐	✓☐

Outputs – Manual Scoring

___Overdose in past year		
Enter total number of domains with check for Moderate Need →→→		
Enter total number of domains with check for Extensive Need →→→		

Outputs – Manual Scoring

Outputs – Manual Scoring

___ violence to other ___ Overdose in past year		
Enter total number of domains with check for Moderate Need →→→	4	
Enter total number of domains with check for Extensive Need →→→		1

1. HARP eligible: Meets either of the following:
   a. Meets threshold score for MODERATE needs on at least 3 Functional and Safety Need domains
   b. Person meets criteria _____
   c. Person does not meet criteria _____

Outputs – Manual Scoring

___Violence to other		
___Overdose in past year		
Enter total number of domains with check for Moderate Need →→→	4	
Enter total number of domains with check for Extensive Need →→→		1

1. HARP eligible: Meets either of the following:
   a. Meets threshold score for MODERATE needs on at least 3 Functional and Safety Need domains
   b. Person meets criteria _____
   c. Person does not meet criteria _____

Outputs – Manual Scoring

Person prefers change (when asked)

Paid employment [e.g., type, hours, pay]	O No ● Yes O Could/would not respond
Employment support services [e.g., pre-vocational services, transitional employment, Intensive supported employment, ongoing supported employment]	O No ● Yes * O Could/would not respond
Education/training	O No ● Yes O Could/would not respond
Educational support services	O No ● Yes * O Could/would not respond

[* transfer to HCBS Tier 1 services]

b. For Individual Employment Support Services:
   i. Expresses desire to receive employment support services. ____
   ii. Person meets criteria _____
   iii. Person does not meet criteria _____

c. For Education Support Services:
   i. Expresses desire to receive education support services to assist with vocational goals. ____
   ii. Person meets criteria _____
   iii. Person does not meet criteria _____

Outputs – Manual Scoring

Person prefers change (when asked)

Paid employment [e.g.. type, hours, pay)	○ No ● Yes ○ Could/would not respond
Employment support services [e.g.. pre-vocational services, transitional employment, Intensive supported employment, ongoing supported employment]	○ No ● Yes * ○ Could/would not respond
Education/training	○ No ● Yes ○ Could/would not respond
Educational support services	○ No ● Yes * ○ Could/would not respond

[* transfer to HCBS Tier 1 services]

b. For Individual Employment Support Services:
   i.   Expresses desire to receive employment support services. ____
   ii. Person meets criteria ____
   iii. Person does not meet criteria _____

c. For Education Support Services:
   i.   Expresses desire to receive education support services to assist with vocational goals. ____
   ii. Person meets criteria ____
   iii. Person does not meet criteria _____

Outputs – Manual Scoring

Person prefers change (when asked)
  Peer supports (e.g., programs, staff)
         ● No   ○ Yes*
         ○ Could/would not respond

[* transfer to HCBS Tier I services]

d. For Peer Support Services:
    i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u>
        Expresses desire to receive peer support services (e.g., programs, staff) ____
    ii. Person meets criteria ____
    iii. Person does not meet criteria _____

Outputs – Manual Scoring

Person prefers change (when asked)
   Peer supports (e.g., programs, staff)

          ● No   ○ Yes*
          ○ Could/would not respond

[* transfer to HCBS Tier I services]

d. For Peer Support Services:

   i. Meets Extensive Need level for Social Relation domain (see above) <u>AND</u>

      Expresses desire to receive peer support services (e.g., programs, staff) ____

   ii. Person meets criteria ____

   iii. Person does not meet criteria __✓__

Outputs – Manual Scoring

___Violence to other ___Overdose in past year		
Enter total number of domains with check for Moderate Need →→→	4	
Enter total number of domains with check for Extensive Need →→→		1

3. Eligible for <u>all</u> HCBS Tier 2 Services
   a. Meets threshold score for MODERATE needs on at least 4 domains of Functional and Safety Needs; <u>OR</u>
   b. Meets threshold score for EXTENSIVE needs on at least 1 domain of Functional and Safety Needs
   c. Person meets criteria _____
   d. Person does not meet criteria _____

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Outputs – Manual Scoring

___Violence to other ___Overdose in past year		
Enter total number of domains with check for Moderate Need →→→	4	
Enter total number of domains with check for Extensive Need →→→		1

3. **Eligible for all HCBS Tier 2 Services**
   a. Meets threshold score for MODERATE needs on at least 4 domains of Functional and Safety Needs; OR
   b. Meets threshold score for EXTENSIVE needs on at least 1 domain of Functional and Safety Needs
   c. Person meets criteria ✓
   d. Person does not meet criteria _____

Training in the UAS-NY

- Successfully access and navigate the training environment
- Successfully access and navigate the Health Commerce System
- Initiate and accurately conduct and process a EA.
- Identify and process and interpret a EA Outcomes report.

Training in the UAS-NY

Questions you may have:

- Where is the training?

- How or when can I access the training?

- How do I review my training status ?

- What about additional support?

Training in the UAS-NY

Training in the UAS-NY

Training in the UAS-NY

Training in the UAS-NY

1300 Using the UAS-NY to Conduct

Home → Courses → UAS-NY Fundamental Courses → 1300

Topic outline

Welcome to the Using the UAS-NY to Conduct Assessments Course!

The purpose of this course is to explain key concepts related to adding and completing a UAS-NY Community Assessment.

Upon completion of this course you will be able to:

- Add and complete an assessment
- Reveiw, sign, and finalize an assessment
- Know how to use assessment outcomes

Remember, if you have any questions contact the **UAS-NY Support Desk at 518-408-1021**.
Someone will be available Monday through Friday 8:30~12 & 1~4. You may also email us at uasny@health.ny.gov

Let us begin by clicking on the Activity 1 link blelow.

📦 Activity 1 - Video (Watch)
📦 Activity 2 - Video (Watch)
📄 Activity 3 - 1300 Quick Reference Document - (Open and View then press F5 when done)
☑ Activity 4 - 1300 Quiz (Take)
Not available until you achieve a required score in **Activity 1 - Video (Watch)**. Not available until you achieve a required score in **Activity 2 - Video (Watch)**.

Training Courses for role UAS-01

[Refresh Status]   [Hide Completed Courses]

Required Courses

Course Name	Status
1000 UAS-NY Training Environment	Completed
1010 UAS-NY Security	Completed
1011 Supervisory Roles in the UAS-NY	Completed
1100 UAS-NY Interface	Completed
1300 Using the UAS-NY to Conduct an Eligibility Assessment	Completed
1500 Understanding the Community Mental Health Assessment	Not Completed

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Next Steps

Uniform Assessment System for New York

Welcome to the Uniform Assessment System for New York (UAS-NY) Training Environment. The purpose of this online training environment is to provide long term care provider staff with the information required to learn about and use the UAS-NY. This site is developed and maintained by the New York State Department of Health, Office of Health Insurance Programs, Divison of Long Term Care.

UAS-NY Support Desk

For questions on the UAS-NY Training Environment or any of the content presented in this site, please email the **UAS-NY Support Desk** at **uasny@health.state.ny.us** or contact us at 518-408-1021 between the hours of 8:30 ~12 and 1 ~ 4.

Course categories

UAS-NY Fundamental Courses (17)

UAS-NY Intermediate Courses (8)

UAS-NY Advanced Courses (3)

UAS-NY References and Resources (7)

Next Steps

8110 Community Mental Health

Topic outline

Your progress ❓

This section provides information related to the Community Mental Health Asessment. Topics include:

- Reference Manual
- Assessment Instrument
- Additional Resources

Remember, if you have any questions concerning the UAS-NY Training environment, please contact the **UAS-NY Support Desk at 518-408-1021**. Staff is available Monday through Friday 8:30~12 & 1~4. You may also email us at uasny@health.ny.gov

If you have questions concerning the items included in the Community Mental Health Assessment, please email UA-CMH@omh.ny.gov.

Important Note: This section is designed to serve as an ongoing resource. As such, it will never appear as "completed" on your UAS role selector page.

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Questions and Contact Information

UAS-NY Support Desk
via email: uasny@health.ny.gov
Telephone: 518-408-1021

Application User Support
via email: helpstar@ciminc.com
telephone: 734-930-0855 (please specify that call is related to the Community Mental Health Pilot software in New York)

Programmatic Questions
via email: UA-CMH@omh.ny.gov