



**Department
of Health**

Medicaid
Redesign Team

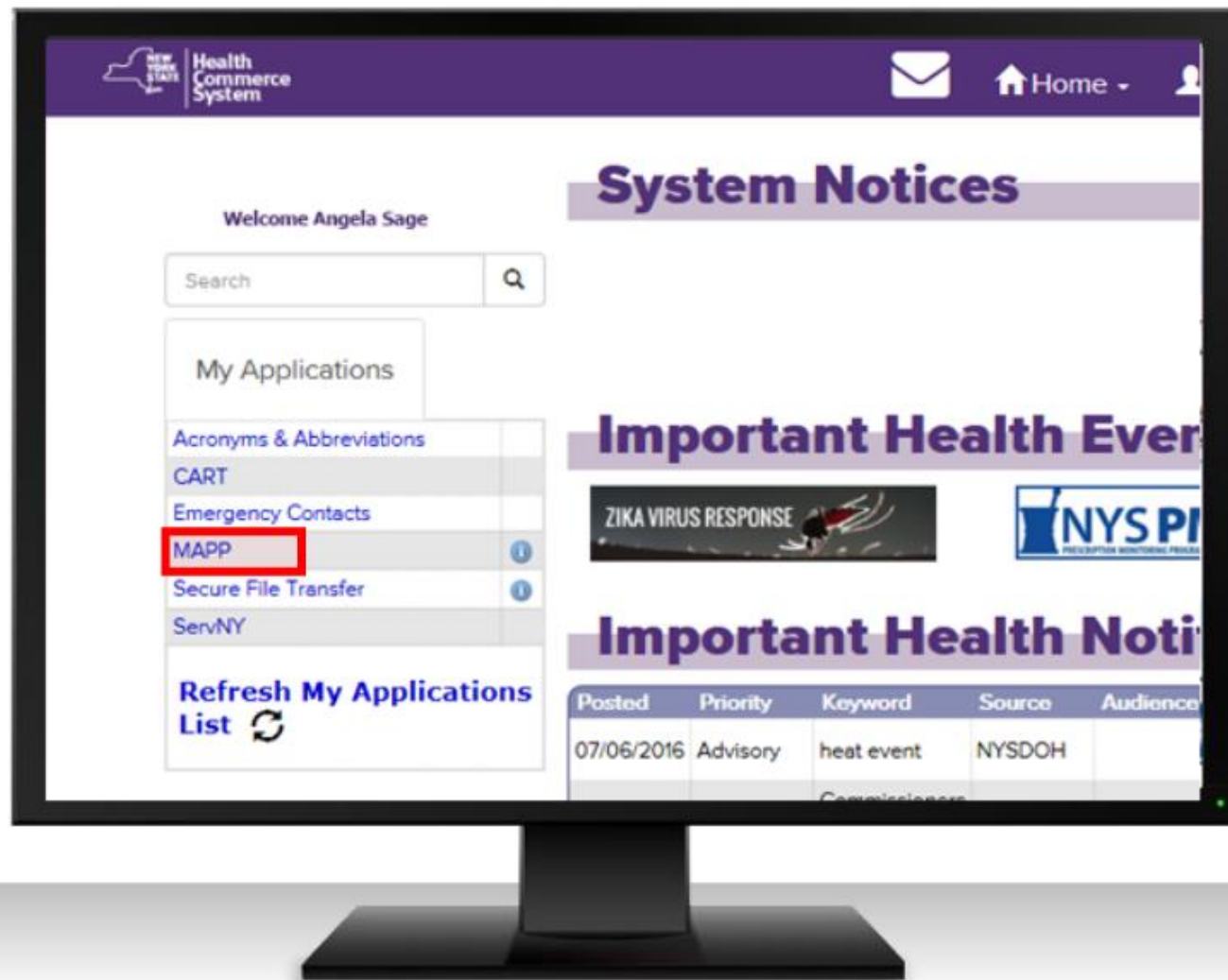
LDSS Referrer Role in the Medicaid Analytics Performance Portal (MAPP)

December 2016

Accessing the MAPP HHTS

The MAPP HHTS is web-based and is launched through the Health Commerce System (HCS) website at <https://commerce.health.state.ny.us>.

Once you sign into HCS, you need to save the MAPP link to the HCS Home Page (Part 1), as well as enroll in the Multi-factor Authentication (MFA) for user verification (Part 2).



MAPP Homepage Portal & MFA

Instructions

- Please enter the code received from your SMS message on your registered phone number.
- You will be logged out of HCS after 3 unsuccessful attempts.

Purpose:
Portal/homepage for
PPS/Health Homes users
to access securely all
things MAPP.

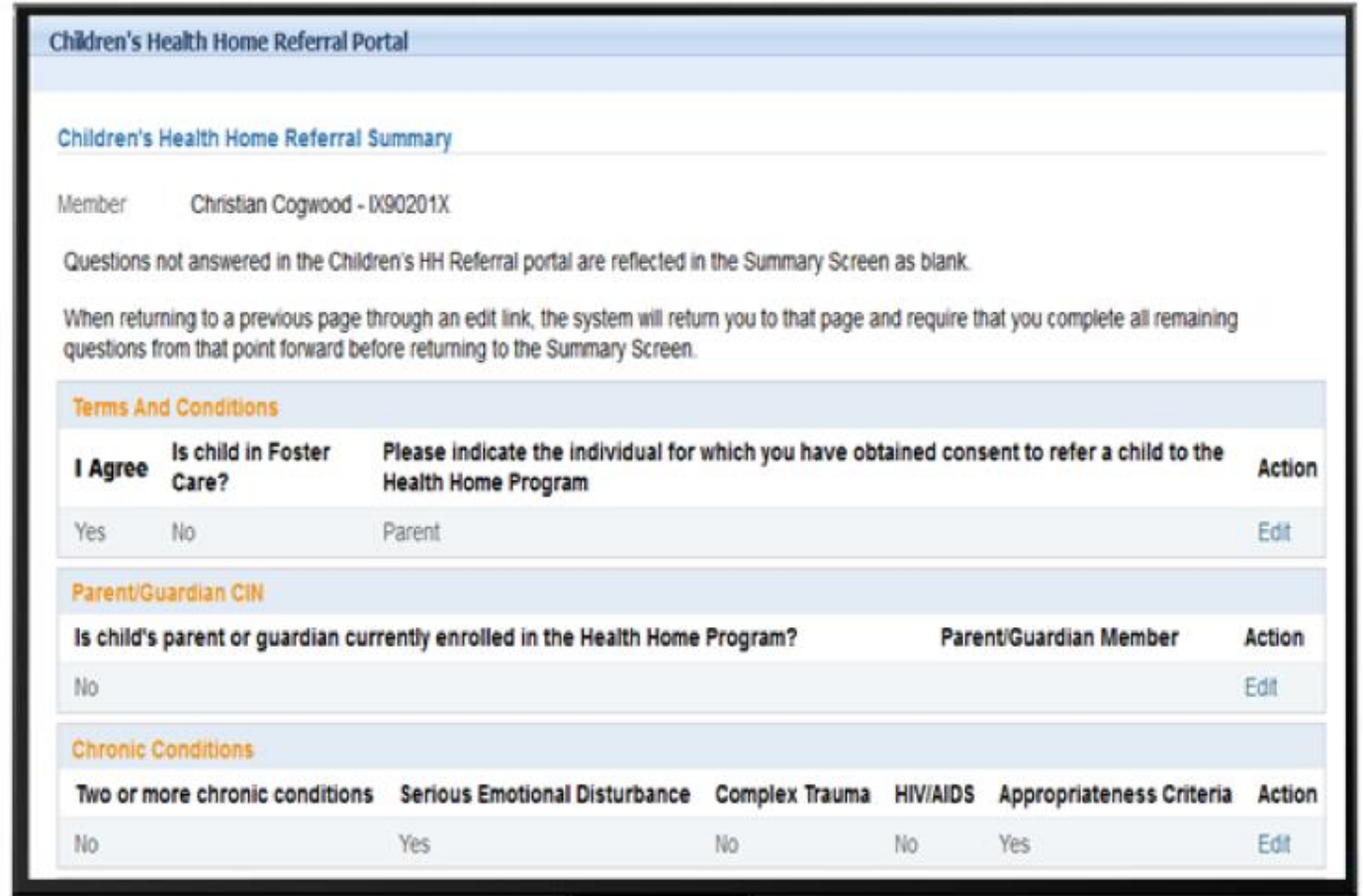
The screenshot displays the MAPP authentication and main portal interface. At the top, there is an 'Authentication' section with a 'Verification Code: *' label, an input field, and an 'Authenticate' button. Below this is the main portal header with the title 'Medicaid Analytics And Performance Portal' and a user greeting 'Welcome Charles W Barnes'. The navigation menu includes 'Home', 'DSRIP', 'Health Homes', 'Health Homes Dashboards', and 'DSRIP Dashboards'. The main content area is titled 'Welcome to the Medicaid Analytics and Performance Portal (MAPP) NYS Department of Health' and is divided into several sections:

- About MAPP:** Describes MAPP as a performance management system and lists its goals: supporting the Health Home network, enabling PPS in the DSRIP program, and reporting performance goals.
- Use of MAPP Applications and Data:** States that users must follow security policies, including the MAPP Information Security Awareness Policy, MAPP Information Use and Dissemination Policy, and HIPAA, HITECH & Privacy 2016.
- Medicaid Analytics and Performance Portal Announcements:** A placeholder for upcoming changes and system outages.
- Applications in MAPP:** Lists applications accessible via tabs: DSRIP Dashboards, Provider Network Tool, Project Plan Application, Implementation Project Plan, Health Homes Tracking System, and Health Homes Performance Dashboards.
- Related MAPP Resources:** Provides links to the DSRIP Digital Library, NYS Office of Alcoholism and Substance Abuse Services, NYS Office of Mental Health, NYS Office of the Medicaid Inspector General, and the NYS Department of Health.
- MAPP Help/Support:** Features the MAPP Customer Care Center, which provides user support and technical assistance. Contact information includes the phone number 1-518-649-4335 and the email address MAPP-CustomerCareCenter@cma.com.

What Is A Referral?

A Referral is receipt of a potential Health Home member outside the State Assignment file process.

- ◆ The member who is referred is part of the larger Medicaid community and meets different eligibility criteria than those assigned to the Health Home Program by the DOH.
- ◆ The Children's Health Home Referral Portal is the tool used within the MAPP HHTS to create a Referral for a child member who is under 21 years of age.



Types of Referrers

The Referrer role is primarily responsible for creating a referral for child members under 21 years of age who are outside the State Assignment file to the Health Home Program. There are two different categories of Referrer roles:

Health Home Program Users
(MCP, HH and CMA Referrers)



- Access to the Children’s Health Home Referral Portal
- Can only refer Non-Foster Care children
- However, CMAs that act as a VFCA in NYC under contract with ACS can refer a Foster Care child

Non-Health Home Program Users
(LGU/SPOA Referrers)



- Access to the Children’s Health Home Referral Portal
- Can only refer Non-Foster Care children

Non-Health Home Program Users
(LDSS Referrers)

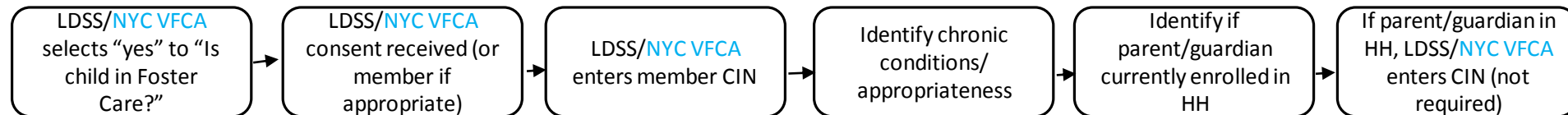


- Access to the Children’s Health Home Referral Portal
- Can refer a Foster Care child
- Can refer a Non-Foster Care child



Referral Made by LDSS Upstate / NYC VFCA that is delegated by ACS For Children in Foster Care

Foster Care Flow



MAPP Workspace and Quick Links

Part A - Home Tab

The **Home** tab navigates the Referrer back to the Workspace at any time.

Part B - User Role

As a Referrer, you will notice the MCP, HH, CMA, LDSS, or LGU/SPOA Referrer role is listed at the top of the Workspace.

Part C - Quick Links Pod

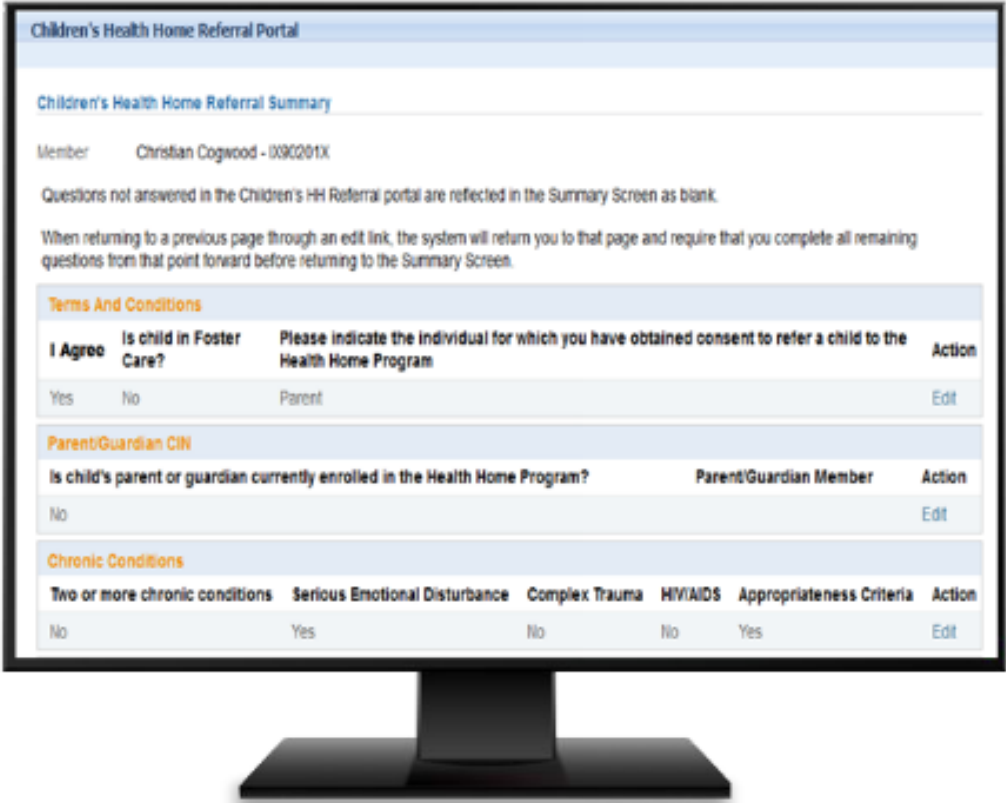
Referrers have different Quick Links as compared to other roles.

- ◆ Children's Health Home Referral Portal
- ◆ View Submitted Referrals

The screenshot shows the MAPP Workspace interface. At the top, there is a navigation bar with the text "York State Health Homes" and "LGU/SPOA Referrer" (highlighted with a red box and a green circle labeled B). To the right of the navigation bar, it says "Welcome Josh Daisy", "Preferences", and "Log out". Below the navigation bar, there are tabs for "Home" (highlighted with a red box and a green circle labeled A) and "Inbox". The main content area shows a "Home" section with a "Quick Links" pod (highlighted with a red box and a green circle labeled C). The "Quick Links" pod contains two items: "Children's HH Referral Portal ..." and "View Submitted Referrals". Two callout boxes provide descriptions for these links. The first callout box points to "Children's HH Referral Portal ..." and contains the text: "Used to create a Referral for a member that is under 21 years of age." The second callout box points to "View Submitted Referrals" and contains the text: "Allows the Referrer to view Referral information for Referrals that were submitted by their Provider or Organization Unit." The interface also includes a "Save" button, a "Reset" button, and a "Customize" dropdown menu.

Overview of the Children's Health Home Referral Portal

Entry point in which Organizations (LDSS and LGU/SPOA) and Providers (MCP, HH, CMA) refer Non-Foster Care and Foster Care children under the age of 21 into the Health Home Program with the purpose of enrolling them into the Program and providing Health Home services.



Those Referrers that indicate a child is in Foster Care will answer different questions in the Referral portal than if the Referrer indicates a child is not in Foster Care.

The MAPP HHTS requires a Referrer to identify at least one single qualifying eligibility criteria or two chronic conditions.

The MAPP HHTS prevents a Referrer who is not associated with a LDSS or VFCA from entering a Referral for a child in Foster Care.

Terms and Conditions Page

New York State Department of Health MAPP

Terms And Conditions

Welcome to the Children's Health Home (HH) Referral and Assignment Portal (herein after "The Children's HH Referral Portal), which is housed in the New York State Medicaid Analytics Performance Portal (MAPP) Health Home Tracking System (HHTS). You have been provided access to the Children's HH Referral Portal to provide you the ability to refer a child, who is under the age of 21, enrolled in Medicaid, and that in your best informed judgement you believe meets the chronic condition eligibility and appropriateness criteria for Health Homes and would benefit from the comprehensive care management services provided by a Health Home. For information regarding the Health Home eligibility criteria please see:

http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/health_homes_and_children.htm

Please note that in order to proceed with referring a child for Health Home care management services through the Children's HH Referral Portal, you, the referring entity, will be required to:

1. Indicate you have obtained consent to make the referral. Consent must be obtained from the parent/guardian/legally authorized representative for individuals up until the age of 18. For individuals ages 18 to 21, or that are married, a parent, or pregnant may provide consent on their own behalf. Referrals cannot be made without an indication by the referring entity that consent has been obtained from the appropriate individual.
2. Provide a Medicaid Client Identification Number (CIN number). If a CIN number is unknown or the referred child is not enrolled in Medicaid, you will not be able to proceed with making a Health Home referral. To be eligible for Health Home Care management, a child must be enrolled in Medicaid. Health Home Care management services are not available to children who are not enrolled in Medicaid.
3. Indicate the Chronic Conditions for which, in your best informed judgment, you believe make the child you are referring eligible for Health Home services. Please check all that applies to the referred child. http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/09-23-2014_eligibility_criteria_hh_services.pdf
4. Indicate, in your best informed judgment, you believe the child meets the appropriateness criteria for Health Home care management.
5. As the referring entity, provide your contact information.
6. Provide contact information for the Parent/Guardian/Legally Authorized Representative or the individual (i.e., the individual was able to self-consent) that provided you the consent to make the referral
7. If you are a designated Health Home to serve adults, referrals must be made to a designated Health Home to serve children.

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

Exit Back Next

- ◆ The Terms and Conditions Page is the first screen within the Referral Portal.
- ◆ Ability to refer a child, who is under the age of 21, enrolled in Medicaid, meets the chronic condition eligibility and appropriateness criteria for the Health Home Program.
- ◆ Child would benefit from the comprehensive care management services provided by a Health Home.
- ◆ It is important that the Referrer read all the terms and conditions before proceeding forward with the Referral.

Terms and Conditions Page

If you have read, understand, and agree to the above terms and conditions please check the box to proceed with the referral.

I Agree*

Is child in Foster Care? No

Please indicate the individual from whom you have obtained consent to refer a child to the Health Home Program* Parent

Enter member's CIN number* IX90201X

Exit Back Next

- ◆ Indicates the Referrer has read, understood and agreed to the Terms and Conditions. Once this option is selected, three conditional fields display.

Allows the Referrer to indicate whether the child is Foster Care by selecting "Yes" or "No."



Verifies the individual from whom the Referrer has obtained Consent to refer the child to the Health Home Program.



Provides a Medicaid CIN. If a CIN is unknown or the referred child is not enrolled in Medicaid, the Referrer will not be able to proceed with creating a Health Home Referral.



At this time, the MAPP HHTS checks to ensure that the member being referred is not currently involved with a Health Home Provider. If the member is involved, the MAPP HHTS allows the Referrer to send a notification to that Provider.

Warnings

WARNING: Information contained in the MAPP HHTS indicates the individual you are trying to refer is already participating in the Health Home Program with the following organizations: CenterPeace Health Home-190 - 11146389 .

Referral Reason

Member Elliot Rose - IX92004X

Please indicate the reason you were attempting to make a referral or any other short message you would like to convey. This information, along with your contact information will be forwarded to the organization(s) with a current relationship with the member. (Max. 300 characters)*

INFORMATION

The Warning message displayed indicates to the LDSS Referrer that the individual being referred is already participating in the Health Home Program and has an "Active" Health Home Assignment with the CenterPeace Health Home Organization.

Continue

Exit

Back

Next

Chronic Conditions Page

Children's Health Home Referral Portal

ii. can be disruptive of the child's development and the formation of a healthy sense of self (with self-regulatory, executive functioning, self-perceptions, etc.);

iv. often occur in the context of the child's relationship with a caregiver; and

v. can interfere with the child's ability to form a secure attachment bond, which is considered a prerequisite for healthy social-emotional functioning.

c. Many aspects of a child's healthy physical and mental development rely on this secure attachment, a primary source of safety and stability.

d. Wide-ranging, long-term adverse effects can include impairments in:

i. physiological responses and related neurodevelopment,

ii. emotional responses,

iii. cognitive processes including the ability to think, learn, and concentrate,

iv. impulse control and other self-regulating behavior,

v. self-image, and relationships with others.

OR

HIV/AIDS (single qualifying chronic condition);

AND

Appropriateness Criteria

Individuals meeting the Health Home eligibility criteria must be appropriate for Health Home care management. Assessing whether an individual is appropriate for Health Homes includes determining if the person is:

- At risk for an adverse event (e.g., death, disability, inpatient or nursing home admission, mandated preventive services, or out of home placement)
- Has inadequate social/family/housing support, or serious disruptions in family relationships;
- Has inadequate connectivity with healthcare system;
- Does not adhere to treatments or has difficulty managing medications;
- Has recently been released from incarceration, placement, detention, or psychiatric hospitalization;
- Has deficits in activities of daily living, learning or cognition issues, or
- Is concurrently eligible or enrolled, along with either their child or caregiver, in a Health Home

Exit Back Next

- ◆ Used to indicate the chronic conditions that determine if the child being referred is eligible for Health Home care management services.
- ◆ The Referrer must select one of the following Conditions:
 - Two or more Chronic Conditions
 - Serious Emotional Disturbance
 - Complex Trauma
 - HIV/AIDS
- ◆ The Referrer must also select the "Appropriateness Criteria" option, which states the individual meeting the Health Home eligibility criteria must be appropriate for the Health Home care management.

Consenter Contact Information Page

Children's Health Home Referral Portal

Consenter Contact Information

Member Christian Cogwood - IX90201X

Please provide the following contact information from the person you received consent from to make this referral (e.g. the Parent/Guardian, individual (if self-consent provided) or legally authorized representative)

Title

First Name*

Last Name*

Relationship*

Address Details

Street 1

Street 2

City

State

Zip

Phone Number Details

Area Code

Phone Number

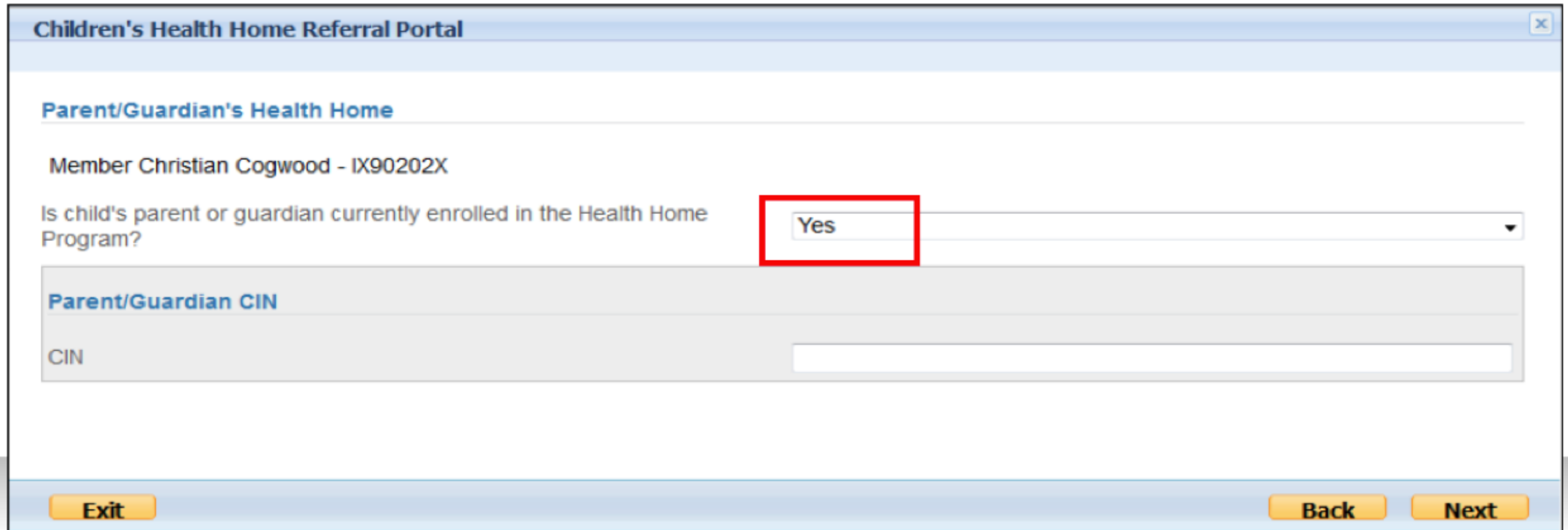
Extension

- ◆ Used to enter the contact information for the individual providing Consent, such as phone number, address, and relationship to the child member.
- ◆ At least one form of contact is required (e.g., address, phone number or email) when entering Consenter Contact Information in order to move to the next page.

Parent / Guardian's Health Home Page

- Used to indicate if the child's parent or guardian is currently enrolled in the Health Home Program

- If "Yes" is selected, an additional field displays to enter the CIN for the Parent or Guardian, if known.



Children's Health Home Referral Portal

Parent/Guardian's Health Home

Member Christian Cogwood - IX90202X

Is child's parent or guardian currently enrolled in the Health Home Program? **Yes**

Parent/Guardian CIN

CIN

Exit **Back** **Next**

Children's Health Home Referral Portal

Assign Voluntary Foster Care Agency

Member Carrie Redwood - IX92002X

Select a Voluntary Foster Care Agency

Voluntary Foster Care Agency *

INFORMATION

As a reminder, for Non-Health Home Program Users, only the **LDSS Referrer** can refer a Foster Care child to the Health Home Program. When creating a Referral, the Referrer selects the Voluntary Foster Care Agency (VFCA) to whom the child member should be referred.

Continue

Exit Back Next

Things the LDSS should consider when selecting a VFCA

- Is the child in Foster Care already link with a VFCA through placement or received services?
 - Is that VFCA also providing Health Home Care Management services?
- Does the child currently have a Health Home Care Manager?
 - Do you want the child to remain with the same HH CM for continuity of Care?
 - Is there a reason to change the HH CM?
- Is the current Health Home Care Manager not a VFCA?
 - Do you want the child to remain with the same HH CM for continuity of Care?
 - Process change within the MAPP Referral Portal may be needed
 - Further Guidance on process to come

Children's Health Home Referral Summary Page

Children's Health Home Referral Portal
x

[Children's Health Home Referral Summary](#)

Member Christian Cogwood - IX90201X

Questions not answered in the Children's HH Referral portal are reflected in the Summary Screen as blank.

When returning to a previous page through an edit link, the system will return you to that page and require that you complete all remaining questions from that point forward before returning to the Summary Screen.

Terms And Conditions

I Agree	Is child in Foster Care?	Please indicate the individual for which you have obtained consent to refer a child to the Health Home Program	Action
Yes	No	Parent	Edit

Parent/Guardian CIN

Is child's parent or guardian currently enrolled in the Health Home Program?	Parent/Guardian Member	Action
No		Edit

Chronic Conditions

Two or more chronic conditions	Serious Emotional Disturbance	Complex Trauma	HIV/AIDS	Appropriateness Criteria	Action
No	Yes	No	No	Yes	Edit

Consenter Contact Information

Title	First Name	Last Name	Relationship	Action
	Mary	Cogwood	Parent	Edit

Address Details

Street 1	Street 2	City	State	Zip	Action
500 Learn Drive		Albany	New York	12208	Edit

[Exit](#)
[Next](#)

- ◆ Used to view information for the member being referred to the Health Home Program to ensure the information is correct prior to submission.
- ◆ On the Referral Summary Page, use the Edit hyperlink in the Action column to edit the information within that section.
- ◆ The Referrer should verify all information entered in the Referral Summary Page is correct before clicking the **Next** button. Once the Referral is submitted on the next page, a submitted Referral cannot be edited.

Quick Links

- Children's HH Referral Portal ...
- View Submitted Referrals...

Referral Success

Thank you, your referral has been successfully submitted.

Member: Carrie Redwood IX92002X
Health Home:
Care Management Agency: Medi-Pro Care Management Agency-205 - 11160104

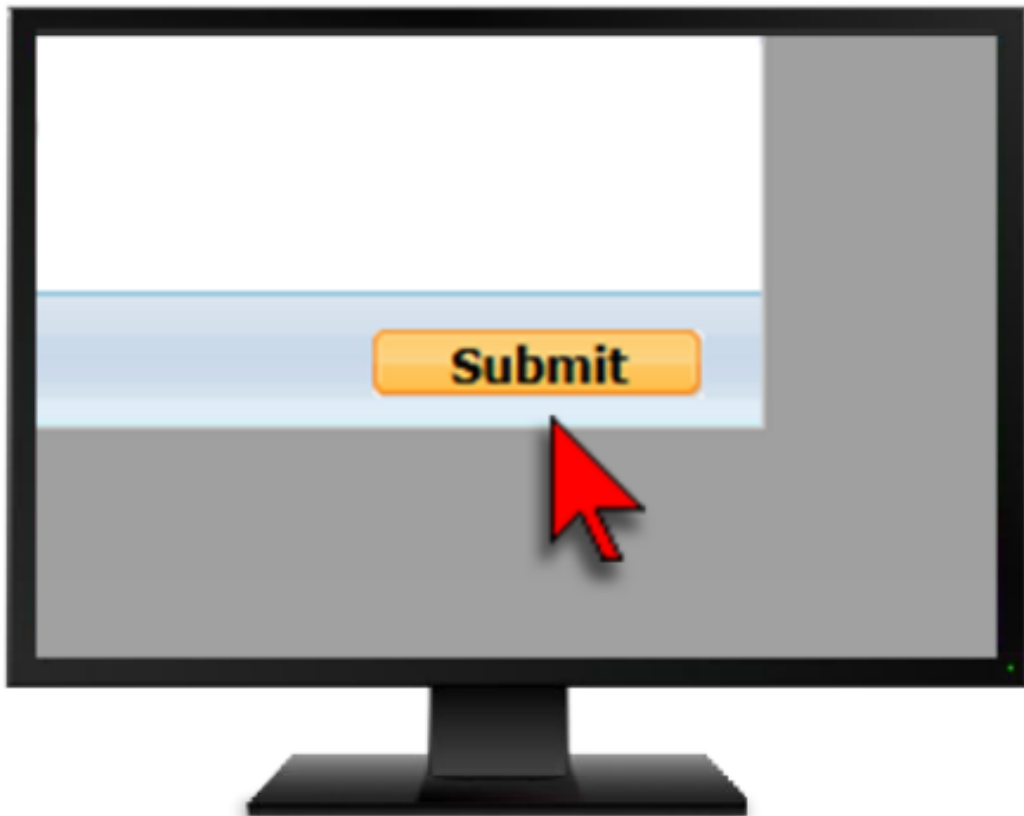
Close

INFORMATION

The Referral Success page displays the member's name and the assigned Care Management Agency (VFCA) that was selected earlier in the Referral process.

Continue

Submitted Referrals for Foster Care Child Members



Child member that is in a **Mainstream MCP:**

- ◆ "Active" MCP Referral is created.
- ◆ "Pending" CMA Referral is created if a VFCA is selected.

Child member that is **Fee-For-Service:**

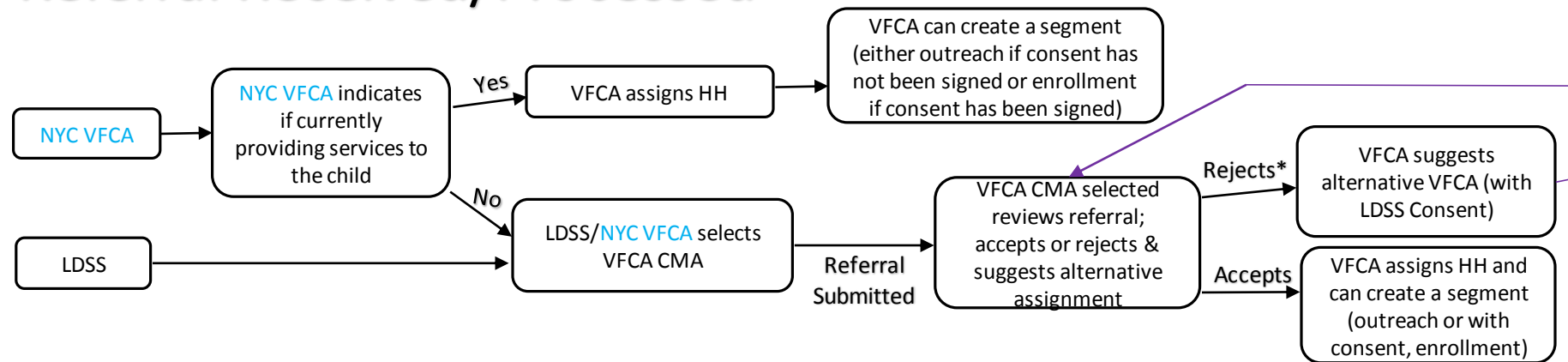
- ◆ "Active" HH Referral is created if the VFCA selects a Health Home.
- ◆ "Pending" CMA Referral is created if the VFCA or LDSS selects another VFCA.

Child member that is in a **Non-mainstream MCP:**

- ◆ "Active" MCP Referral is created.
- ◆ "Pending" CMA Referral (only if the LDSS/VFCA selects a VFCA).
- ◆ An "Active" HH/CMA Referral are created if a VFCA selects a Health Home.

Referral Received for Children in Foster Care

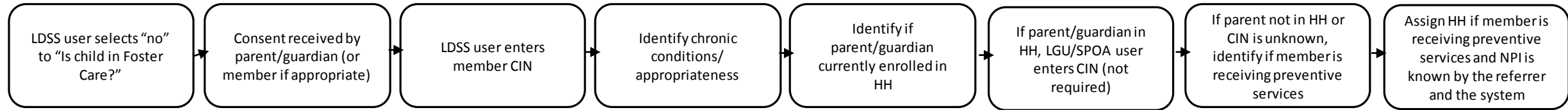
Referral Received/Processed



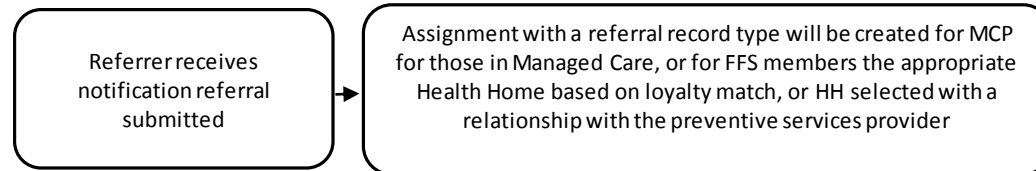
*With the LDSS's approval, a VFCA may reject the referral for a child in foster care. The VFCA must work with the LDSS and identify an alternative VFCA.

Process for Making a Referral for Children NOT in Foster Care

Non-Foster Care Flow



Referral Received/Processed



Resources

- NYS DOH Health Homes (MAPP) website:
http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/hh_mapp.htm
- Health Homes serving children website:
http://www.health.ny.gov/health_care/medicaid//program/medicaid_health_homes/health_homes_and_children.htm