

## HARP Tracking in CareManager: General Assessments

To reduce manual tracking of HARP activities and eliminate the need for the HARP Monthly Performance Report submission, CRHC has developed six "General Assessments" in CareManager to track required HARP activity. The six assessments include the following.

1. HCBS / CORE Services Declined – completed when a Member declines to pursue HCBS or CORE services after an informed conversation occurs with the Care Coordinator on the services available thorough HARP.
2. CORE Referral Submitted – completed after a referral is submitted to a CORE service provider on behalf of a Member.
3. Eligibility Assessment Completed – completed when an Eligibility Assessments has been completed, signed and locked in the UAS.
4. HCBS Decline Post Assessment – completed when a Member has been assessed for HCBS services, but changes his/her decision to pursue HCBS services.
5. LOSD-R / PPOC Submitted to MCO – completed when the Level of Service Determination Request (Preliminary Plan of Care) is sent to the MCO.
6. HARP Plan of Care Submitted to the MCO – completed when the Full HARP Plan of Care is completed and submitted to the MCO.

The following pages provide more detail on each of the above assessments.

## General Notes

The use of any of the six assessments to track HARP activity does not replace the need to document the contact with the Member as a CareManager or Contact Note. These assessments were developed to replace manual tracking and do not replace the need for quality note documentation on the HARP activities that are conducted.

**Program Type of HARP Eligible or HARP Enrolled is still required in CareManager.** In the Programs Tab of CareManager, the Member must be identified as HARP Eligible or HARP Enrolled. This is so that when reports are run, only assessment data is pulled for those in the appropriate Program.

**Supporting documentation must still be uploaded to CareManager in the Attachments.** The CORE referral form, Eligibility Assessment results, LOSD-R / PPOC, LOSD from the MCO and Full Plan of Care should still be added to the Member's record in the Attachments section of CareManager.

**All HARP tracking assessments are in the Assessment Tab of CareManager, under General Assessments.** After selecting General Assessments from the New Assessment drop down, staff will select the appropriate assessment from the Assessment Type drop down.

The screenshot displays the 'Assessments' section in CareManager. On the left, a dropdown menu for 'New Assessment' is open, listing various assessment types. 'General Assessment' is highlighted in yellow. On the right, the 'General Assessment' form is visible. The 'Assessment Date' field contains '03/22/2022'. The 'Assessment Type' dropdown menu is open, showing a list of assessment types: 'CORE Referral Submitted', 'Eligibility Assessment Completed', 'Full HCBS Plan of Care Submitted to MCO', 'HCBS / CORE Services Decline', 'HCBS Decline Post Assessment', 'LOSD-R / Preliminary POC Submitted to MCO', and 'RCA Completed Eligibility Assessment'. The 'Score' field is empty, and the 'Comments' field is also empty.

## HCBS / CORE Services Declined

Completed when a Member declines to pursue HCBS or CORE services after an informed conversation occurs with the Care Coordinator on the services available through HARP.

Four fields need to be completed in this assessment.

1. Assessment Date – the date the Member declined to pursue HCBS / CORE Services
2. Assessment Type – selected from the drop-down menu
3. Score – Enter "N/A"
4. Comments – the reason the Member gave for declining the services. This should also be documented as a Contact or CareManager note, as appropriate.

### General Assessment

Updated on --/--/--- t

Assessment Date\*

03/22/2022

Assessment Type\*

HCBS / CORE Services Decline

Score\*

N/A

Other

Comments

Member declined to pursue HCBS or CORE Services at this time. Member feels she has too much going on right now to start additional services. Writer explained the potential benefits of the services, however Member still chose to decline at this time. Services will be discussed again next year.

# CORE Referral Submitted

Completed after a referral is submitted to a CORE service provider on behalf of a Member.

Four fields need to be completed in this assessment.

1. Assessment Date – the date the referral was submitted to the CORE provider
2. Assessment Type – selected from the drop-down menu
3. Score – Enter "N/A"
4. Comments – list out the CORE providers to which referrals were made and for which services

## General Assessment

Assessment Date\*

03/22/2022

Assessment Type\*

CORE Referral Submitted

Score\*

N/A

Other

Comments

Writer submitted the following two referrals for linkage to CORE Services on behalf of Member:

Kee to Independent Growth - Family and Support Training  
Addictions Care Center of Albany - Peer Supports

# Eligibility Assessment Completed

Completed when an Eligibility Assessments has been completed, signed and locked in the UAS.  
Finalization of this assessment will trigger Lead Health Home billing for the Eligibility Assessment.

Only three fields need to be completed in this assessment.

1. Assessment Date – the date the assessment was completed with the Member
2. Assessment Type – selected from the drop-down menu
3. Indicate if the results were:
  - a. Tier 1 Eligible
  - b. Tier 2 Eligible
  - c. Not Eligible

## General Assessment

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Assessment Date\*

08/28/2019

Assessment Type\*

Eligibility Assessment Completed

Score\*

Tier 1 Eligible

Other

Comments

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## HCBS Decline Post Assessment

Completed when a Member has been assessed for HCBS services, but changes his/her decision to pursue HCBS services.

This assessment is very similar to the Eligibility Assessment Decline General Assessment. Note that the Eligibility Assessment Completed General Assessment is still required in this situation, as that is what triggers billing for the assessment completion.

1. Assessment Date – the date the Member declined to pursue HCBS services
2. Assessment Type – selected from the drop-down menu
3. Score – Enter "N/A"
4. Comments – the reason the Member gave for declining the pursuit of services. This should also be documented as a Contact or CareManager note, as appropriate.

Created on --/-- by

Updated on --/-- by

### General Assessment

Assessment Date\*

09/03/2019

Assessment Type\*

HCBS Decline Post Assessment

Score\*

N/A

Other

### Comments

The Eligibility Assessment was completed on 8/28/2019, however the following week the Member decided that she did not want to pursue HCBS services at this time. The Member reports that she is too busy with her current services and already receives PROS services, which she does not want to stop to pursue HCBS services. Care Coordinator will re-visit the assessment and services next year.

## LOSD-R / PPOC Submitted to MCO

Completed when the Level of Service Determination Request (Preliminary Plan of Care) is sent to the MCO.

Once the LOSD-R / PPOC is submitted to the MCO for approval, the following three fields must be completed in this assessment.

1. Assessment Date – the date the LOSD-R / PPOC was submitted to the MCO
2. Assessment Type – selected from the drop-down menu
3. Score – the MCO to which the LOSD-R / PPOC was submitted

### General Assessment

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Assessment Date\*

09/05/2019

Assessment Type\*

LOSD-R / Preliminary POC Submitted to MCO

Score\*

CDPHP

Other

Comments

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# HARP Plan of Care Submitted to the MCO

Completed when the Full HARP Plan of Care is completed and submitted to the MCO.

This assessment is very similar to the LOSD-R / PPOC assessment, but is only completed in CareManager once the Full HARP Plan of Care is completed and submitted to the MCO. This assessment completion triggers billing for the Full HARP Plan of Care.

- 1. Assessment Date – the date the Full HARP POC was submitted to the MCO
- 2. Assessment Type – selected from the drop-down menu
- 3. Score – the MCO to which the Full HARP POC was submitted.

## General Assessment

Assessment Date\*

Assessment Type\*

Score\*

Other

Comments