

ENTERING CLINICAL ELIGIBILITY

- A clinical eligibility document is created in the **YES Waiver LMHA Location**.
- Find client. Highlight client name, then click on **Client Workspace**.
- Check that the Uniform Assessment and Diagnosis are current.
- To enter a clinical eligibility, the client's Level of Care (LOC) must be deviated to LOC-YES Waiver.
- Hover over **Special Services Documentation**, highlight **YES Waiver Services**, then click on **YES Waiver Clinical Eligibility**.

Client Workspace - Windows Internet Explorer

https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClinicalEligibility.aspx

Client Workspace

CMBHS
Clinical Management for Behavioral Health Services

Provider Tools Business Office Data Account Management Help Logout

05/02/2014 - Build 1140

Center for Health Care Services, The
YES Waiver LMHA Location

Client Name: [Redacted] User Name: [Redacted] Episode Of Care: 2/5/2014

Client Number: [Redacted] Local Case: [Redacted]

Client Workspace

Client Identification

Client Name [Redacted] Date of Birth [Redacted] Gender [Redacted]

Flags

Flag Type Created Date Expiration Date

No records found

Local Case Number List

Episode of Care A: 2/5/2014 - Present LOS: 92

Client Document List

Show all the columns

18 Record(s) found

Document Type	Description	Status	Service Date	Date Created	Service Type
Diagnosis	Principal Diagnosis Axis I	Closed Complete	05/01/2014	05/06/2014	
Child and Adolescent Uniform Assessment	Update 4/29/2014 - 7/28/2014	Closed Complete	04/29/2014	04/30/2014	LOC-YES: YES Waiver
Diagnosis	Principal Diagnosis Axis I	Closed Complete	04/15/2014	04/23/2014	
Diagnosis	Principal Diagnosis Axis I	Closed Complete	04/08/2014	04/10/2014	
Child and Adolescent Uniform Assessment	Initial 2/5/2014 - 4/28/2014	Closed Complete	02/05/2014	02/15/2014	LOC-YES: YES Waiver
Diagnosis	Care to CMBHS Migration	Closed Complete	08/15/2013	09/08/2013	
Diagnosis	Care to CMBHS Migration	Closed Complete	07/25/2013	09/08/2013	
RDM Child	CARE RDM Child - Update	Closed Complete	07/23/2013	07/23/2013	
Diagnosis	Care to CMBHS Migration	Closed Complete	06/05/2013	09/08/2013	
RDM Child	CARE RDM Child - Initial	Closed Complete	06/05/2013	06/05/2013	
Diagnosis	Care to CMBHS Migration	Closed Complete	05/08/2013	09/08/2013	
RDM Child	CARE RDM Child - Discharge	Closed Complete	04/27/2013	05/27/2013	

- Make sure **Eligibility Type** is 'Initial.'
- CMBHS will populate the **Start Date** and **End Date**, as well as **Axis I Diagnosis** and the **CANS Assessment Data**.

CMBHS - Windows Internet Explorer

https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClientWorkspace.aspx

CMBHS

05/02/2014 - Build 1140

Provider: Center for Health Care Services, The
Location: YES Waiver LMHA Location

Client Name: [Redacted]
Client Number: [Redacted]

User Name: [Redacted]
Local Case: [Redacted]

Episode Of Care: 2/5/2014

Home
Find/Add Client
Assessment
Diagnosis
Consent
Special Services Documentation

Yes Waiver Clinical Eligibility CLI137

Save Cancel Spellcheck

* Eligibility Type: Initial

Notes on Eligibility Type
(Required when Eligibility Type is Termination)

* Start Date: 05/08/2014

* End Date: 05/07/2015

* Has individual lived in a facility during the last 12 months (i.e. RTC, State School, Group Home)? ☐ Yes ☒ No

If yes, please provide Facility details

Axis I Diagnosis	Description	Code
Level 1	Attention-Deficit/Hyperactivity Dis., Comb. Hyperact. Impuls - 314.01	314.01
Level 2	Bipolar Disorder Nos - 296.80	296.80

Axis II Diagnosis	Description	Code
Level 1	Borderline Intellectual Functioning - V40.00	V40.00

[View Complete Diagnosis Record](#)

CANS Assessment Criteria

CANS Assessment Date: 04/30/2014

Criteria A

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Life Domain Functioning Domain	1
Developmental Needs: Cognitive	0
Developmental Needs:	1

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- Fields that require data to be entered are marked with a red asterisk.

CMBHS - Windows Internet Explorer

https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClientWorkspace.aspx

Consent

Special Services Documentation >

Notes on Eligibility Type
(Required when Eligibility Type is Termination)

* Start Date 05/08/2014

* End Date 05/07/2015

* Has Individual lived in a facility during the last 12 months (i.e RTC, State School, Group Home)? ☐ Yes ☒ No

If yes, please provide Facility details

Axis I Diagnosis	Description	Code
Level 1	Attention-Deficit/Hyperactivity Dis., Comb. Hyperact. Impuls - 314.01	314.01
Level 2	Bipolar Disorder Nos - 296.80	296.80

Axis II Diagnosis	Description	Code
Level 1	Borderline Intellectual Functioning - V40.00	V40.00

[View Complete Diagnosis Record](#)

CANS Assessment Criteria

CANS Assessment Date 04/30/2014

Criteria A

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Life Domain Functioning Domain	1
Developmental Needs: Cognitive	0
Developmental Needs: Developmental	1

Criteria B

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score	Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Child Risk Behaviors: Suicide Risk	1	Caregiver Strengths and Needs: Involvement with Care	1
Child Risk Behaviors: Self Mutilation	0	Caregiver Strengths and Needs: Family Stress	2
Child Risk Behaviors: Other Self Harm	2	Caregiver Strengths and Needs: Safety	0
Child Risk Behaviors: Danger to Others	2	Life Domain Functioning: School	2
Child Risk Behaviors: Sexual Abuse/Exploitation	0	Life Domain Functioning: School Module - School Behavior	2

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- There is a hyperlink to **View CANS Assessment**.
- There is also a hyperlink for the evaluator to **View Criteria Details** of the client's Medicaid psychiatric inpatient hospitalization criteria.

The screenshot displays the CMBHS ClientWorkspace.aspx web application. The top section shows a table of CANS Assessment scores. Below this, the 'View CANS Assessment' hyperlink is highlighted with a blue arrow. The main form area contains several sections: 'Additional Eligibility Criteria' (Criteria C, D, E), 'Notes on Clinical Eligibility', 'System Clinical Eligibility Determination', 'Signatures', and 'DSHS Review and Approval'. The 'View Criteria Details' hyperlink is also highlighted with a blue arrow. The bottom of the screen shows the Windows taskbar and system tray.

Child Risk Behaviors: Self Mutilation	0	Caregiver Strengths and Needs: Family Stress	2
Child Risk Behaviors: Other Self Harm	2	Caregiver Strengths and Needs: Safety	0
Child Risk Behaviors: Danger to Others	2	Life Domain Functioning: School	2
Child Risk Behaviors: Sexual Aggression	0	Life Domain Functioning: School Module - School Behavior	3
Child Risk Behaviors: Fire Setting	0	Life Domain Functioning: School Module - Attendance	0
Child Risk Behaviors: Delinquency	0	Psychiatric Hospitalization: Psychiatric Hospitalization	1
		Psychiatric Hospitalization: Psychiatric Hospitalization Module - Time Since Most Recent Discharge	3

[View CANS Assessment](#)

Additional Eligibility Criteria

Criteria C

* Outpatient therapy or partial hospitalization has been attempted and failed OR a psychiatrist has documented reasons why an inpatient level of care is required. * ☒ Yes ☐ No

Criteria D

* Check the Medicaid psychiatric inpatient hospitalization criteria below that the client meets.

* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8

Criteria E

* The Medicaid eligible youth must have a valid Axis I diagnosis as the principle admitting diagnosis. * ☒ Yes ☐ No

[View Criteria Details](#)

Notes on Clinical Eligibility

System Clinical Eligibility Determination: ☒ Criteria A (Met) ☒ Criteria B (Met) ☐ Criteria C ☐ Criteria D ☐ Criteria E (Not Met)

Signatures

* Treatment Team, by signing below, indicates agreement that the chosen Waiver services for this individual are not available through other resources and are necessary to prevent institutionalized and assure his/her health and society.

* Licensed Practitioner of the Healing Arts (LPHA) * All

* Client * ☒ Signed ☐ Refused ☐ Unable to Sign All

Physician All

* Legally Authorized Representative (LAR) * All

☐ Signed

☐ No LAR, legally emancipated

☐ No LAR, over 18 years old

Physician signature is only required when individual is being denied Waiver Services based on Texas Medicaid Inpatient Psychiatric Admission Guidelines.

DSHS Review and Approval

- Enter **Signatures** for the LPHA, client, and legally authorized representative.
- If the client is unable to sign, the evaluator must document the reason why in the text box that populates after the '**Unable to Sign**' option is chosen.

CMBHS - Windows Internet Explorer

https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClientWorkspace.aspx

Child Risk Behaviors: Self Mutilation 0

Child Risk Behaviors: Other Self Harm 2

Child Risk Behaviors: Danger to Others 2

Child Risk Behaviors: Sexual Aggression 0

Child Risk Behaviors: Fire Setting 0

Child Risk Behaviors: Delinquency 0

Caregiver Strengths and Needs: Family Stress 2

Caregiver Strengths and Needs: Safety 0

Life Domain Functioning: School 2

Life Domain Functioning: School Module - School Behavior 3

Life Domain Functioning: School Module - Attendance 0

Psychiatric Hospitalization: Psychiatric Hospitalization 1

Psychiatric Hospitalization: Psychiatric Hospitalization Module - Time Since Most Recent Discharge 3

[View CANS Assessment](#)

Additional Eligibility Criteria

Criteria C

* Outpatient therapy or partial hospitalization has been attempted and failed OR a psychiatrist has documented reasons why an inpatient level of care is required. * ☒ Yes ☐ No

Criteria D

* Check the Medicaid psychiatric inpatient hospitalization criteria below that the client meets.

* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8

[View Criteria Details](#)

Criteria E

* The Medicaid eligible youth must have a valid Axis I diagnosis as the principle admitting diagnosis. * ☒ Yes ☐ No

Notes on Clinical Eligibility

System Clinical Eligibility Determination: ☒ Criteria A (Met) ☒ Criteria B (Met) ☐ Criteria C ☐ Criteria D ☐ Criteria E (Not Met)

Signatures

* Treatment Team, by signing below, indicates agreement that the chosen Waiver services for this individual are not available through other resources and are necessary to prevent institutionalized and assure his/her health and society.

* Licensed Practitioner of the Healing Arts (LPHA) * All

* Client * ☒ Signed ☐ Refused ☐ Unable to Sign All

Physician All

* Legally Authorized Representative (LAR) * All

☐ Signed

☐ No LAR, legally emancipated

☐ No LAR, over 18 years old

Physician signature is only required when individual is being denied Waiver Services based on Texas Medicaid Inpatient Psychiatric Admission Guidelines.

DSHS Review and Approval

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- Review the document for accuracy, then place in **'Ready for Review'** status and click **'Save.'**

CMBHS - Windows Internet Explorer

https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClientWorkspace.aspx

View CANS Assessment

Additional Eligibility Criteria

Criteria C

* Outpatient therapy or partial hospitalization has been attempted and failed OR a psychiatrist has documented reasons why an inpatient level of care is required. * ☒ Yes ☐ No

Criteria D

* Check the Medicaid psychiatric inpatient hospitalization criteria below that the client meets.

* ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☒ 8

[View Criteria Details](#)

Criteria E

* The Medicaid eligible youth must have a valid Axis I diagnosis as the principle admitting diagnosis. * ☒ Yes ☐ No

Notes on Clinical Eligibility

System Clinical Eligibility Determination: ☒ Criteria A (Met) ☒ Criteria B (Met) ☐ Criteria C ☐ Criteria D ☐ Criteria E (Not Met)

Signatures

* Treatment Team, by signing below, indicates agreement that the chosen Waiver services for this individual are not available through other resources and are necessary to prevent institutionalized and assure his/her health and society.

* Licensed Practitioner of the Healing Arts (LPHA) * John Doe 02/05/2014

* Client * ☒ Signed ☐ Refused ☐ Unable to Sign 02/05/2014

Physician All

* Legally Authorized Representative (LAR) 02/05/2014

☒ Signed ANGELITA unknown

☐ No LAR, legally emancipated

☐ No LAR, over 18 years old

DSHS Review and Approval

☐ Approve ☐ Approve Based on Appeal ☐ Deny All

Reviewer Notes

DSHS Authorized Reviewer None Selected

* Document Status **Ready for Review**

Document Status Date 05/08/2014

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- The **‘Successfully Saved’** message will appear.
- Once saved, the document will populate in the **DSHS Yes Waiver Authorization List** for review and authorization.

CMBHS - Windows Internet Explorer
 https://cmbhs.dshs.state.tx.us/cmbhs/webpages/ClinicalEligibility.aspx

Provider: Center for Health Care Services, The
 Location: YES Waiver LMHA Location

Client Name: [Redacted]
 Client Number: [Redacted]

User Name: [Redacted]
 Local Case: [Redacted]

Episode Of Care: [Redacted]

05/02/2014 - Build 1140

Provider Tools Business Office Data Account Management Help Logout

Home
 Find/Add Client
 Assessment
 Diagnosis
 Consent
 Special Services Documentation

Yes Waiver Clinical Eligibility

Initial
 Initial Assessment completed 2/5/2014
 5/8/2014
 5/7/2015

* Eligibility Type
 Notes on Eligibility Type
 (Required when Eligibility Type is Termination)

* Start Date
 * End Date

* Has Individual lived in a facility during the last 12 months (i.e. RTC, State School, Group Home)? ☐ Yes ☒ No
 If yes, please provide Facility details

Axis I Diagnosis	Description	Code
Level 1	Attention-Deficit/Hyperactivity Dis, Comb. Hyperact. Impuls	314.00
Level 2	Bipolar Disorder Nos - 296.80	296.80

Axis II Diagnosis	Description	Code
Level 1	Borderline Intellectual Functioning - V40.00	V40.00

[View Complete Diagnosis Record](#)

CANS Assessment Criteria

CANS Assessment Date: 4/30/2014

Criteria A

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score
Life Domain Functioning Domain	1
Developmental Needs: Cognitive	0
Developmental Needs: Developmental	1

Criteria B

Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score	Child and Adolescent Needs and Strengths (CANS) Domain	Domain Score

Message from webpage
 Successfully Saved.
 OK

11:46 AM
 5/8/2014