Waiver Support Application

HABILITATION SUPPORT WAIVER (HSW) CMH/PIHP TRAINING MANUAL





State of Michigan
Department of Community Health

Last Update: August 2013



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1 Introduction

About the HAB Manual

The Waiver Support Application (WSA) is the management tool for HAB (Habilitation Support), SED (Serious Emotional Disturbance), CWP (Children's Waiver Program), and AUT (Autism) enrollment and monitoring.

This document provides HAB instruction for the **Community Mental Health (CMH) and Prepaid Inpatient Health Plan (PIHP) roles**. Included are quick reference guides with example screen shots to help explain system procedures.





2 Accessing the HAB Application

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with subscribing to the Habilitation Support (HAB) application. Once subscribed, HAB access is obtained through the State of Michigan Single Sign-On tool.

Steps:

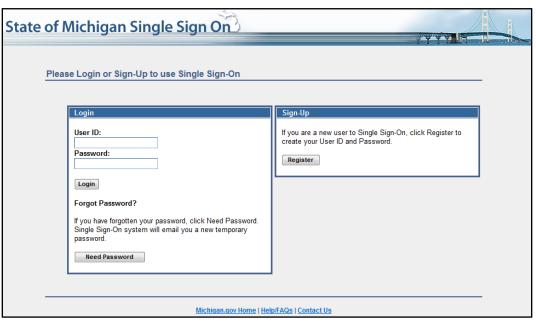


Figure 1: Single Sign-On Login

- 1. Access the State of Michigan Single Sign-On tool: https://sso.state.mi.us
- 2. Login or register as appropriate. The Single Sign-On Application Portal screen appears.



Figure 2: Single Sign-On Application Portal





Note: If already subscribed to the Waiver Support Application (WSA) (e.g., you already use the Autism [AUT] application or the Serious Emotional Disturbance [SED] application), "WSA Waivers" appears on the Single Sign-On Application Portal screen. In this situation, *do not* complete the following steps; instead, email the HAB database administrator (DBA) to request your HAB worker security role assignment.

3. Click Subscribe to Applications. The Single Sign-On Subscription screen appears.



Figure 3: Single Sign-On Subscription

- 4. Verify **Dept of Community health** is selected in the first list.
- 5. Select WSA Waivers in the second list.
- 6. Click **Next**. The Single Sign-On Required Values screen appears.



Figure 4: Single Sign-On Required Values

- 7. Enter required values as appropriate.
- 8. Click Continue. The Single Sign-On Enrollment Confirmation screen appears.

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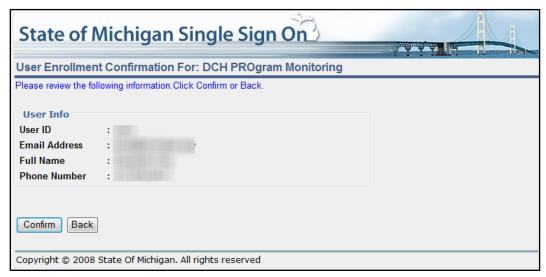


Figure 5: Single Sign-On Enrollment Confirmation

- 9. Verify your User Info.
- 10. Click **Confirm** if everything is correct. The Single Sign-On Success screen appears.

Note: Click **Back** to make any corrections.



Figure 6: Single Sign-On Success

11. Click Close.

Note: Once the request for access has been submitted and processed, the DBA will assign the worker's security role(s) within the HAB application.





3 Viewing HAB Slot Allocation

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with viewing Habilitation Support Waiver slot allocation in the Habilitation Support (HAB) application. Each Prepaid Inpatient Health Plan (PIHP) has a defined number of monthly slots per fiscal year.

Steps:

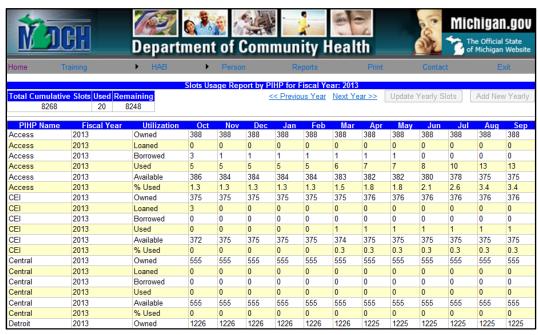


Figure 1: Slot Maintenance

- 1. Select **HAB** > **Slots Maintenance** in the top menu. The Slot Maintenance screen appears, displaying slot allocation for the current fiscal year.
- 2. To view historical slot utilization, click << Previous Year until the desired fiscal year is located.
- 3. To view future slot allocation, click Next Year>> until the desired fiscal year is located.





4 Creating a Case

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with creating a case in the Habilitation Support (HAB) application. Once created, the case's initial enrollment details must be verified and approved prior to moving the case forward. Please reference Verifying/Approving Initial Enrollment for further information.

The Prepaid Inpatient Health Plan (PIHP) worker creates the case, verifies the initial enrollment information, and submits the case to the Michigan Department of Community Health (MDCH) worker for review and approval. Upon MDCH approval the case becomes part of the HAB production system, signaling commencement of Habilitation Support Waiver enrollment and payments.

Note: Community Mental Health (CMH) workers can access a case after initial enrollment approval. Please reference <u>Maintaining Case Details</u> for further information.

Steps:



Figure 1: Person List

- 1. Select **Person > Persons** in the top menu. The Person List screen appears.
- 2. Enter the beneficiary's Medicaid identification number (ID) in the Beneficiary ID field.
- 3. Click **Filter**. Verify an ongoing HAB case does <u>not</u> already exist for the beneficiary.
- 4. Click Add-HAB-Case. The Add HAB Case screen appears.
- 5. Enter the beneficiary's Medicaid ID in the Beneficiary ID field.
- 6. Click Search.

Note: The HAB application first searches the Waiver Support Application (WSA) and then the MDCH Data Warehouse for a beneficiary match.





Figure 2: Add HAB Case

7. Click <u>View</u> beside the beneficiary's record. The Beneficiary Information window appears; verify the beneficiary's demographic details. Click <u>Close</u>.

Note: If you have accessed the incorrect beneficiary's record, click <u>Cancel</u> on the Add HAB Case screen and begin again.

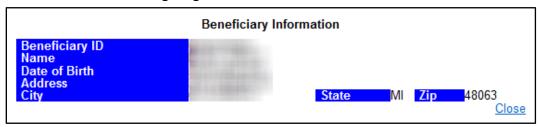


Figure 3: Beneficiary Information

8. Click Add-Case. The case creation confirmation message displays.

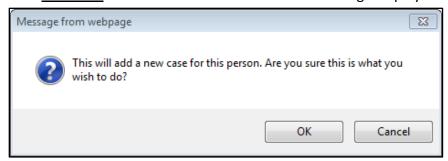


Figure 4: Case creation confirmation message

9. Click **OK**. The Initial Enrollment screen appears.

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Figure 5: Initial Enrollment

10. Enter the Enrollment Date.

Note: It is acceptable to enter an anticipated enrollment date; the value can be updated later to reflect the actual enrollment date, if different.

- 11. Select the appropriate Prepaid Inpatient Health Plan (PIHP) and Community Mental Health (CMH) combination in the **PIHP/CMH** list.
- 12. Select the appropriate county in the **HSW Capitation County** list.

Note: The available **HSW Capitation County** options are dependent upon the **PIHP/CMH** selected.

- 13. Enter the **Consumer Id**, if available.
- 14. Enter detailed **Comments** regarding the initial enrollment, if applicable.

Note: Comments entered here display on the case's Maintain Enrollment screen.

15. Click <u>Add-Case</u>. The Maintain Enrollment screen appears, displaying '**P**' on each tab containing pending case information. Continue with <u>Step 5 of Verifying/Approving Initial Enrollment</u> below.





5 Verifying/Approving Initial Enrollment

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with verifying and approving pending initial enrollment details in the Habilitation Support (HAB) application. Only upon final Michigan Department of Community Health (MDCH) approval will the initial enrollment become an 'Open' case in the HAB production system, signaling commencement of Habilitation Support Waiver enrollment and payments.

The HAB application consists of the pending environment and the production system. Initial enrollment information is entered into the pending environment; after the appropriate approval is recorded, the pending information becomes live data in the production system.

Upon accessing the pending environment, the **Pending** button turns gray. Upon accessing the production system, the **Production** button turns gray. Additionally, the name of the tab currently in use (e.g., Enrollment, Comments) turns gray. Please reference <u>Figure 2</u> below.

Steps:

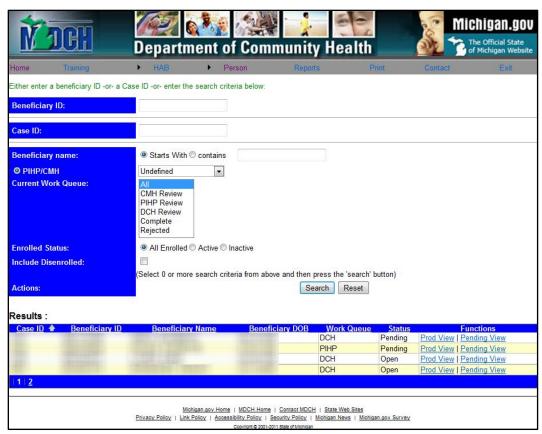


Figure 1: HAB Beneficiary Search





- Select HAB > Beneficiary Search in the top menu. The HAB Beneficiary Search screen appears.
- 2. Either enter the beneficiary's Medicaid ID in the **Beneficiary ID** field, or enter a combination of other search criteria.
- Click Search.

Note: Simply clicking **Search** using the default criteria selections returns all current HAB cases. Please note the **Beneficiary ID** value takes precedence; if populated, the search is performed solely on the Medicaid ID regardless of any additional criteria selected.

Note: To include disenrolled cases in the results, the **Include Disenrolled** check box must be selected.

4. Click <u>Pending View</u> beside the beneficiary's record. The Maintain Enrollment screen appears.

Note: A 'P' displays on each tab containing pending case information, indicating the initial enrollment details must be approved prior to moving forward.



Figure 2: Maintain Enrollment – pending environment/Enrollment tab

Note: Clicking <u>More-Info</u> in the header provides additional beneficiary details.

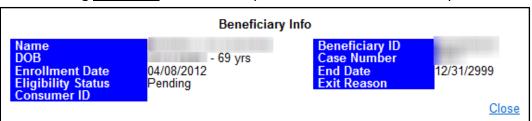


Figure 3: More Info

Note: Throughout the HAB application, click <u>Return to Splash</u> to access the Waiver Support Application (WSA) home screen.





Figure 4: WSA home screen (Splash page)

Verify the initial enrollment details. To make modifications or enter additional enrollment comments:

Note: Use the **Comments** functionality as a communication tool as the case moves through the initial enrollment approval process. Please note that comments entered on any tab *other than* the **Comments** tab are not permanent; they can be modified or deleted.

- a. Click Modify Enrollment. The enrollment detail fields become enabled.
- b. Enter or update the appropriate information, and click Save.

Note: The initial enrollment record *cannot* be deleted, and the initial enrollment **Beneficiary ID** (Medicaid ID) *cannot* be modified.



Figure 5: Maintain Enrollment - modify mode

- 6. Click the **Certification** tab. The Maintain Certification screen appears.
- 7. Verify the certification details. To make modifications or enter certification-related comments:
 - a. Click Modify Certification. The certification detail fields become enabled.
 - b. Enter or update the appropriate information, and click <u>Save</u>.





Figure 6: Maintain Certification - modify mode

- 8. Click the **Consent** tab. The Maintain Consent screen appears.
- 9. Verify the consent details. To make modifications or enter consent-related comments:
 - a. Click Modify Consent. The consent detail fields become enabled.
 - b. Enter or update the appropriate information, and click Save.



Figure 7: Maintain Consent - modify mode

10. Click the **Status** tab. The Maintain Status screen appears.

Note: The HAB application has a header **Status** in addition to the **Status** tab details. The header **Status** indicates the systematic workflow status: 'Pending' (i.e., initial enrollment, prior to MDCH approval), 'Open' (i.e., approved), or 'Closed' (i.e.,



disenrolled, withdrawn, or rejected). The **Status** tab indicates the HAB case's status: 'Active' or 'Inactive'.

- 11. Verify the status details. To make modifications or enter status-related comments:
 - a. Click Modify Status. The status detail fields become enabled.
 - b. Enter or update the appropriate information, and click Save.



Figure 8: Maintain Status - modify mode

12. To add a comment regarding the initial enrollment, click the **Comments** tab. The Maintain Comments screen appears.

Note: Comments entered on the **Comments** tab are a permanent part of the case record; they *cannot* be modified or deleted. These comments must be grammatically correct, reflect only the facts, and written using professional language.

Tip: Use the **Comments** tab functionality to capture information that needs to remain permanently with the case (e.g., a transfer between two Prepaid Inpatient Health Plans [PIHPs]).

- a. Click Add-New-Comment. The **Comments** field appears.
- b. Enter a detailed comment.
- c. Click <u>Add-New-Comment</u> to save the information; the new comment appears in the Comment List.





Figure 9: Maintain Comments - add mode

- 13. Click the **Service** tab. The Maintain Services screen appears.
- 14. Verify the service details. To make modifications or enter service-related comments:
 - a. Click Modify Service. The detail fields become enabled.
 - b. Enter or update the appropriate information, and click Save.



Figure 10: Maintain Services - modify mode

- 15. Click the **Document** tab. The Maintain Documents screen appears.
 - a. Click Modify Document.
 - b. Enter the date the Initial Packet was sent in the **Sent Date** field.
 - c. Enter any document-related **Comments**, and click <u>Save</u>.





Figure 11: Maintain Documents - modify mode

16. Once all initial enrollment information is verified/completed, select 'Approve' in the **Actions** list.

Note: As the initial enrollment moves through the approval process, the **Actions** list options change depending upon the logged in user's role. Please reference <u>Table 1</u> below for additional initial enrollment **Actions** information.

17. Click Submit.

Notes:

- If errors exist on any tab, the HAB application provides a comprehensive list of all the issues using red text on the current tab. Navigate to the associated screen(s), correct the issue(s), and resubmit.
- The HAB application automatically moves the case to the appropriate work queue based on the submitting worker's role. For example, if the initial enrollment resides in the PIHP work queue, upon PIHP approval the case automatically moves to the MDCH work queue for final review and approval.
- The HAB application sends the following email notification to the appropriate worker (if CMH or PIHP):

"This is an automated email generated by WSA system to notify that there is a HSW case in your Work Queue.

Case ID: <case identification number>
Current Work Queue: <CMH or PIHP>
Case Transfer Type: <associated type>"





Note: The Case ID is a unique system-generated number, relevant to the HAB application, which can be used to search for the case.

Note: The Case Transfer Type reflects the value selected in the **Actions** list.

User	Action
PIHP	Approve: Moves the initial enrollment to the MDCH work queue
	Send back to CMH : Sends the initial enrollment to CMH for additional work prior to further approval
	Withdraw : Indicates the beneficiary withdrew their HAB enrollment prior to initial enrollment approval
MDCH	Approve : Finalizes the initial enrollment, moves the case to the HAB production system, updates the status to 'Open', and updates the work queue value to 'Completed'
	Reject: Indicates the case is inappropriate for HAB enrollment
	Send back to CMH : Sends the initial enrollment to CMH for additional work prior to further approval
	Send back to PIHP : Returns the initial enrollment to PIHP for additional work prior to further approval
	Withdraw : Indicates the beneficiary withdrew their HAB enrollment prior to initial enrollment approval

Table 1: HAB Initial Enrollment Actions





6 Maintaining Case Details

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with maintaining 'Open' case details in the Habilitation Support (HAB) application. Common updates include adding service information or annual certification details.

The HAB application consists of the pending environment and the production system. Case information is entered into the pending environment; after the appropriate approval is recorded, the pending information becomes live data in the production system.

Upon accessing the pending environment, the **Pending** button turns gray. Upon accessing the production system, the **Production** button turns gray. Additionally, the name of the tab currently in use (e.g., Enrollment, Comments) turns gray. Please reference <u>Figure 2</u> and <u>Figure 4</u> below.

Steps:

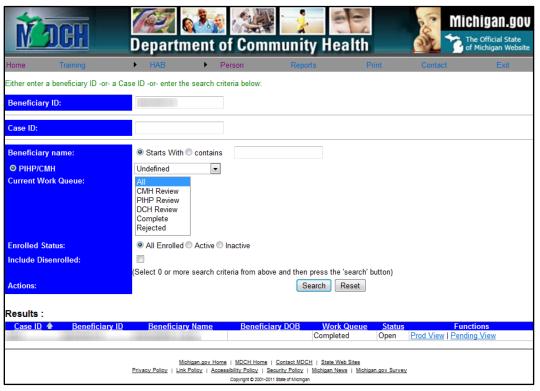


Figure 1: HAB Beneficiary Search

 Select HAB > Beneficiary Search in the top menu. The HAB Beneficiary Search screen appears.





2. Either enter the beneficiary's Medicaid ID in the **Beneficiary ID** field, the HAB **Case ID**, or enter a combination of other search criteria.

Note: The HAB **Case ID** is a unique system-generated number, relevant to the HAB application.

- 3. Click Search.
- Click <u>Prod View</u> beside the beneficiary's record. The Maintain Enrollment screen appears, displaying the 'Open' case information as it currently appears in the HAB production system.



Figure 2: Maintain Enrollment - production system/Enrollment tab

5. Click each tab to view the production case information.

Note: Throughout the HAB application, click <u>Return to Splash</u> to access the Waiver Support Application (WSA) home screen.



Figure 3: WSA home screen (Splash page)

6. To access the pending environment and make case modifications:

Note: When making modifications, use the **Comments** functionality as a communication tool as the case moves between work queues. Please note that comments entered on any tab *other than* the **Comments** tab are not permanent; they can be modified or deleted.





- Click Pending in the Change View section.
- b. Click Move to my Work Queue in the Actions section.



Figure 4: Maintain Enrollment - pending environment/Enrollment tab

- 7. To make modifications on the **Enrollment** tab:
 - a. Click the **Enrollment** tab. The Maintain Enrollment screen appears.
 - b. Click Modify Enrollment. The detail fields become enabled.
 - c. Enter or update the appropriate information and click Save.



Figure 5: Maintain Enrollment - modify mode

Note: The initial enrollment's **Beneficiary ID** (Medicaid ID) *cannot* be modified. In situations where the beneficiary's Medicaid ID changes, **End Date** the record containing the old **Beneficiary ID**; then add an enrollment record using the new **Beneficiary ID** and a **Begin Date** one day after the previous record's **End Date**.



Caution: You can search for the beneficiary using only the *current* Medicaid ID; however you can also search using the beneficiary's name and/or case ID if the new Medicaid ID is unknown.

Note: When a beneficiary moves from one Community Mental Health (CMH) to another CMH within the same Prepaid Inpatient Health Plan (PIHP), the PIHP worker has the ability to record the move using the **CMH Name** field on the Maintain Enrollment screen.

- 8. To make modifications on the **Certification** tab:
 - a. Click the **Certification** tab. The Maintain Certification screen appears.
 - b. Click Modify Certification. The detail fields become enabled.
 - c. Enter or update the appropriate information and click <u>Save</u>.



Figure 6: Maintain Certification - modify mode

- 9. To make modifications on the **Consent** tab:
 - a. Click the **Consent** tab. The Maintain Consent screen appears.
 - b. Click Modify Consent. The detail fields become enabled.
 - c. Enter or update the appropriate information and click Save.

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Figure 7: Maintain Consent - modify mode

- 10. To make modifications on the **Status** tab:
 - a. Click the **Status** tab. The Maintain Status screen appears.
 - b. Click Modify Status. The detail fields become enabled.
 - Enter or update the appropriate information and click <u>Save</u>.



Figure 8: Maintain Status – modify mode

11. To enter a comment, click the **Comments** tab. The Maintain Comments screen appears.

Note: Comments entered on the **Comments** tab are a permanent part of the case record; they *cannot* be modified or deleted. These comments must be grammatically correct, reflect only the facts, and written using professional language.





Tip: Use the **Comments** functionality to capture information that needs to remain permanently with the case (e.g., a transfer between two PIHPs).

- a. Click Add-New-Comment. The **Comments** field appears.
- Enter a detailed comment.
- c. Click <u>Add-New-Comment</u> to save the information; the new comment appears in the Comment List



Figure 9: Maintain Comments - add mode

- 12. To make modifications on the Service tab:
 - a. Click the **Service** tab. The Maintain Services screen appears.
 - b. Click Modify Service. The detail fields become enabled.
 - c. Enter or update the appropriate information and click <u>Save</u>.



Figure 10: Maintain Services – modify mode



13. To make modifications on the **Document** tab:

- a. Click the **Document** tab. The Maintain Documents screen appears.
- b. Click Modify Document. The detail fields become enabled.
- c. Enter or update the appropriate information and click Save.



Figure 11: Maintain Documents - modify mode

Note: A 'P' displays on each tab containing pending/newly updated case information, indicating the information must be approved.

14. Select 'Approve' in the Actions list.

Note: After initial enrollment:

- <u>All</u> case updates made by a Community Mental Health (CMH) worker require additional approval by the Prepaid Inpatient Health Plan (PIHP) with the exception of updates to the Service tab or the Comments tab
- Only case updates made by a PIHP worker on the following tabs require additional approval: Enrollment, Document, and Disenrollment

Note: As the case moves between work queues, the **Actions** list options change depending upon the logged in user's role. Please reference <u>Table 2</u> below for additional ongoing case **Actions** information.

Note: The 'Reset' option in the **Actions** list allows you to "erase" all pending data and "start over" using current HAB production system values. This option is <u>only available</u> on an 'Open' case (i.e., after initial enrollment approval) <u>before</u> final approval.

15. Click Submit.

Note: If additional approval or work (i.e., **Actions** = 'Send back to <CMH or PIHP>') is required, the HAB application automatically moves the case to the appropriate work



queue and sends the following email notification to the associated worker (if CMH or PIHP):

"This is an automated email generated by WSA system to notify that there is a HSW case in your Work Queue.

Case ID: <case identification number>
Current Work Queue: <CMH or PIHP>
Case Transfer Type: <associated type>"

User	Action
СМН	Approve : If modifications were made on the Service tab and/or the Comments tab, moves the updates to the HAB production system; for <i>all other</i> modifications, moves the case to the PIHP work queue for additional approval
	Reset : Removes all pending data without saving, resetting the case details to the current HAB production system values
PIHP	Approve : If modifications were made on the Enrollment tab and/or the Document tab, moves the case to the MDCH work queue for additional approval; for <i>all other</i> modifications, moves the updates to the HAB production system
	Reset : Removes all pending data without saving, resetting the case details to the current HAB production system values
	Send back to CMH : Returns the case to CMH for additional work prior to further approval
MDCH	Approve : Finalizes the modifications, moves the updates to the HAB production system, and updates the work queue value to 'Completed'
	Reset : Removes all pending data without saving, resetting the case details to the current HAB production system values
	Send back to CMH : Returns the case to CMH for additional work prior to further approval
	Send back to PIHP : Returns the case to PIHP for additional work prior to further approval

Table 2: HAB Ongoing Case Actions

16. To delete a record on the Enrollment, Certification, Consent, Status, Service, or Document tab:

Note: The initial enrollment record *cannot* be deleted.





Note: CMH workers do not have the ability to delete any records on the **Document** tab.

- a. Select the tab.
- b. Click Modify <associated tab's purpose>.
- c. Click <u>Delete</u> beside the appropriate record. The message "Are you sure you want to delete?" appears.
- d. Click OK.

Note: A 'P' displays on each tab containing deleted case information, indicating the deletions must be approved.

- e. Select 'Approve' in the **Actions** list.
- f. Click Submit.

Note: If additional approval or work is required, the HAB application automatically moves the case to the appropriate work queue and sends the email identified above.





7 Disenrolling a HAB Beneficiary

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with disenrolling a Habilitation Support Waiver beneficiary in the Habilitation Support (HAB) application. All disenrollment requests require Michigan Department of Community Health (MDCH) approval.

Steps:

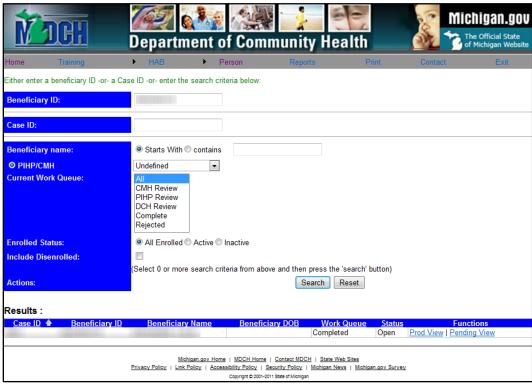


Figure 1: HAB Beneficiary Search

- Select HAB > Beneficiary Search in the top menu. The HAB Beneficiary Search screen appears.
- 2. Either enter the beneficiary's Medicaid ID in the **Beneficiary ID** field, the HAB **Case ID**, or enter a combination of other search criteria.

Note: The HAB **Case ID** is a unique system-generated number, relevant to the HAB application.

- 3. Click Search.
- 4. Click <u>Pending View</u> beside the beneficiary's record. The Maintain Enrollment screen appears.
- 5. Click Move to my Work Queue in the Actions section.
- 6. Click the **Disenroll** tab. The Maintain Disenrollment screen appears.





Figure 2: Maintain Disenrollment

Enter the Notified Date when selecting 'Involuntary Disensellment', 'Nursing Facility',
 'OTHER', or 'Voluntary Disensellment' as the Disensellment Reason.

Note: The **Notified Date** must be at least twelve (12) days in advance of the **Disenrollment Date**.

- 8. Enter the **Disenrollment Date**.
- 9. Select the reason for disenrollment in the **Disenrollment Reason** list.
- 10. Select the **Hearing Indicator** check box, if appropriate.

Note: Once the disenrollment has been approved and the case closed, a MDCH worker can access the closed case and select the **Hearing Indicator** check box (check = Yes); this is the *only* update allowed, no other changes can be made on a closed case. The Prepaid Inpatient Health Plan (PIHP) is responsible for notifying MDCH when a hearing is requested.

11. Enter detailed **Comments** explaining the reason for HAB disenrollment.

Note: The **Comments** field is required when selecting 'Involuntary Disenrollment' or 'OTHER' as the **Disenrollment Reason**.

- 12. Click <u>Disenroll-Case</u>. The HAB application automatically:
 - Sets the End Date to the Disenrollment Date on the Enrollment, Certification, and Consent tabs
 - Sets the current Status tab record's End Date to one (1) day prior to the Disenrollment Date





- Creates a new Status tab record with a Begin Date and End Date equaling the Disenrollment Date, a Status of 'Inactive', and a Reason of 'Disenrolled'
- 13. Select 'Approve' in the Actions list.

Note: If additional approval or work (i.e., **Actions** = 'Send back to <CMH or PIHP>') is required, the HAB application automatically moves the case to the appropriate work queue and sends the following email notification to the associated worker (if CMH or PIHP):

"This is an automated email generated by WSA system to notify that there is a HSW case in your Work Queue.

Case ID: <case identification number>
Current Work Queue: <CMH or PIHP>
Case Transfer Type: <associated type>"





8 Generating Reports

Purpose: The purpose of this quick reference guide (QRG) is to assist workers with generating reports in the Habilitation Support (HAB) application. Report accessibility depends upon the worker's assigned security role.

Steps:

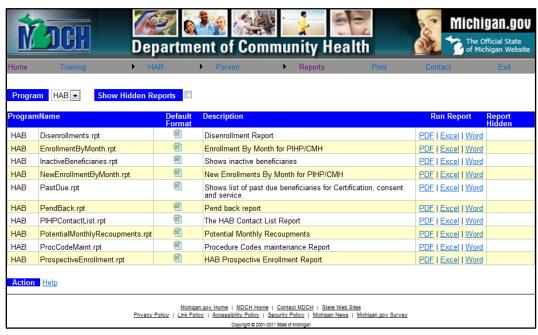


Figure 1: Reports

- 1. Select **Reports** in the top menu. The Reports screen appears.
- 2. Select 'HAB' in the **Program** list. The Habilitation Support Waiver reports display.
- 3. Each report can be generated in multiple formats; click <u>PDF</u>, <u>Excel</u>, or <u>Word</u> beside the desired report. The parameter screen appears.
- 4. Enter the required information per the parameter prompts.

Note: The report format can also be selected/changed on the parameter screen.





Figure 2: Parameter screen example

5. Click Generate Report. The report disclaimer appears.

Disclaimer I understand that once I have exported this report from WSA the contents of the data are no longer the responsibility of the WSA system. I agree to follow all data security practices with the handling of these records. Agree Cancel

Figure 3: Report Disclaimer

6. Click <u>Agree</u> to continue. A separate report viewer window appears, displaying the report results.

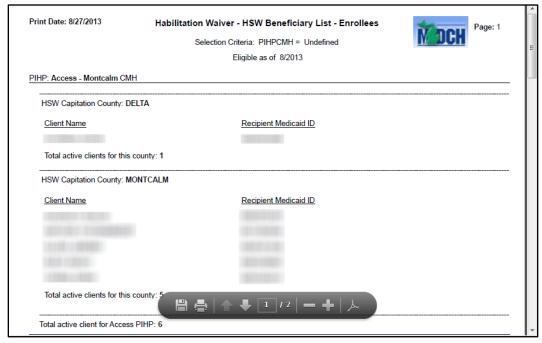


Figure 4: Example report

7. Use the command buttons at the bottom to save and/or print the report.





9 Updating User Assignment

Purpose: The purpose of this quick reference guide (QRG) is to assist Prepaid Inpatient Health Plan (PIHP) workers with updating a worker's Community Mental Health (CMH) when the worker moves between CMHs within the same PIHP.

Steps:



Figure 1: User Assignment

- 1. Select **HAB** > **HAB User Assignment** in the top menu. The User Assignment screen appears, displaying only workers within the logged in user's PIHP.
- 2. Locate the **User Name** for whom the update is needed and click <u>Edit</u> beside the record. The associated check boxes become enabled.
- 3. Select the **Hidden** check box and click **Save**. This hides the worker's old record from view, allowing a new PIHP/CMH association to be made.
- 4. At the bottom of the **PIHP/CMH** column, select the worker's new PIHP/CMH combination from the list.
- 5. At the bottom of the **User Name** column, select the worker from the list.
- 6. If the worker is a PIHP worker, select the PIHP User check box.
- 7. If the worker is the WSA coordinator, select the WSA Coordinator check box.
 - Note: A PIHP can only have one WSA coordinator.
- 8. If the worker is a PIHP contact person, select the **PIHP Contact** check box.





- 9. If the worker is a CMH contact person, select the **CMH Contact** check box.
- 10. Click Add.

