

## ATTACHMENT DESCRIPTIONS



When uploading attachments into the Netsmart CareManager program, HHUNY does not have a preference on what you name the actual files. However, we request that you please follow the guidance below when entering in the **descriptions** of your documents.

**\*\*Your agency may select how to name any other documents you upload into the system that are not listed below\*\***

Document	Description	What date should I use? (MM/DD/YY)
Advanced Directive	Advanced Directive – include description of document (such as Health Care proxy, Living will, etc.) <i>Example: Advanced Directive – Health Care Proxy</i>	No date needs to be identified
Comprehensive Assessment: CAGE-AID Screening	CAGE-AID Screening MM/DD/YY	Date of CAGE-AID Screening Completion
Comprehensive Assessment: HIV Assessment Screening	HIV Assessment Screening MM/DD/YY	Date of Completion
Comprehensive Assessment	Comprehensive Assessment MM/DD/YY	Date of Completion
Comprehensive Assessment Addendums A-C <i>Use only if addendums are not already included in the Comprehensive Assessment upload</i>	Comprehensive Assessment Addendum(s) LETTER(S) MM/DD/YY <i>Example: Comprehensive Assessment Addendums A, C 02/01/18</i>	Letter reflects letter of addendums being scanned. Date represents the date of the Comprehensive Assessment Completion
Comprehensive Assessment Update	Comprehensive Assessment Update MM/DD/YY	Date of Completion
Crisis Plan <i>The Crisis Plan for mainstream and HARP members is the same</i>	Crisis Plan MM/DD/YY	Date of Completion
DOH 5055	DOH 5055 MM/DD/YY	Date of Signature
DOH 5058	DOH 5058 MM/DD/YY	Date of Signature
DOH 5059	DOH 5059 MM/DD/YY	Date of Client Signature or Date of Care Manager (CM) Signature if client was unable to sign
DOH 5230	DOH 5230 MM/DD/YY	Date of Client Signature
DOH 5234	DOH 5234 MM/DD/YY	Effective Date
DOH 5235	DOH 5235 MM/DD/YY	Effective Date
DOH 5236	DOH 5236 MM/DD/YY	Effective Date
HARP Authorization Letter	HARP Authorization Letter MM/DD/YY	Date of Receipt
HARP Eligibility Assessment	HARP Eligibility Assessment MM/DD/YY	Date of Completion

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Document	Description	What date should I use? (MM/DD/YY)
HARP Eligibility Summary Report	HARP Eligibility Assessment Output MM/DD/YY	Date of Completion
HARP HCBS POC Summary	HARP HCBS POC Summary MM/DD/YY	Date of Creation or Update
HARP Health Plan Summary	HARP Health Plan Summary MM/DD/YY	Date of Client signature
HARP Health Plan Summary – Care Team member’s signature	HARP Health Plan Summary- CT Signature MM/DD/YY	Date of Care Team member’s signature
HARP Level of Determination	HARP Level of Determination MM/DD/YY	Date of Receipt
HARP Service Level Request	HARP Service Level Request MM/DD/YY	Date of Client Signature
HCBS Housing Questionnaire	HCBS Housing Questionnaire MM/DD/YY	Date of Completion
HML Questionnaire- Question 2 (same as proof of Health Home eligibility)	Qualifying Condition(s)	No date needs to be identified
HML Questionnaire- Question 3	HML3 HIV MM/DD/YY	Date of Results
HML Questionnaire- Question 4	HML4 Homeless MM/DD/YY	Date of Documentation
HML Questionnaire- Question 5	HML5 Incarceration MM/DD/YY	Date of Release
HML Questionnaire- Question 6	HML6 Inpatient MI MM/DD/YY	Date of Discharge
HML Questionnaire- Question 7	HML7 Inpatient SUD MM/DD/YY	Date of Discharge
HML Questionnaire- Question 8a	HML8a SUD Use MM/DD/YY	Date of Documentation, Screen, Lab or referral for SUD Services
Medication Listing	Medication Listing MM/DD/YY	Date of obtainment
Plan of Care	Plan of Care MM/DD/YY	Date of Completion
Proof of Health Home eligibility (same as eligibility screening/ HML Q2)	Qualifying Condition(s)	No date needs to be identified

Example:

Creation Date ▾	File	Description
06/24/2016 02:57 PM EDT	DOH 5055.pdf	DOH 5055 06/24/16