

Dear NJMHAPP Users,

This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.8.2 release**.

Objective

Release 4.8.2 of NJMHAPP offers following enhancements (01/11/2021)

1. Prevent users from opening the application in 2 different tabs of same browser
 2. Ability to adjust the paid amount by DMHAS fiscal users
 3. Added ticket created date and time to ticket management grid
 4. ICMS Ancillary and Transportation services payment report issue is fixed
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Objective

Release 4.8.1 of NJMHAPP offers following enhancements (12/02/2020)

1. New Tele-health codes for PH and APH in ECAS
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Objective

Release 4.8.0 of NJMHAPP offers following enhancements (10/19/2020)

1. Revenue template – ability to enter \$0
 2. Revenue template report changes
 3. New Tele-health code in ECAS (Implementation on 10/01/20)
 4. PC and tele-health codes on same day report
 5. WRAP claim report changes
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Objective

Release 4.7.0 of NJMHAPP offers following enhancements (07/01/2020)

1. Integrating Revenue Template with NJMHAPP
 2. Multiple enhancements to WRAP functionality
 3. ICMS Transportation/Ancillary Services
 4. Reports Enhancements
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Objective

Release 4.6.2 of NJMHAPP offers following bug fixes (01/29/2020)

1. Federal Poverty Level (FPL) is calculated by NJMHAPP based on federal guidelines for year 2020.
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Objective

Release 4.6.1 of NJMHAPP offers following bug fixes (12/06/2019)

1. Fixed a bug, which was responsible for dropping connections for active users.
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Objective

Release 4.6.0 of NJMHAPP offers following enhancement: (12/04/2019)

1. WRAP functionality is now part of NJMHAPP.
 2. New reports have been developed for WRAP functionality.
 3. Business users will now be able to deactivate program sites that are no longer in contract.
 4. Phone number extension data field now accepts 7 characters instead of 5.
 5. Residential procedure codes have been modified to match with Medicaid codes.
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Objective

Release 4.5.2 of NJMHAPP offers following bug fixes/enhancement: (9/6/2019)

1. The home search screen was not displaying all consumers to the search grid. The issue has been fixed.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.5.1 release**.

Objective

Release 4.5.1 of NJMHAPP offers following bug fixes/enhancement: (7/29/2019)

1. Issue of capturing the SUD legal consent is resolved.
 2. Issue of adding previous month services, when current month's remaining amount is negative is resolved.
 3. Issue of adding dependent service if parent service has ended is resolved.
 4. Gap between two 6 months IRP has been changed from 365 days to 730 days.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.5 release**.

Objective

Release 4.5.0 of NJMHAPP offers following enhancement: (7/1/2019)

1. Introduction of Supported Employment (SE) and Supported Education (SEd) Group Rate Services.
 2. Enhancements to the ECAS modules:
 - a. Developed the ability to bill/encounter for Supported Employment (SE) and Supported Education (SEd) with Group rates after grace period expiration.
 3. Provider Census report has been enhanced to provide the ability to show Discharged and Pending Consumers in addition to Active Consumers.
 4. Ticket Management module – Developed validation to prevent Provider Users from creating a Medicaid Status Change ticket when Consumer is in Admitted status.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.2.6 release**.

Objective

Release 4.2.6 of NJMHAPP offers following enhancement: (3/30/19)

1. The following Hospital Based Out Patient services will be inactivated effective 04/01/2019:
 - a. Psychiatric Evaluation Without Medical Services - 90791HB (adult) and 90791HBTJ (child).
 - b. Psychiatric Evaluation With Medical Services - 90792HB (adult) and 90792HBTJ (child).
2. The following Community Based Out Patient service rates will be increased effective 04/01/2019:
 - a. Psychiatric Evaluation Without Medical Services - 90791HW – current rate \$142.15; rate as of 04/01/2019 - \$150.49.
 - b. Psychiatric Evaluation With Medical Services - 90792HW - current rate \$292.50; rate as of 04/01/2019 - \$394.35.
3. The following Hospital Based Out Patient services will be activated in NJMHAPP effective 04/01/2019:
 - a. Initial Evaluation (4 units per month) (adult) - 918HW – with the rate of \$56.24 per unit.
 - b. Initial Evaluation (4 units per month) (child) – 918TJ – with the rate of \$56.24 per unit.
4. The following Partial Care service rates will be increased effective 04/01/2019:
 - a. Psychiatric Evaluation Without Medical Services - 90791PCHW - current rate \$142.15; rate as of 04/01/2019 - \$150.49.
 - b. Psychiatric Evaluation With Medical Services - 90792PCHW- current rate \$292.50; rate as of 04/01/2019 - \$394.35.
5. The following Partial Hospitalization services will be inactivated effective 04/01/2019:

- a. Psychiatric Evaluation Without Medical Services - 90791PH.
 - b. Psychiatric Evaluation with Medical Services - 90792PH.
 6. The following Partial Hospitalization service will be activated effective 04/01/2019:
 - a. Initial Evaluation (4 units per month) - 918PH – with the rate of \$56.24 per unit.
 7. Change in the Encounter Void Buffer months to 01/01/2017.
 8. Change in ECAS Encounter Buffer months to 01/01/2017.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.2.5 release**.

Objective

Release 4.2.5 of NJMHAPP offers following enhancement: (2/27/19)

1. Updated Service Dates Report SQL Stored Procedure to improve performance.
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Objective

Release 4.2.4 of NJMHAPP offers the following enhancements: (2/7/19)

1. ECAS voids have been added to both DMHAS FFS and Fiscal approval screens
 2. Consumer Intake module Enhancements: Minimum match criteria for displaying 'Add New' button has been changed from 3 parameters to 4 parameters. 'Add New' button will be displayed when there are 4 or less parameters match between the search criteria (excluding SSN) and the existing consumers in the database.
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Objective

Release 4.2.3 of NJMHAPP offers the following enhancements: (2/1/19)

1. A new form added to NJMHAPP home page to request NJMHAPP Training.
 2. Changes in NJMHAPP credentials policy posted on NJMHAPP home page
"Per DMHAS policy and guidelines, NJMHAPP users who have not logged in within the last 90 days will be disabled automatically in NJMHAPP. If any user's NJMHAPP account is disabled due to this rule, must contact NJMHAPP administrator within your agency to get new user credentials. This process will start on 2/11/2019."
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Objective

Release 4.2.2 of NJMHAPP offers the following enhancements: (1/23/19)

1. Federal Poverty Level (FPL) is calculated by NJMHAPP based on federal guidelines of 2019.
 2. DMHAS CO users report: changed how the name is displayed.
 3. Service Dates Report: when report is saved as an Excel file, it was not properly identifying one column.
 4. Temporary fix in Consumer Intake module. Provider was not able to add a consumer as there was another consumer with same name and gender. A comprehensive fix will be made in the next release.
 5. Limit Change Request form has been replaced with an updated version.
 6. WRAP worksheet form has been replaced with an updated version.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.2.1 release**.

Objective

Release 4.2.1 of NJMHAPP offers the following enhancements:

1. DMHAS CO users were unable to see previous encounters of discharged consumers in ECAS approval screen.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.2.0 release**. (1/16/19)

Objective

Release 4.2.0 of NJMHAPP offers the following enhancements:

1. Enhancements to the Start Intake/Registration modules:
 - Start Intake functionality has been enhanced to identify and display more possible Consumer matches.
 2. Provider entered comments have been added to the ECAS Encounter module, and attachments have been made mandatory for Medicaid billable services.
 3. Claim Submission Dates are now displayed in ECAS grid.
 4. Reporting enhancements include the addition of the Provider Census report and Service dates by billing period
 5. Role based access to reports has been developed.
 6. ECAS reporting enhancements include drop down selection filter criteria for Status and Reasons for ECAS claim submission.
 7. The following new Services added to NJMHAPP proper (previously only billed through ECAS):
 - OP 5-minute codes under OP and PC.
 - Supported Employment (SE) Non-Face-to-Face service.
 - Supported Education (SED) Non-Face-to-Face service.
 8. Ticket Management module:
 - Attachment(s) has been made mandatory in case of Limit increase, Over-50 ICMS, and BED hold extension requests.
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9. Residential A+ attestation box has been added in the admission module when enrolling a consumer in A+ level of care only once per NJMHAPP ID.

This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.1.3 release.**

Objective

Release 4.1.3 of NJMHAPP offers ability to allow a 365 days between the 6 Month IRPs.

This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.1.2 release.**

Objective

Release 4.1.2 of NJMHAPP offers ability to bill up to 150 units per month for 'Targeted CM-over 50 units' service code in ECAS module

This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.1.1 release.**

Objective

Release 4.1.1 of NJMHAPP offers ability to bill for Pre-Admission dollars for the consumers that are discharged from DMHAS contacted Diversionary beds and admitted into ICMS program

This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.1.0 release.**

Objective

Release 4.1.0 of NJMHAPP offers several new functionalities and functionality enhancements identified by application users and OIS staff.

New Functionalities:

1. ECAS/Off-Line Billing functionality – The following new Procedure codes were added to the ECAS process:
 - a. Over 50 Units of ICSMS service.
 - b. 5 Minute E/M codes under the Outpatient program.
 - c. 5 Minute E/M codes under the Partial Care program.

Key functionality enhancements:

1. CSS module – The following enhancements to the CSS module were developed:
 - a. When IME adds new IRP, the application is now calculating the Service End date based on 180 days instead of 6 months.
 - b. CSS Consumer search has been optimized and grid enhancements were developed.
2. Reports – Following enhancement has been made for the reports:

- a. Added Procedure code and modifier to all the billing reports.
 3. ECAS Module – ECAS Consumer search has been optimized and grid enhancements were developed.
 4. Ticket Management Emails – Appended Environment Name to the Email to avoid confusion.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 4.0.0 release**.

Objective

Release 4.0.0 of NJMHAPP offers several new major functionalities and functionality enhancements identified by application users and OIS staff.

New Functionalities:

1. ECAS/Off-Line Billing functionality – As a replacement for the stand alone FCAPS application, the new NJMHAPP ECAS functionality offers Provider Users the same ability with some built-in key validations. The current FCAPS application will be used to enter WRAP services only.
2. ECAS/Off-Line Billing Void functionality – A new ECAS functionality has been developed to allow Provider users the ability to void previously entered ECAS encounters.
3. Additional Reports – The following new reports detailing the ECAS Billing transactions have been added to the application:
 - a. ECAS Encounter Report.
 - b. ECAS Encounter Void Report.
4. Ticket Management – Ticket Management module has been enhanced to include the previously stand-alone tool for changing the Medicaid status of a consumer.

Key functionality enhancements:

5. Fiscal Billing – Enhancements of this functionality include accommodations of ECAS Billing transactions. Providers would be paid for ECAS claims via biweekly Molina payment.
6. TPL selection – The following enhancements to the TPL selection/question have been implemented:
 - a. TPL selection/question been moved from the Registration screen to the Program Eligibility screen.
 - b. TPL selection/question will only be displayed on the Program Eligibility screen if the Provider offers the following Programs/Services:
 - i. Outpatient
 - ii. Partial Care
 - iii. Partial Hospitalization
 - c. TPL selection/question will be “unlocked” and the Provider will be able to change the selection if the Consumer is NOT currently receiving Programs/Services listed above.
7. Reports – Following enhancements have been developed:
 - a. Fiscal reports have been enhanced to incorporate/reflect ECAS Billing transactions

- b. Non-CSS/CSS/Both selection/filter criteria have been added to the report screen/functionality.
 - c. A list of Services Consumer is receiving has been added to the Monthly Medicaid Check report.
 8. Client Data Correction module – This functionality has been enhanced to more accurately identify and relate Consumers’ information.
 9. Notes action link – the Notes action link has been repositioned from the top menu to the Consumer Information section on all Consumer related screens.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 3.5.0 release**.

Objective

Release 3.5 of NJMHAPP offers several new functionalities, functionality enhancements, and issue resolutions identified by application users and OIS staff.

New Functionalities:

5. Encounter/Billing Void functionality – Are-approach to the Encounter Void functionality developed in earlier release, now enables Provider users the ability to void specific Service/Program encounters without the need to void the entire billing record and/or reduce the previously encountered units. Additional edits were implemented to address dependent services such as Transportation for PC/PH services.
6. E/M Codes under Partial Care – The following 8 E/M codes have been added signifying Billing units for Medication monitoring, each addressing specific number of minutes.
 - E/M Medication Monitoring –Physician - 10 minutes – 99212
 - E/M Medication Monitoring –Physician - 15 minutes – 99213
 - E/M Medication Monitoring –Physician - 25 minutes – 99214
 - E/M Medication Monitoring –Physician - 40 minutes – 99215
 - E/M Medication Monitoring –APN - 10 minutes – 99212
 - E/M Medication Monitoring –APN - 15 minutes – 99213
 - E/M Medication Monitoring –APN - 25 minutes – 99214
 - E/M Medication Monitoring –APN - 40 minutes – 99215

Validations and edits have been implemented to ensure accuracy of code usage.

7. Individual Therapy with E/M Codes – Codes 90833 and 90836 may only be billed with codes 99212-99215 on the same date of service, utilizing 1 unit per day.
8. Provider Monthly Limit adjustments – CO Fiscal Team now has the ability to make Monthly limit adjustment by transferring unused funds from prior month(s) to current month.
9. Additional Reports – The following new reports have been added to the application:
 - a. Encounter Void Report.
 - b. NJ Consumer Billing Details Report.

Key functionality enhancements:

10. Income Eligibility – Total Dependents filed is made optional.
 11. Ticket Management – Added Search by Consumer NJMHAPP ID.
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This Release Content Letter (RCL) denotes the features in **NJMHAPP 3.00 release**.

Objective

Release 3.00 of NJMHAPP offers several new functionalities, functionality enhancements, and issue resolutions identified by application users and OIS staff.

New Functionalities:

10. Pre-Admission Services requests – FFS participating Provider agencies will now be able to submit Pre-Admission reimbursement requests for PACT, ICMS, CSS (change in process), Residential, Supported Employment, and Supported Education through NJMHAPP.
11. Pre-Admission Services requests Approvals/Rejections – CO FFS team now has the ability to review and approve or reject Pre-Admission services claims from FFS participating Provider Agencies.
12. Pre-Admission Services Funds management – CO Fiscal Team now has the ability to add/edit funds for the Pre-Admission services.
13. SE In-Reach and SED In –Reach – Supported Employment In-Reach and Supported Education In-Reach have been added as available and billable services to NJMHAPP.
14. CSS Initiatives – have been added as selectable values in Program Eligibility module.
15. CO FFS Team Tools to retrieve Emails for all active NJMHAPP Users by Provider have been created.
16. CO FFS Team Tools to retrieve Providers' CEOs emails have been created.
17. Read only access to Consumer data has been provided to the Fiscal Admin and Provider Network roles in the system.

Key functionality enhancements:

12. Home Search Criteria– NJMHAPP ID has been added to the Home screen Search function.
13. Registration module unlock – The following fields in the registration module have been unlocked for changes by the Provider users:
 - a. Ethnicity
 - b. Race
 - c. Primary LanguageChanges in these fields do not affect Consumers status or Programs/services Consumer is receiving.

14. Program Eligibility module unlock – As a major enhancement to the application, Provider agencies will now have the ability to assign additional Programs/Services and change Consumers’ Programs/Services without the need for discharge by changing Consumers’ qualification in the Program Eligibility module.
 15. Current Admissions screen – Search functionality with search criteria has been added to the Current Admissions module/screen.
 16. Admission:
 - a. Functionality of giving back the encumbrance for PACT service when PACT In-Reach was selected for the Consumer, has been developed and implemented.
 - b. Ability to add multiple room and boards for Medicaid consumers in same month.
 - c. Number of Units field in the Add Services popup window has been unlocked providing Users with ability to change Number of units. The new number of units will be available for utilization starting the following month(s).
 17. Encounter module – Minimum Units encountered validation has been added.
 18. IME Search criteria - NJMHAPP ID has been added to the IME Search function.
 19. Client Data Correction – Additional validations including Medicaid status check have been added to the Client Data Correction sub-system.
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This Release Content Letter (RCL) denotes the features in NJMHAPP 2.04 release.

Objective

Release 2.04 of NJMHAPP offers several functionality enhancements and issue resolutions identified by application users and OIS staff.

Key functionality enhancements

20. Encumbrance crossing over monthly report – This report has been modified to display blanks in prior month(s)’ Limit and Encumbrance columns if the provider did not reach 90% of the limit for that month.
21. Enhancements to the Monthly Medicaid job – Du to the limitations of the Medicaid web service process, the monthly Medicaid job web call has been modified with a delay functionality to assure valid response.
22. Change header in IRP Admission module – A clearer notation to denote a 60 Day IRP and the 6 month IRP have been implemented into the CSS Admission module.
23. IRP Start Date change– CSS IRP module has been enhanced to allow the IRP Start date to be same as the Consumer admission date.
24. CSS 6 Month IRP gap – CSS IRP module has been enhanced to allow a 6 months gap between the 6 Month IRPs.

Identified Issues resolutions

1. Overnight Absence – An identified bug within the functionality of adding Overnight Absence has been resolved for both Medicaid and State sponsored Consumers.
2. Bed Hold service – A bug preventing Provider Users from selecting Bed Hold and Bed Hold Extensions when two Residential Services exist for the Consumer has been fixed.

3. Bed Hold Messaging – Several more descriptive messages have been implemented within the Bed Hold/Bed Hold Extension processes.
 4. CSS Encumbrance – An issue with CSS Encumbrance editing when units rolled over from previous month result in over the limit number has been rectified. Provider User is now able to reduce Encumbrance for the month.
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This Release Content Letter (RCL) denotes the following **bug fixes/enhancements** in NJMHAPP **2.0.3** release.

- CSS provider user is unable to decrease encumbrances if the remaining amount is Negative.
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This Release Content Letter (RCL) denotes the following **bug fixes/enhancements** in NJMHAPP **2.0.2** release.

- NJMHAPP not encumbering funds when service end date is extended from last month to current month
 - Encumbrance issue when service End Date is moved from last month to current month
 - Provider unable to add PACT In Reach services to Non Medicaid consumer
 - Program eligibility bug after admission
 - Provider unable to add new PACT service if consumers' PACT service ended previous month
 - Following reports were enhanced based on user feedback
 - Volume of services Encumbered & Encountered Report
 - Service Dates report
 - Ticket Management Enhancements
 - CO users can add attachments to the tickets and provider can view those attachments
 - CO users have access to NJMHAPP Ticket report
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The following denotes the update to the Diagnosis codes in NJMHAPP 2.0.1 release as per the ICD-10 code updates effective October 1, 2016.

Objective

Release 2.0.1 of NJMHAPP offers Diagnosis codes update to the NJMHAPP application.

Link: https://www.jointcommission.org/assets/1/6/IQR_SuplmntRN_v5_1_ICD10.pdf

Key features

NJMHAPP was revised to reflect the ICD-10 code updates.

Description of Changes:

Added codes and corresponding description:

F32.81 Premenstrual dysphoric disorder

F32.89 Other specified depressive episodes

F34.81 Disruptive mood dysregulation disorder

F34.89 Other specified persistent mood disorders

F42.2 Mixed obsessional thoughts and acts

F42.3 Hoarding disorder

F42.4 Excoriation (skin-picking) disorder

F42.8 Other obsessive-compulsive disorder

F42.9 Obsessive-compulsive disorder, unspecified

F50.81 Binge eating disorder

F50.89 Other specified eating disorder

F64.0 Transsexualism

F80.82 Social pragmatic communication disorder

Removed codes and corresponding description:

F32.8 Other depressive episodes

F34.8 Other persistent mood [affective] disorders

F42.0 Obsessive-compulsive disorder

F50.8 Other eating disorders

Changed description for following code

F64.1

From:

Gender identity disorder in adolescence and adulthood

To:

Dual role transvestism

Details about the Release 2.0.0

Objective

Release 2.0.0 of NJMHAPP offers additional functionality and Programs to be utilized by Provider Agencies and DMHAS personnel.

Key features

- 1) **Consumer Search** – Enhanced Consumer search functionality with the ability to find and select Inactive Consumers.
- 2) **Consumer Registration** – Added ability to search for a Consumer whose previous episode ended without Admission or Discharge. These Consumers will now be displayed on the Home Search screen when Inactive Status is selected for search.
- 3) **Income Eligibility** – Ability to change a Consumer’s income as long as the change does not cross FPL thresholds i.e. affect Consumer’s Medicaid eligibility.
- 4) **Diagnosis** – Added Diagnosis Code F99 for use as a primary diagnosis. A notification to Providers that the use of the F99 diagnosis will be tracked by DMHAS is available in the application.
- 5) **Program Eligibility** – CSS Program qualification questions have been added to this module.
- 6) **Admission** – the following Programs/Services and functionalities have been added:
 - a) Bed Hold for A+ Group Home, A Group Home, B Group Home, A+ Supervised Apartment, B Supervised Apartment, and D Family Care. Validations have been incorporated to ensure compliance with State regulations.
 - b) Two Bed Hold Extensions are available for use upon complete utilization of the initial 30 day Bed Hold for A+ Group Home, A Group Home, B Group Home, A+ Supervised Apartment, B Supervised Apartment, and D Family Care. Validations have been incorporated to ensure compliance with State regulations.
 - c) Overnight absence functionality has been implemented with a limit of 3 instances per month.
 - d) Acute Partial Hospital Service has been added to the Partial Hospital Program.
 - e) Psychiatric Evaluation services (90791 and 90792) have been added to the PC and PH Programs. Validations have been incorporated to ensure compliance with State regulations.
 - f) PH Transportation Service has been added to the Partial Hospital Program.
 - g) Acute PH Transportation Service has been added to the Partial Hospital Program.
 - h) Daily limits validations for PC, PH and APH Transportation have been added to the system.
 - i) Edits to prevent selection of TPL (Third Party Liability) covered Programs/Services for Consumers with TPL have been implemented.

- j) CSS Program and process for Bands/Units assignment have been added. This module will support both 60 day Pre-IRP and 6 month IRP programs. IME will now be responsible for the entry of Units for the bands outlined in the IRP and approved by IME. DMHAS CSS staff will be responsible for the same functionality for UBHC Provider Agency.
- 7) Encumbrance – A new Encumbrance module was developed to support the CSS Program. This module will accommodate both 60 day Pre-IRP and 6 month IRP programs.
- 8) Encounter:
 - a) Ability to Encounter/Bill for the Psychiatric Evaluation services (ICD10 codes 90791 and 90792) has been added.
 - b) Ability to bill for Acute Partial Hospital Service along with regulations based validations has been added.
 - c) Ability to bill for PH, PC, and APH Transportation services along with regulations based validations has been added.
- 9) Fiscal Dashboard:
 - a) A new field listing Adjustments to Provider's Remaining Amount has been added.
 - b) For CSS Providers an additional row listing Monthly limit, Net Encumbered Dollars, Encountered/Billed, Adjustments, and Remaining Amount has been added. Providers offering both CSS and Non-CSS programs/Services will see both rows of Fiscal information.
- 10) DMHAS Fiscal Module – The following functionalities have been developed and/or revised:
 - a) A new Monthly Limit entry screen has been developed to accommodate the entry of monthly limits for a full fiscal year for CSS and non-CSS Providers.
 - b) An ability to edit current and future monthly limits has been provided to DMHAS Fiscal.
 - c) An ability to increase the current and past 7 months limits has been developed. Audit trail of these transactions is recorded.
 - d) Remaining Amount functionality limited to current and past 6 months have been developed.
- 11) Reports for business and providers – The following new reports have been developed and added to the list of available reports in the application:
 - a) Year To Date Report
 - i) Year to Date Encumbrance and Encounter at provider level group by provider, site, program and services within the date range
 - b) Volume of Service Encumbered and Encountered
 - i) Encumbered & Encountered Volume of units at provider level group by provider, site, program and services within the date range
 - c) Clients Specific Units Report
 - i) Encumbered & Encountered units as well as remaining units at client level at provider level group by provider, site, program and services within the date range
 - d) IRP Units Requested Vs. Claimed
 - i) IRP units requested(encumbered) and Claimed(encountered) at provider level group by provider, site services within the date range for CSS
 - e) CSS Most And Least Used Services
 - i) Most Used Band and Least Used Band within date range for CSS
 - f) IRP Modifications

- i) IRP Modifications at provider level group by provider, site services within the date range for CSS

12) User Roles – The following User Roles have been added and/or enhanced with new functionalities:

- a) IME User – Responsible for entry of CSS Programs (Units within Bands).
- b) IME Admin – Has ability to add and edit IME Users in addition to the IME User Role functionality listed above.
- c) DMHAS CSS User - Responsible for entry of CSS Programs (Units within Bands) for UNHC provider agency only. Also has the ability to approve Pre-Engagement Service for all CSS providers.
- d) DMHAS Fiscal User Role has been enhanced to allow Fiscal Users to enter Adjustments and edit Provider Monthly Limits for both CSS and non-CSS providers.