agency for persons with disabilities
State of Florida

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Agency for Persons with Disabilities

iConnect
Case Management Training Manual Version 7.6
04/03/2023

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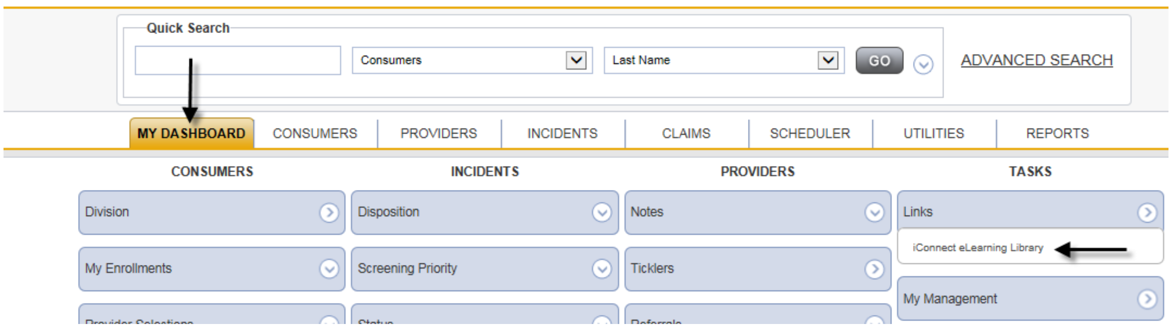
Preceding Training Guide

- iConnect Basics eLearning Module
- This training manual and links to FAQ's for user self-help are available via My Dashboard > My Links > iConnect eLearning Library.



Summary

This training guide covers all aspects of the Intake to the Enrollment processes, including Case Closure and Death reporting.

Learning Objectives for Case Management Module Training Guide:

- ✓ Develop a working knowledge of the various components of a consumer record, and the navigation thereof.
- ✓ Understand the function of roles within iConnect and how to use them with an established workflow.
- ✓ Understand how to complete tasks associated with the user's daily job responsibilities.

Chapter 1 | Consumer Intake

Introduction

This chapter covers the initial Consumer Intake Process. Potential Consumers can make an inquiry for waiver services via phone call, email, paper application, online application sent to the state office or one of the six regional offices. While contact can be and is often made directly with the state office, all inquiries must be directed to the applicable regional office for processing.

Intake Workers are responsible for tracking all inquiries as Call records via the Call Chapter in the iConnect system. Intake Workers will capture information about the Caller and the Potential Consumer in Participant records that are affiliated with the Call records.

Workers will utilize regional queues to reroute Call records to the appropriate regional office for processing. Potential Consumers will be identified by their residential address and routed to the applicable regional queue based on that address. Workers in the appropriate regional office will then pick up the Call record and complete the Intake process.

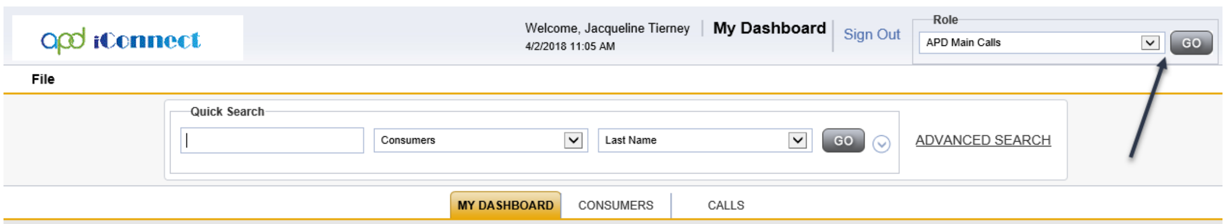
Not all Potential Applicant Participant records will result in the creation of Consumer records in iConnect. The process for identifying the Participant records that should be pushed to Consumer records will be outlined below.

Intake Process

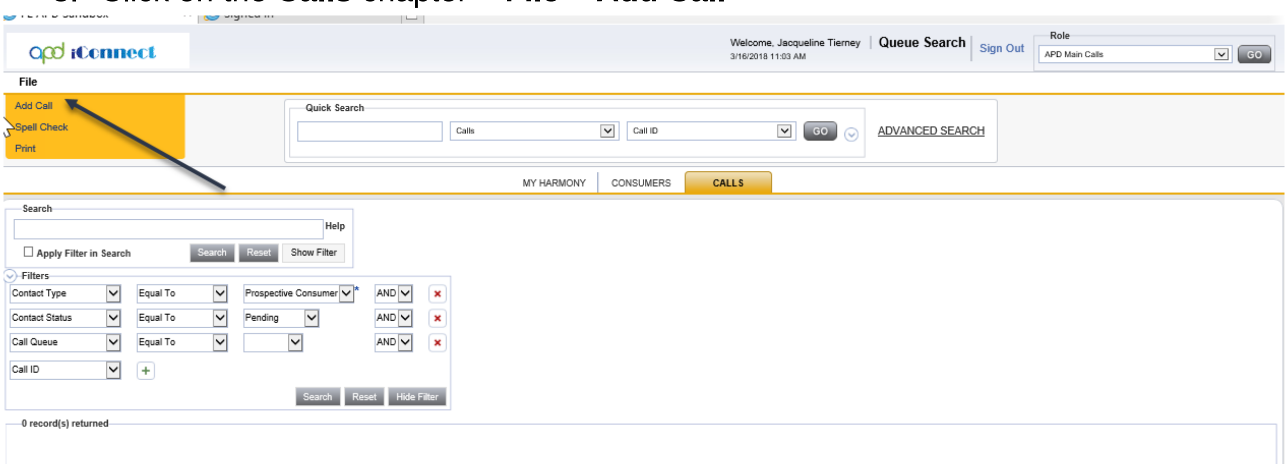
Receiving a Phone Intake

1. State/Region Office Worker receives an inquiry via phone indicating an individual may need APD Services

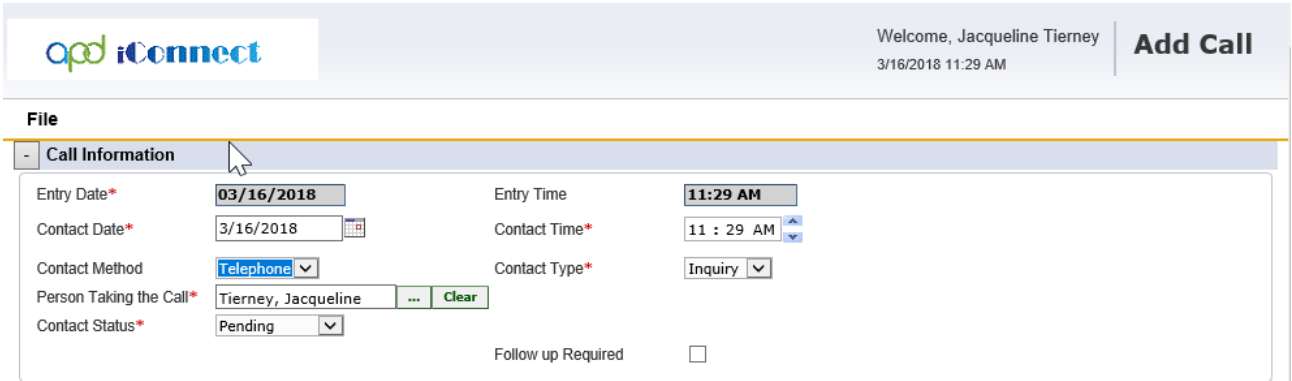
2. Log into iConnect and select the **APD Main Calls** Role. Click **Go:**



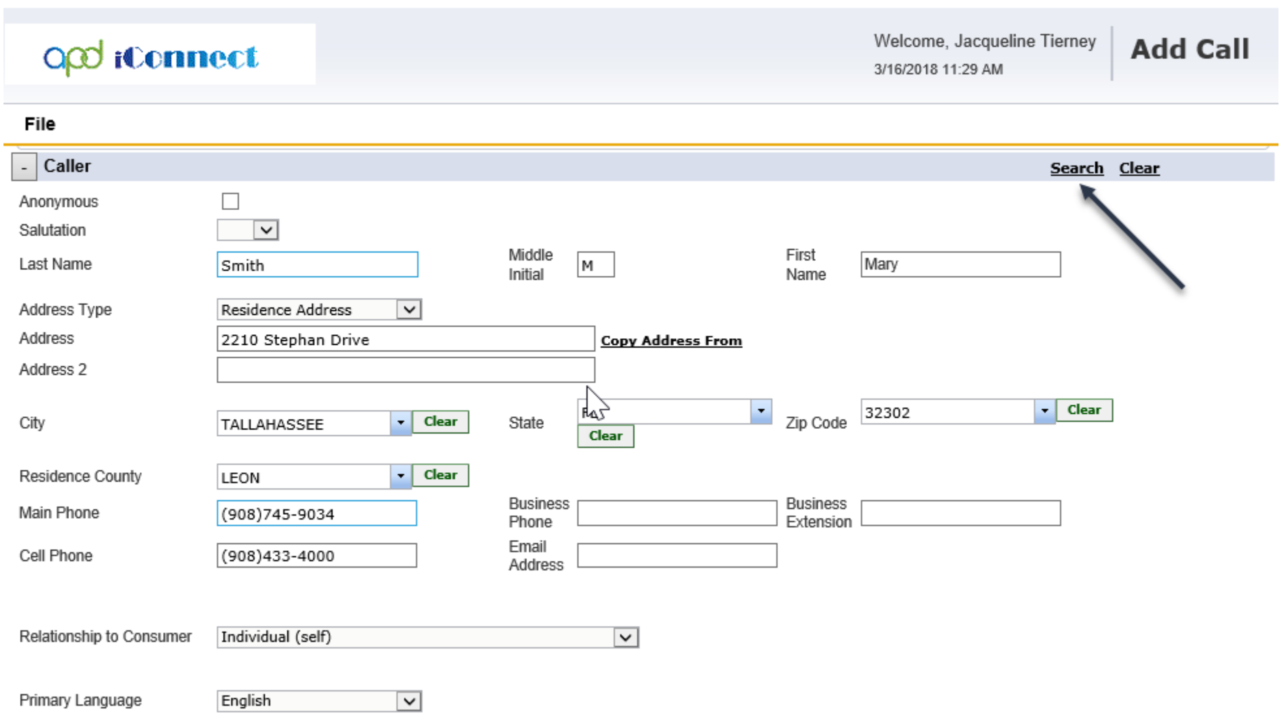
3. Click on the **Calls** chapter > **File** > **Add Call**



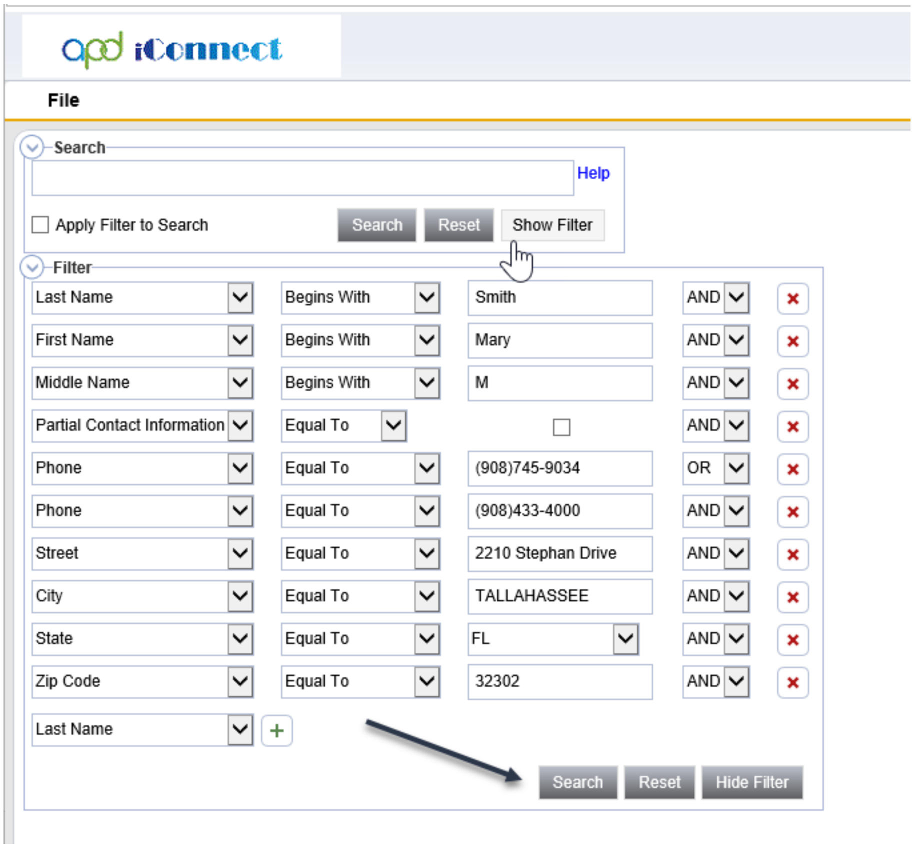
4. In the new Call record, update the following fields in the Call Information Section:
   a. Set Contact Method to one of the following = Email, Fax, Telephone, Walk In
   b. The Entry Date, Contact Date, Entry Time and Contact Time fields will default to the current date/time
   c. The Contact Status field will default to Pending



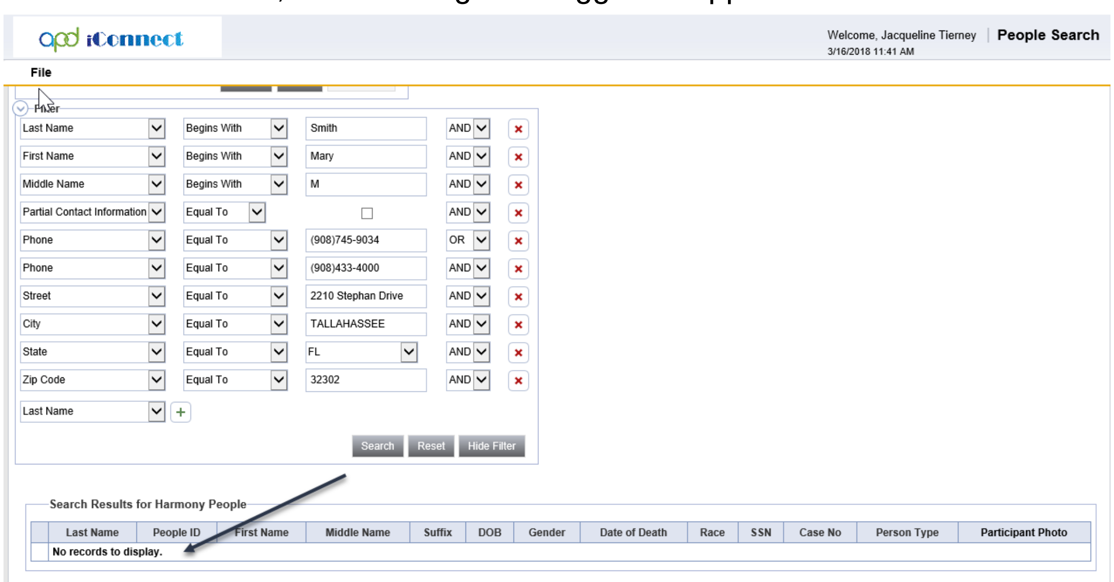
5. Update the Caller Information Section with information about the Caller:
    a. If the Caller is the potential Consumer, set Relationship to Consumer = Self
    b. If the Caller provides enough identifying information, update the relevant demographic fields and then click **Search** to verify if the Caller already has an existing record in the iConnect People Table



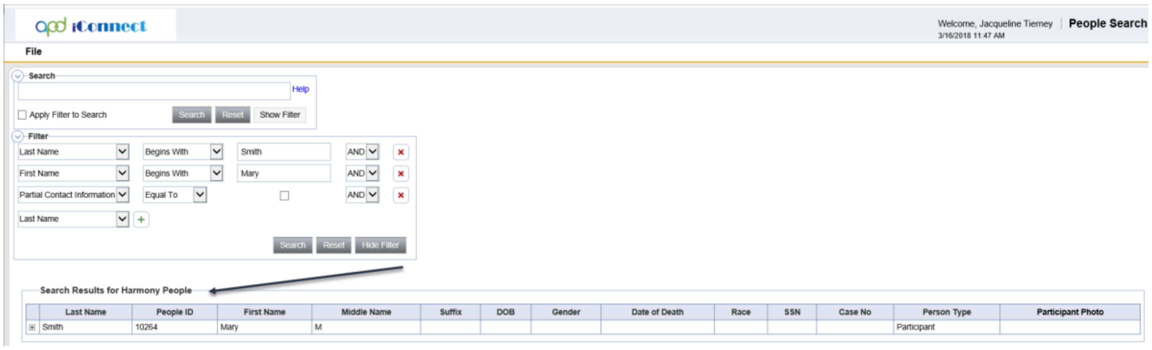
i. The People Search window will open. The multi variable search criteria will pre-populate with the values entered into the fields in the Caller Section of the Call record. Click the red X to remove any search criteria or the green + to add additional criteria. Then click **Search.**



ii. If the Search does not return a matching record from the People Table, the following messagge will appear:



iii. If the Search does return a matching record from the People Table, matching records will populate under the heading Search Results for People:



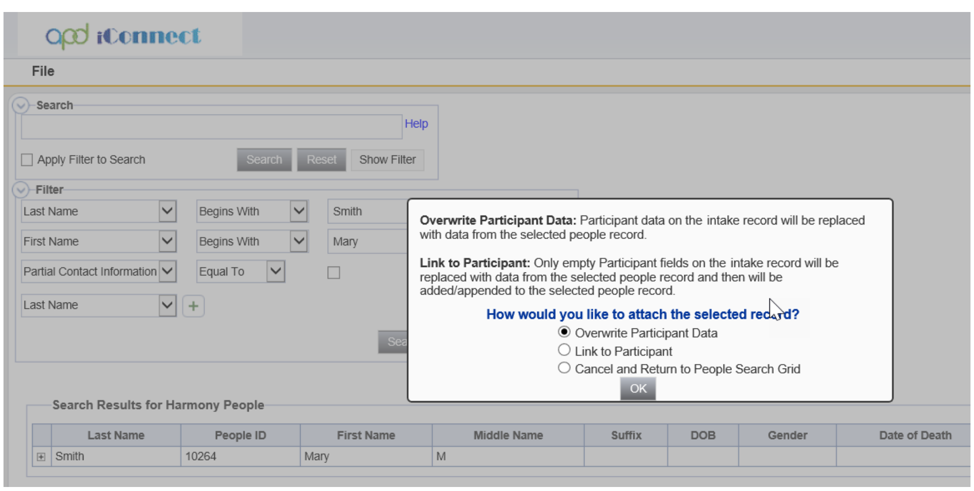
iv. Click on the appropriate matching record. A pop-up window will open with the following options. Click on the correct option to pull data from the matching record into the Caller Section of the new Call record:

1. Overwrite Participant Data - Any fields in the Caller's existing People record will overwrite fields on the Caller's new record (i.e. the existing People record will replace the new record)
2. Link to Participant Data - Only empty fields on the Caller's new record will be populated with data from the existing People record

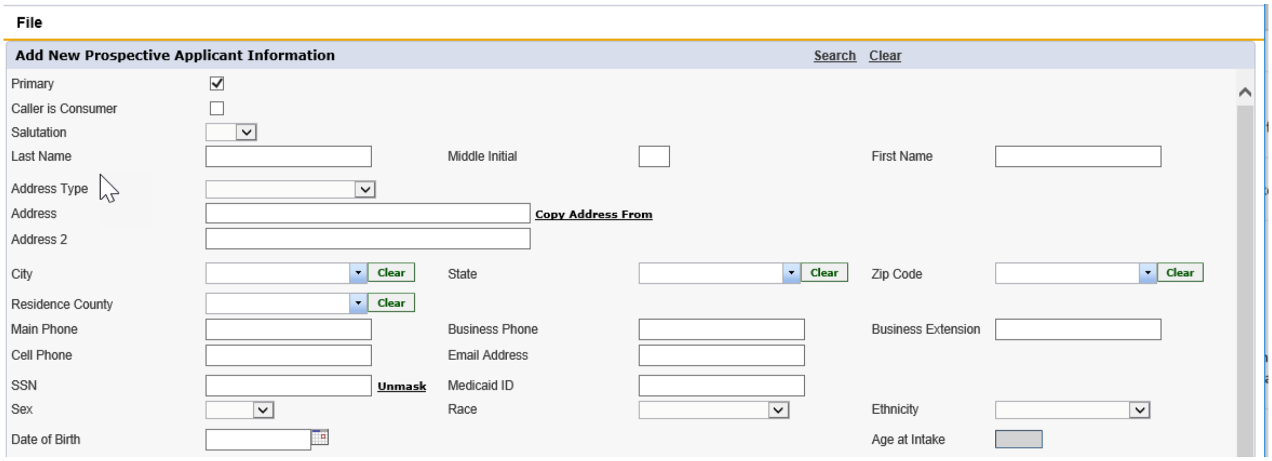
Tip

If you're not sure which option to use, select Link to Participant Data to preserve both sets of data.

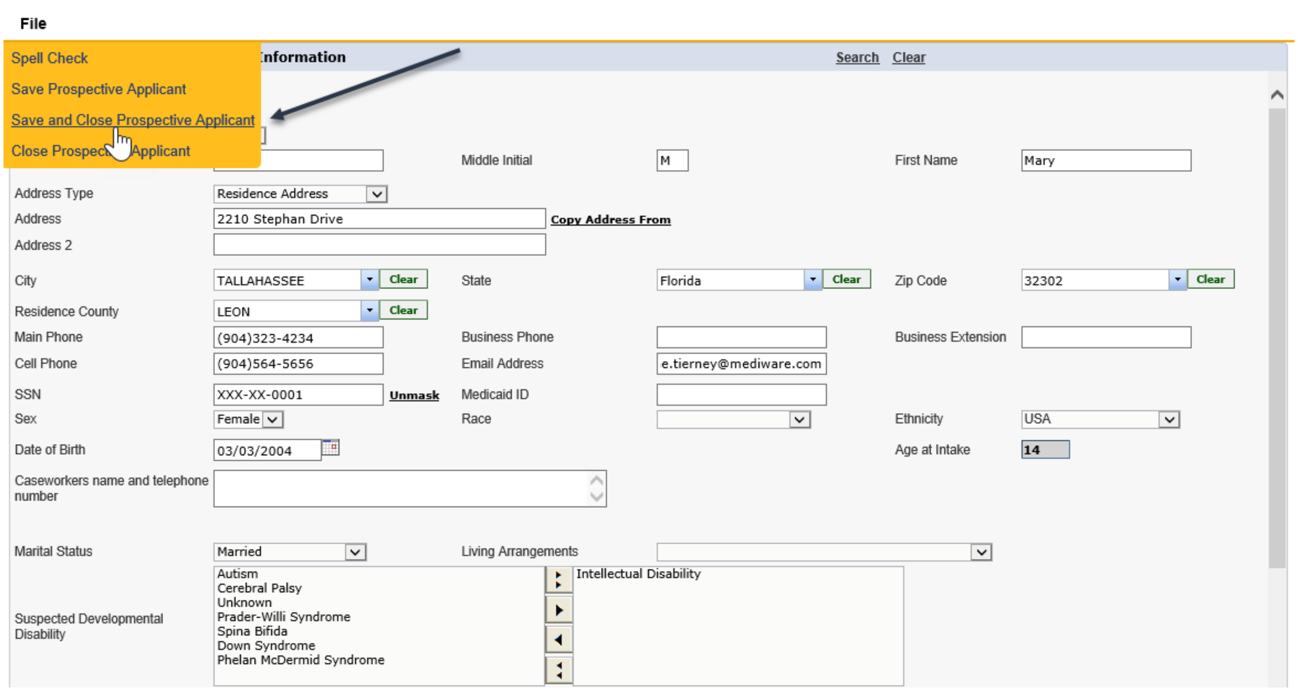
Participant Data is NOT Consumer Data. Changes you make here do not affect the Consumer record.



6. Scroll down to the Prospective Applicant section and click **Add**. The Add New Prospective Applicant Information window will open:

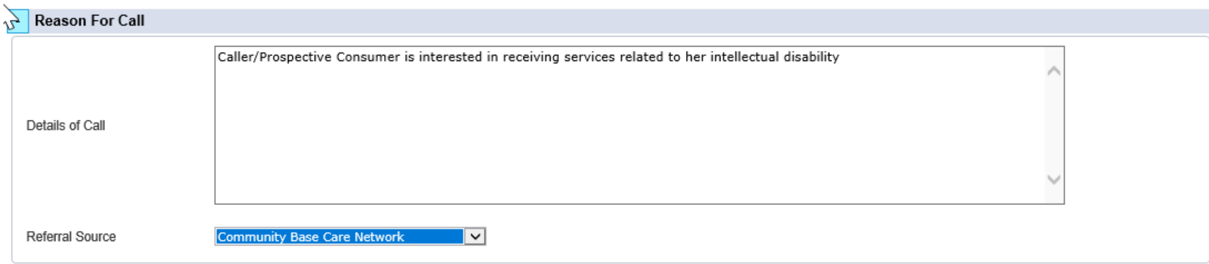


a. Update all relevant fields with information about the prospective Consumer.
b. If the Caller is the prospective Consumer check the Caller is Consumer field. Upon doing so, relevant data from the Caller Section of the Call record will pre-populate into the affiliated fields in the prospective consumer's Participant record
c. If the Caller is not the prospective Consumer, enter all relevant information and then click **Search.** Repeat the steps in Step E above to verify if the prospective Consumer has an existing record in the iConnect People Table
d. When finished, click **File** > **Save and Close Prospective Applicant**



7. Scroll down to add information into the Reason for Call Section:

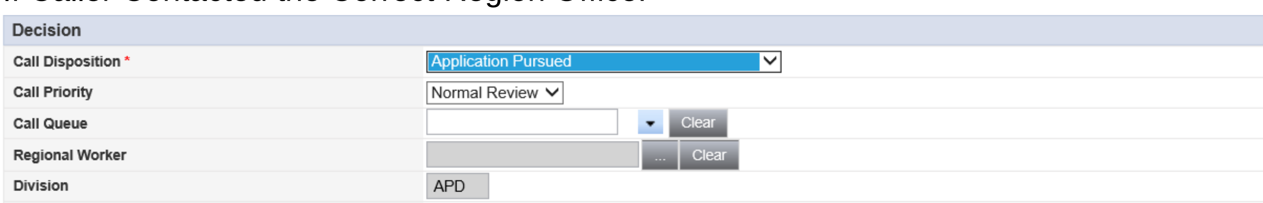
a. Update Details of Call and Referral Source as appropriate



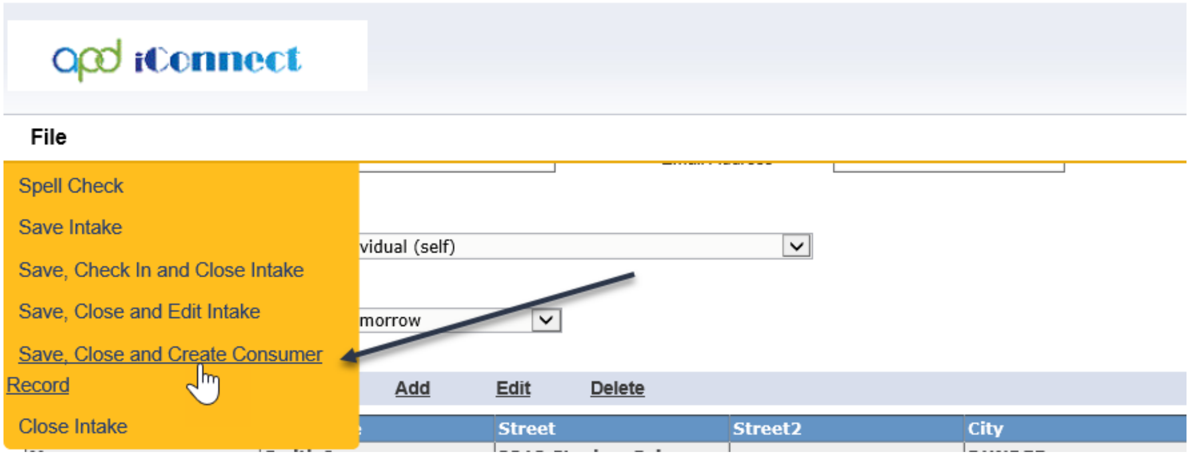
8. Scroll down to the Decision Section of the Call record.
   a. In the Decision Section, update the following fields:
      i. Call Priority
      ii. Call Queue = Region Office that will service the Prospective Applicant
      iii. Call Disposition = Follow Up (if record must be routed to appropriate regional office) OR Application Pursued (if Caller contacted appropriate regional office)
      iv. Division = APD

If Call Must be Routed to Another Region Office:

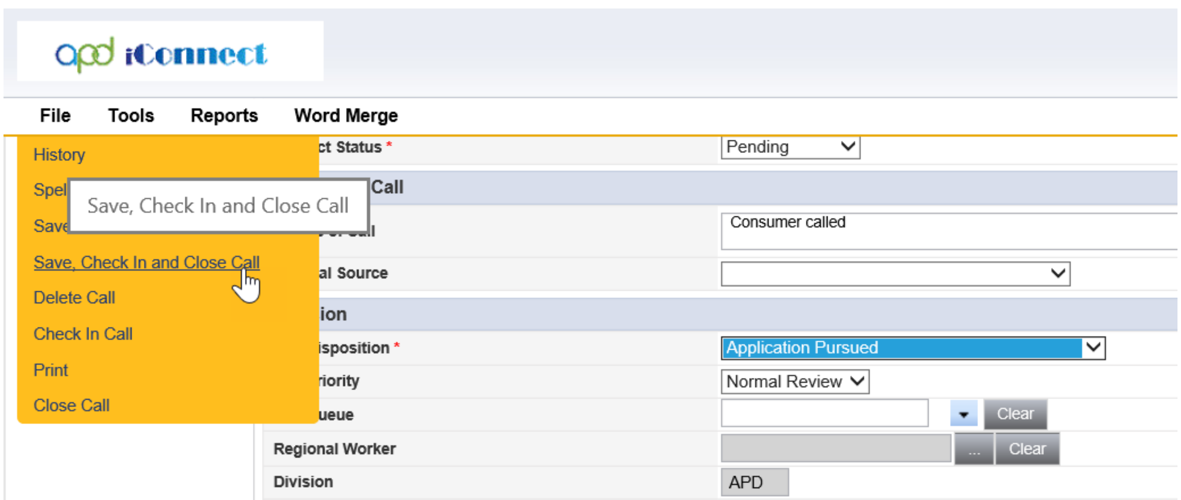
If Caller Contacted the Correct Region Office:



9. Depending on whether the Caller has contacted the appropriate office, choose one of the following options to finish the Intake process:
   a. If the Caller has called the appropriate Region Office that will provide the Prospective Applicant with services, select **File > Save, Close & Create Consumer Record**:

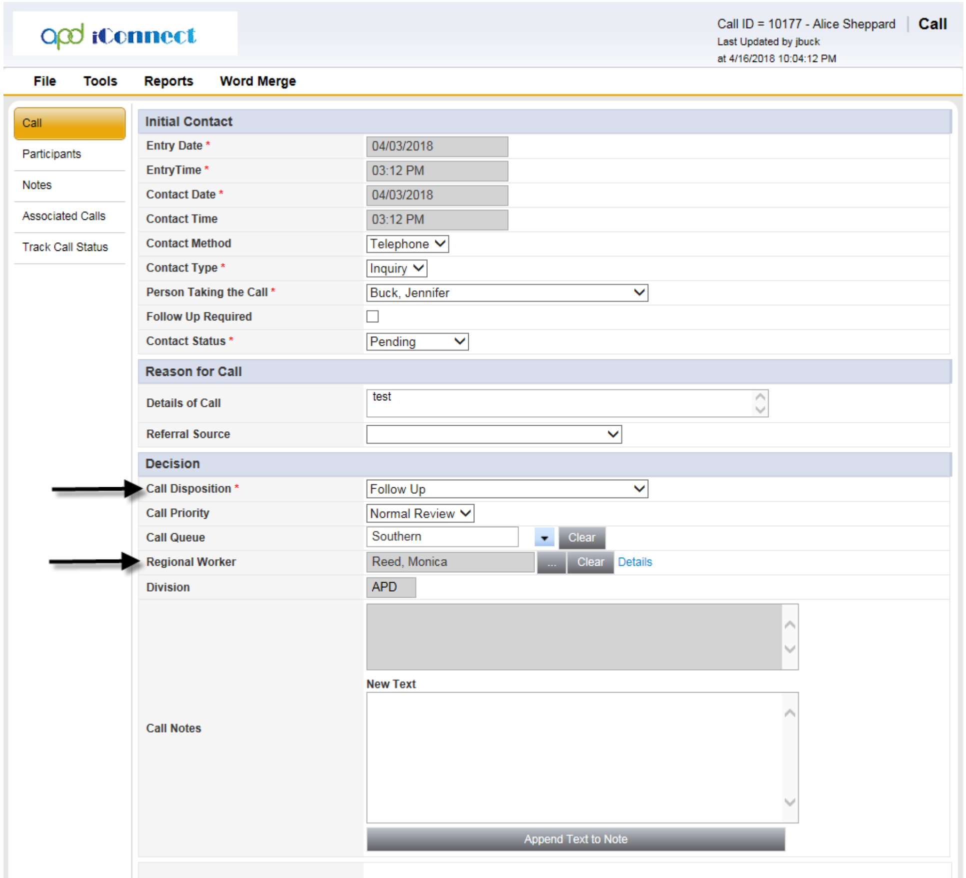


b. If the Caller contacted the incorrect Region Office and the Call record must be routed to the appropriate Region Office, select **File > Save, Check-in & Close Intake**. proceed to Calls Routed to Different Region Office.



Caller Contacted Correct Region Office:

1. If the Caller has called the appropriate Region Office that will provide the Prospective Applicant with services, but has NOT reached the correct person (for example the call center representative or secretary), update the following fields on the Intake record:
   a. Disposition = Follow-Up
   b. Region Worker = the correct Intake Worker in the region.

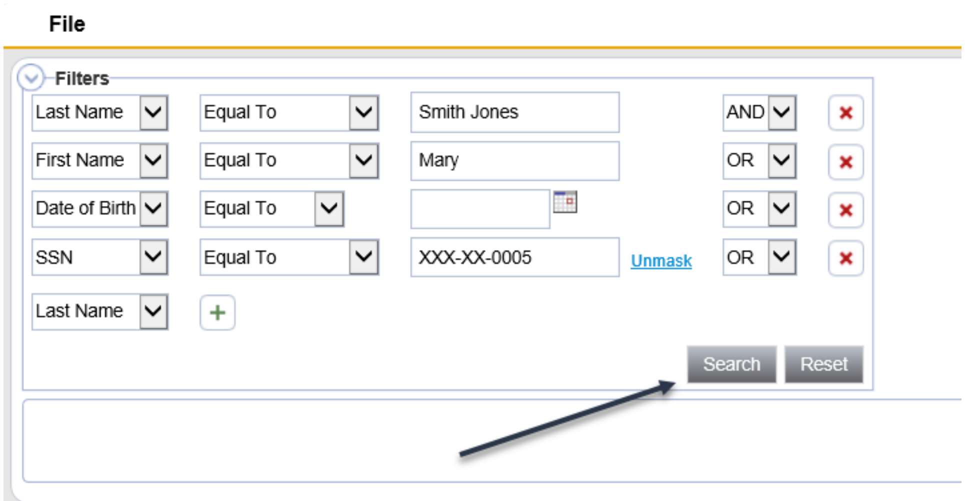


2. If the Caller has called the appropriate Region Office that will provide the Prospective Applicant with services, and has reached the correct person, select **File > Save, Close & Create Consumer Record.**

3. The Consumer Search window will open prompting the user to search the system to verify if the Prospective Applicant already has a Consumer record.

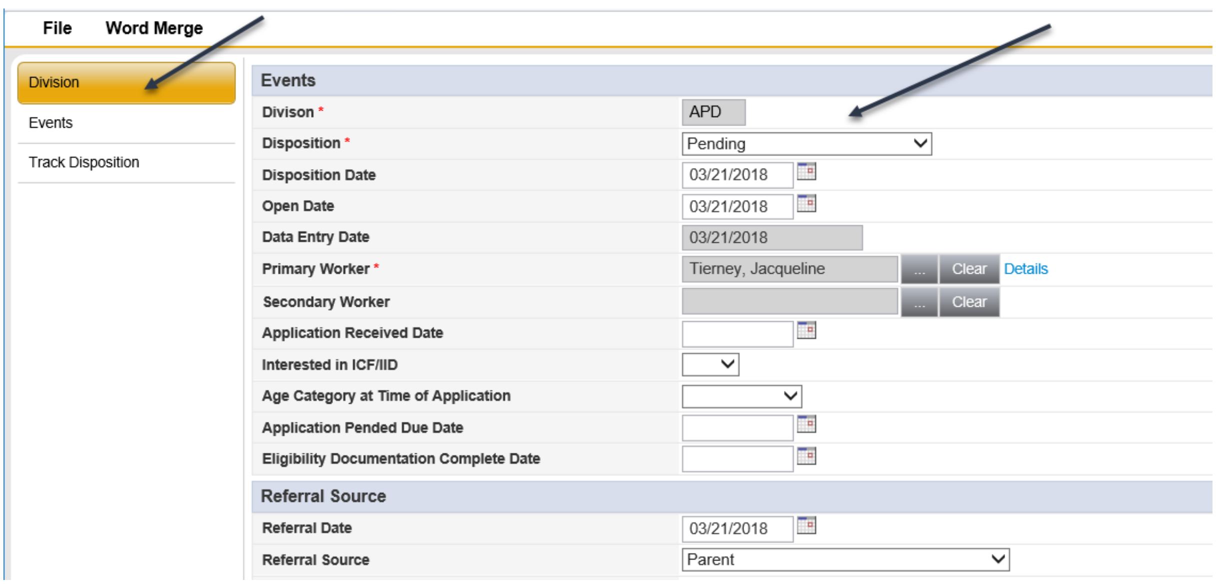
4. Upon clicking **Save, Close & Create Consumer Record,** the Consumer Search window will open prompting the user to search the system to verify if the Prospective Applicant already has a Consumer record.

5. Use the multi variable search criteria to build a search for the Prospective Applicant and click **Search:**

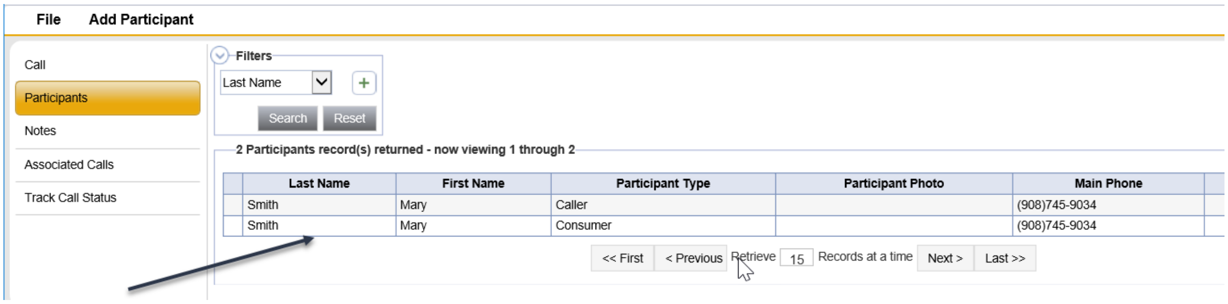


6. If the Consumer Search returns a match, click on the match to open the record.

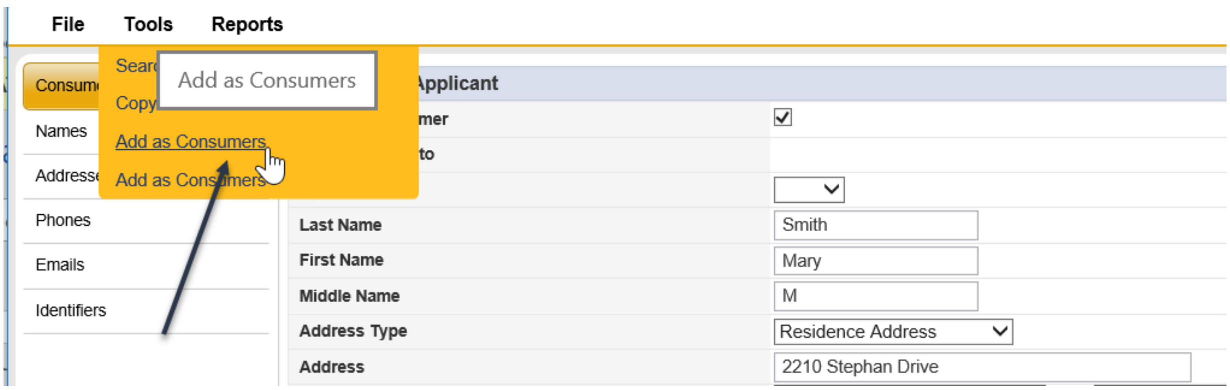
7. The Prospective Applicant's Consumer record will open to the Demographics page where you can click on the **Divisions** tab to verify if the Consumer already has an active APD Division record.



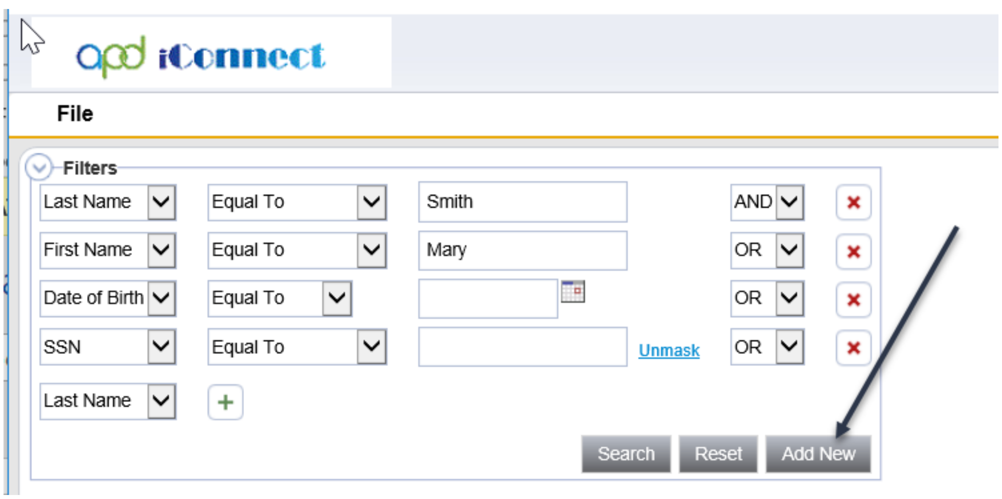
8. If the Consumer Search does not return a match:
   a. Navigate back to the Call record and click **Participants > Consumer > Tools > Add as Consumer > Add New:**



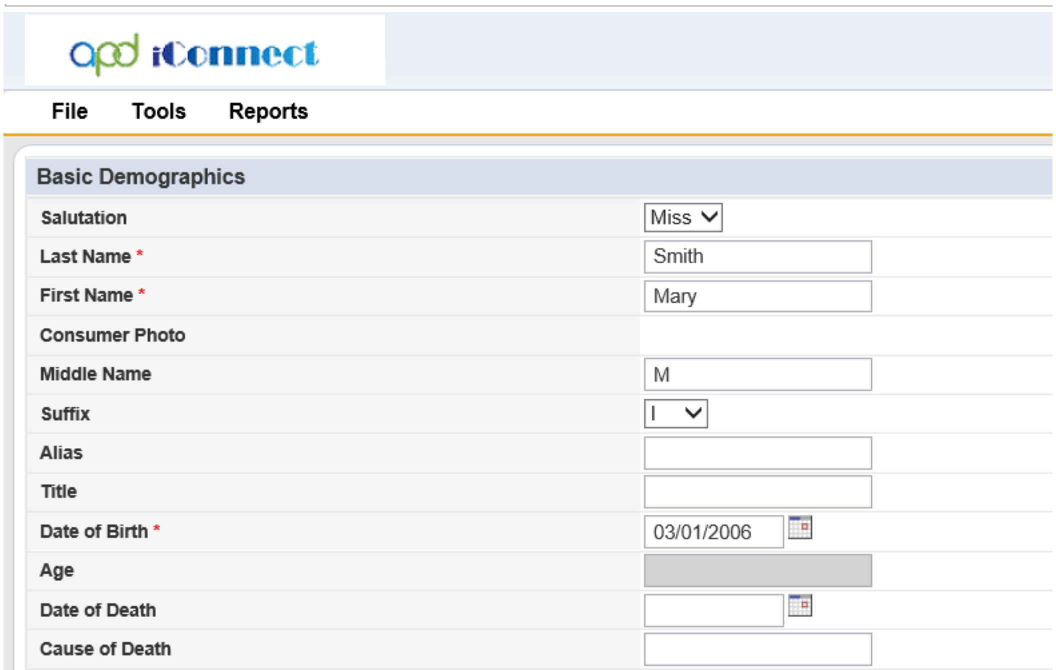
Add as Consumer:



Add New:

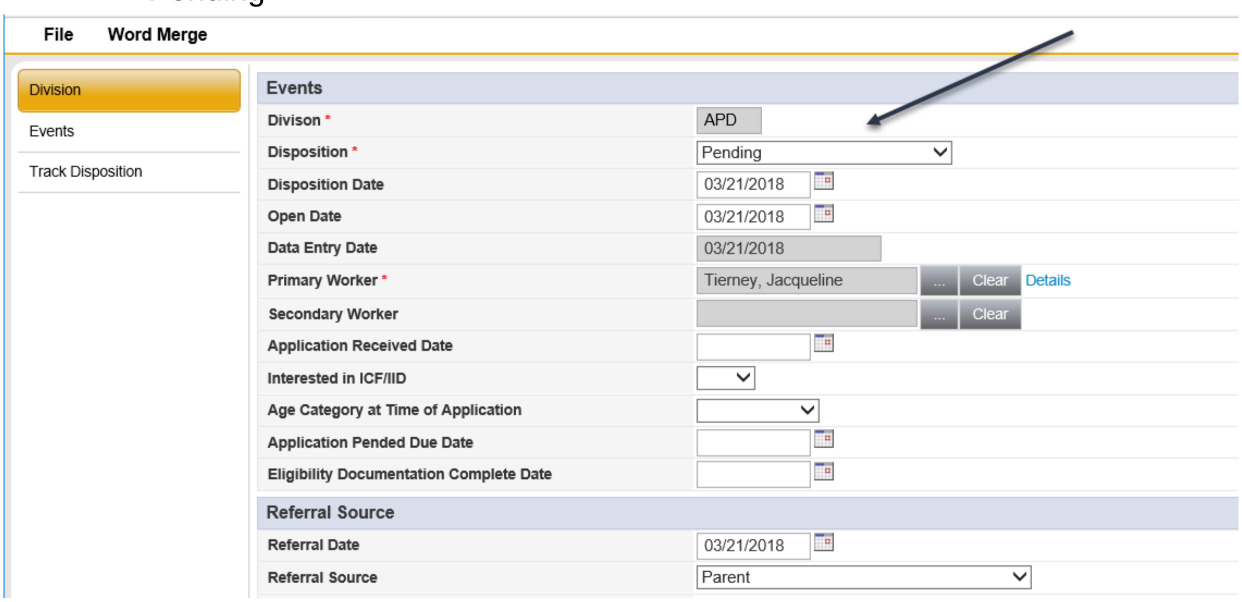


b. Upon clicking **Add New,** the Consumer record will open to the Demographics page. Information from the Call record will be pushed to populate the consumer's demographics. Set Initial Division = APD:



c. Update all relevant demographic fields. When finished, click **File > Save and Close Demographics.**

d. The consumer's Division record will automatically open with Disposition = Pending

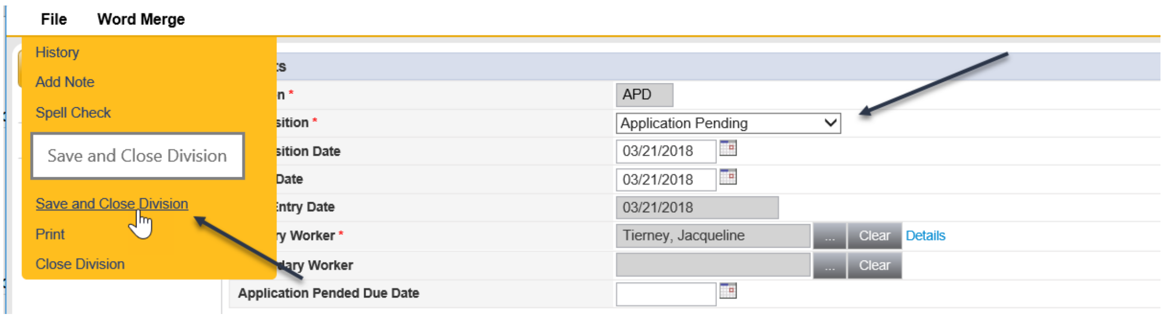


e. Add or Update the consumer's APD Division record with Disposition = Application Pending.

f. The user can skip the Referral source section if the Consumer record was created from a call record, because the referral source information was already recorded on the Call record. The user can review the Call record for this information.

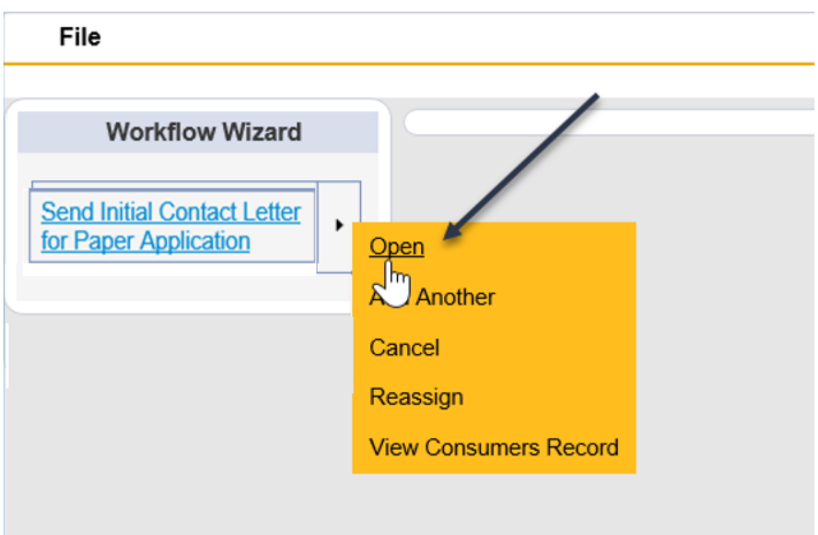
g. The user would complete the Referral Source section on the Division page if the Consumer record was NOT created from a call record.

h. Then click **File > Save and Close Division:**



9. Upon saving the APD Division record with Disposition = Application Pending, a Workflow Wizard window will automatically trigger with one Ticklers:

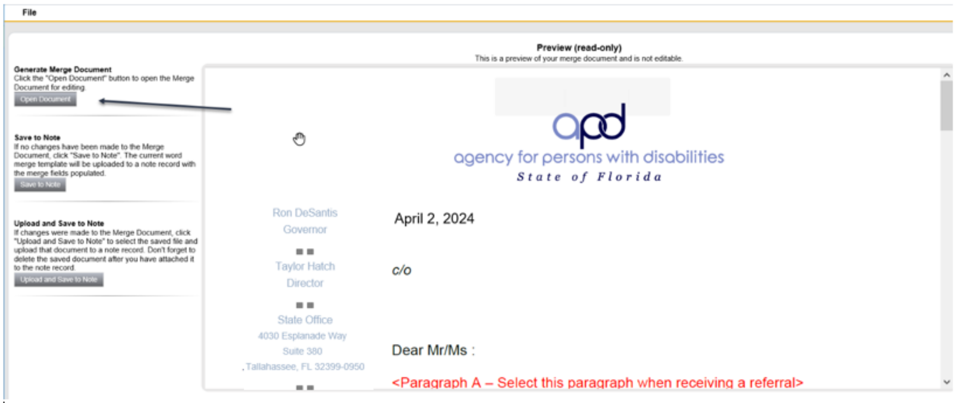
   a. Send Initial Contact Letter for Paper Application – *Assigned to Current User,* Due Immediately



10. Hover the cursor over the Tickler arrow to click Open to access the Tickler.

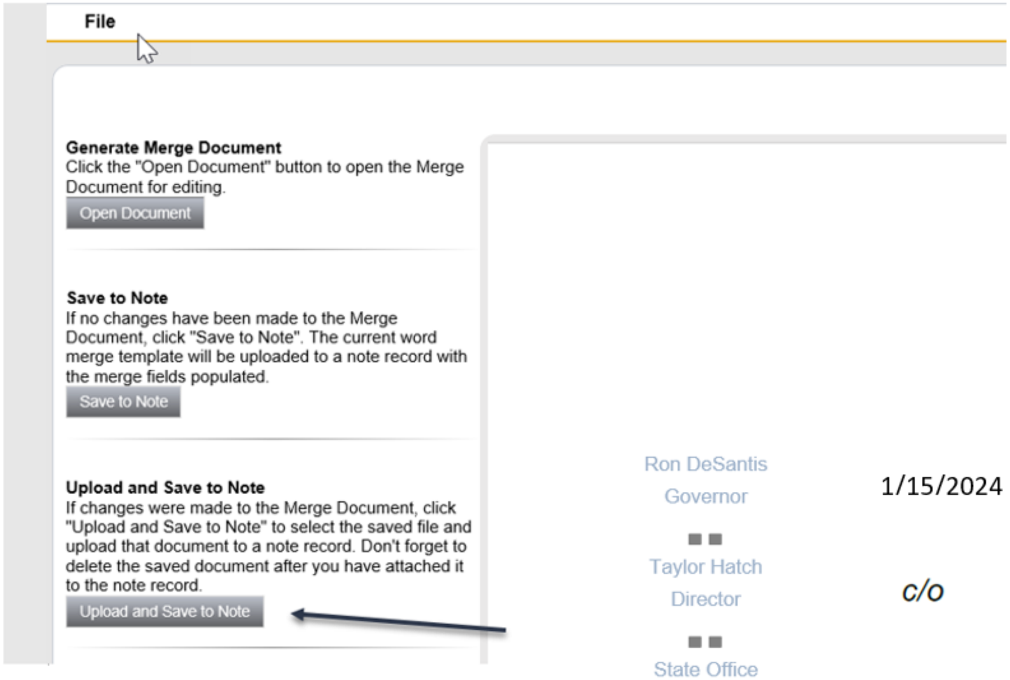
    a. The Initial Contact Letter for Paper Application will automatically open.

    b. Click **Open Document** to edit the letter:

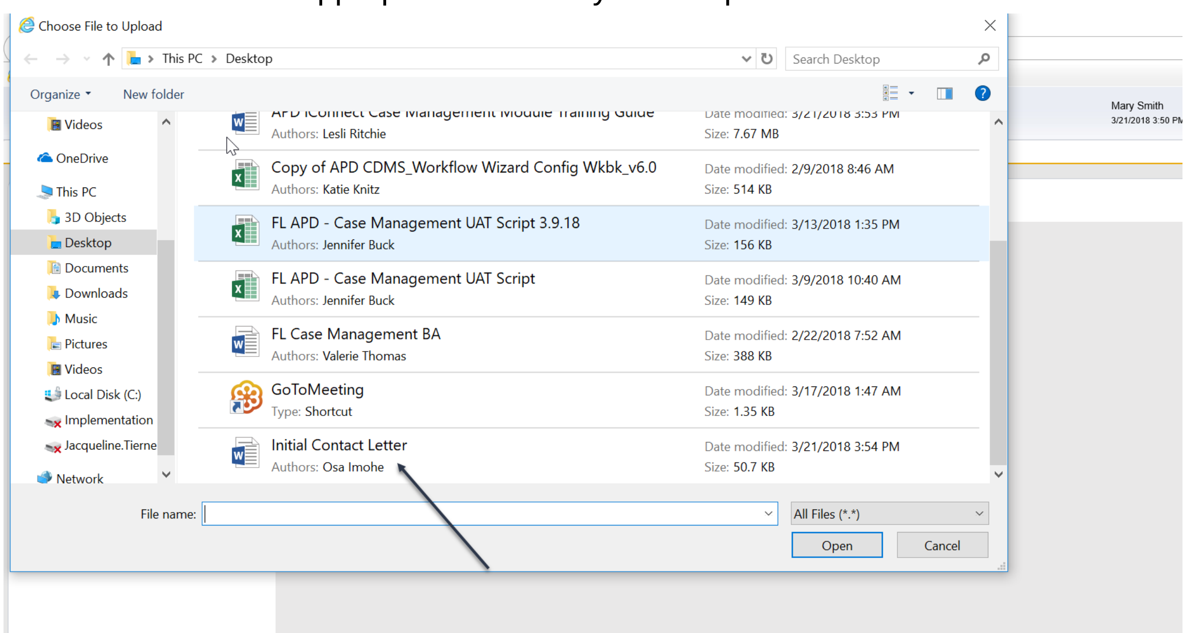
10. 

c. Save the document to your computer so that it can be edited in Microsoft Word:

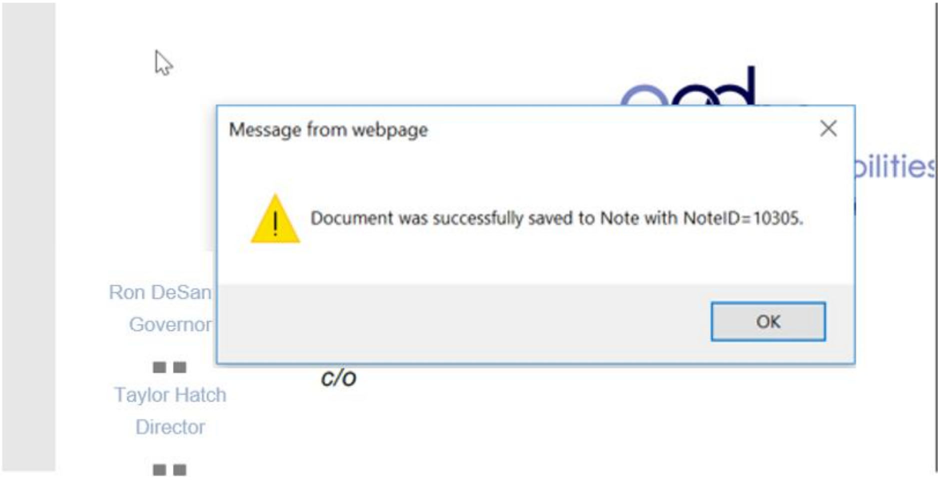
d. Edit the letter as appropriate and save it to your computer.
e. Then, back in the iConnect system, select **Upload and Save to Note:**



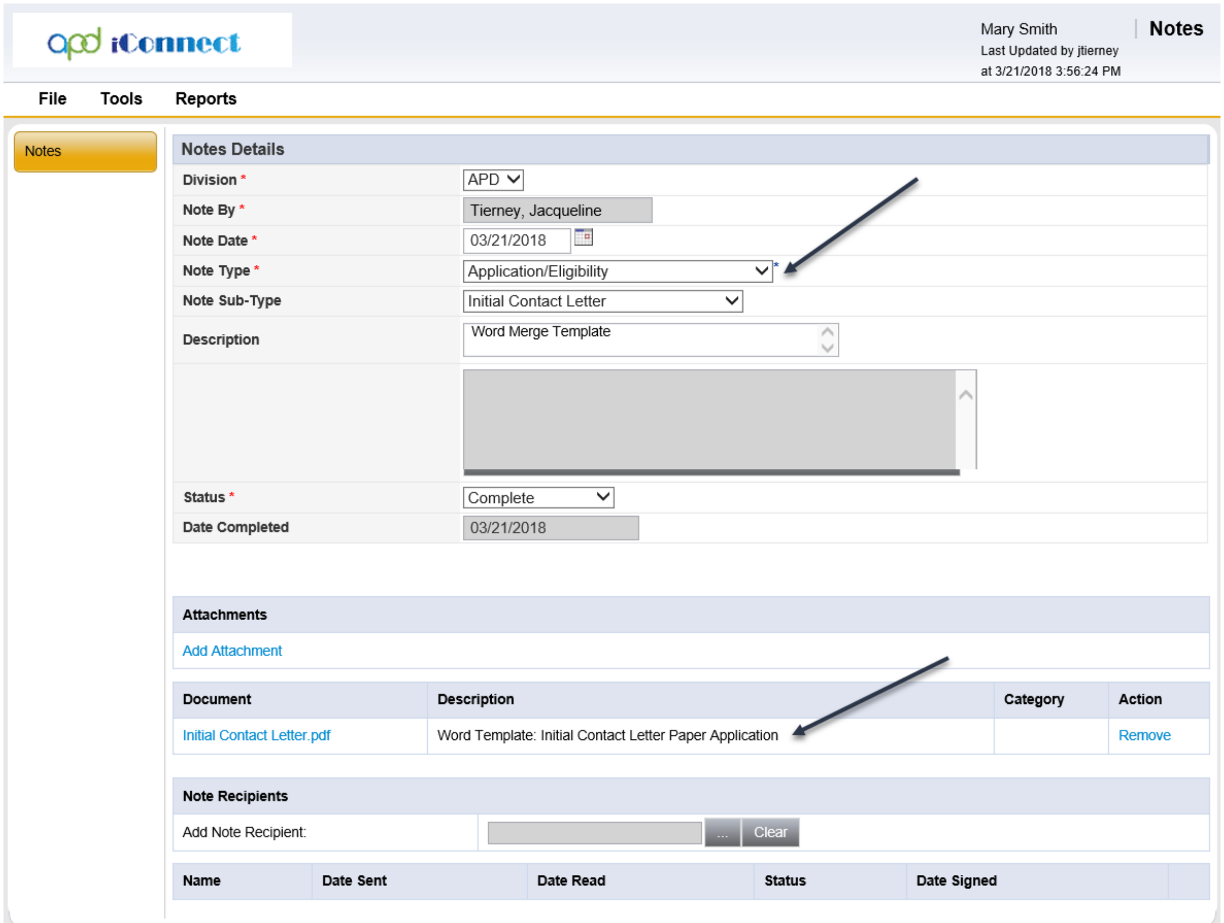
f. Select the appropriate file from your computer:



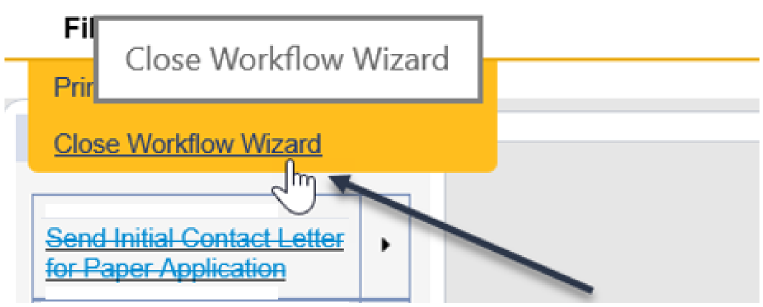
g. The system will automatically save the updated letter to a new Consumer Note record and return the following message. Click **OK:**



h. Upon clicking **OK,** a new Consumer Note record will open. In the new Note record, update the following fields:
   i. Update Note Type = Application/Eligibility and Note Subtype = Initial Contact Letter
   ii. Set Status = Complete
   iii. Notice that the Initial Contact Letter is attached to the Note
   iv. When finished, click **File > Save and Close Notes**

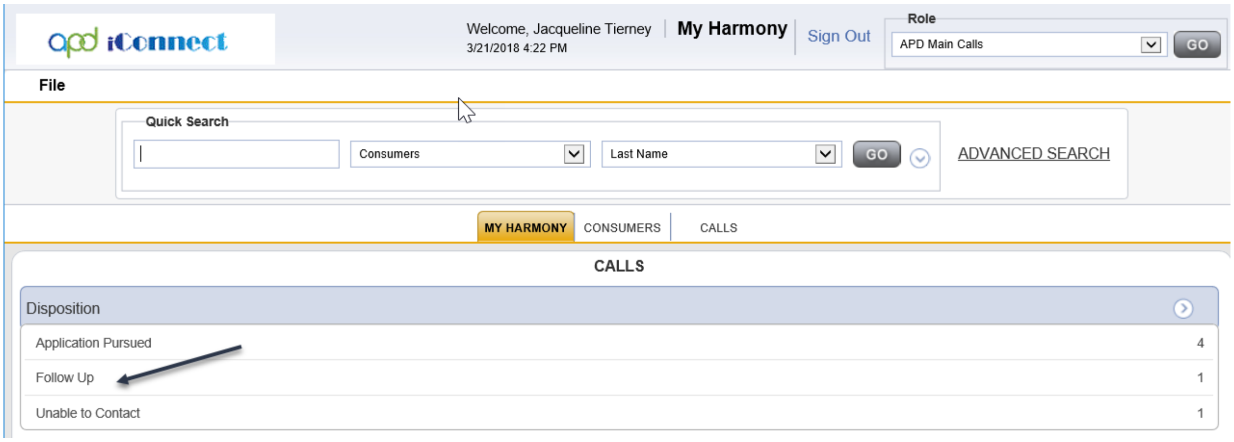


11. Return to the open tickler window. From the tickler flyout menu, select Complete. The tickler is marked as complete. Click **File > Close Workflow Wizard:**

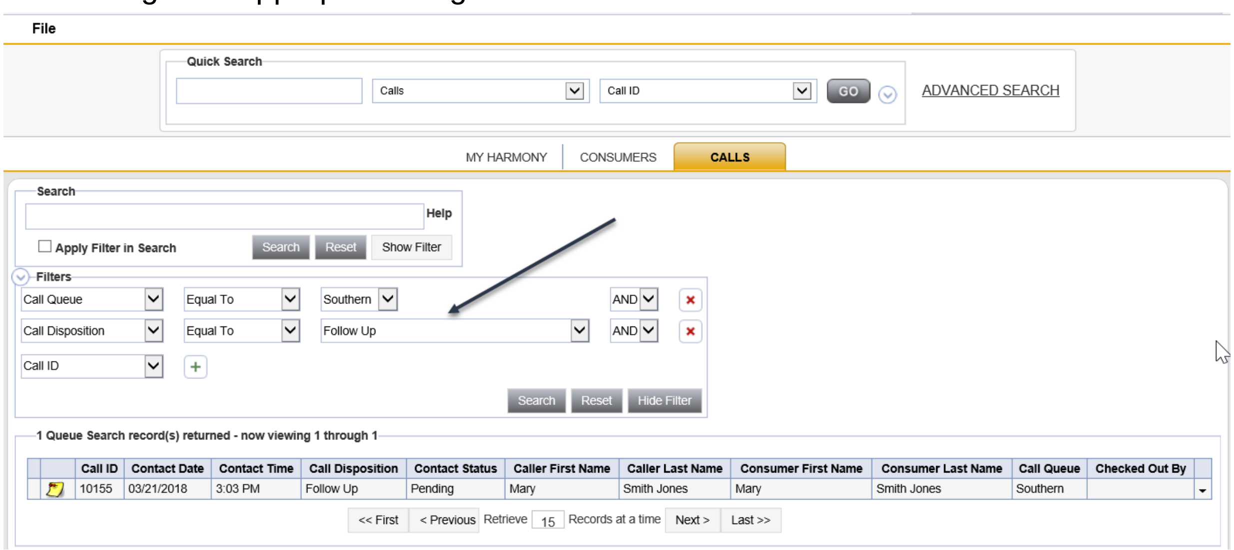


Calls Routed to Different Region Office:

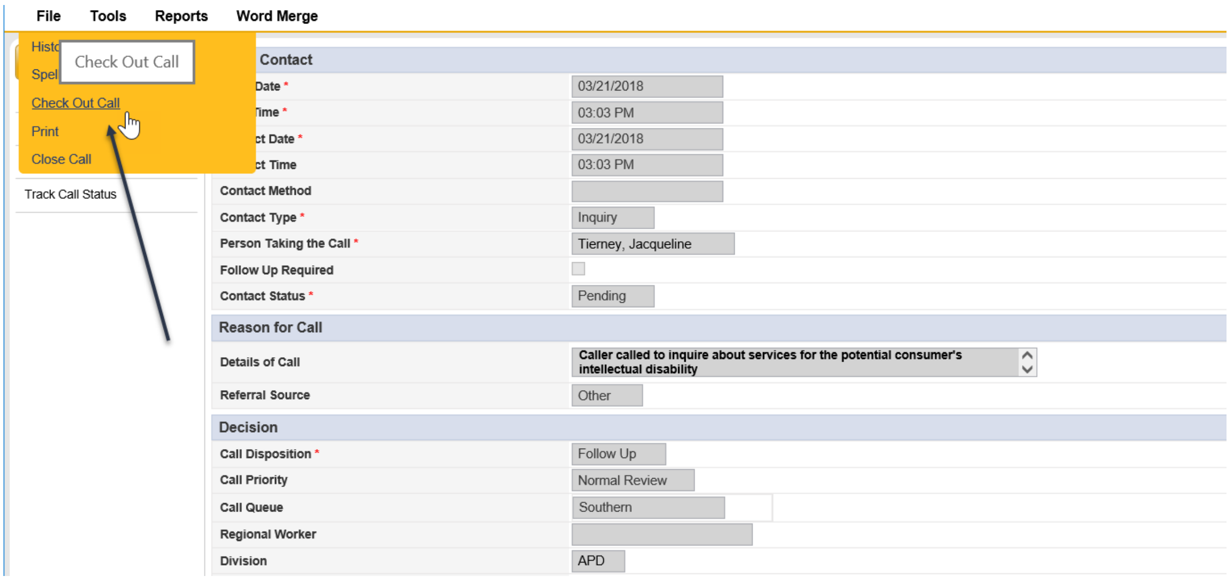
1. If the new Call record needed to be routed to a different Region Office, the Region Worker will be able to pick up the Call record via their **My Dashboard.**
2. To do so, log into iConnect and set Role = APD Main Calls. Click **Go.**
3. On the **My Dashboard,** find the Calls Section and scroll down to the Disposition Panel. Click on the **Follow Up** link to access the Calls Queue:



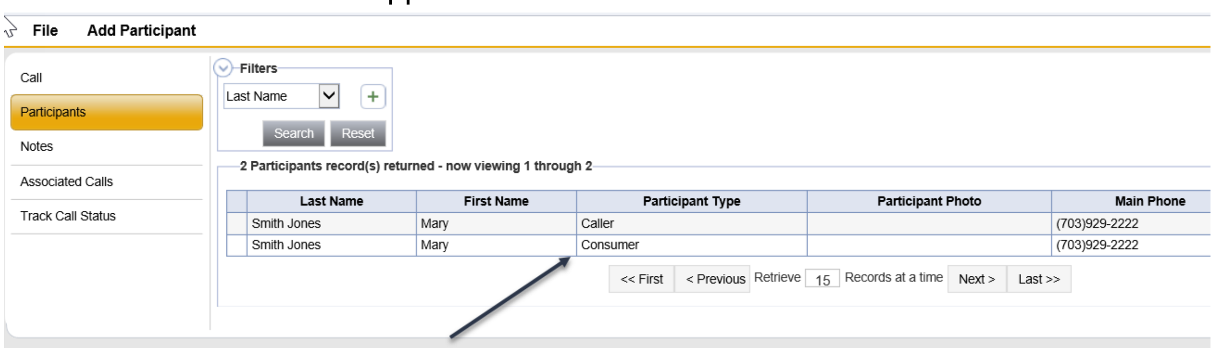
4. The Region Worker can also access the Call record by clicking on the **Calls** chapter and using the multi variable search to pull up calls with Disposition = Follow-up and Region = appropriate Region. Click **Search:**



5. Note that the worker has five business days to respond to the Consumer to initiate the application process. To do so, attempt to contact the Consumer via phone by completing the following steps:
   a. Click on the Call record and click **File > Check Out Call** to open it. While you have the Call record checked out, no other users will be able to edit the record:



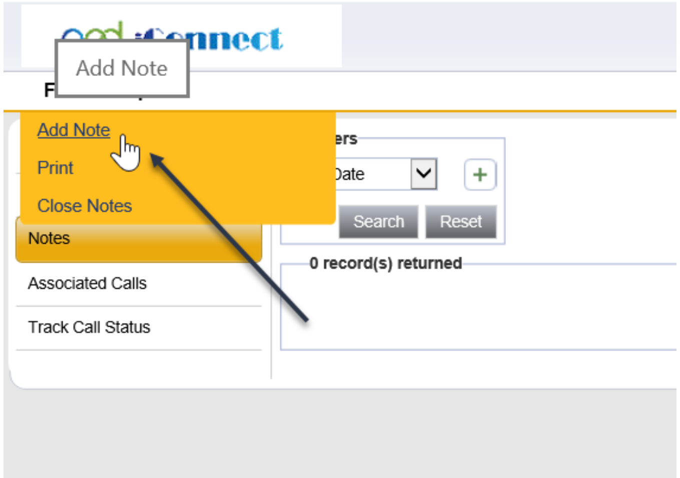
b. From within the Call record, click **Participants > Consumer** to open the Potential Applicant's Participant record. Find the consumer's Phone Number and call the applicant:



c. If the Region Worker Successfully Contacts the Consumer, proceed to number 7 below. If the Region Worker fails to contact the Consumer, proceed below:

6. **Region Worker Fails to Contact Potential Applicant:**

   a. Each time the Region Worker is unsuccessful in their attempt to contact the Consumer phone (and no Consumer email address provided), record the attempt in a Note record. To do so, using the APD Main Calls Role, in the Call record > select the **Notes** tab. Click **File > Add Note.**

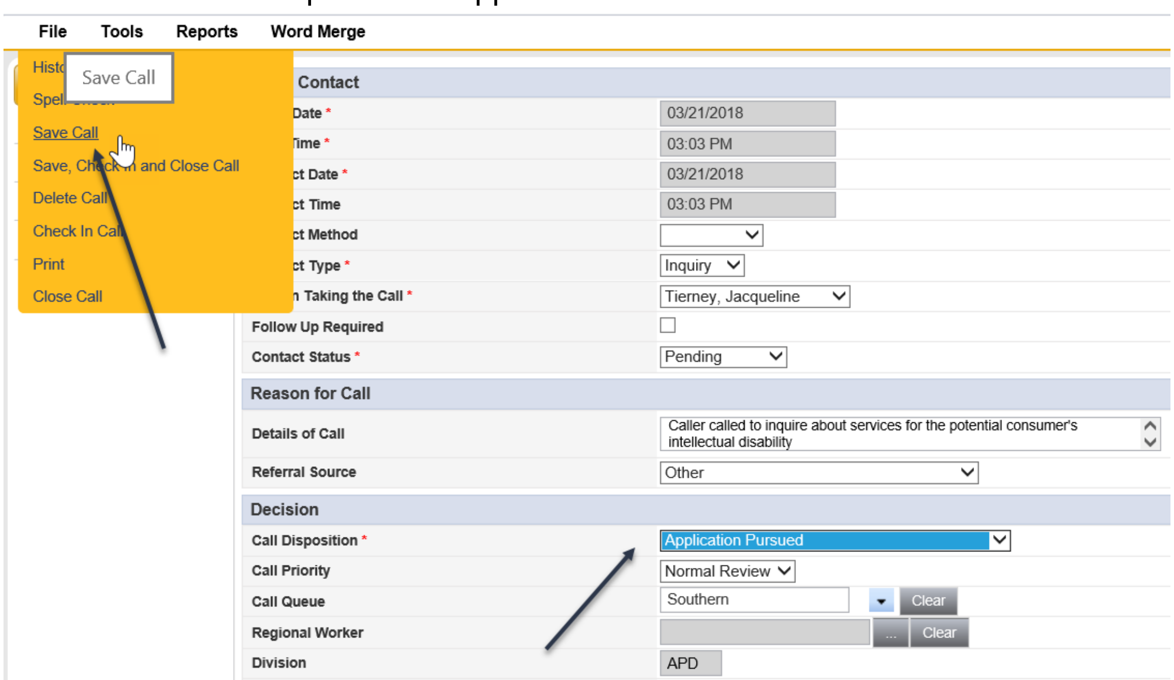


b. Update the following fields in the Note record.
    i. Participant = Potential Applicant
    ii. Note Type =
    iii. Note Sub-Type = 1st Attempt OR 2nd Attempt OR 3rd Attempt
    iv. Note = Record details of contact attempts
    v. Status = Complete

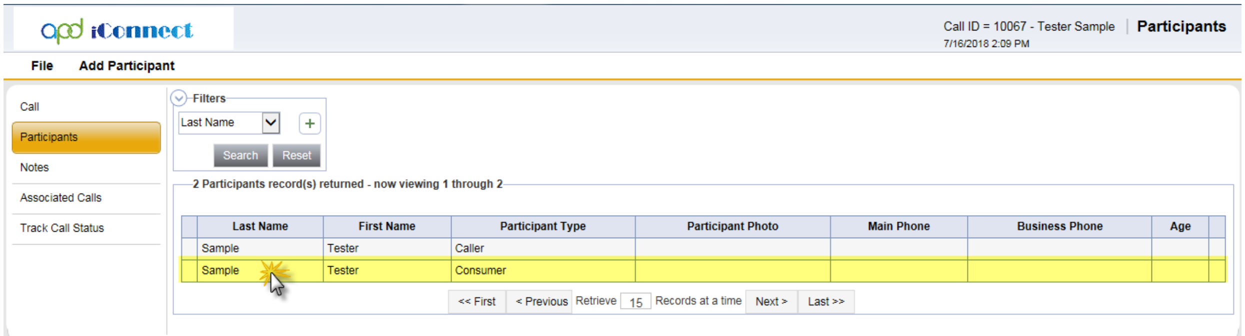
c. Then click **File > Save and Close Note.**

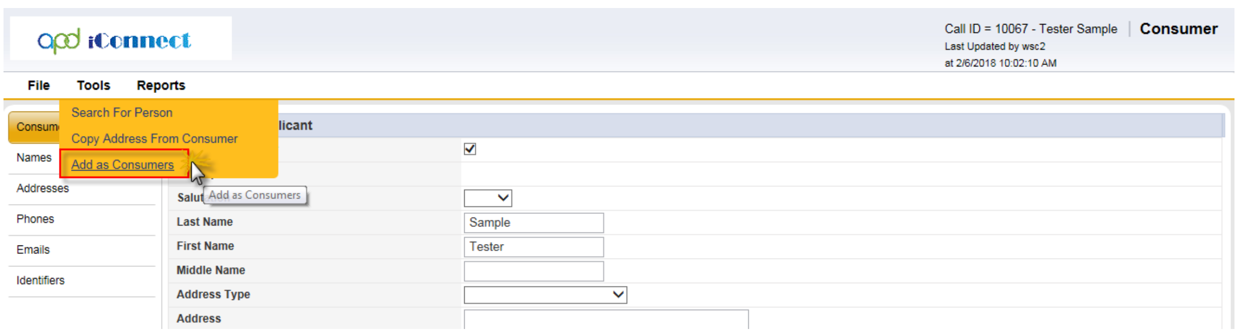
7. Region Worker Successfully Contacts Potential Applicant:

a. Navigate to the Call record and scroll down to the Decision Section to update Call Disposition = Application Pursued and then click **File > Save Call**



b. On the Call record, click on the **Participants** tab and then click on the record labeled **Consumer** to open the Consumer details.





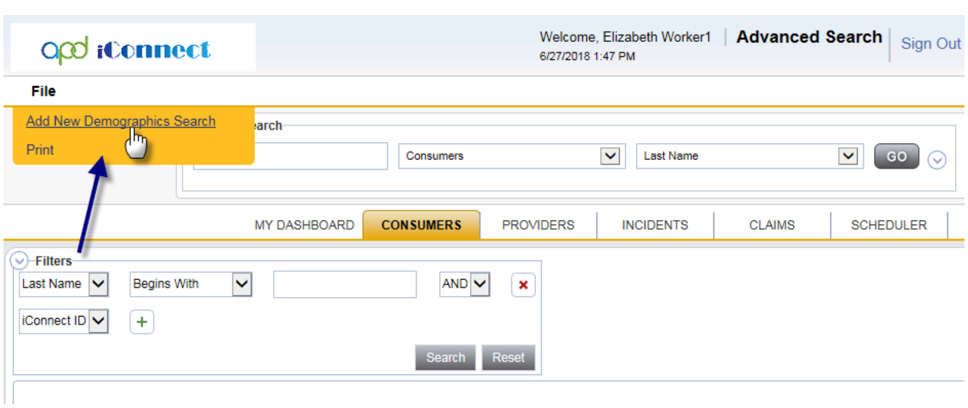
c. Select **Tools > Add as Consumer**

d. Proceed to [Chapter 1 Intake Process](#) to create the Consumer Record and sending the Initial Contact Letter.

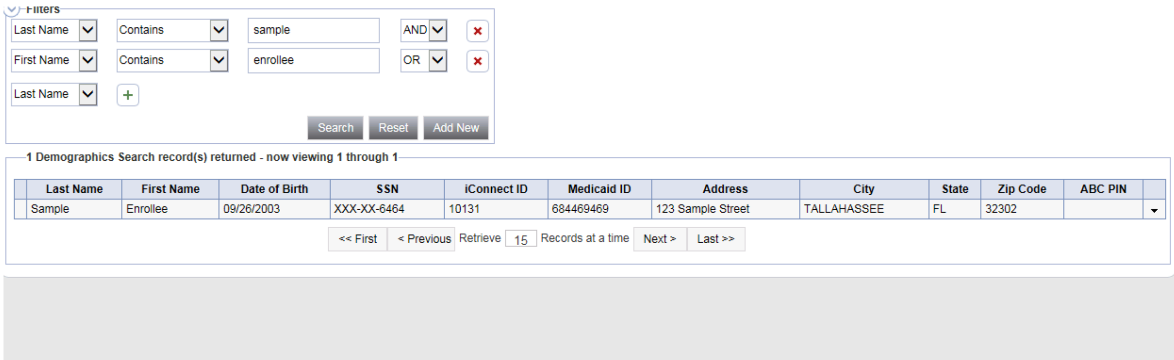
Receiving a Paper Application

1. Upon receiving the paper application via email or mail, date stamp the application

2. Log into iConnect and select the Region Pre-Enrollment Workstream Worker Role. Click on the **Consumers** chapter and **File > Add New Demographics Search** to verify if the Potential Applicant already has a record in iConnect:

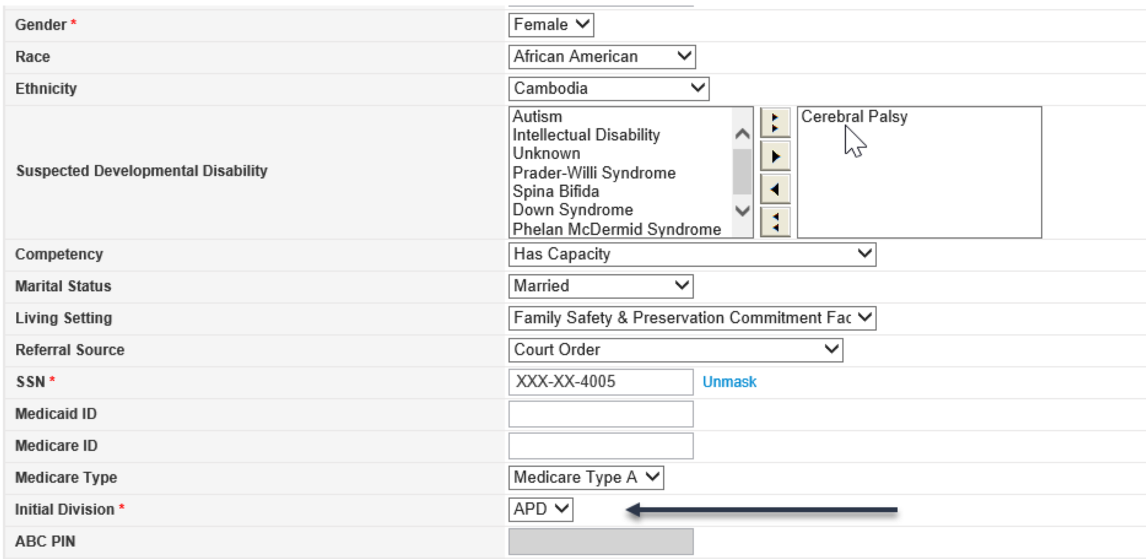


3. Utilize the multi variable Consumer search to build and execute a search for the Potential Applicant. For example, utilize the First Name, Last Name or SSN to build a search statement. Then click **Search:**

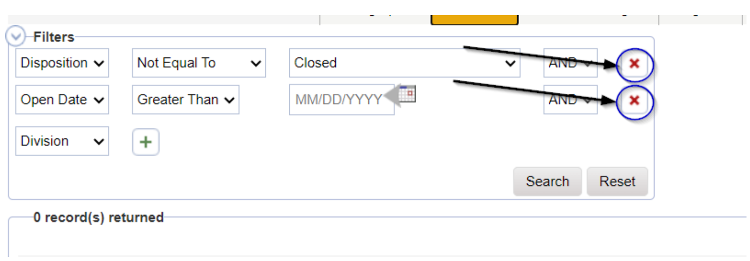


4. If the Consumer Search returns a match, click on the match to open the record and make the applicable updates. If the Consumer Search does not return a match, click **Add New**:

5. Clicking **Add New** or clicking on a matching record will bring you to the consumer's Demographics page.
   a. Update all relevant demographic fields with information from the applicant's paper application.
   b. Set Initial Division = APD



6. When finished, click **File > Save and Close Demographics.**
    a. The consumer's APD Division record will automatically open with Disposition = Pending.
    b. If the Consumer record already existed, the Intake worker will navigate to the consumer's Record and select the existing APD Division Record.
        i. If the APD Division Record isn't visible in the list view grid, remove the filters to locate the division record

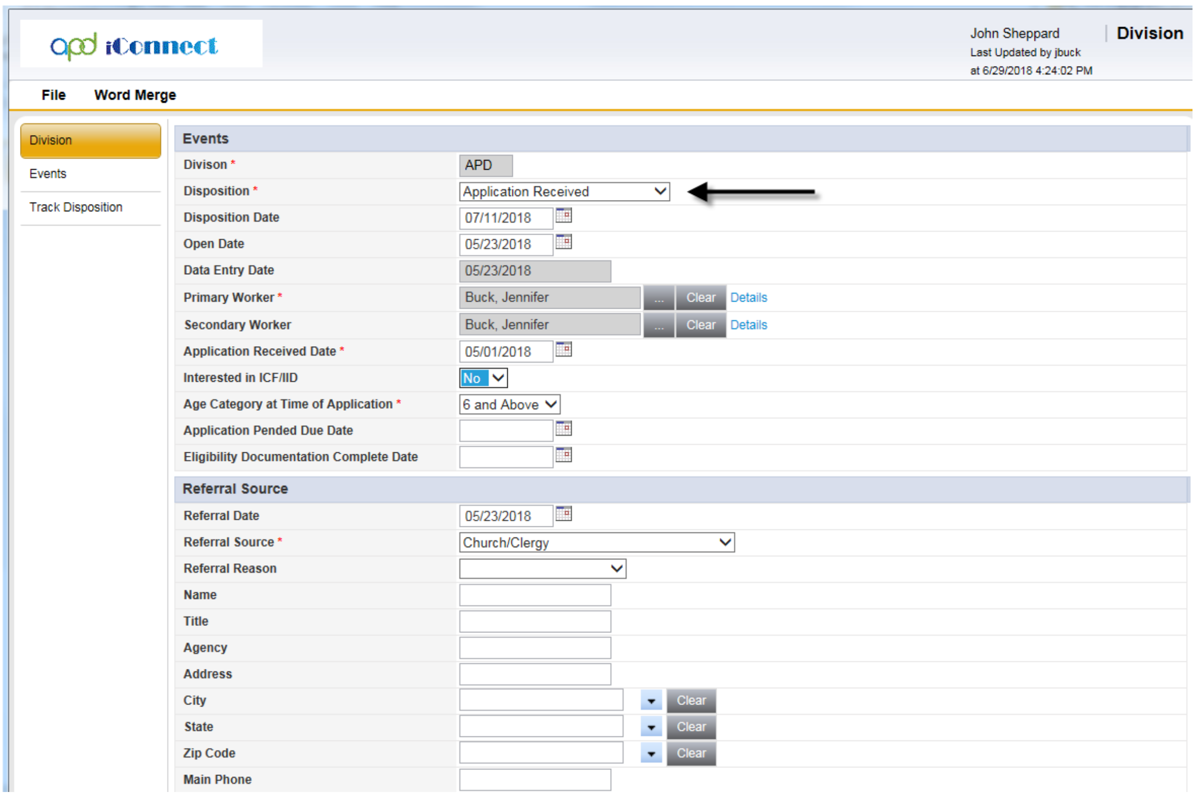


7. On the consumer's Division record, update the following fields:
    a. Disposition = Application Received
    b. Disposition Date = the date the disposition above was selected. User can update.
    c. Open Date = defaults to today. This is the Date became APD Client
    d. Application Received Date = Update to date paper application was received. If this value is unknown, enter 01/01/1900.

    IMPORTANT: Each time a NEW application is received, the date of that application being received needs to be updated to reflect the NEW application. Do not leave the OLD received date for the previous application.

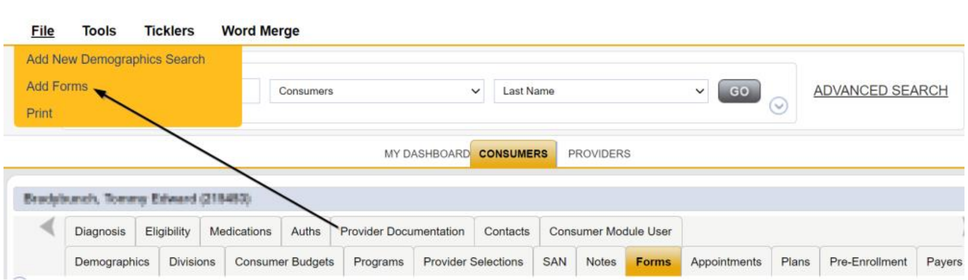
    e. Interest in ICF/IID = Yes or No as appropriate

f. Age Category at Time of Application = Update as appropriate
g. The user can skip the Referral source section if the Consumer record was created from a call record, because the referral source information was already recorded on the Call record. The user can review the Call record for this information.
h. The user would complete the Referral Source section on the Division page if the Consumer record was NOT created from a call record.

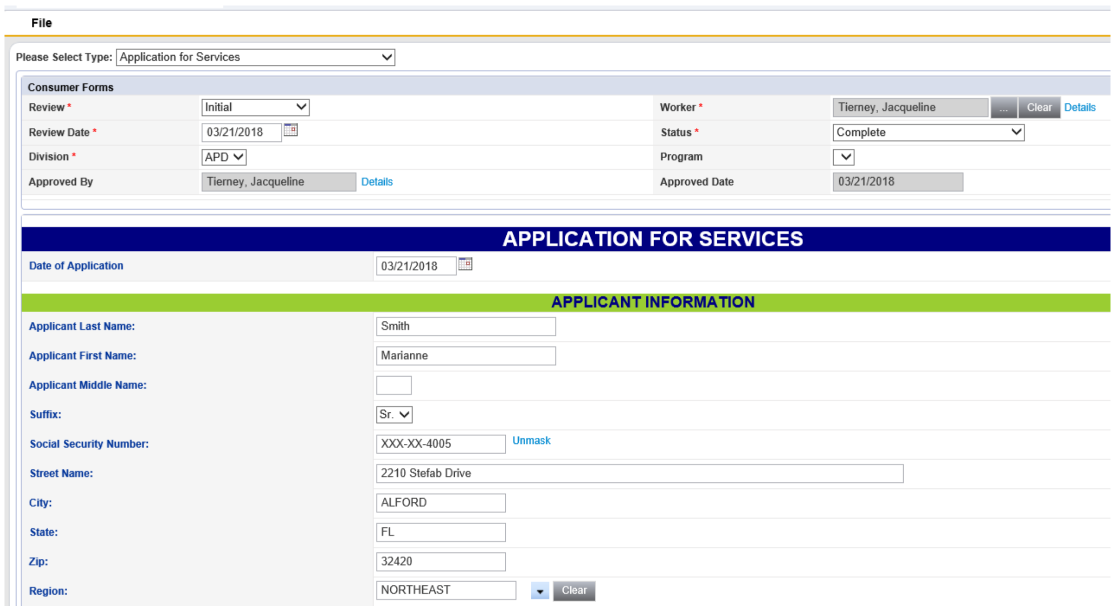


8. When finished, click **File > Save and Close Division**

9. Complete the Initial Application Form in the system. To do so, navigate to the consumer's record and click on the **Forms** tab > **File > Add Form**:



10. Set Please Select Type = Application for Services.
    a. In the form, update all relevant fields.
    b. In the header, set Review = Initial and Status = Complete
    c. When finished, click **File > Save and Close Forms:**



11. To attach application collateral documents to the consumer's record, click on the **Notes** tab > **File > Add Note**.
    a. In the new Note record, update the following fields:
        i. Division = APD
        ii. Note Type = Application/Eligibility
        iii. Note Subtype = Application Collateral Docs
        iv. Status = Complete
    b. Attach all supporting documents submitted with the paper application.
    c. Then click **File > Save and Close Notes**

Chapter 2 | Application Review

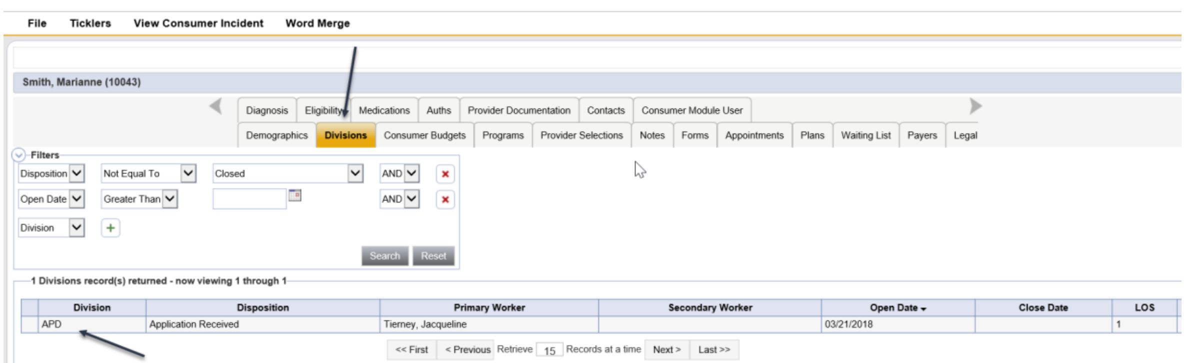
Introduction

The chapter covers the Application review process. The Intake Worker will initiate the Application Review process. Then, the Eligibility Determination Specialist and an Approved Professional, if warranted, will review the consumer's Application for Services and any collateral documentation to determine if the Consumer is eligible to receive Waiver services.

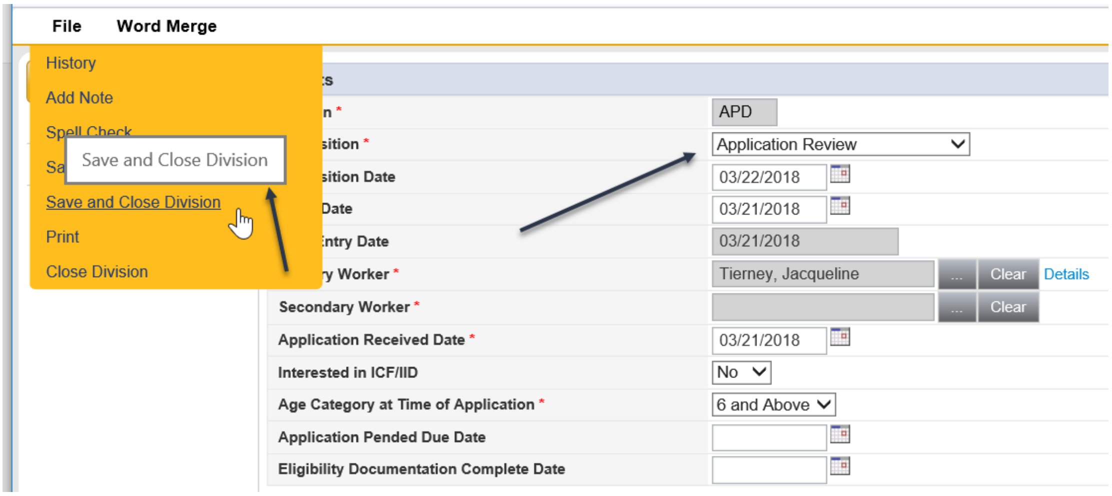
If the Application is incomplete or additional referrals are needed, the Intake Worker or Eligibility Determination Specialist will hold the Consumer in an Application Pended status until all necessary information is obtained and an eligibility determination can be made.

Application Review

1. To begin the application review process, the Intake Worker will navigate to the Consumers record and click on the **Divisions** tab.

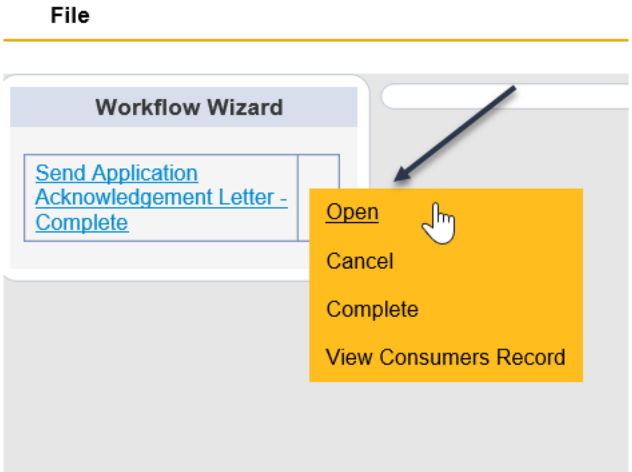


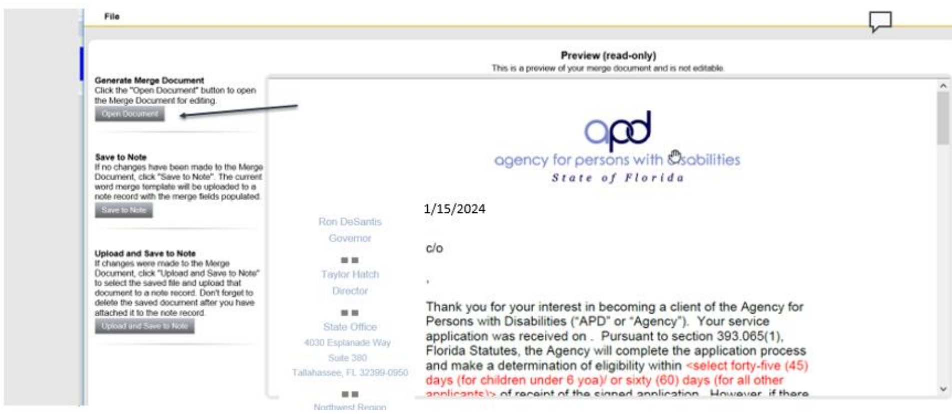
2. Open the record labeled Division = APD and Disposition = Application Received.
   a. Update the following fields:
      i. Disposition = Application Review
      ii. Secondary Worker = Eligibility Determination Specialist
      iii. Age Category at Time of Application = 6 and Above OR Under 6 (if not previously done)
   b. When finished, click **File > Save and Close Division**



3. Upon saving the Division record, a Workflow Wizard will trigger one Tickler to the current user (Intake Worker) and two Ticklers to the assigned Eligibility Determination Specialist:
    a. Send Application Acknowledgment Letter – *Assigned to Intake Worker,* Due Immediately
    b. Verify Receipt of Collateral Documentation – *Assigned to Eligibility Determination Specialist,* Due in 45 days for Consumers under 6, and 60 days for Consumers 6 and above:
    c. Approve Eligibility Determination – *Assigned to Eligibility Determination Specialist,* Due in 45 days for Consumers under 6, and 60 days for Consumers 6 and above

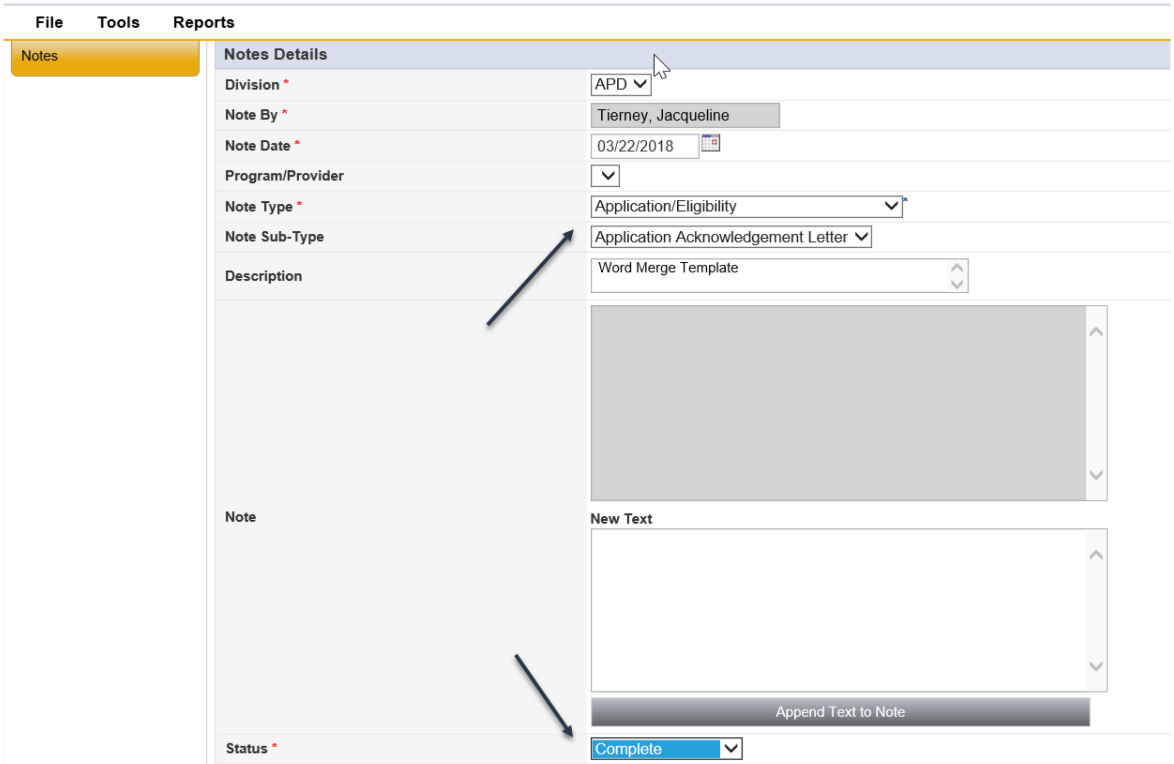
4. Hover over the arrow next to the Tickler called Send Application Acknowledgement Letter to click **Open.**
    a. Edit the document in Microsoft Word. Include a list of all collateral documents that are required to complete the application, if any.
    b. Print the document to mail to the Consumer.
    c. Save the updated document to your Desktop.



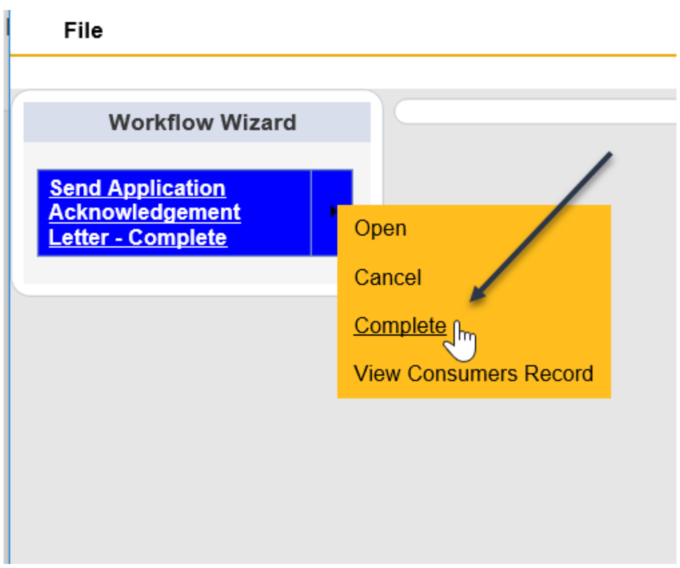


5. Back in iConnect, click **Upload and Save to Note**. In the new Note Record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Note Subtype = Application Acknowledgement Letter
    d. Status = Complete

6. When finished, click **File > Save and Close Note**



7. When finished, hover over the arrow next to the Tickler to click **Complete.**

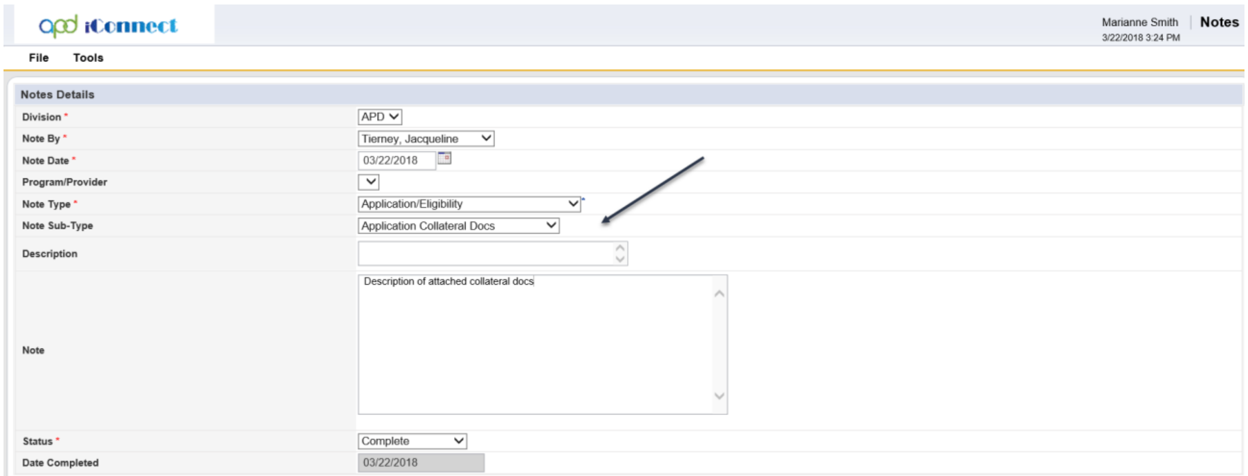


8. Upon receiving the application collateral documents from the Consumer, the Eligibility Determination Specialist will attach the documents to the consumer's record.

9. Collateral documentation includes everything the Eligibility Determination Specialist needs to either make an eligibility determination or decide if an Approved Professional review is needed.

10. The Eligibility Determination Specialist will navigate to the consumer's record and click **Notes > File > Add Note.**
    a. In the new Note record, update the following fields:
        i. Division = APD
        ii. Note Type = Application/Eligibility
        iii. Note Subtype = Application Collateral Docs
        iv. Note = Describe the attached documents
        v. Status = Complete
    b. Attach the documents

11. When finished, click **File > Save and Close Notes**

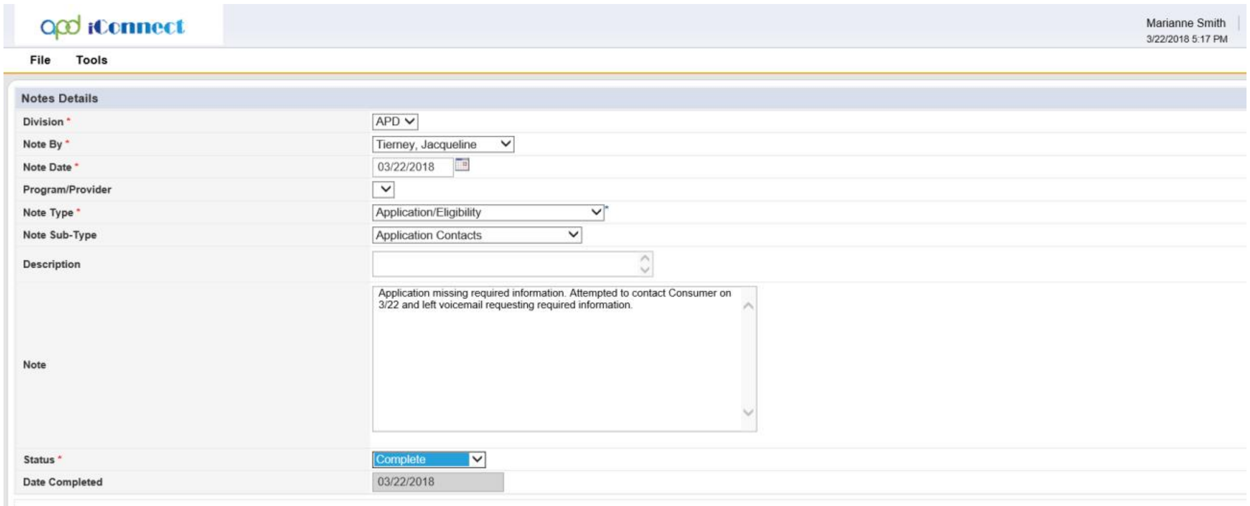


12. If the consumer's Application is missing any required information, the Intake Worker or Eligibility Specialist will reach out to the Consumer to obtain the information. The Consumer or the Designated Representative is required to submit the missing information within 45 days of the date of the receipt of application.

13. Record each attempt to obtain the missing information in a new Note record by navigating to the consumer's record and clicking **Notes > File > Add Note**.

14. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Note Subtype = Application Contacts
    d. Note = Describe the contact attempts
    e. Status = Complete

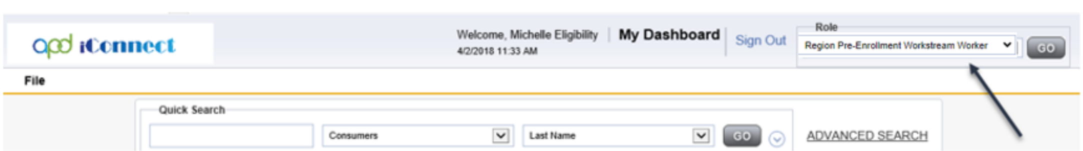
15. When finished, click **File > Save and Close Note**



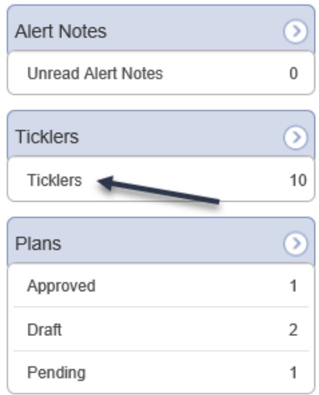
16. For any information obtained from a 3rd party, the Intake Worker or Eligibility Determination Specialist must complete the Authorization to Release Information Consent form. This form does not reside in the iConnect System.

17. The two ticklers that were assigned to the Eligibility Determination Specialist when the Division record was saved with Disposition = Application Review are available via **My Dashboard**:
    a. Verify Receipt of Collateral Documentation
    b. Approve Eligibility Determination

18. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker and click **Go.**



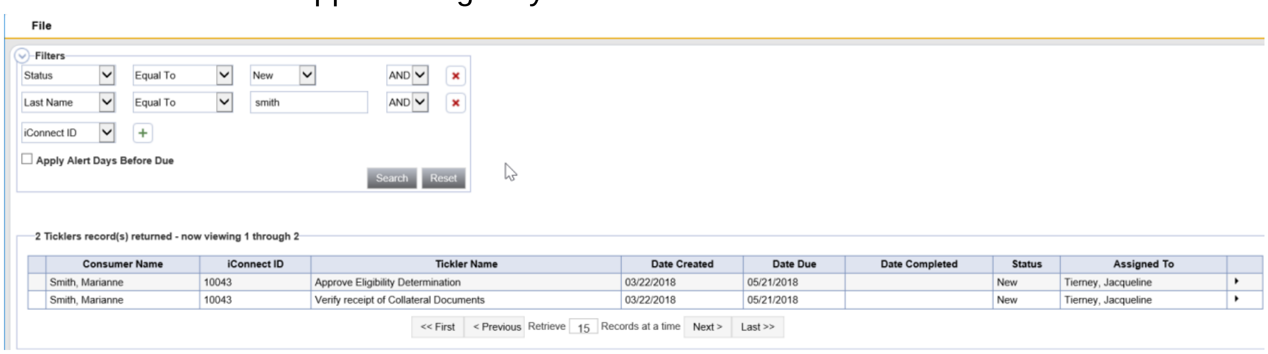
19. Find the consumer's Section and scroll down to the Tickler's Panel. Click on the **Ticklers** link to open queue of outstanding Ticklers.



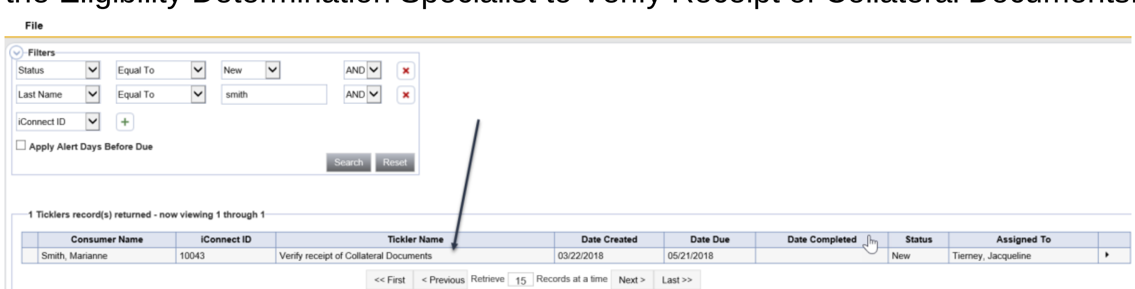
a. Use the multi variable search to find the following Ticklers. These Ticklers are due in 45 days for Consumers under 6, and 60 days for Consumers 6 and above:

i. Verify Receipt of Collateral Documentation

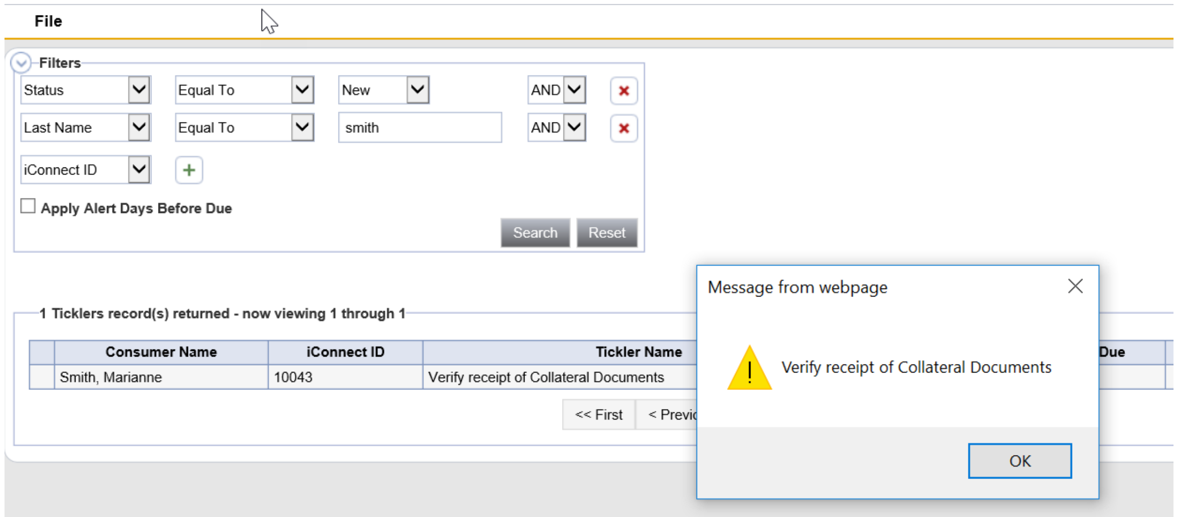
ii. Approve Eligibility Determination



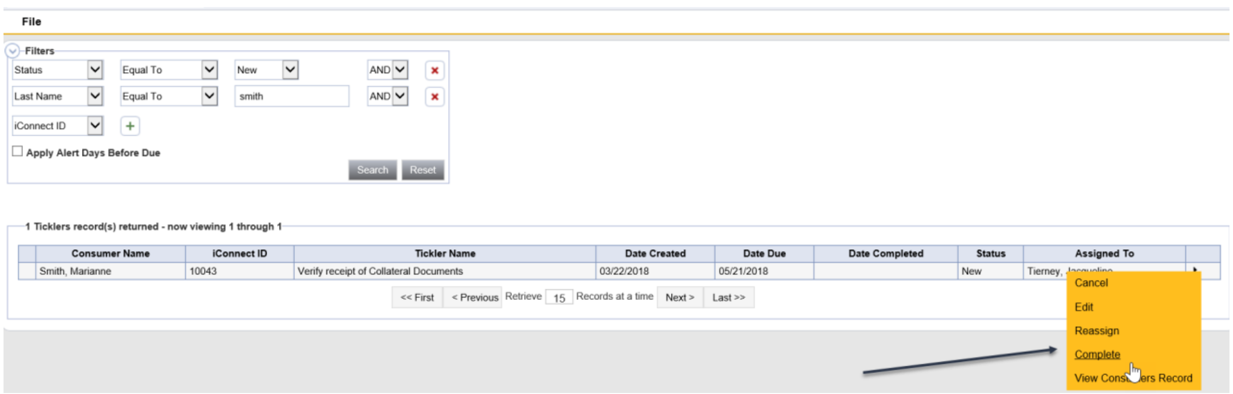
20. After receiving the collateral documents from the Consumer, open the Tickler called **Verify Receipt of Collateral Documents**. A message Tickler will open reminding the Eligibility Determination Specialist to Verify Receipt of Collateral Documents.



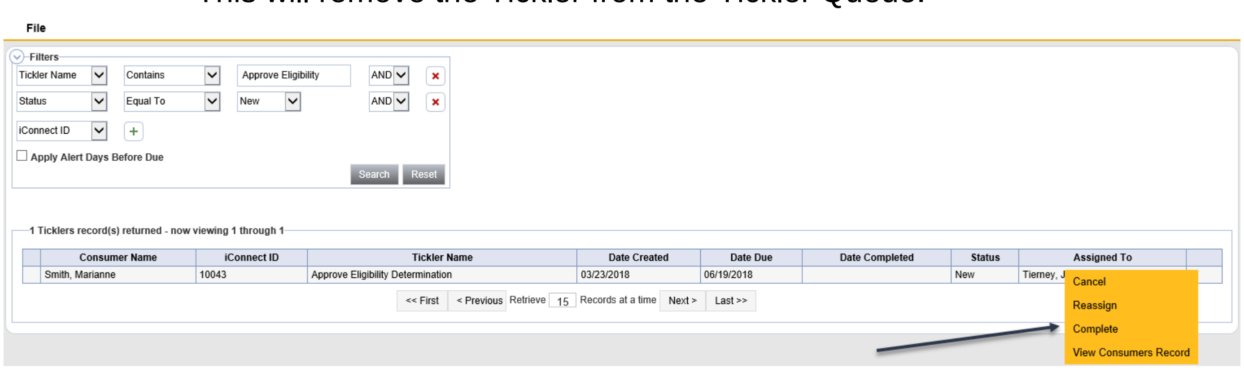
Message Tickler:



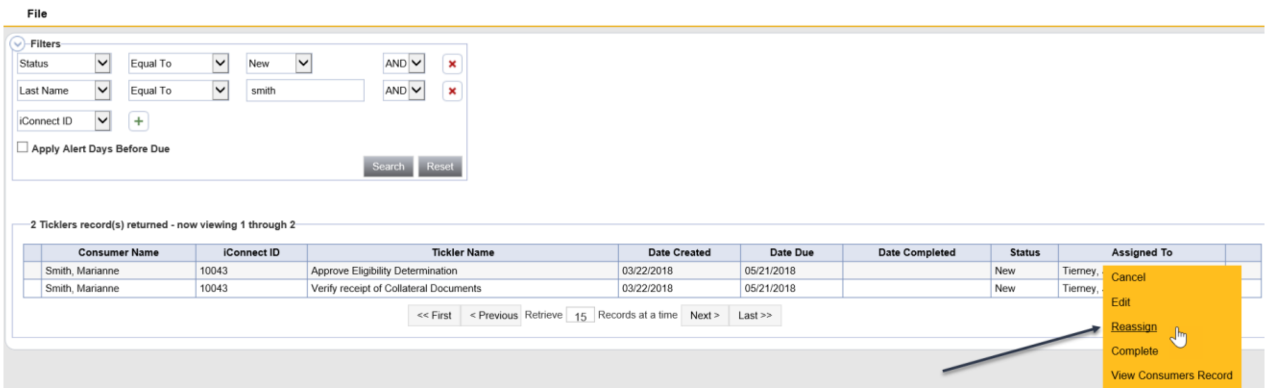
21. Hover over the arrow next to the Tickler to click **Complete**. This will remove the Tickler from the Tickler Queue.



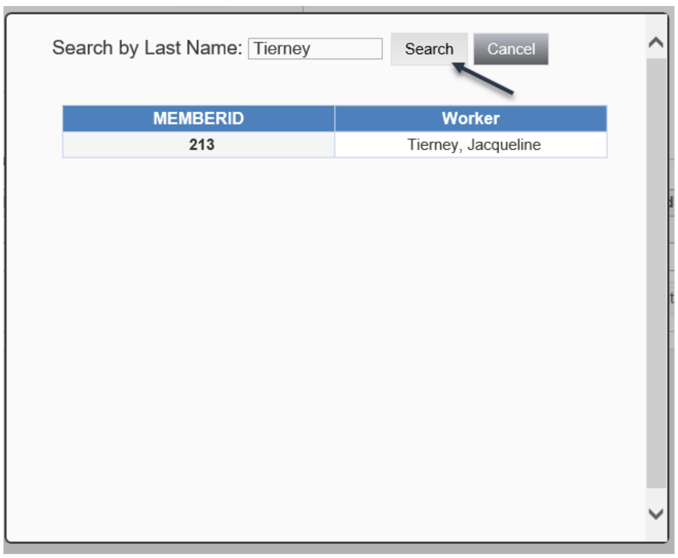
22. Return to the tickler queue and hover over the arrow next to the Tickler called Approve Eligibility Determination.
    a. If an Approved Processional review is not needed to make an eligibility determination, the Eligibility Determination Specialist will click **Complete**. This will remove the Tickler from the Tickler Queue.



b. If an Approved Professional review is needed, the Eligibility Determination Specialist will click **Reassign** to assign the Approve Eligibility Determination tickler to the Approved Professional.



c. Type in the appropriate Approved Professional and click **Search.** In the results, click on the matching Worker record to send the Tickler to that Approved Professional user to complete the Tickler:



23. The Eligibility Determination Specialist will submit a request to the Approved Professional via a Note in iConnect and an Authorization paying for the Approved Professional's review will also be created. Proceed to section Approved Professional Application Review.

Approved Professional Application Review

After reviewing all Collateral Documents, if it is determined that a review from an Approved Professional is required to determine if the Consumer has a developmental disability, the Eligibility Determination Specialist will submit a request to the Approved Professional via a Note in iConnect and an Authorization paying for the Approved Professional's review will also be created. The processes described below assume the Approved Professional name is already known. If not, the user can use the Provider Search functionality in Chapter 11 | Identify & Select Service Providers.

Authorization for Approved Professional's Review

Once a Non-Waiver Program record has been created, the authorization process can begin. The authorization process begins with the creation of a Plan record in iConnect. Once a Plan exists, planned services are added. The planned services are validated against business rules and after passing, authorizations are created.

1. To create a Plan record, proceed to Chapter 10 | Support Plan.

2. Then proceed to Chapter 11 | Cost Plan to add the planned service and create the authorization for the Approved Professionals Review.

Request for Application Review Note

1. Navigate to the consumer's record and click **Notes > File > Add Note.**

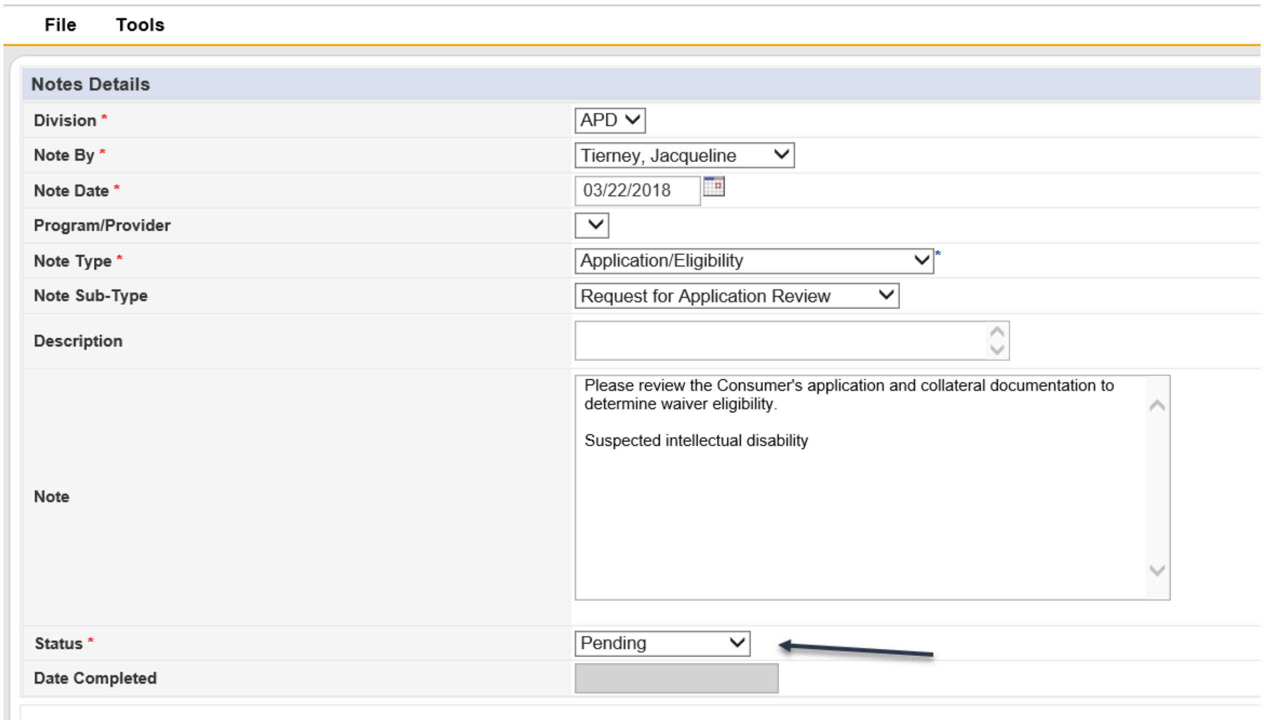
2. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Application/Eligibility
   c. Note Subtype = Request for Application Review
   d. Note = Record details of application review including any identified diagnoses
   e. Status = Pending

3. Route the Note record to the Approved Professional by adding him/her as a note Recipient. The Approved Professional will be able to access the Note record via their **My Dashboard**

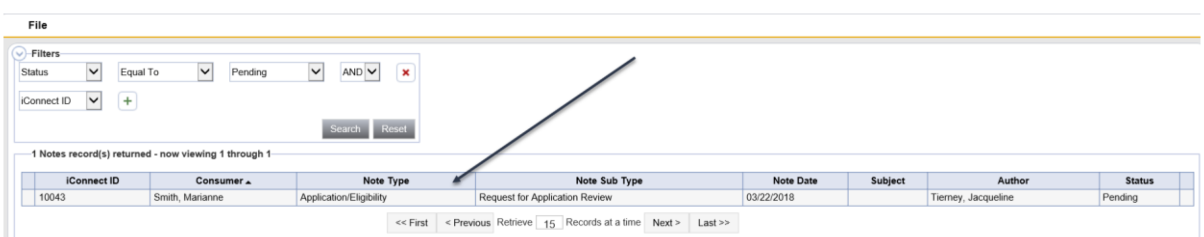
4. When finished, click **File > Save and Close Notes**

Key Point

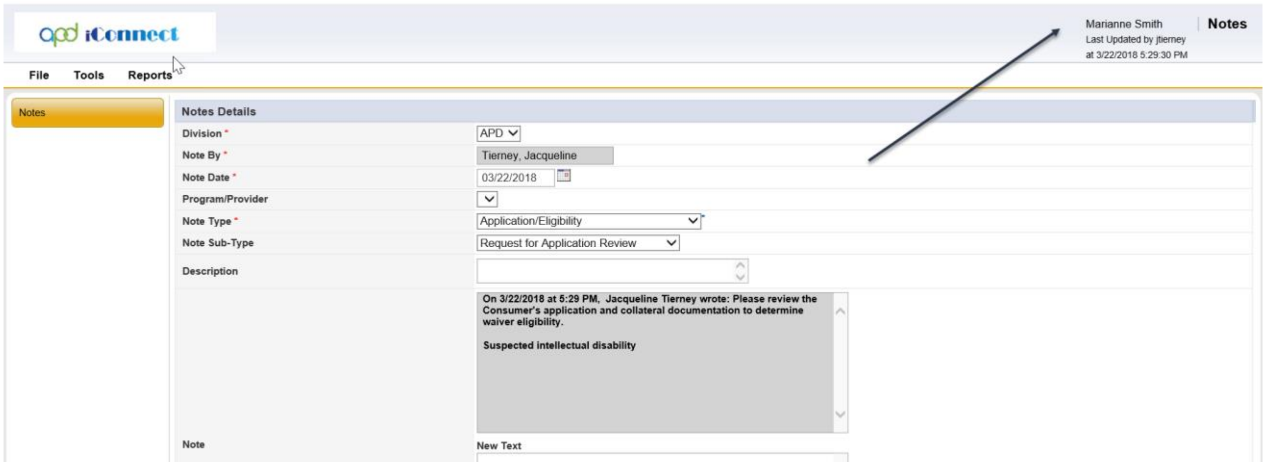
Remember to save the Note in Pending Status so that the recipient can update the Note and route it back to the sender



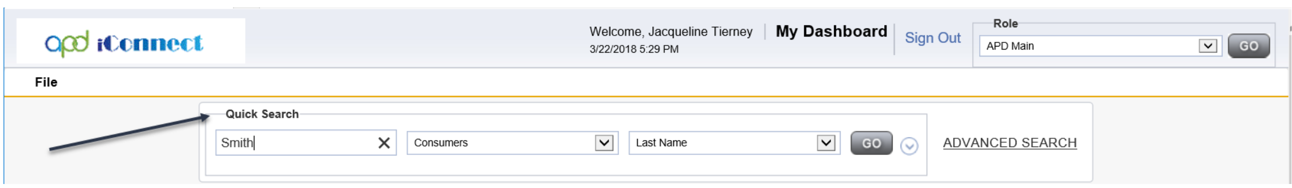
5. The Approved Professional will monitor the Notes Panel on their **My Dashboard** for new Notes requiring their review. Click on the **Notes** with Pending status link, and then click on the Note record with Note Type = Application/Eligibility and Note Subtype = Request for Application Review to view it.



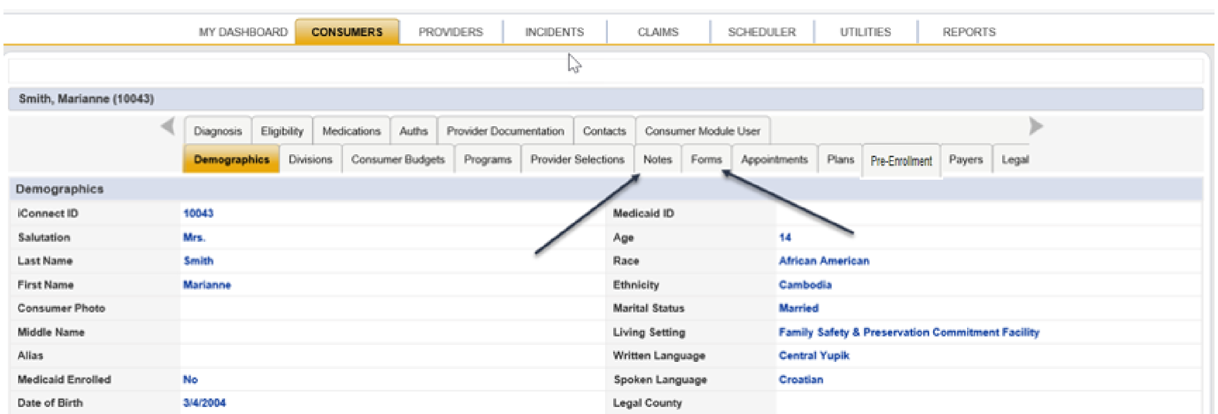
6. Review the Note record and identify the consumer's name. Use the First Name and Last Name as search criteria in the next step to search for the consumer's record:



7. Using the consumer's iConnect ID specified in the Note record, locate that consumer's record in iConnect by using the Quick Search feature. Click **Search.**



8. Determine if the Consumer is APD Eligible. To do so, review the consumer's application via **Forms > Application for Services** and any collateral documents via **Notes** (select any Notes with Note Type = Application/Eligibility and Note Subtype = Application Collateral Docs)



9. After determining if the Consumer is APD Eligible, record the decision in a Consumer Note record. To do so, click on the **Notes** tab and open the existing Note record with Note Type = Application/Eligibility and Note Subtype = Request for Application Review.
    a. Update the following fields in the Note record:
        i. Note Type = Application/Eligibility

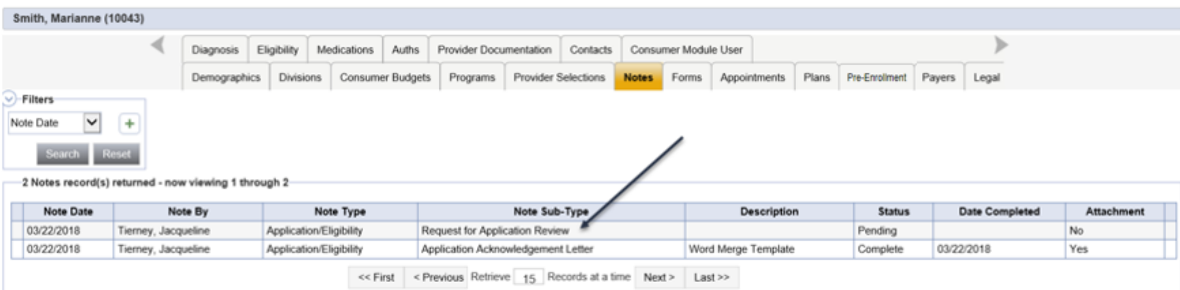
ii. Note Subtype = Professional Review Complete
iii. Note = Specify Eligibility determination
iv. Status = Complete

b. Attach the Professional Report to the Note record

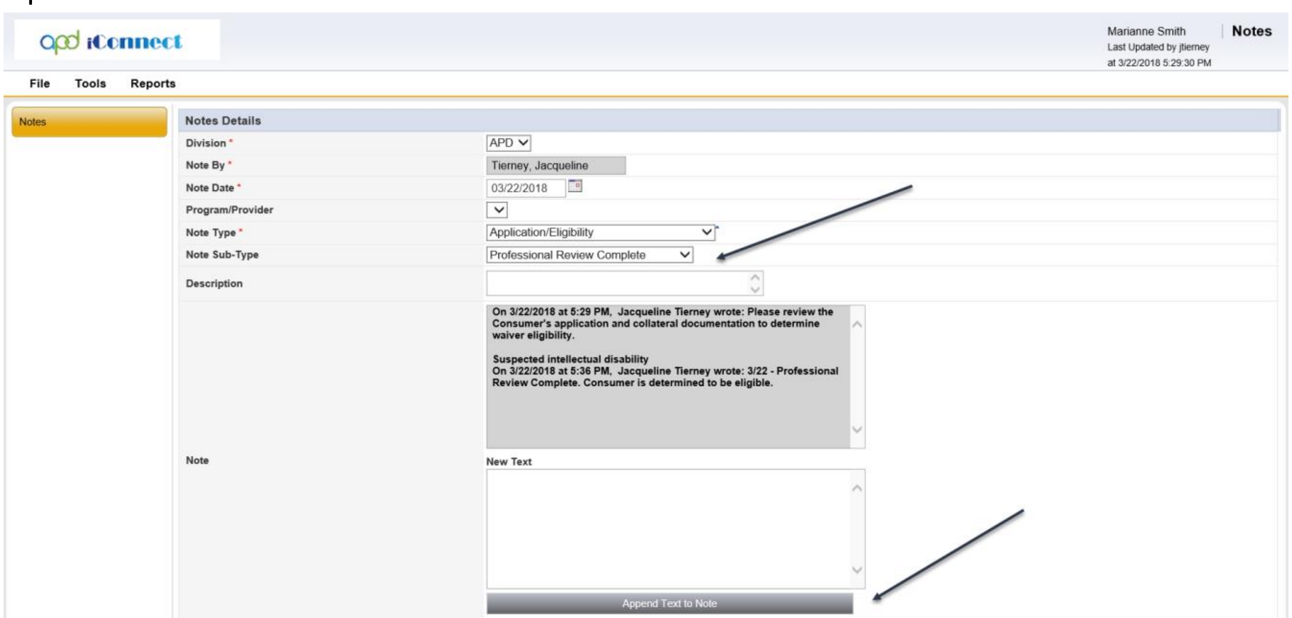
c. Route the Note to the Eligibility Determination Specialist

d. When finished, click **File > Save and Close Note**

Consumer Notes:



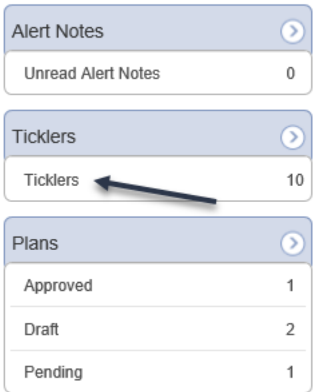
Updated Consumer Note Record:



10. A Workflow Wizard is triggered when the Approved Professional saves the Note with Note Type = Application/Eligibility and Note Sub Type = Professional Review Complete. The tickler is assigned to the Eligibility Determination Specialist (secondary worker) prompting him/her to close the plan that was created for the Approved Professional application review.

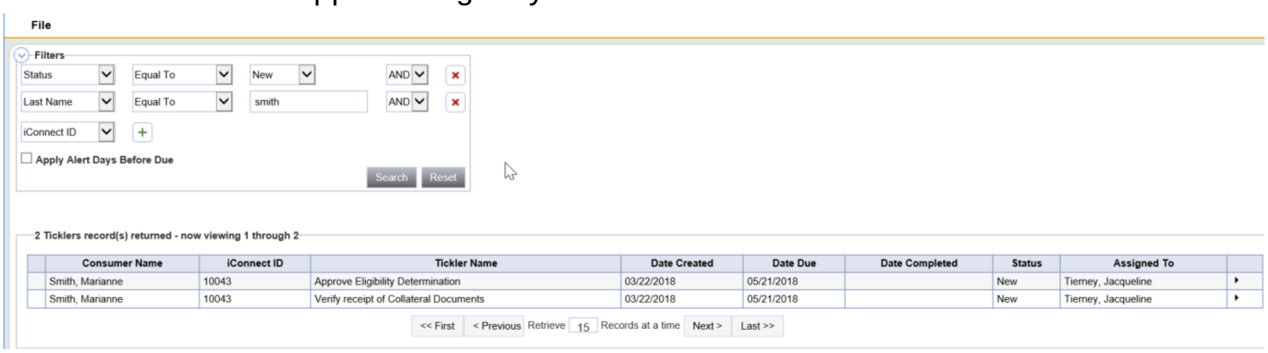
11. The Approved Professional will close the Tickler called Approve Eligibility Determination.

12. To do so, navigate to **My Dashboard**, find the consumer's Section and scroll down to the Tickler's Panel. Click on the **Tickler**s link to open queue of outstanding Ticklers.



   a. Use the multi variable search to find the following Ticklers. These Ticklers are due in 45 days for Consumers under 6, and 60 days for Consumers 6 and above:

      i. Approve Eligibility Determination



13. Hover over the Approve Eligibility Determination Tickler and click **Complete**. This will remove the Tickler from the Tickler Queue.

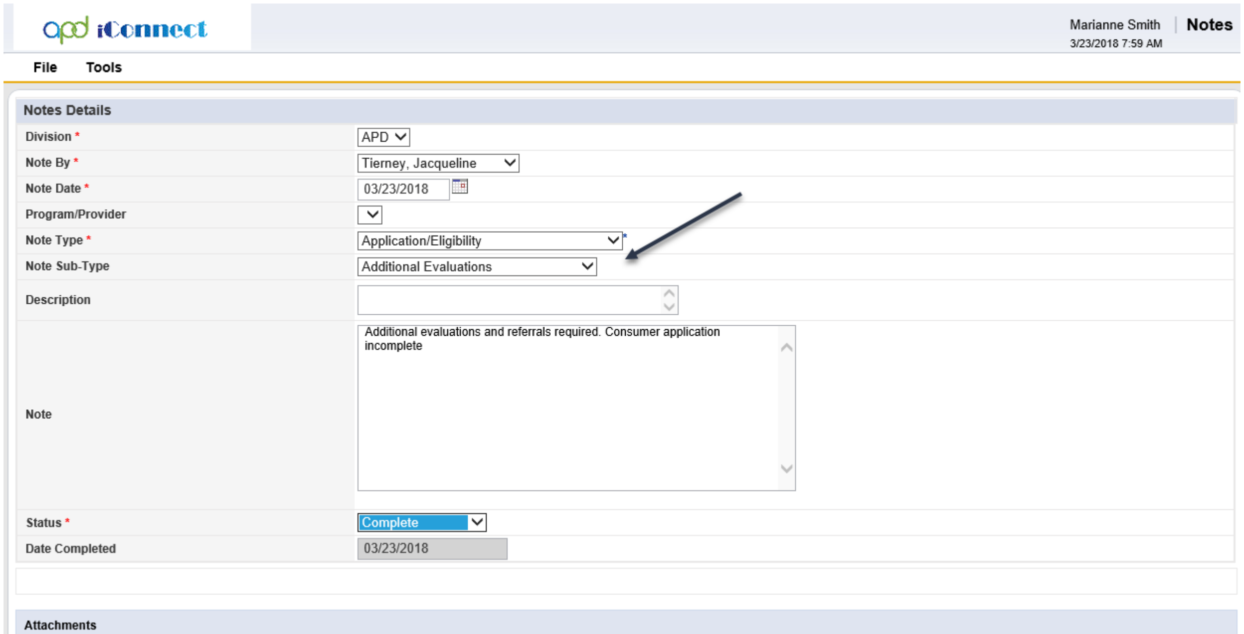
Pended Applications

1. If the Intake Worker or Eligibility Determination Specialist determines that the consumer's application is still incomplete and the Consumer requires additional evaluations, navigate to the consumer's record and click on **Notes > File > Add Note.**

2. The Note Details page displays. Update the following fields:
   i. Note Type = Application/Eligibility
   ii. Note Subtype = Additional Evaluations
   iii. Note = Document referral details

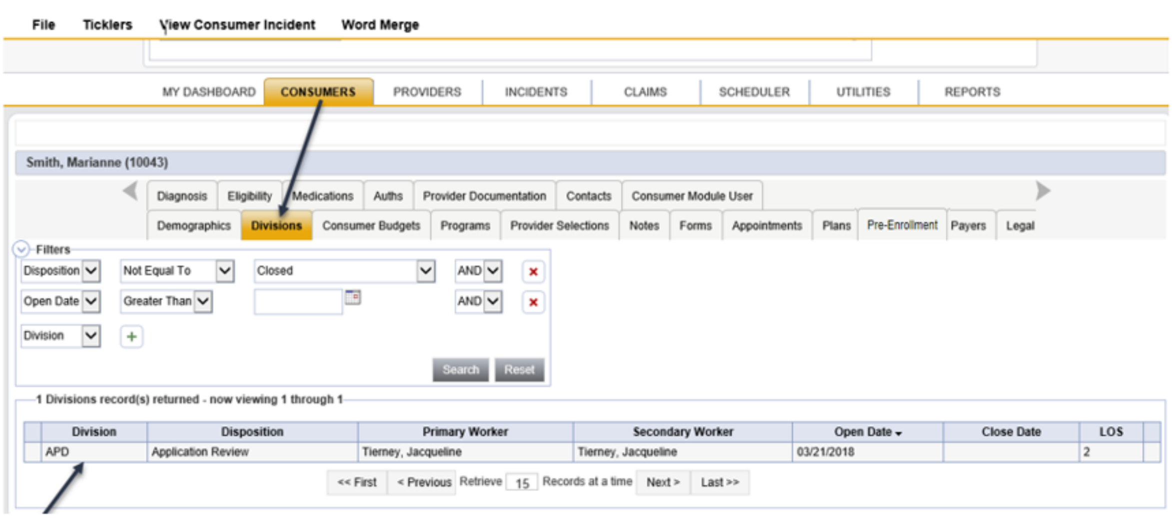
iv. Status = Complete

3. When finished, click **File > Save and Close Notes**



4. Update the Consumer record to reflect the Pended Application status.

5. To do so, click on the **Divisions** tab and open the APD Division record:

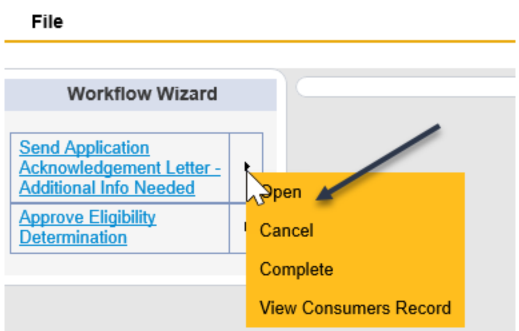


a. Update Disposition = Application Pended and Application Pended Due Date = as appropriate

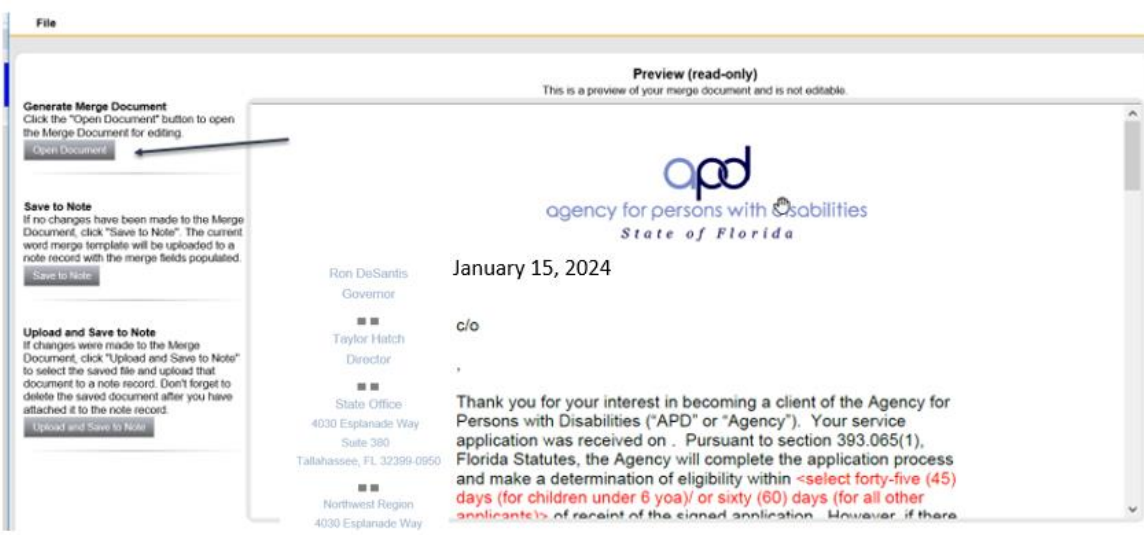
6. When finished, click **File > Save and Close Division**

7. Upon saving the Division record with Disposition = Application Pended, a Workflow Wizard will trigger two Ticklers:
    a. Send Application Acknowledgment Letter – Additional Information Needed *Assigned to Eligibility Determination Specialist,* due immediately
    b. Approve Eligibility Determination – *Assigned to Eligibility Determination Specialist, who will reassign to the Approved Professional if a review is needed,* due 90 days after Application Received Date

8. Hover over the arrow next to the Tickler called Send Application Acknowledgment Letter – Additional Info Needed and click **Open:**



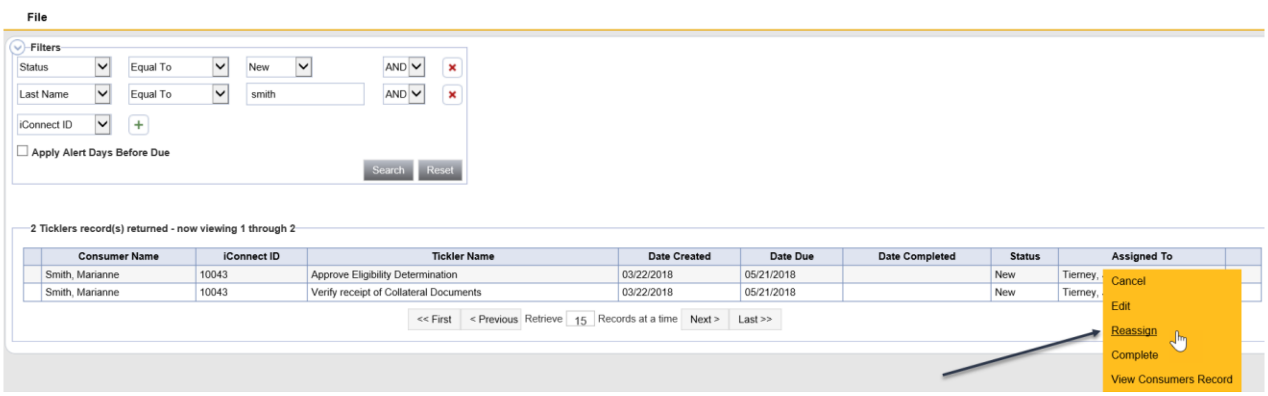
9. Click **Open Document** to edit the contents of the Word Merge letter. Edit the document in Microsoft Word. Print the document to mail to the Consumer:



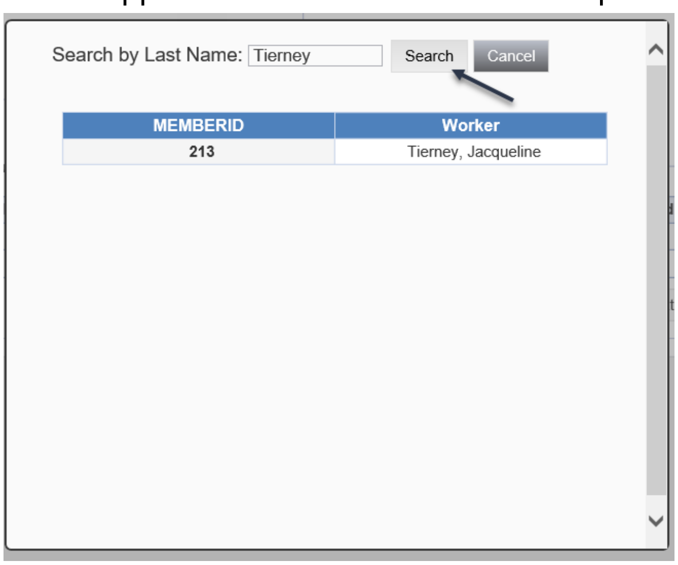
   a. Save the updated letter to your computer. Back in iConnect, click **Upload and Save to Note**. In the new Note Record, update the following fields:
      1. Division = APD
      2. Note Type = Application/Eligibility
      3. Note Subtype = Pended
      4. Status = Complete

10. When finished, click **File > Save and Close Note**

11. Return to the tickler queue and hover over the arrow next to the Tickler called Approve Eligibility Determination.
    a. If an Approved Processional review is not needed to make an eligibility determination, the Eligibility Determination Specialist will click **Complete**. This will remove the Tickler from the Tickler Queue.
    b. If an Approved Professional review is needed, the Eligibility Determination Specialist will click **Reassign** to assign the Approve Eligibility Determination tickler to the Approved Professional.



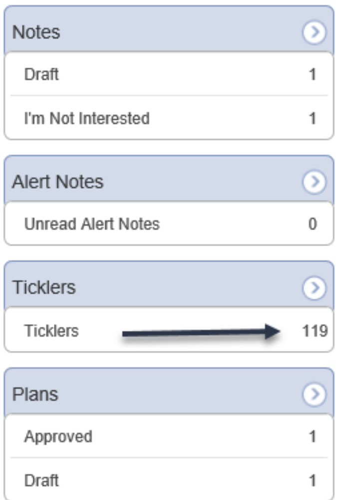
    c. Type in the appropriate Approved Professional and click **Search.** In the results, click on the matching Worker record to send the Tickler to that Approved Professional user to complete the Tickler:



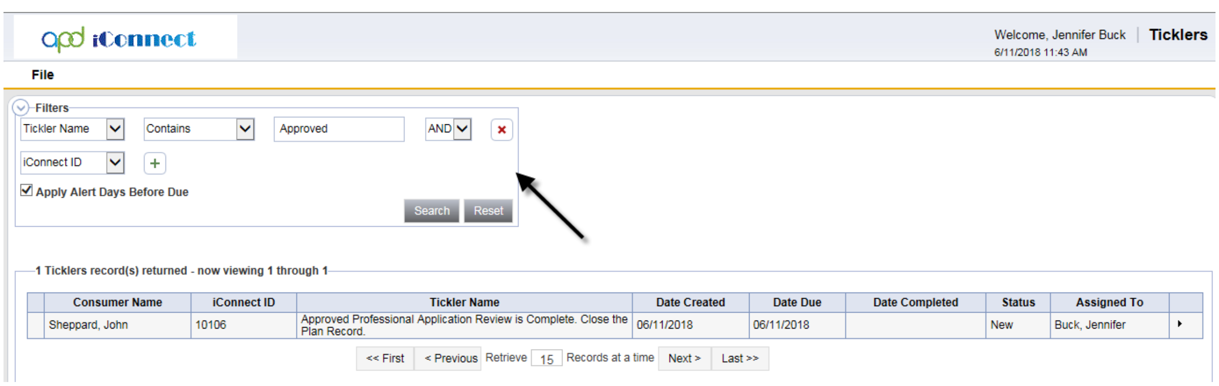
12. The Eligibility Determination Specialist will submit a request to the Approved Professional via a Note in iConnect and an Authorization paying for the Approved Professional's review will also be created. Proceed to section Approved Professional Application Review.

Approved Professional Review Complete, Close the Plan

1. If an Approved Professional review was completed, the Eligibility Determination Specialist will receive a tickler, reminding him/her to close the plan record that was created for the Approved Professional Application review.
2. The Eligibility Determination Specialist will monitor their My Dashboard for Ticklers related to Application Reviews. To so, navigate to the My Dashboard and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



3. From here, use the multi variable search to find the Tickler called Approved Professional Application Review is Complete. Close the Plan Record. Click **Search:**

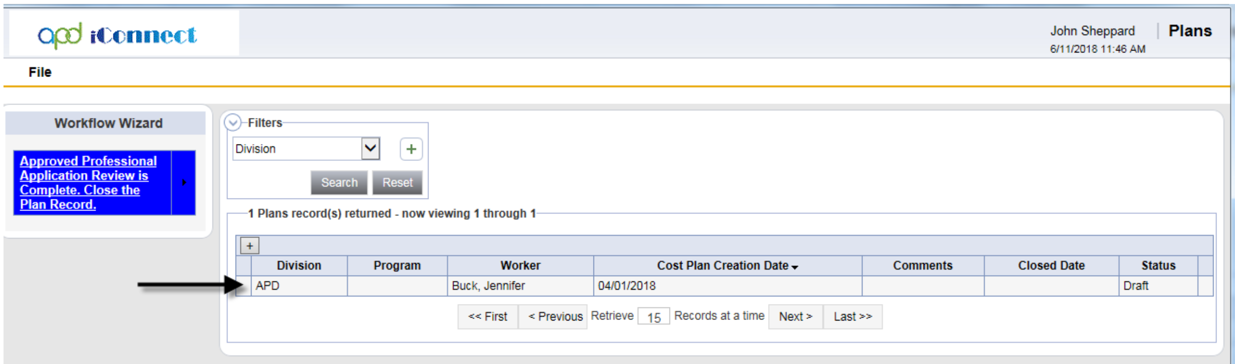


Tip

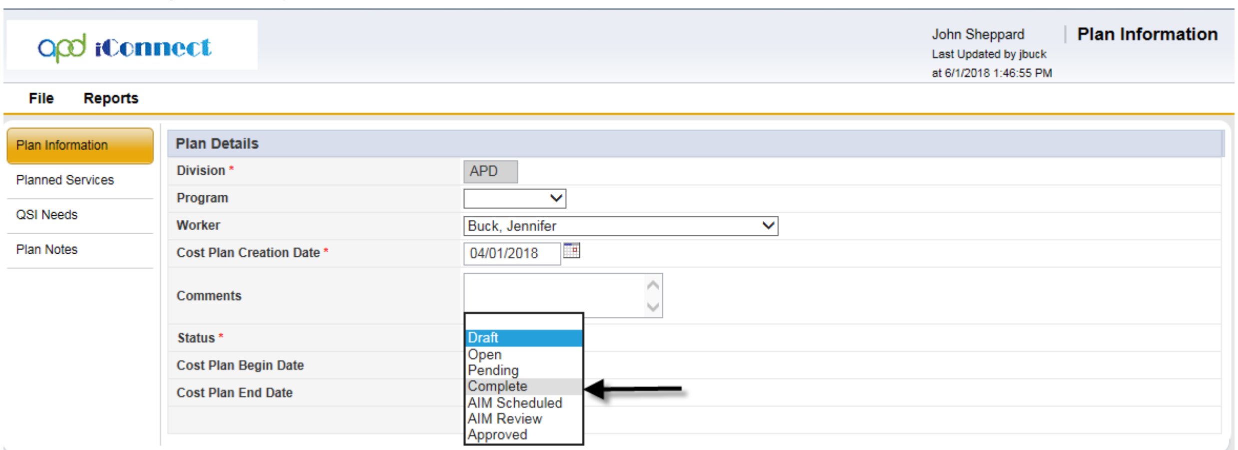
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

4. Click to open the Approved Professional Application Review is Complete. Close the Plan Record Tickler. The Plans List view will open.

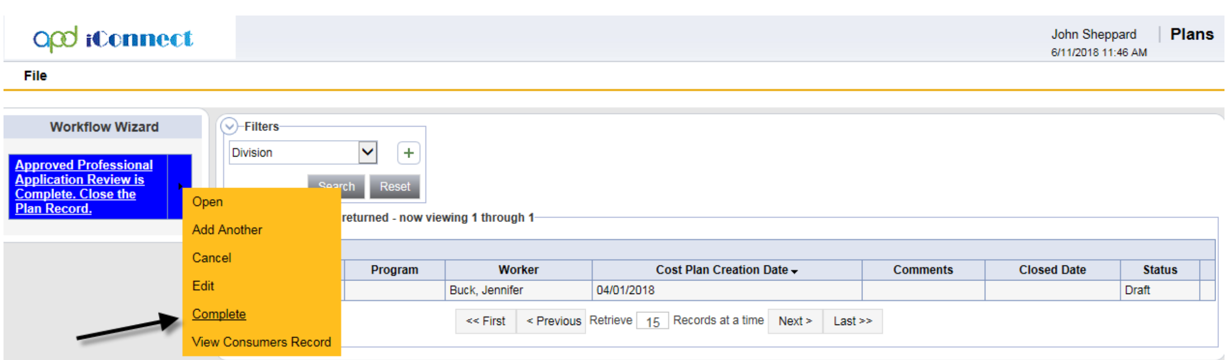
5. Select the Plan record that was created for the Approved Professional application review.



6. The Plan information subpage opens in a new window. Change the Status = Complete any Comments as needed. Click File > Save and Close Plan.



7. When finished, return to the open Workflow Wizard window. Hover over the arrow next to the Tickler to click **Complete**. The Tickler will be removed from the user's Tickler Queue:



Chapter 3 | Eligibility Determination

Introduction

There are four possible paths in the Eligibility Determination process. The Eligibility Determination Specialist will determine which of the four paths is applicable to the Consumer, and indicate their choice by updating the consumer's APD Division record Disposition:

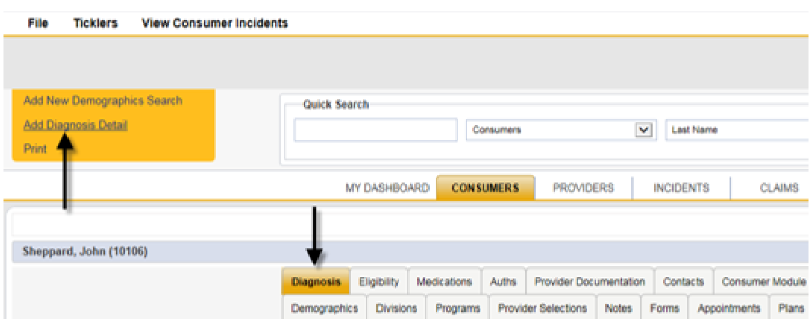
1. Applicant Deemed APD Eligible – High Risk – Not Eligible for Waiver
2. Applicant Deemed APD Eligible – Not High Risk – Enroll in Pre-Enrollment
3. Applicant Deemed APD Eligible but Not Eligible for Waiver
4. Applicant Deemed APD Eligible and Bypasses Pre-Enrollment
5. Applicant Deemed APD Ineligible

Add the APD Eligible Diagnosis

Once an applicant is deemed eligible, regardless of type of eligibility, the Eligibility Determination Specialist needs to create the Diagnosis record and add the APD eligible diagnoses. Only regional staff can record APD Eligible Diagnoses. These fields are read only for the WSC and Service provider roles.

1. The Eligibility Determination Specialist will begin by logging into iConnect and setting Role = Region Pre-Enrollment Workstream Worker. Click **Go:**

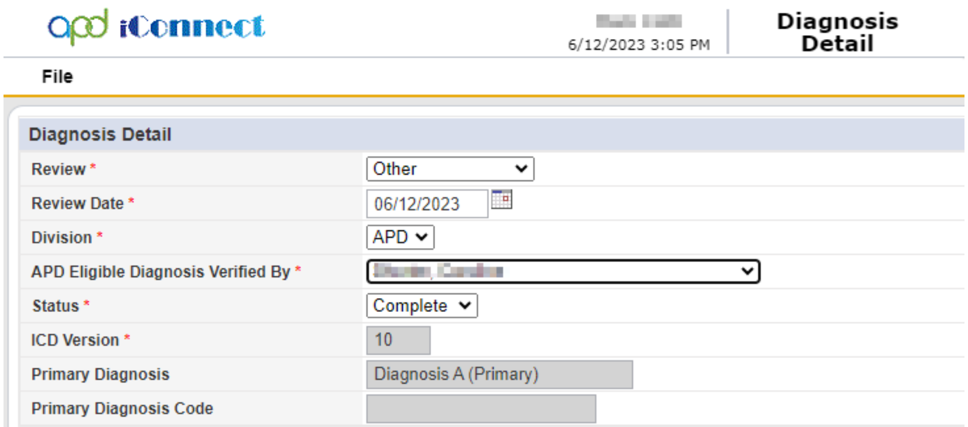
2. Navigate to the consumer's record and click Diagnosis. Click **File** > **Add Diagnosis**.



3. The Diagnosis details page displays. There is only one type of diagnosis recorded on this page, APD Eligible Diagnoses.

4. Update the following fields:
    a. Review = Other
    b. Review Date = defaults to today
    c. Division = defaults to APD

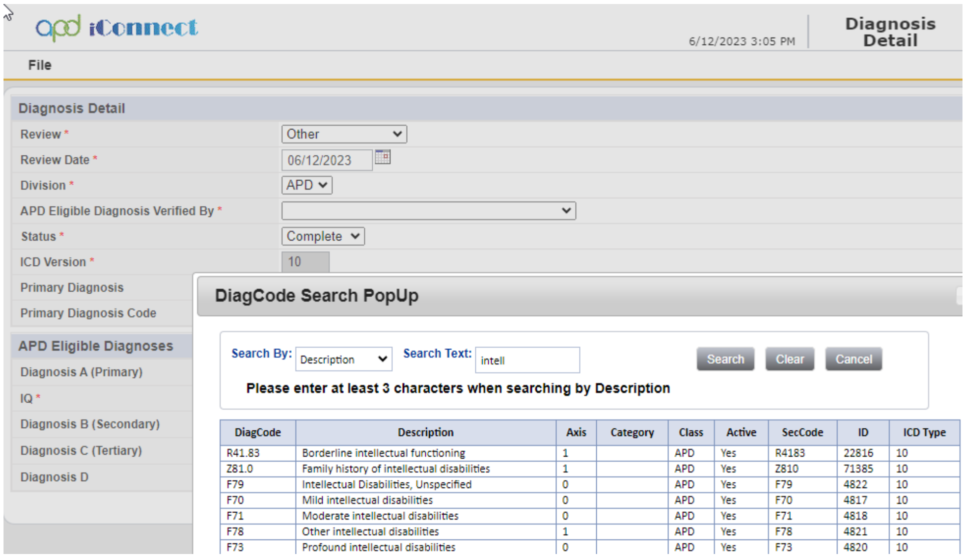
d. APD Eligible Diagnosis Verified By = defaults to Self
e. Status = defaults to Pending. Change to Complete.
f. ICD Version = defaults to 10 and is read only.
g. Primary Diagnosis = defaults to Diagnosis A (Primary) and is read only. After saving this record, this value will change to the Value selected in the Diagnosis A Primary field below.



5. The steps to add a Diagnosis are the same regardless of the type of Diagnosis being entered. To add a Diagnosis, click the **ellipsis** next to one of the Diagnosis A – D fields. The diagnosis Search window opens.
    a. The default ‘Search by’ parameter = Diagnosis Code. Change the selection to ‘**Description’**
    b. Enter the full or partial name of the **diagnosis**, then click **Search**.

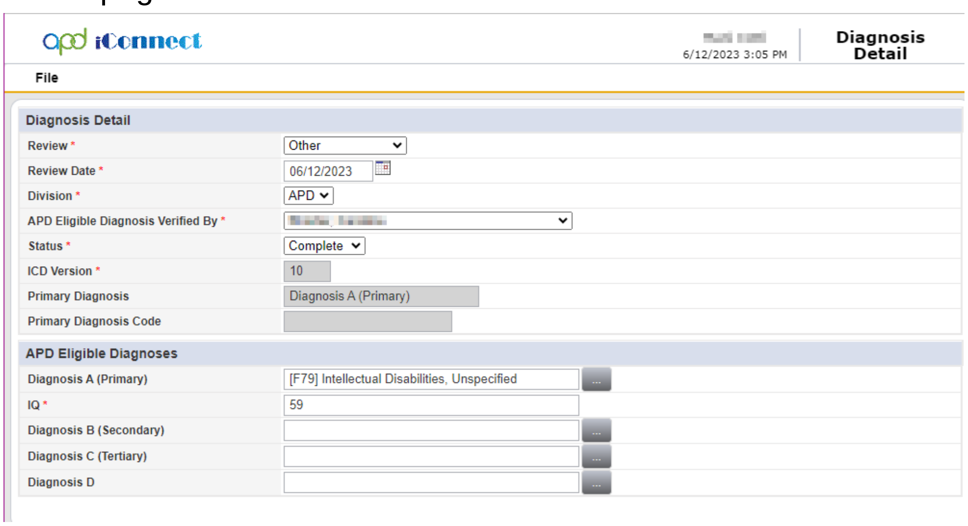
6. Applicable results are displayed. Select the correct APD eligible diagnosis code. These are the ONLY ICD-10 codes that should be selected when entering the APD Eligible diagnosis.
    - Intellectual Disability –(ICD10) = F79 Unspecified ID

      NOTE: Use ONLY F79 Intellectual Disability, Unspecified which will then require you to enter the IQ.
    - Autism – (ICD10) = F84.0 Autism
    - Cerebral Palsy –(ICD10) = G80.9
    - Prader-Willi Syndrome –(ICD10) = Q87.1 Congenital Malformation Syndromes Associated with Short Stature
    - Spina Bifida – (ICD10) = Q05.9
    - Down Syndrome – (ICD10) = Q90.9
    - Phelan McDermid – (ICD10) = Q93.2



DiagCode	Description	Axis	Category	Class	Active	SecCode	ID	ICD Type
R41.83	Borderline intellectual functioning	1		APD	Yes	R4183	22816	10
Z81.0	Family history of intellectual disabilities	1		APD	Yes	Z810	71385	10
F79	Intellectual Disabilities, Unspecified	0		APD	Yes	F79	4822	10
F70	Mild intellectual disabilities	0		APD	Yes	F70	4817	10
F71	Moderate intellectual disabilities	0		APD	Yes	F71	4818	10
F78	Other intellectual disabilities	1		APD	Yes	F78	4821	10
F73	Profound intellectual disabilities	0		APD	Yes	F73	4820	10

7. The page refreshes and the selected diagnosis displays on the Diagnosis details page.

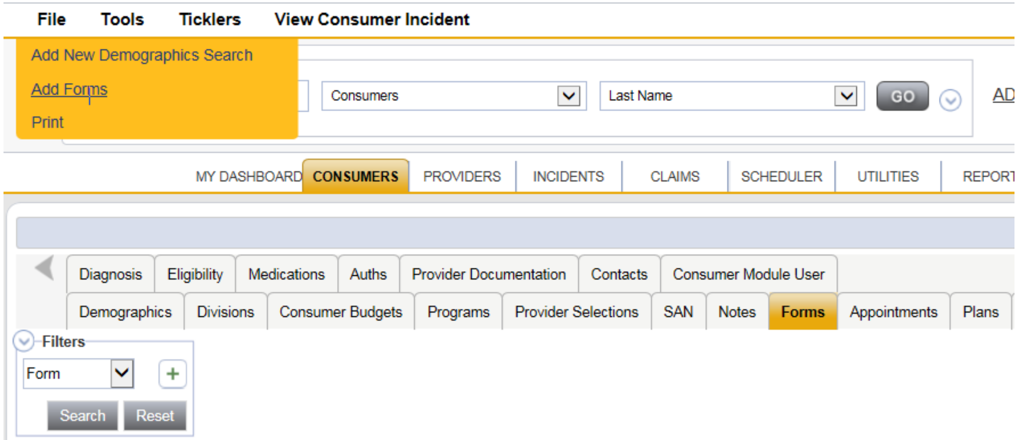


8. When complete, click **File** > **Save and Close Diagnosis Details.**

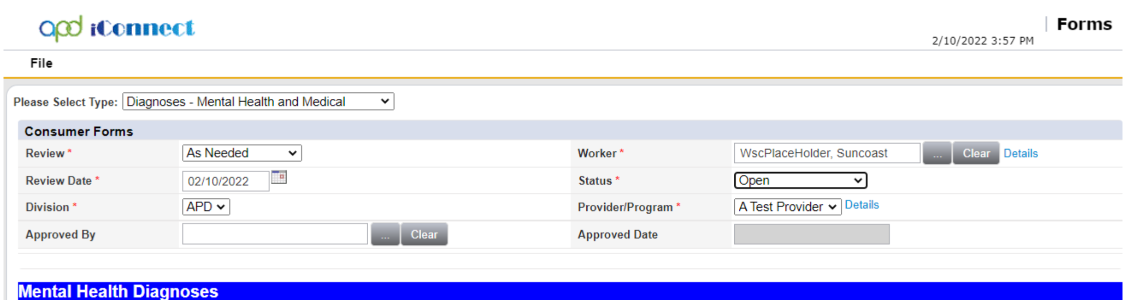
Add the Mental Health and Medical Diagnoses

1. Mental Health Diagnosis & Medical Diagnoses are recorded on the Diagnoses - Mental Health and Medical form and are typically created by the WSC.

2. Navigate to the Forms tab. From the File menu, select Add Form.

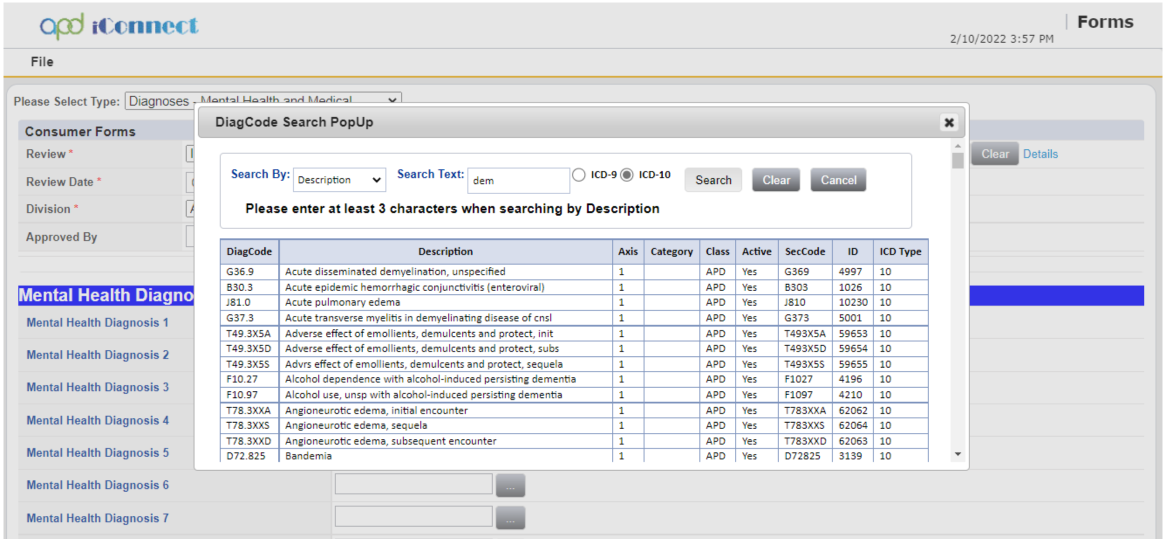


3. Select the Diagnosis – Mental Health and Medical form. Update the following fields in the header:
    a. Review = select As Needed
    b. Review Date = defaults to today and does not need to be changed
    c. Division = defaults to APD and does not need to be changed
    d. Worker = defaults to self and does not need to be changed
    e. Status = Open. This form will remain in Open status so it is editable and can be updated when needed.
    f. Provider/Program = select your agency

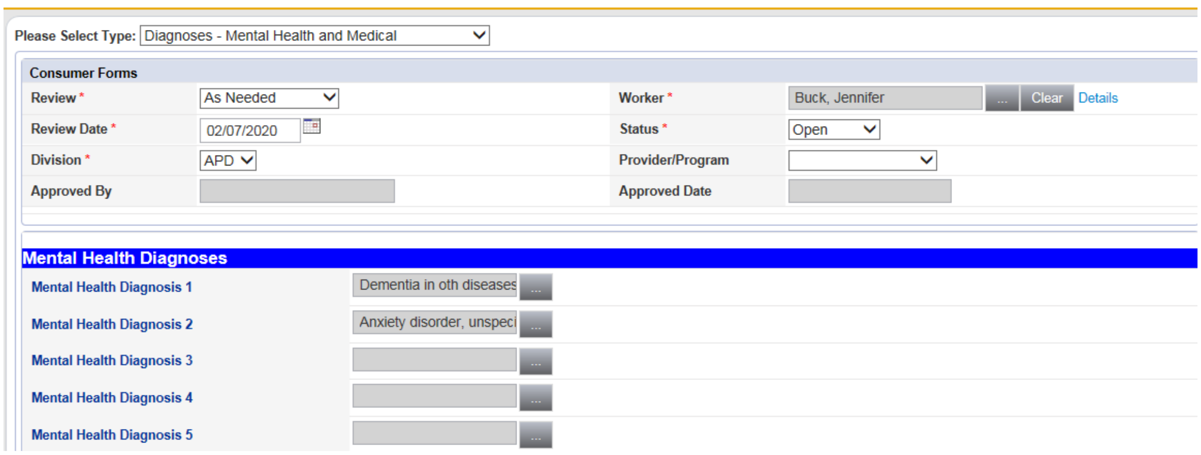


4. For each mental health or medical diagnosis of the consumer, select the ellipsis to search for and select the diagnosis code.

5. Change the search filter to description and enter the textual description of the diagnosis.



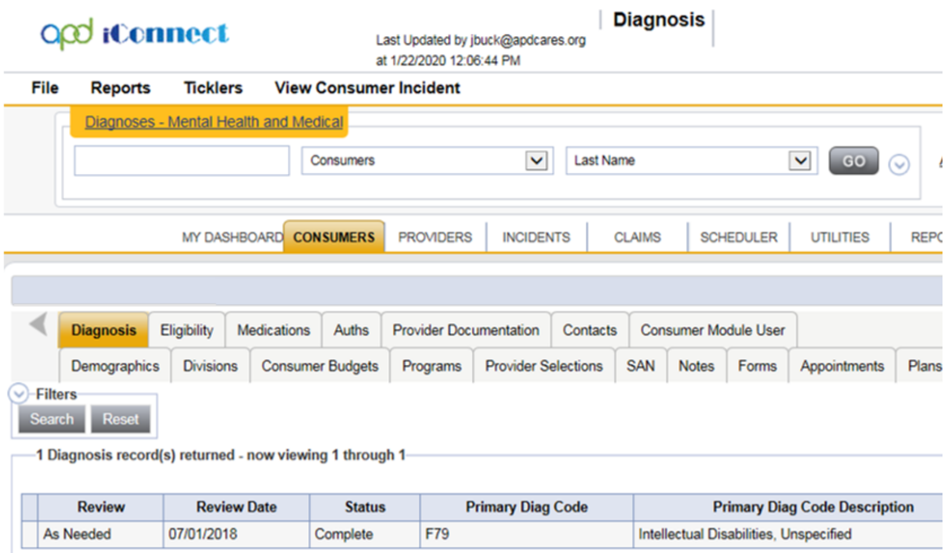
6. Select the diagnosis. The page will refresh, and the diagnosis will be visible on the form.



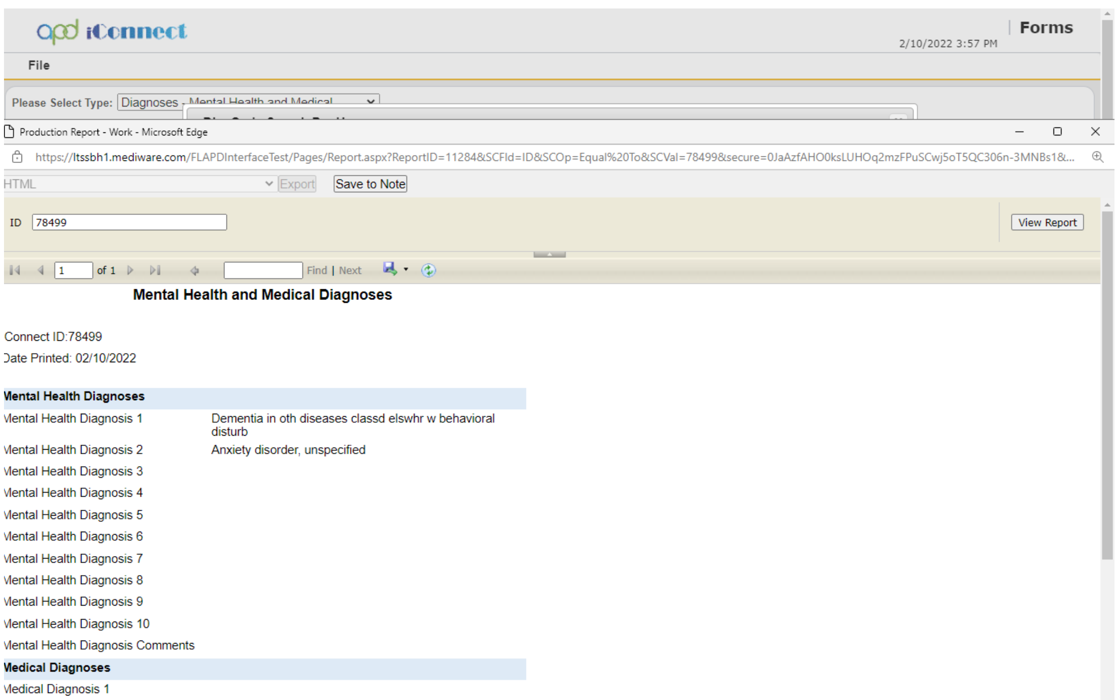
7. When all diagnoses have been added, select File, then Save and Close Forms.

8. The contents of this form are also visible on a Report from Diagnosis tab for those roles who do not have access to the Forms tab on a consumer record.

9. From the Diagnosis tab, select Reports then Diagnoses – Mental Health and Medical.



10. The report opens in a new window.

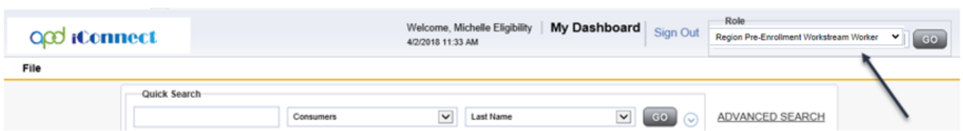


Applicant Deemed APD Eligible – High Risk – Not Eligible for Waiver

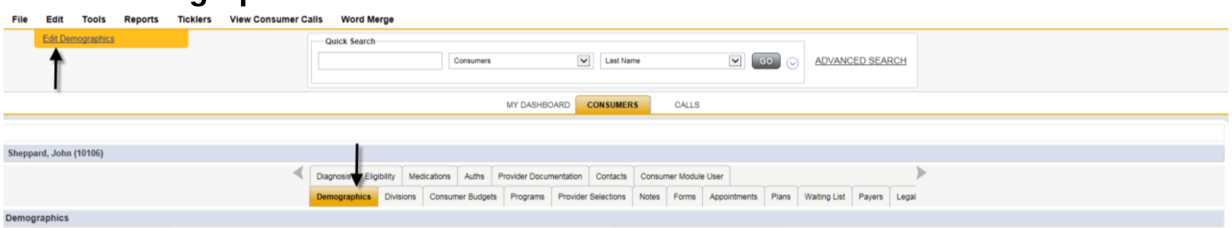
1. High risk consumers are those 3 to 5 years old, identified during the application review process as children at high risk of developing a developmental disability but don't have a confirmed diagnosis. These individuals are not added to a Pre-Enrollment category, nor can they be enrolled on the waiver. They can only be APD eligible and receive certain services through IFS.

2. The Intake Worker will create the Consumer Record.

3. To do this, log into iConnect and select the **Region Pre-Enrollment Workstream Worker** Role. Click **Go:**



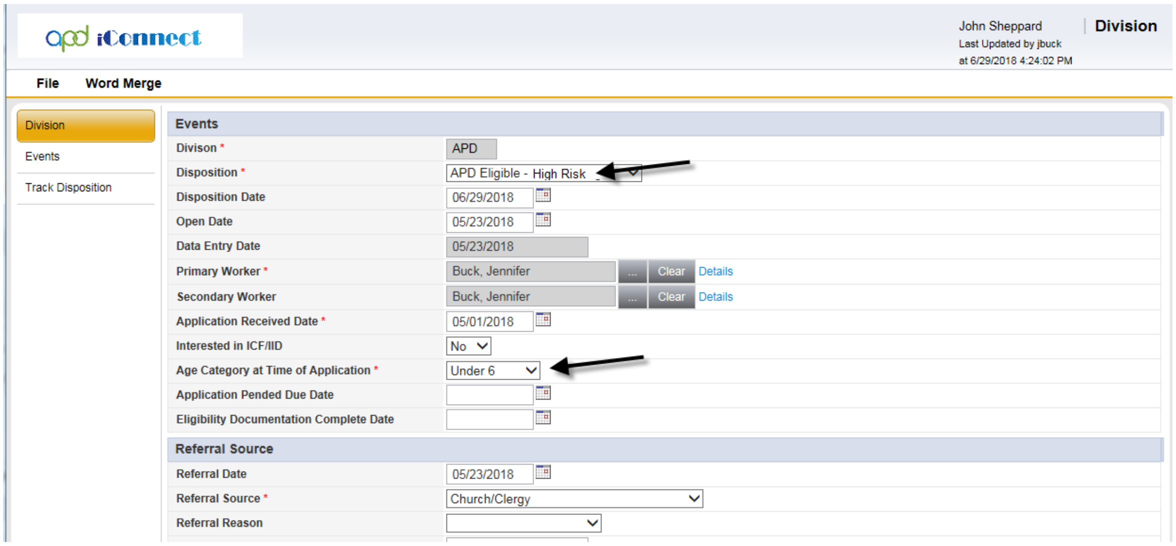
4. Navigate to the consumer's record and click on **Demographics > Edit > Edit Demographics**



5. Update all relevant demographic fields with information from the applicant's paper application.

6. When finished, click **File > Save and Close Demographics.**

7. Click the **Division** tab. Select the consumer's APD Division Record. On the consumer's Division record, update the following fields:
   a. Disposition = APD Eligible – High Risk
   b. Application Received Date = Update to date paper application was received if not already populated. If the date is unknown, enter 01/01/1900.
   c. Age Category at Time of Application = Under 6
   d. Primary Worker = Pre-Enrollment Workstream Lead
      i. Because the Consumer is high risk, he/she is not eligible to be placed in a Pre-Enrollment category, but a Pre-Enrollment Support Coordinator is still assigned.
   e. Secondary Worker = Clinical Workstream Lead



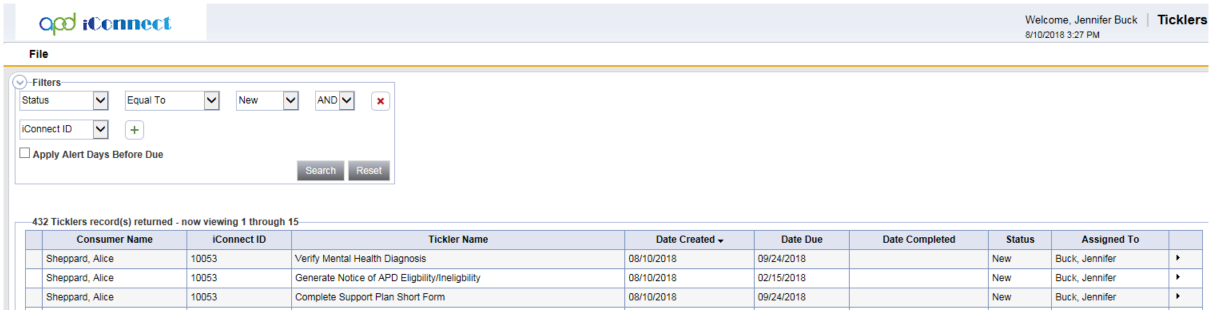
8. When finished, click **File > Save and Close Division**

9. Upon saving the APD Division record with Disposition = APD Eligible – High Risk, a Workflow Wizard will trigger:
    a. Complete Support Plan Short Form - *Assigned to Pre-Enrollment Workstream Lead (Primary Worker)*
    b. Verify Mental Health Diagnosis - *Assigned to Pre-Enrollment Workstream Lead*
    c. Merge/Mail the Eligibility/Ineligibility Notice (Mega Notice) – *Assigned to Pre-Enrollment Workstream Lead*

10. The Pre-Enrollment Workstream Lead will be able to access the Ticklers assigned to them via the Tasks Panel on the **My Dashboard**:
    a. To do so, navigate to the **My Dashboard** and click on **Ticklers Due**
    b. Click on the linked number of outstanding Ticklers:
    c. Use the multi variable search criteria to narrow the results in the Tickler Queue. Then click **Search:**

Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*



11. Click the Tickler called Complete Support Plan Short Form.

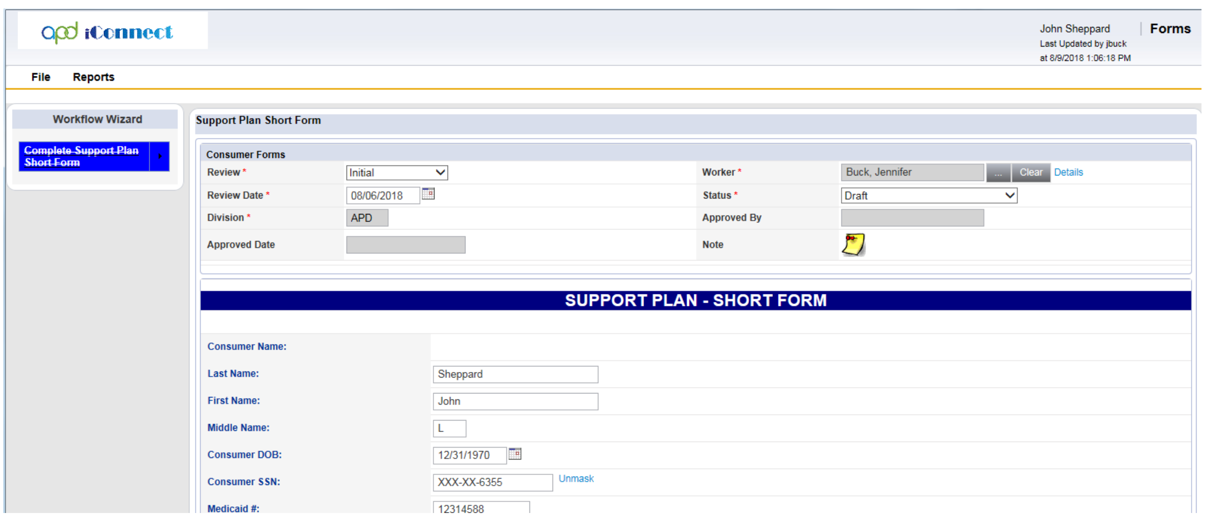
12. The Support Plan Short Form will open. Complete all relevant fields.

13. In the Form header, set Review = Initial, Division = APD and Status defaults to Draft.

14. Answer the questions in the Form.

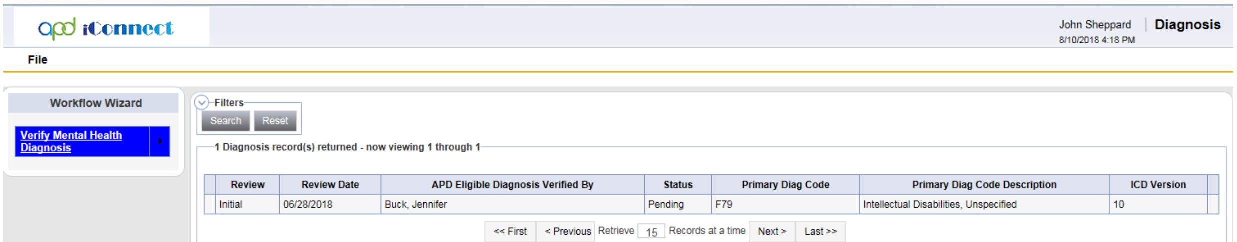
15. When finished, if all the questions are answered, change the Status = Complete. If all the questions are not answered, keep the Status = Draft.

16. Click **File > Save Forms.** The Tickler is marked as complete. Close the **Workflow Wizard** window.



17. Back in the Tickler Queue, click on the next Tickler called Verify Mental Health Diagnosis.

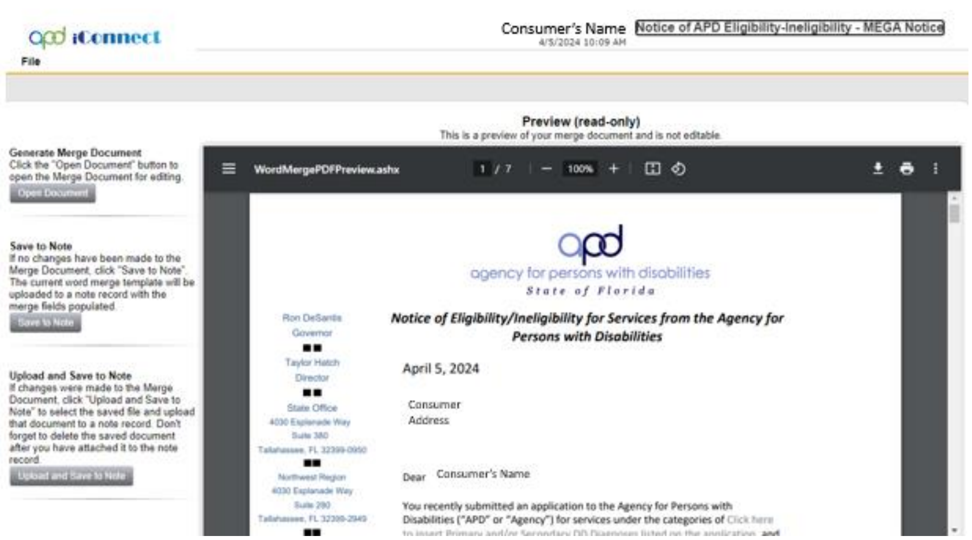
18. The consumer's Diagnosis list view will open.



19. Verify that the Diagnosis record is correct. If it is not, click into the record and update all relevant fields. Refer to section Add the APD Eligible Diagnosis section for adding new Diagnosis records.

20. When finished, from the tickler flyout menu, select **Complete**. Select **File > Close Workflow Wizard.**

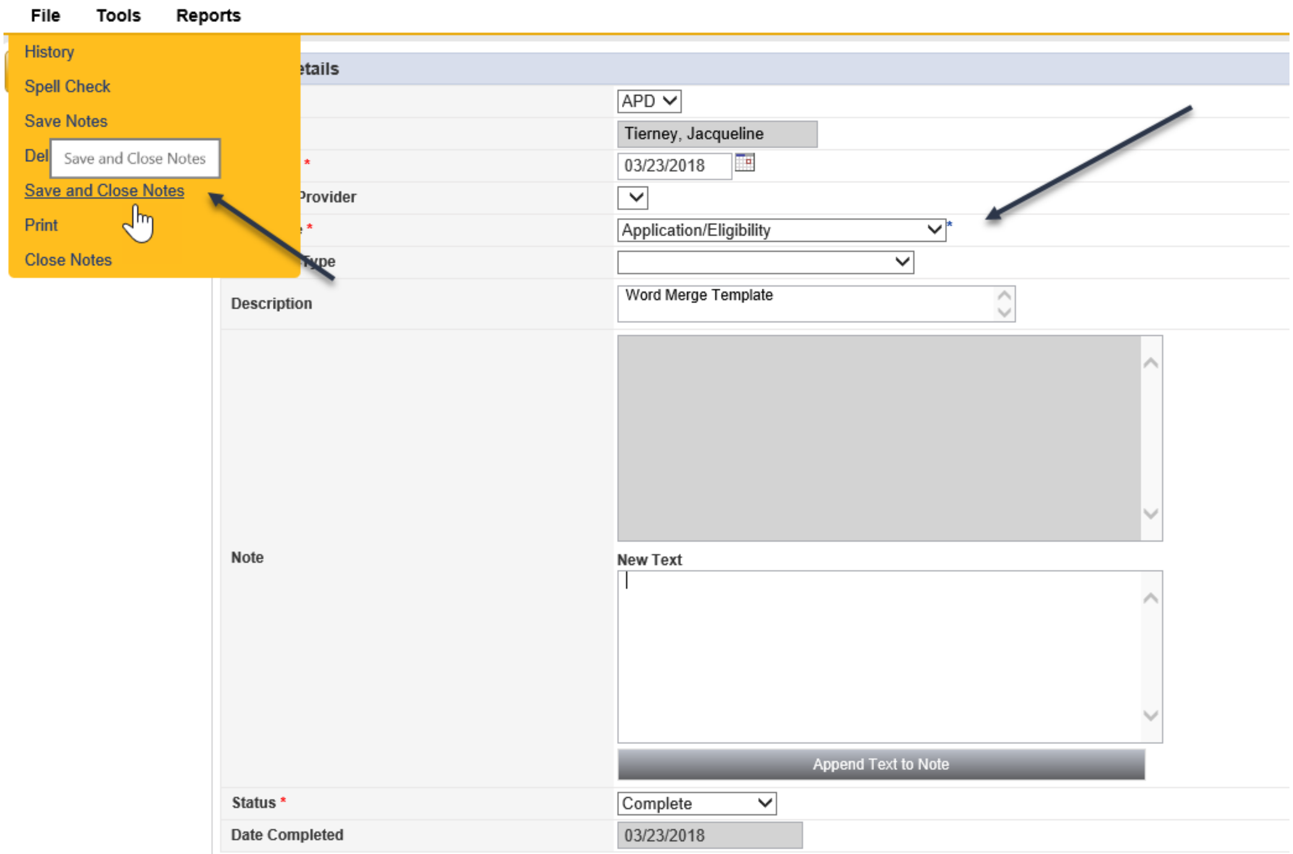
21. Back in the Tickler Queue, click on the tickler called Merge/Mail the Eligibility/Ineligibility Notice (Mega Notice) to **Open.** The **Notice of APD Eligibility-Ineligibility - MEGA Notice** Word Merge opens in a new window.



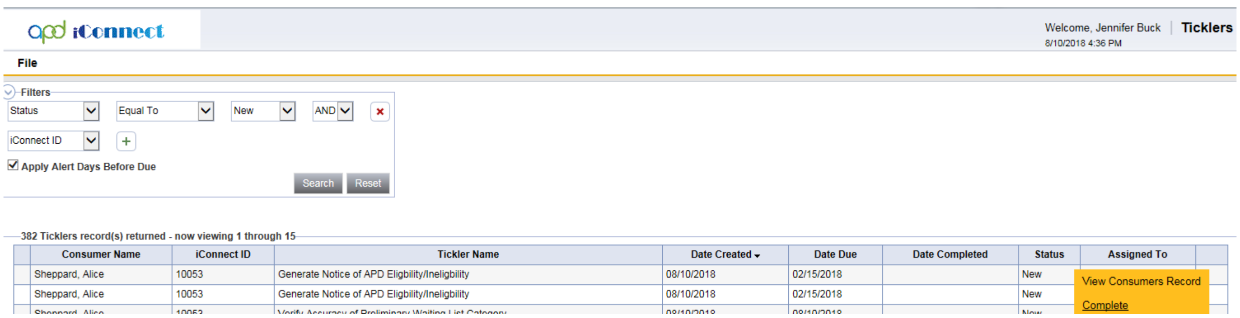
22. Upon generating the letter, click **Open Document** to edit the letter in Microsoft Word, and **Upload and Save to Note** to save a copy of the modified letter to the consumer's record.

23. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Sub Type = Notice of APD Eligibility/Ineligibility
    d. Status = Complete

24. When finished, click **File > Save and Close Notes**



25. When finished, return to the Tickler Queue. From the tickler **flyout** menu click **Complete**.



Confirm the Diagnosis and place on Pre-Enrollment

1. 90 days prior to the consumer's 5th birthday, the Pre-Enrollment Workstream Worker will run a report to identify high risk consumers 90 days prior to his/her 5th birthday.

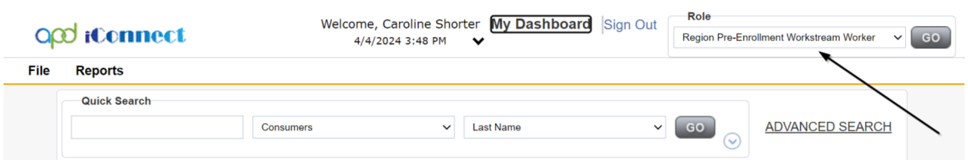
2. The Pre-Enrollment Workstream worker will complete the eligibility determination process again.
   a. If that process determines the soon to be 5-year-old will be eligible, he/she will be added to the Pre-Enrollment. Proceed to section Add the APD Eligible Diagnosis.
   b. If the child does not have a confirmed diagnosis at this time, then the case should be closed. Proceed to Chapter 19 | Case Closure.

Applicant Deemed APD Eligible - Not High Risk - Enroll in Pre-Enrollment

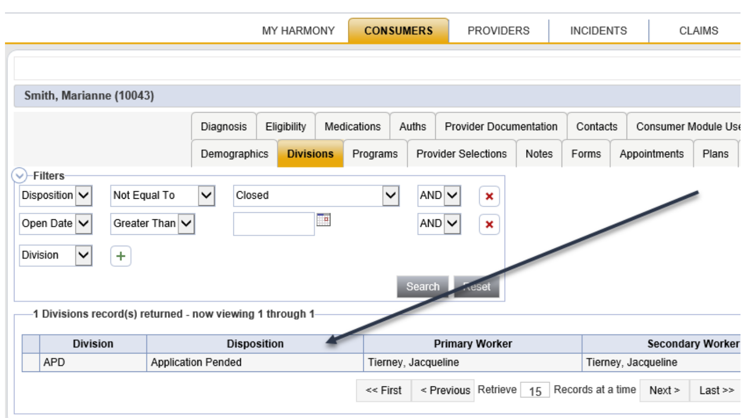
1. If the applicant has been deemed eligible for APD services but is not High Risk, a dependent of an Active Military services member or diagnosed as having Phelan McDermid Syndrome, the Eligibility Determination Specialist can begin the Pre-Enrollment Enrollment process. If the applicant is a dependent of an Active Military service member or diagnosis as having Phelan McDermid Syndrome, the applicant will bypass the Pre-Enrollment. Proceed to APD Eligible – Bypass PE section.

Assign Primary Worker

1. The Eligibility Determination Specialist will begin by logging into iConnect and setting Role = Region Pre-Enrollment Workstream Worker. Click **Go:**



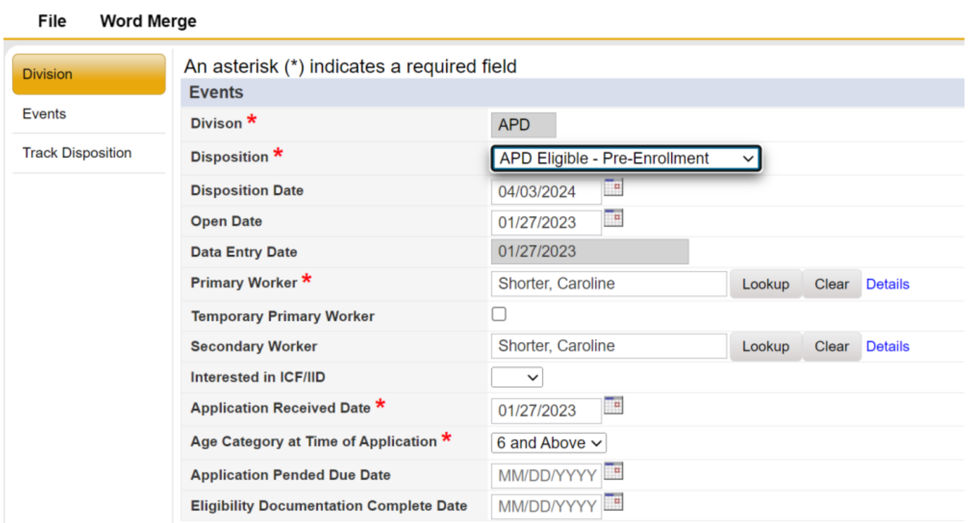
2. Navigate to the consumer's record and click **Division** and open the Division record with Division = APD.



3. Update the following fields:
   a. Disposition = APD Eligible - Pre-Enrollment

b. Primary Worker = Pre-Enrollment Workstream Worker
c. Secondary Worker = Clinical Workstream Lead
d. Age Category at Time of Application = Under 6 or 6 and Above
e. Eligibility Documentation Complete Date = Date when all required collateral documentation received
f. If the Consumer has expressed interest in ICF/IID, update Interested in ICF/IID = Yes and proceed to the ICF-Central Admission process.

4. When finished, click **File > Save and Close Division**



5. Upon saving the APD Division record with Disposition = APD Eligible – Pre-Enrollment, a Workflow Wizard will trigger with one Tickler and one System Automation:
   a. Assign Initial QSI – *Assigned to the Clinical Workstream Lead (Secondary Worker),* Due Immediately. The Clinical Workstream Lead will reassign this tickler to a QSI Assessor.
   b. System Automation will automatically enroll the Consumer onto Waiver Pre-Enrollment

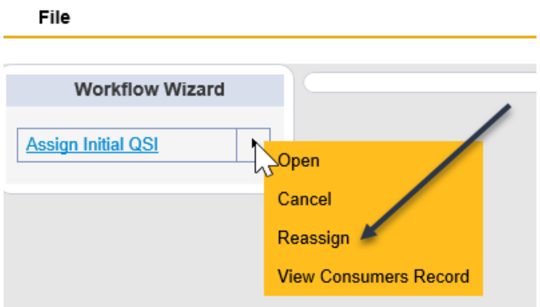
6. The Clinical Workstream Lead will monitor his/her ticklers via My Dashboard.

7. Click the Tickler queue to open.

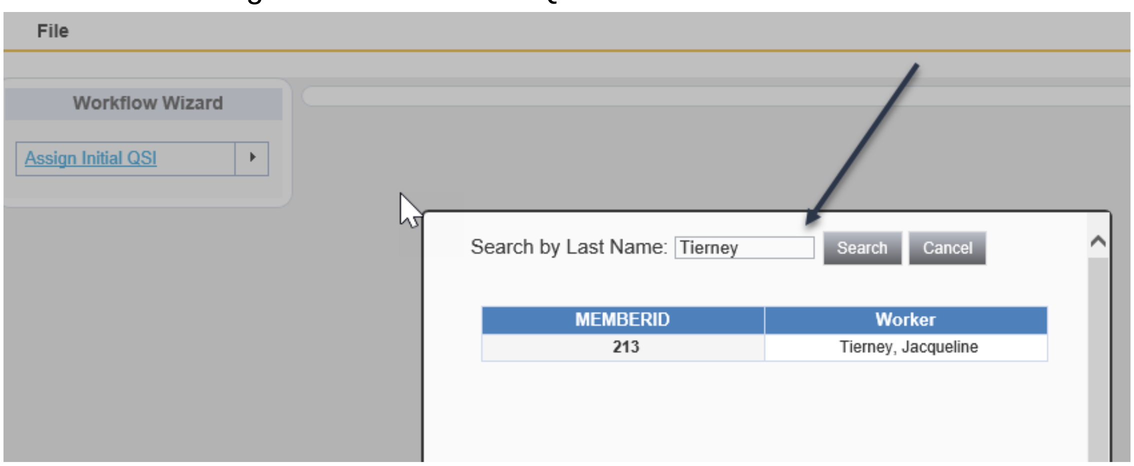
8. Search for and select the Assign Initial QSI tickler.

9. In the Workflow Wizard, hover over the arrow next to the Tickler called Assign Initial QSI and click the **Reassign** link. In the Reassign Tickler window, search for the appropriate QSI Assessor, click Search, and upon finding a match click on the name:

    a. Find the Reassign link:

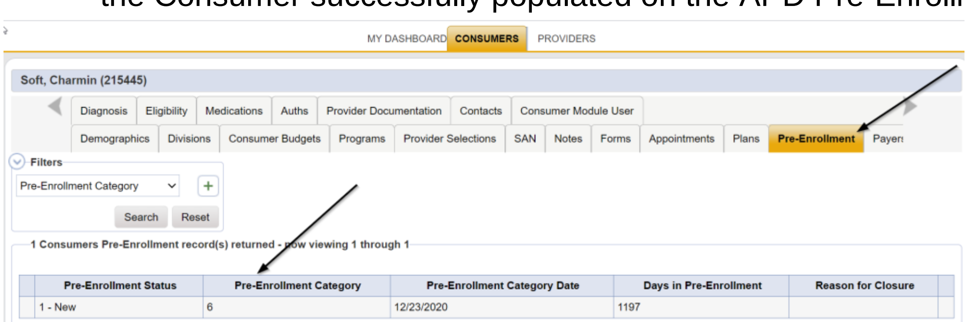


    b. Reassign the Tickler to the QSI Assessor:



10. The QSI Assessor will be able to access the reassigned tickler via the Tickler Panel on the My Dashboard. This process is outlined in [Chapter 8 | QSI Assessment.]

11. Navigate to the consumer's record and click on the **Pre-Enrollment** tab to view that the Consumer successfully populated on the APD Pre-Enrollment:

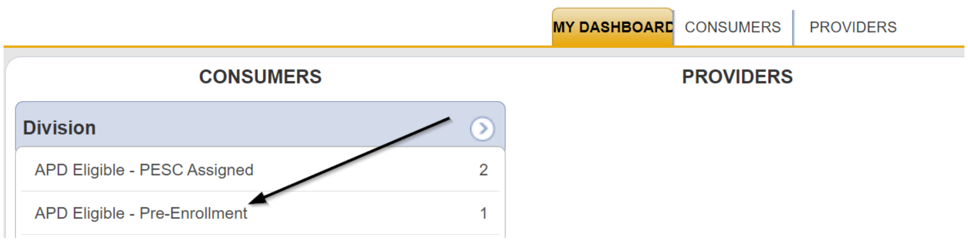


Pre-Enrollment Support Coordinator Assignment

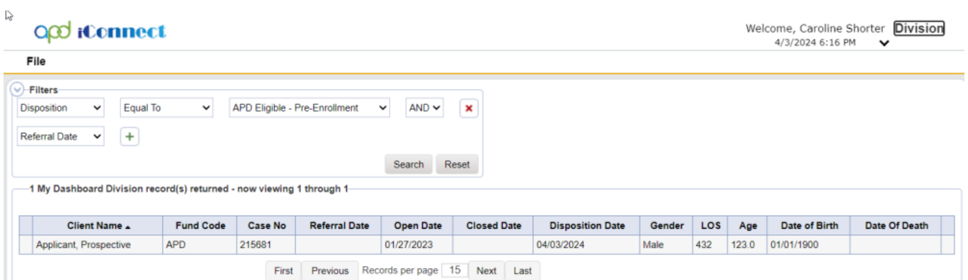
11. The Pre-Enrollment Coordinator Supervisor will assign a Pre-Enrollment Support Coordinator to the consumer's record.

12. The Pre-Enrollment Support Coordinator Supervisor will monitor his/her My Dashboard > Consumers > Division queue.

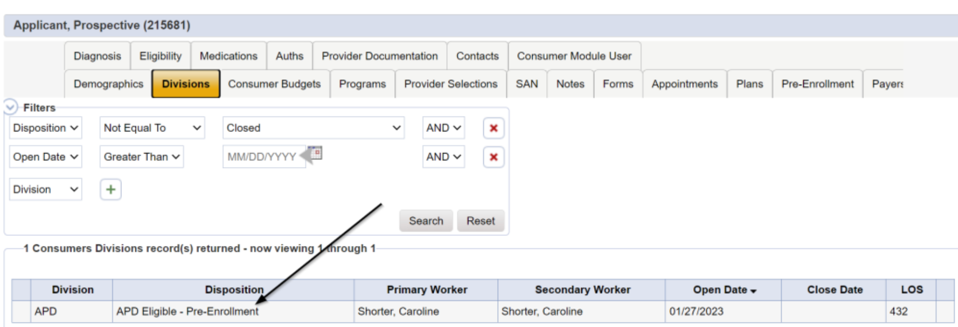
13. Select the Status = APD Eligible – Pre-Enrollment to display a list of APD Eligible Consumers awaiting a Pre-Enrollment Support Coordinator assignment.



14. Select a consumer from the list.

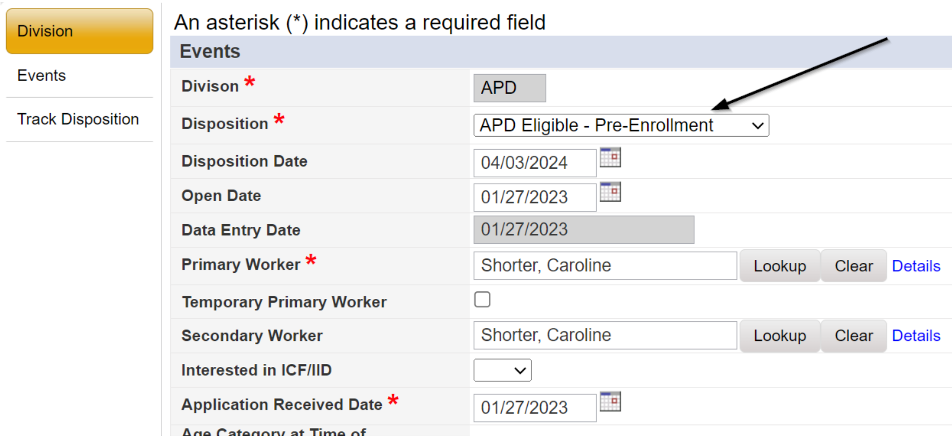


15. The Consumer record opens. click on the **Divisions** tab and open the APD Division record:



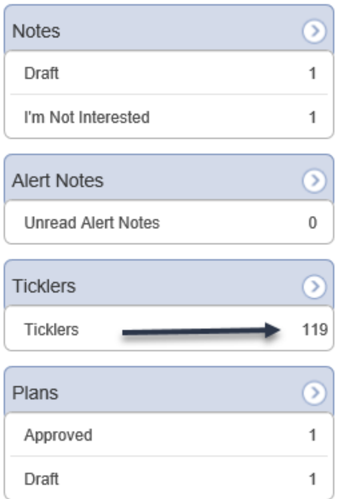
16. From there, update the following fields:
    a. Disposition = APD Eligible - PESC Assigned
    b. Primary Worker = Pre-Enrollment Support Coordinator
    c. Secondary Worker = Pre-Enrollment Workstream Lead

17. When finished, click **File > Save and Close Division**

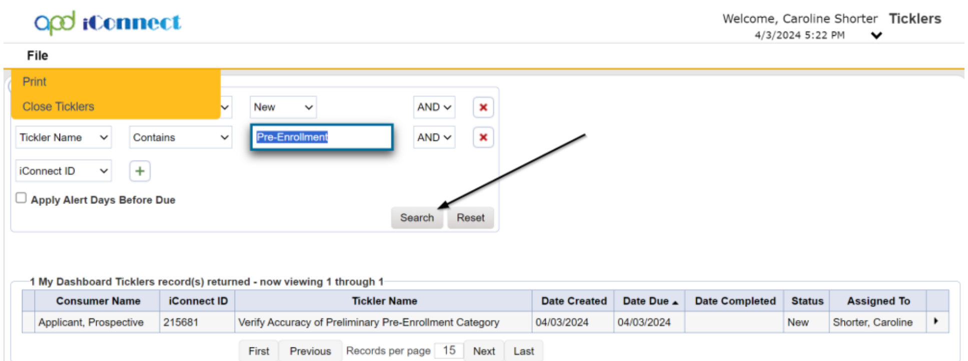


18. Upon saving the Division record, a Workflow Wizard will trigger with the following Ticklers *assigned to the Pre-Enrollment Support Coordinator (Primary Worker on the Division record):*
    a. Verify Accuracy of Preliminary Pre-Enrollment Category – Due immediately
    b. Complete Waiver Eligibility Worksheet – Due within 45 days
    c. Complete Support Plan Short Form – Due within 45 days
    d. Generate Notice of APD Eligibility/Ineligibility – Due 45 days from the Application Received Date when Consumer is under 6. Due 60 days from the Application Received date when consumer is 6 and Above.
    e. Verify Mental Health Diagnosis – Due with Support Plan Short Form
    f. Send Annual Status Review Form to Consumer – Due 365 Days after Initial form sent

19. The Pre-Enrollment Support Coordinator will monitor their My Dashboard for Ticklers related to Pre-Enrollment. To do so, navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



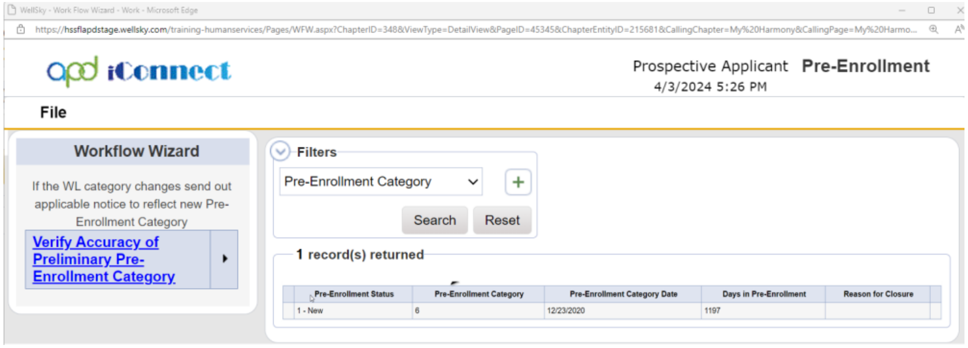
20. From here, user the multi variable search to find New Ticklers click **Search:**



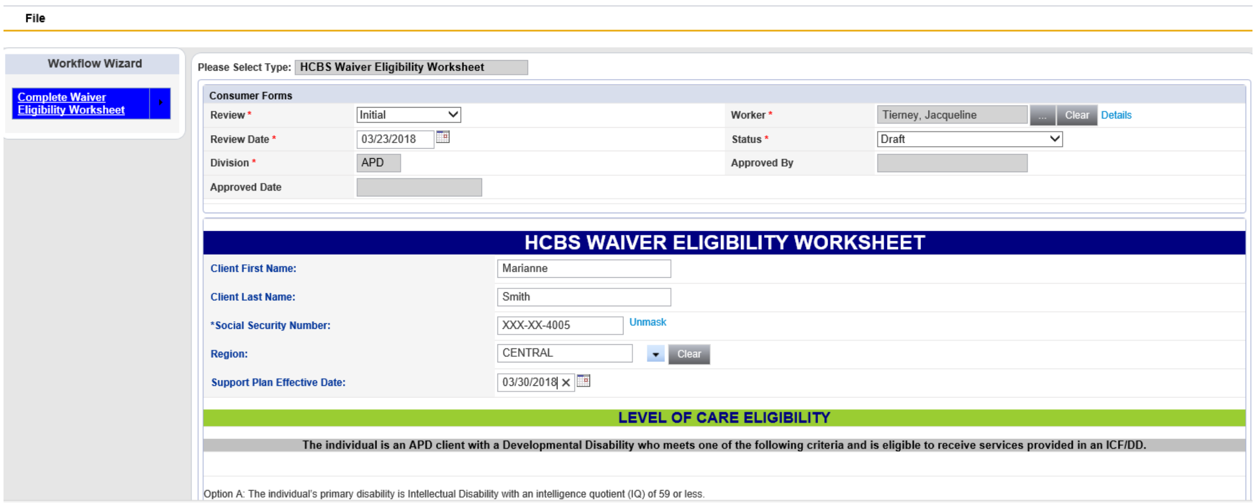
Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

21. Work through each of the New Ticklers in the Tickler Queue:
    a. Click on the first Tickler called Verify Accuracy of Preliminary Pre-Enrollment Category.
        i. The consumer's Pre-Enrollment record will open. From here, verify that the Consumer successfully populated on the APD Pre-Enrollment and verify if the preliminary Pre-Enrollment Category is accurate.
        ii. Hover over the arrow next to the first Tickler to click **Complete**.
        iii. When finished, click **File > Close Workflow Wizard**
        iv. *Note: If changes need to be made to the Pre-Enrollment Category, the steps are documented in Chapter 4 of the Training Guide.*



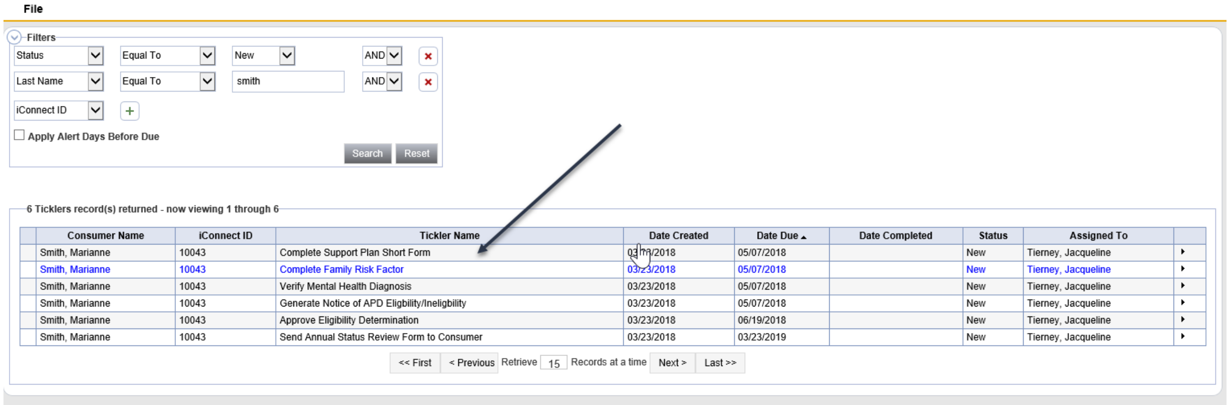
22. Click on the second Tickler called Complete Waiver Eligibility Worksheet.
    a. The consumer's HCBS Waiver Eligibility Worksheet will open
    b. Complete all relevant fields
    c. When finished, click **File > Save Forms** and **File > Close Workflow Wizard**



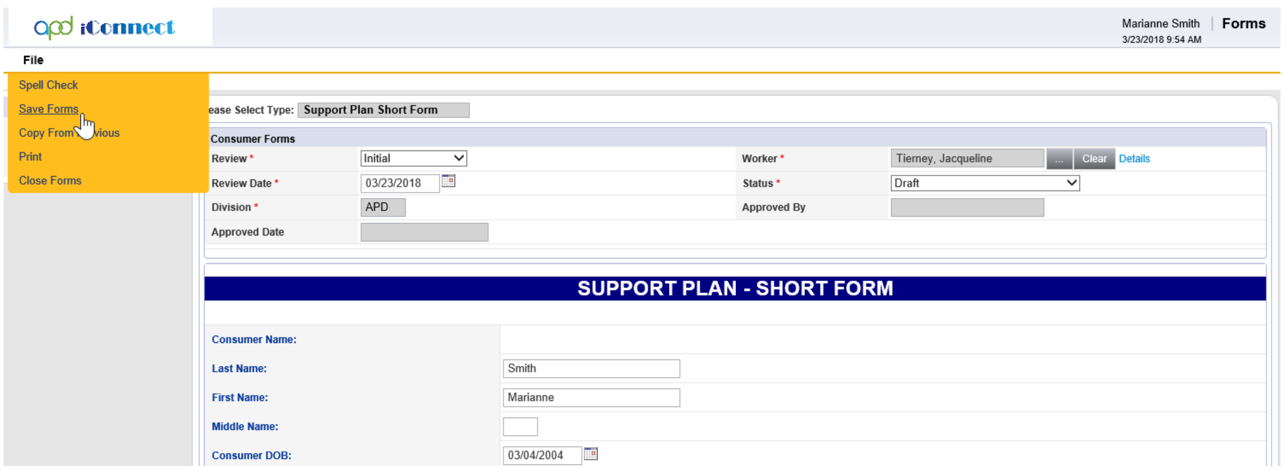
23. After obtaining the necessary signatures, attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, navigate to the consumer's record and click on **Notes > File > Add Note**:
    a. In the new Note record, update the following fields:
        i. Division = APD
        ii. Note Type = Waiver Enrollment
        iii. Note Subtype = Signed Waiver Eligibility Worksheet
        iv. Status = Complete
    b. From the **File** menu > select **Save and Close Notes**.

24. Back in the Tickler Queue, click on the next Tickler called Complete Support Plan Short Form to open it. The consumer's Support Plan Short Form will Open:
        i. Complete all relevant fields
        ii. When finished, click **File > Save Forms** and **File > Close Workflow Wizard**

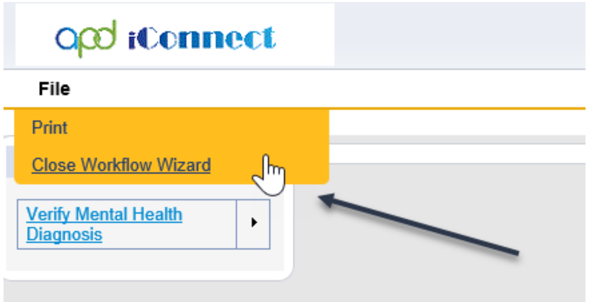
Tickler Queue:



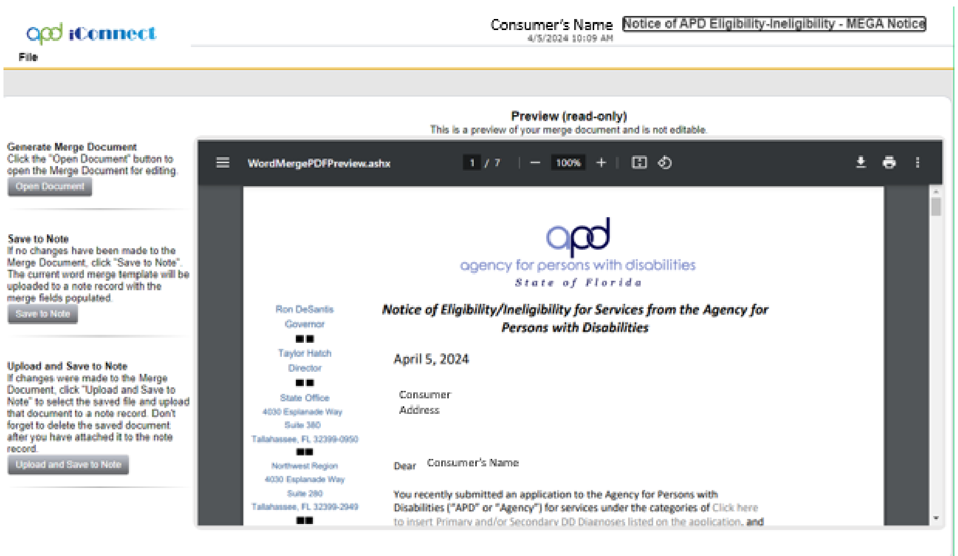
Complete and Save the consumer's Support Plan Short Form:



25. Back in the Tickler Queue, click to open the Tickler called Verify Mental Health Diagnosis. The consumer's Diagnosis record (if any) will open.
    a. If the Diagnosis record does not exist, liaise with the relevant worker who can add a diagnosis (e.g. Eligibility Determination Specialist to ensure one is added). Relevant worker can View consumer's record, Click **Diagnosis** tab > **File** > **Add Diagnosis.** Complete all relevant fields on the new Diagnosis record. When finished, click **File** > **Save and Close Diagnosis.**
    b. Mark the tickler as complete.
    c. Back in the Workflow Wizard window, click **File > Close Diagnosis** and **File > Close Workflow Wizard.**



26. Back in the Tickler Queue, click to open the Tickler called Generate Notice of APD Eligibility/Ineligibility to open it
    a. The Notice of APD Eligibility-Ineligibility MEGA Notice will open in preview mode. Click **Open Document** to edit the contents of the letter in Microsoft Word.

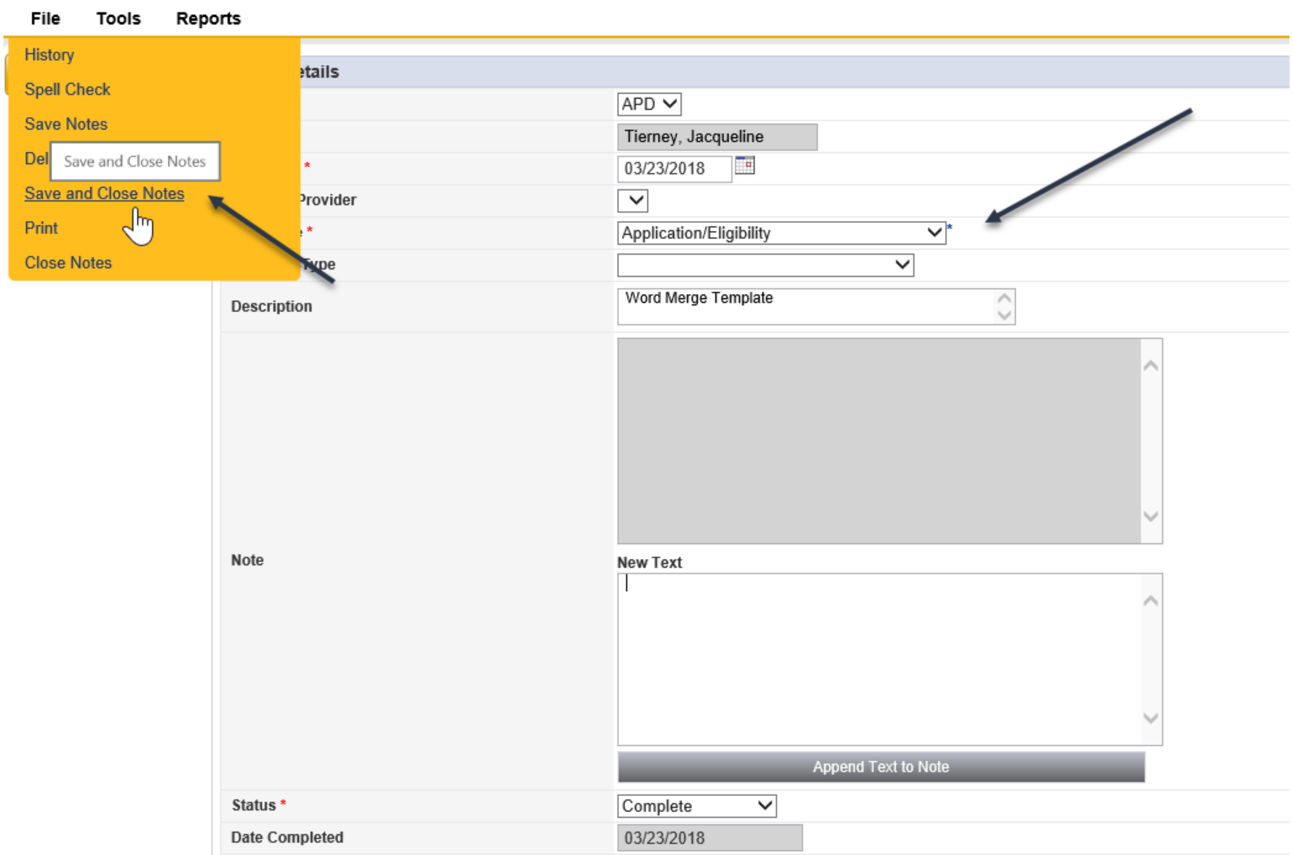


27. Save the document to your computer.

27. Back in the Word Merge preview screen, click **Upload and Save to Note** to attach a copy of the updated letter to a new Consumer Note record.

28. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Sub Type = Notice of APD Eligibility/Ineligibility
    d. Status = Complete

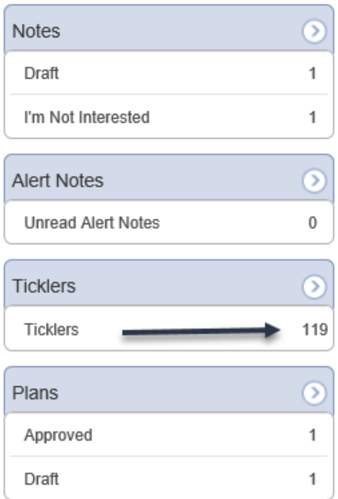
29. When finished, click **File** > **Save and Close Notes**.



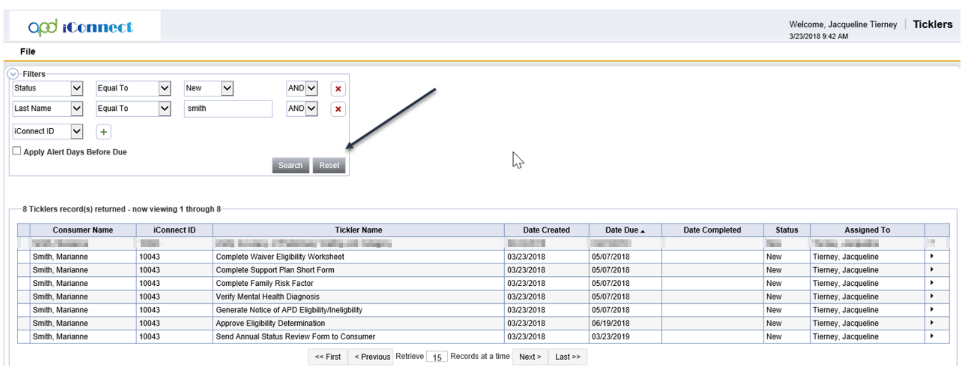
30. When Division Disposition = APD Eligible - PESC Assigned a Workflow Wizard also triggered the following tickler for the Secondary Worker (the Pre-Enrollment Workstream Lead)
    a. Complete Family Risk Factor. This tickler will be reassigned to the Clinical Workstream Lead.

31. The Pre-Enrollment Workstream Lead will reassign the tickler to the Clinical Workstream Lead.
    a. From the tickler flyout menu, select **Reassign**.
    b. Search for and select the Clinical Workstream Lead. The tickler is reassigned.

32. The Clinical Workstream Lead will monitor their My Dashboard for Ticklers. To do so, navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



33. From here, user the multi variable search to find New Ticklers click **Search:**



Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

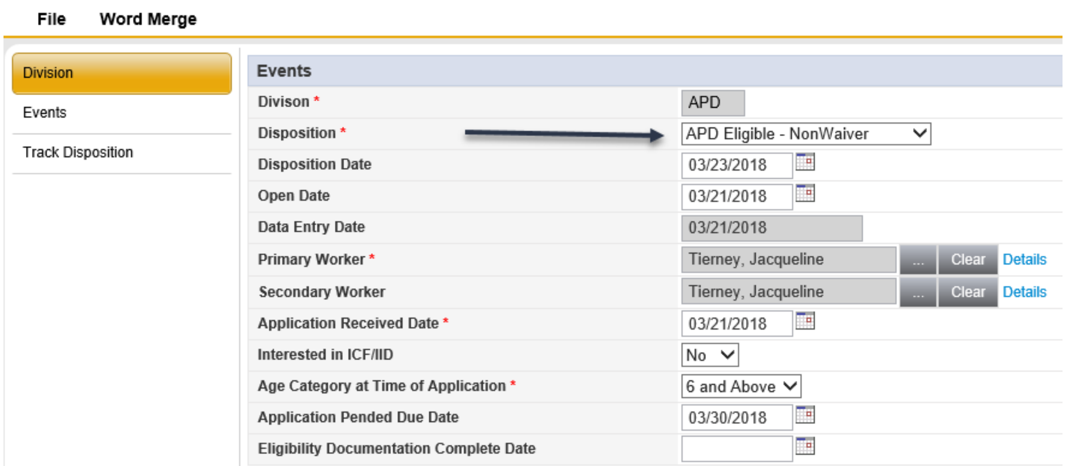
34. Locate the tickler called Complete Family Risk Factor
    a. The Clinical Workstream Lead will reassign the tickler to the QSI Assessor.
        i. From the tickler flyout menu, select **Reassign**.
        ii. Search for and select the QSI Assessor. The tickler is reassigned. Proceed to the Complete Family Risk Factors section of Chapter 8 | QSI Assessment.

Applicant Deemed APD Eligible but Not Eligible for Waiver

1. If the Applicant has been deemed APD eligible but is not eligible for the Waiver, the Eligibility Determination Specialist will navigate to the consumer's record and click **Divisions** > open the record with Division = APD

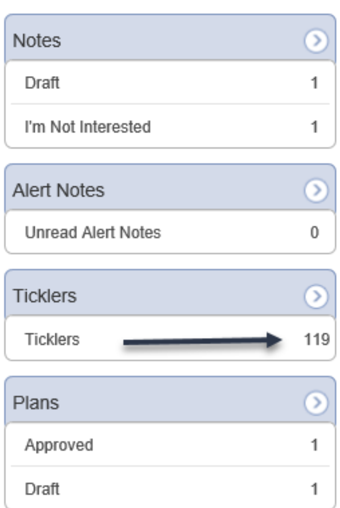
2. Update the following fields:
    a. Disposition = APD Eligible – Nonwaiver
    b. Primary Worker = Pre-Enrollment Support Coordinator Supervisor.

3. When finished, click **File > Save and Close**

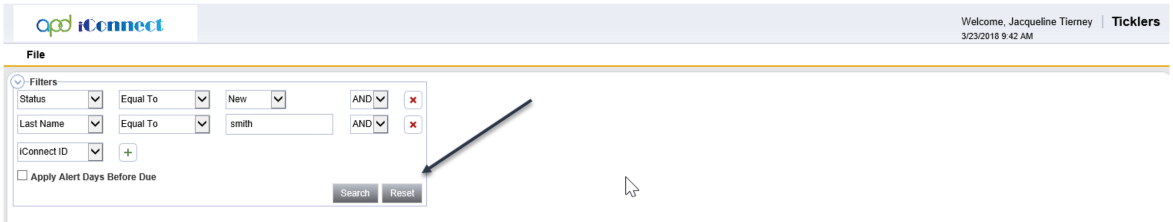


4. Upon saving the APD Division record with Disposition = APD Eligible – Non-waiver, a Workflow Wizard will trigger one Tickler:
    a. Notice of APD Eligibility/Ineligibility – *Assigned to the Eligibility Determination Specialist*, Due in 5 Days
        - This tickler is not due immediately so will be visible via My Dashboard.

5. The Eligibility Determination Specialist will monitor their My Dashboard for Ticklers. Navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



6. From here, user the multi variable search to find New Ticklers click **Search:**

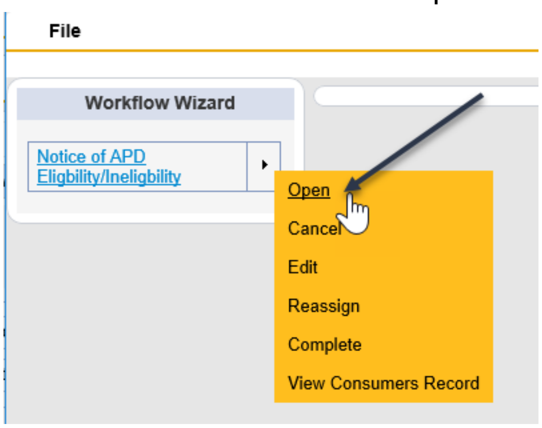


Tip

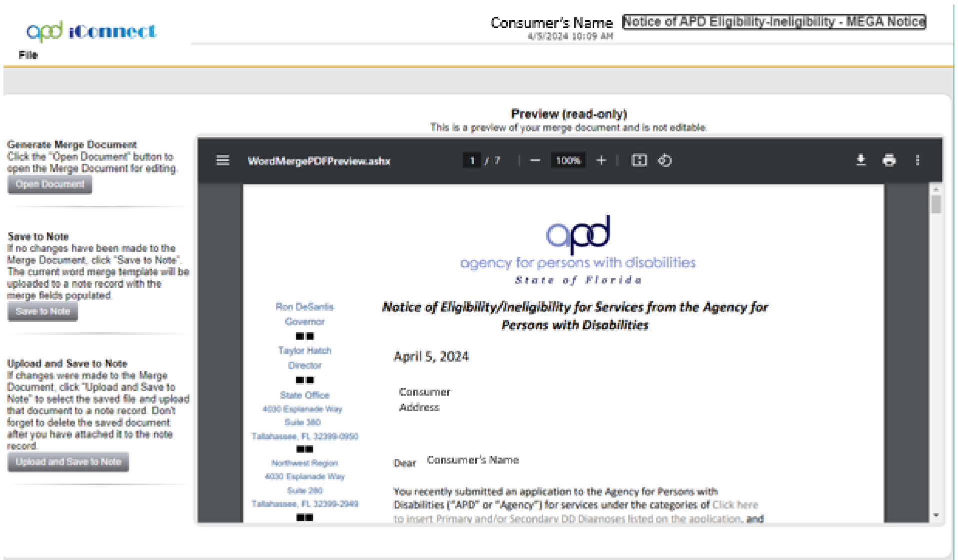
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

7. Locate the Notice of APD Eligibility/Ineligibility tickler.

8. Click on the Tickler to open it.



9. The Notice of APD Eligibility/Ineligibility – MEGA Notice letter will open in Word Merge preview mode. Click **Open Document** to edit it in Microsoft Word. Print and mail it to the Consumer:



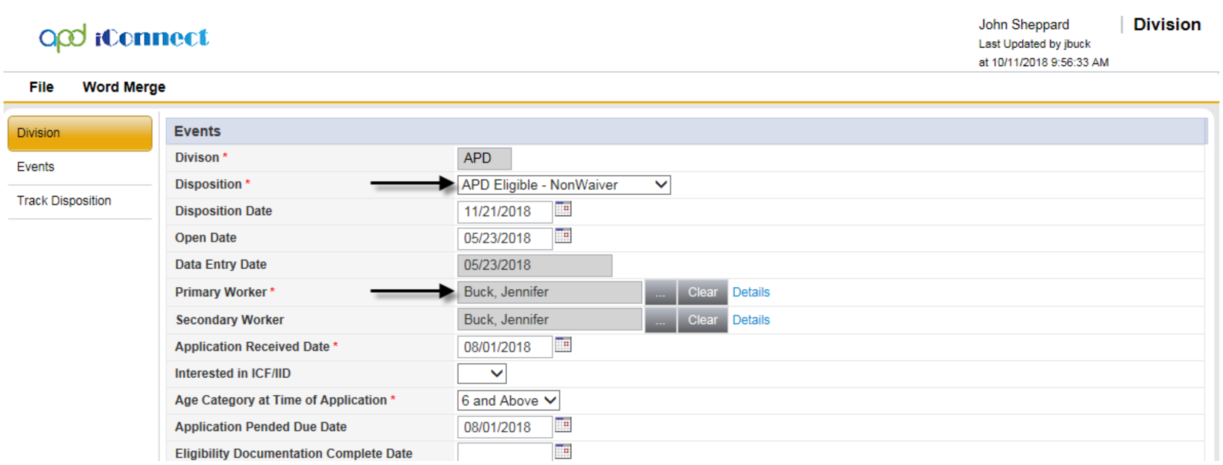
35.

10. Save the updated letter to your computer. Back in iConnect, click **Upload and Save to Note**. In the new Note Record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Status = Complete

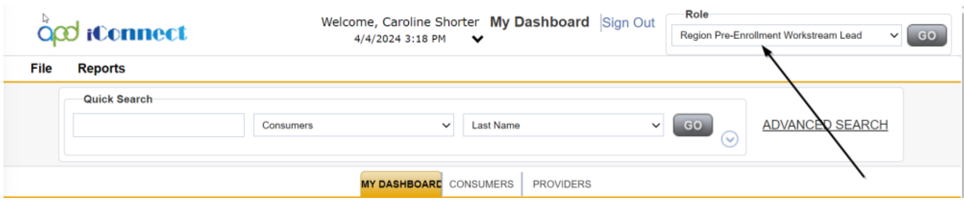
11. When finished, click **File > Save and Close Note.**

12. Return to the open Workflow Wizard. From the tickler flyout menu, select **Complete**. The tickler is marked as complete.

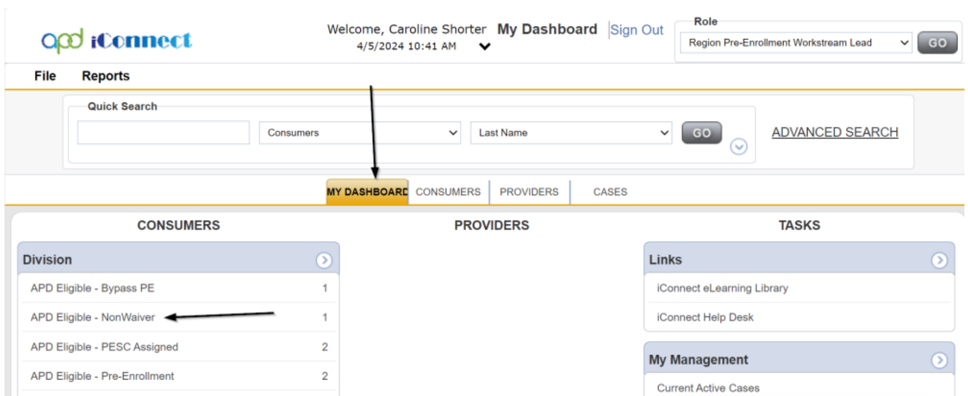
13. When the Eligibility Determination Specialist updated the Division record with Disposition = APD Eligible – Nonwaiver, the Pre-Enrollment Support Coordinator Supervisor was added as the primary worker.



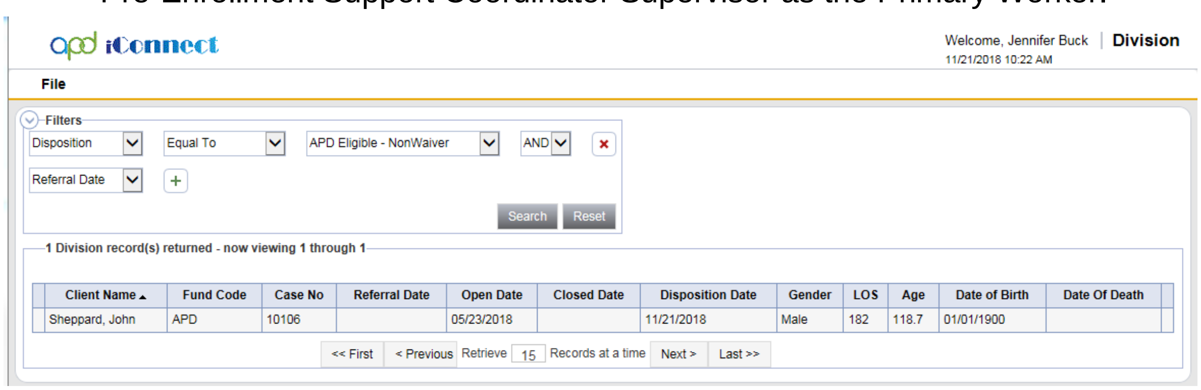
14. The Pre-Enrollment Support Coordinator Supervisor will monitor his/her My Dashboard for newly assigned Cases. To do so log into iConnect with Role = Region Pre-Enrollment Workstream Lead.



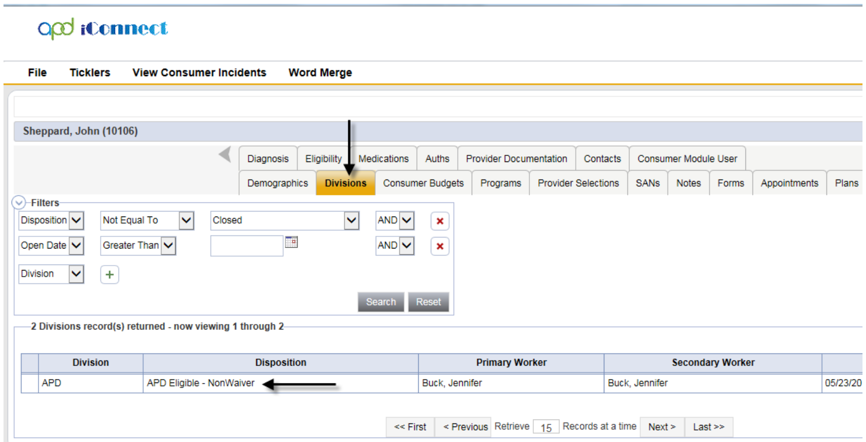
15. Select the **My Dashboard** tab. Locate the Consumer > Division task pane.



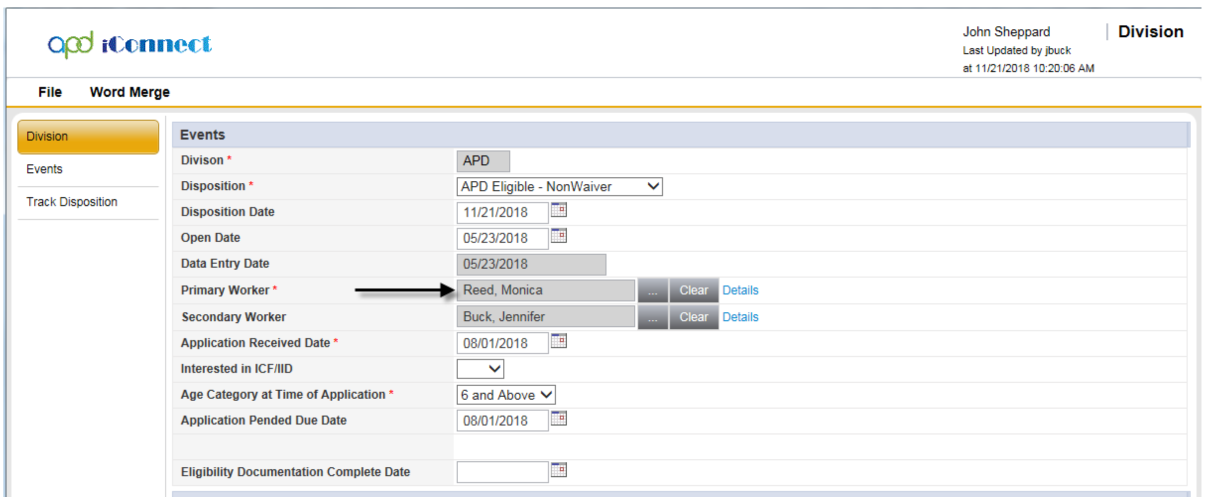
16. Select the **APD Eligible – Nonwaiver** status to display a list of consumers with this Pre-Enrollment Support Coordinator Supervisor as the Primary Worker.



17. Click on a record to open. Click the **Division** tab.



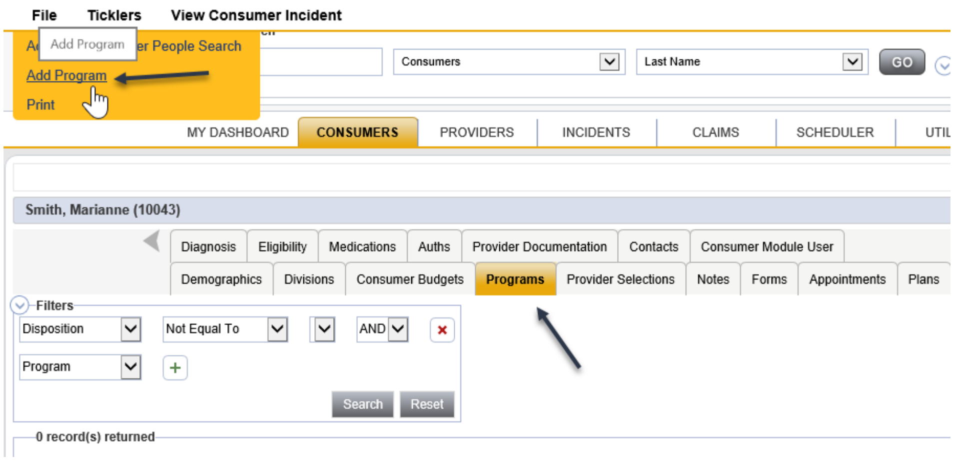
18. The Division details page displays. Update the following fields:
    a. Primary Worker: Search for and select the **Pre-Enrollment Support Coordinator** as the Primary Worker on the Division record.



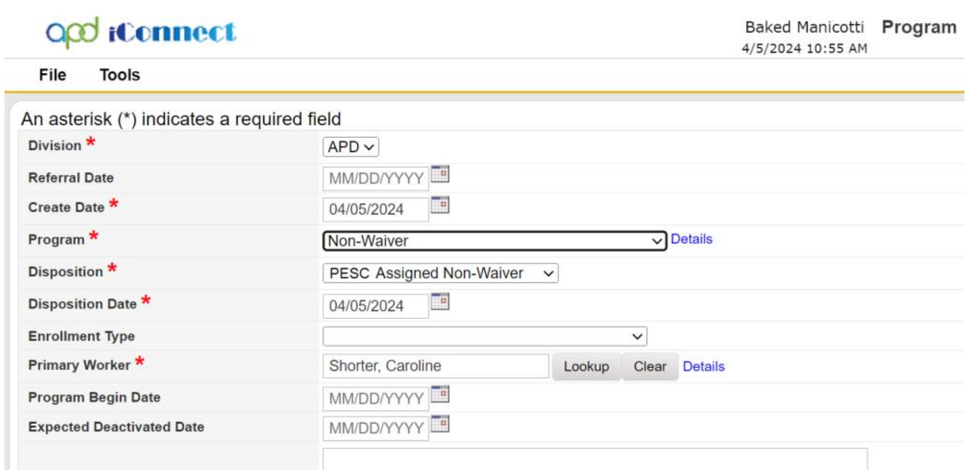
19. Click **File** >**Save and Close Division**.

20. The Pre-Enrollment Support Coordinator Supervisor will also create the Non-Waiver Program record.

21. To enroll the Consumer in Non-Waiver Program, navigate to the consumer's record and click on **Programs > File > Add Program.**



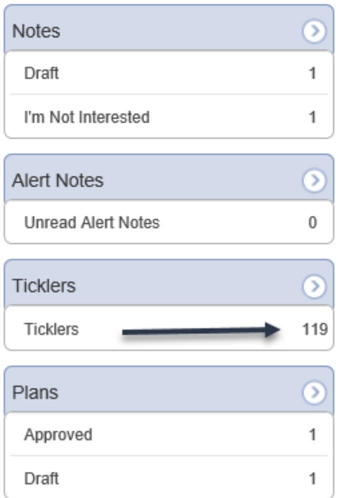
22. The Program details page displays. Update the following fields:
    a. Program = Non-Waiver
    b. Disposition = PESC Assigned Non-Waiver
    c. Enrollment Type = select applicable value
    d. Primary Worker = defaults to the Primary Worker on the Division Record (Pre-Enrollment Support Coordinator)



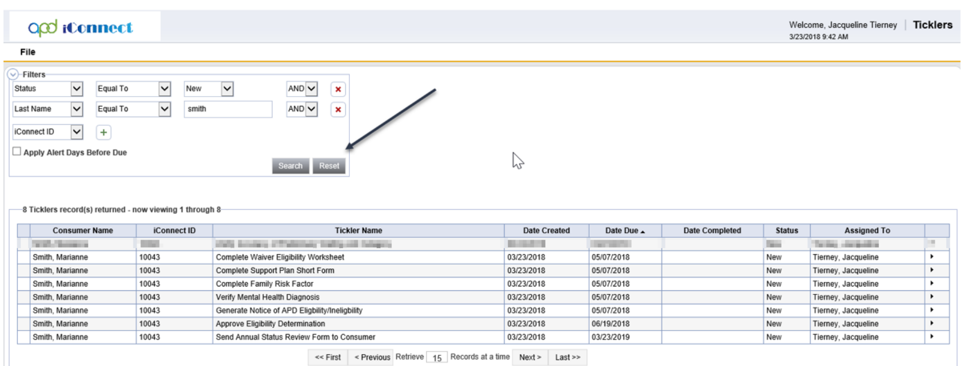
23. When finished, click **File > Save Program**

24. Upon saving the Non-Waiver Program record with Disposition = PESC Assigned Non-Waiver, a Workflow Wizard will trigger three Ticklers *assigned to Pre-Enrollment Support Coordinator (Primary Worker Division)*:
    a. Complete Waiver Eligibility Worksheet
    b. Complete Support Plan Short Form
    c. Verify Mental Health Diagnosis

25. The Pre-Enrollment Support Coordinator will monitor their My Dashboard for Ticklers related to Non-Waiver enrollments. To do so, navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



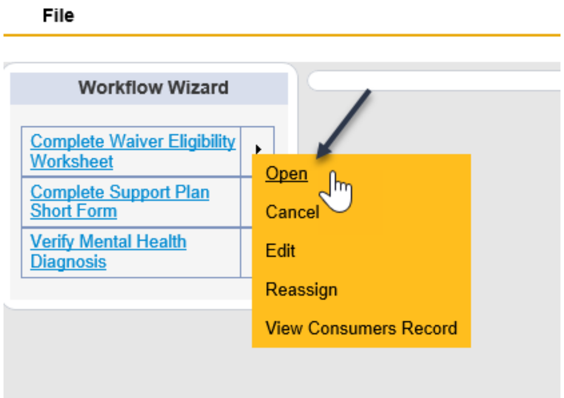
26. From here, user the multi variable search to find New Ticklers click **Search:**



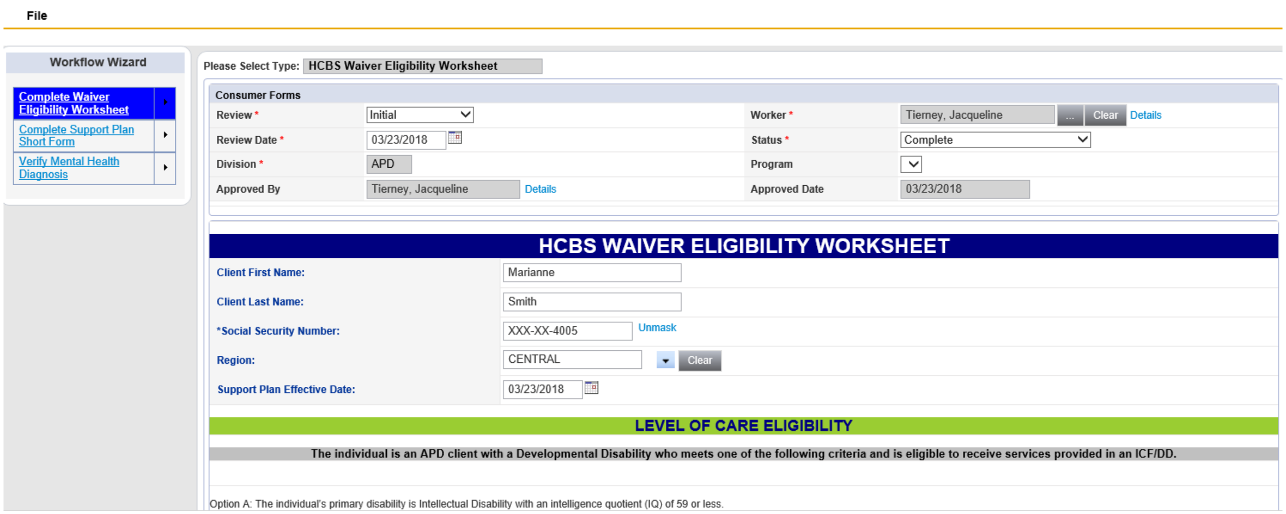
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

27. Click on the Tickler called Complete Waiver Eligibility Worksheet and click **Open:**



28. The HCBS Waiver Eligibility Worksheet will open



29. Complete all relevant fields

30. When finished, click **File > Save Forms**

31. Print the form.

32. After obtaining the necessary signatures, attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, navigate to the consumer's record and click on **Notes > File > Add Note.**

33. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = Signed Waiver Eligibility Worksheet
    d. Status = Complete

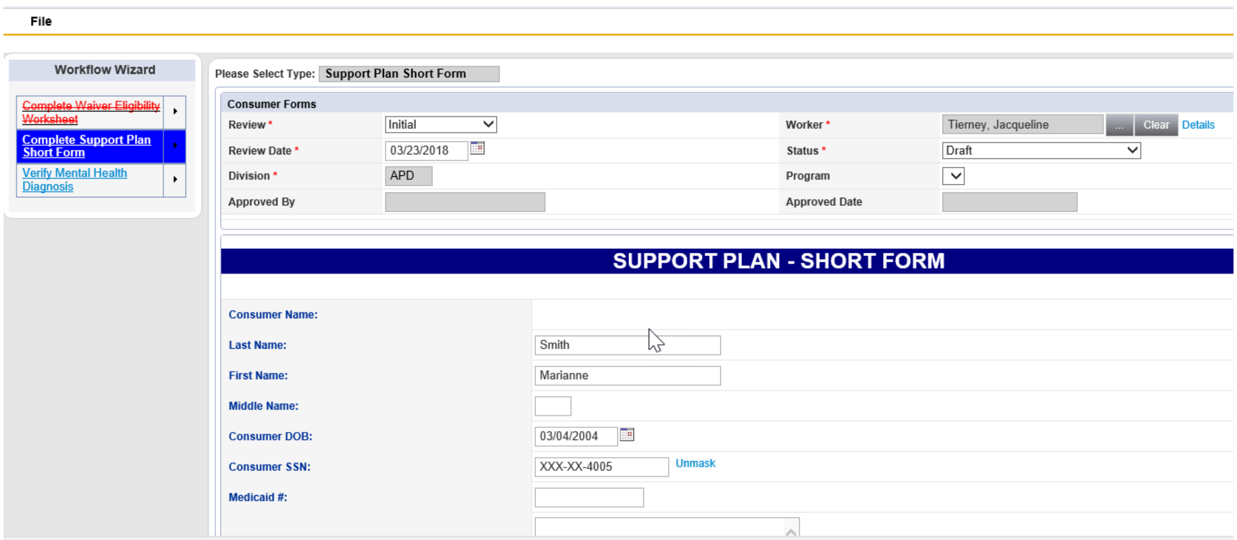
34. From the **File** menu > select **Save and Close Notes**.

35. Hover over the arrow next to the tickler called Complete Short Plan Short Form and click **Open.**

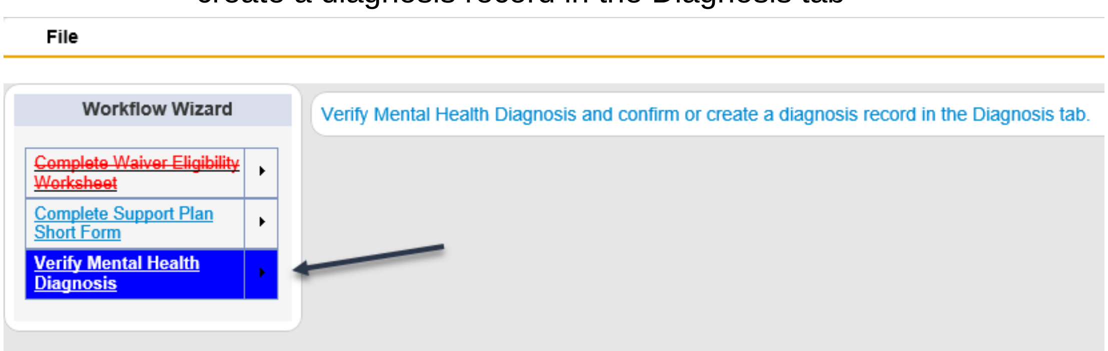
36. The Support Plan Short Form will open

37. Complete all relevant fields.

38. When finished, click **File > Save Forms**



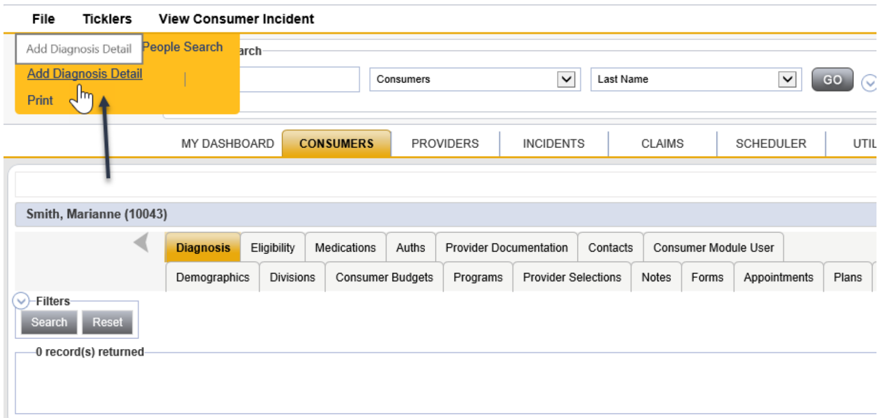
39. Hover over the tickler called Verify Mental Health Diagnosis and click **Open**.
    a. A Message Tickler will open: Verify Mental Health Diagnosis and confirm or create a diagnosis record in the Diagnosis tab



40. From the tickler flyout menu, select View Consumer Record. The Consumer record opens in a new window.

41. To confirm/add the Diagnosis record, click on the **Diagnosis** tab.
    a. In the list view, review the existing Diagnosis records to confirm if the consumer's diagnosis has an affiliated record.

42. If it does not, select **File** > **Add Diagnosis Detail**.



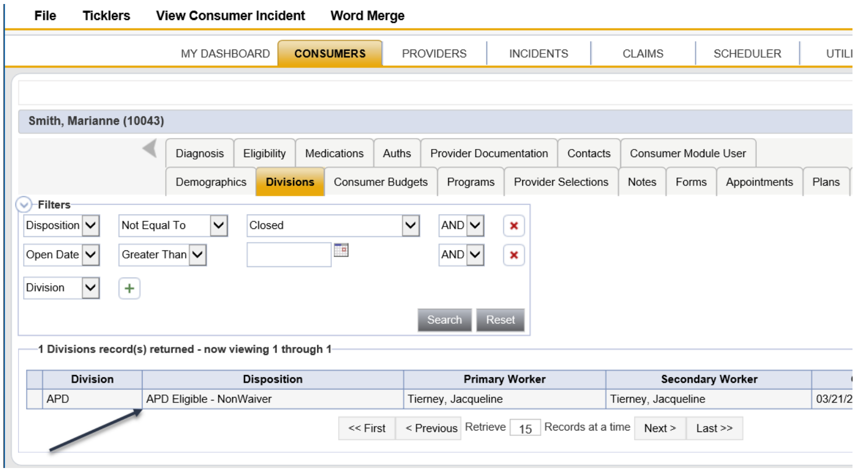
43. The Diagnosis details page displays. Proceed to the [Add the APD Eligible Diagnosis section.](#)

44. Return to the open tickler window. From the tickler flyout menu > click **Complete.**

Applicant Deemed APD Eligible and Bypasses Pre-Enrollment

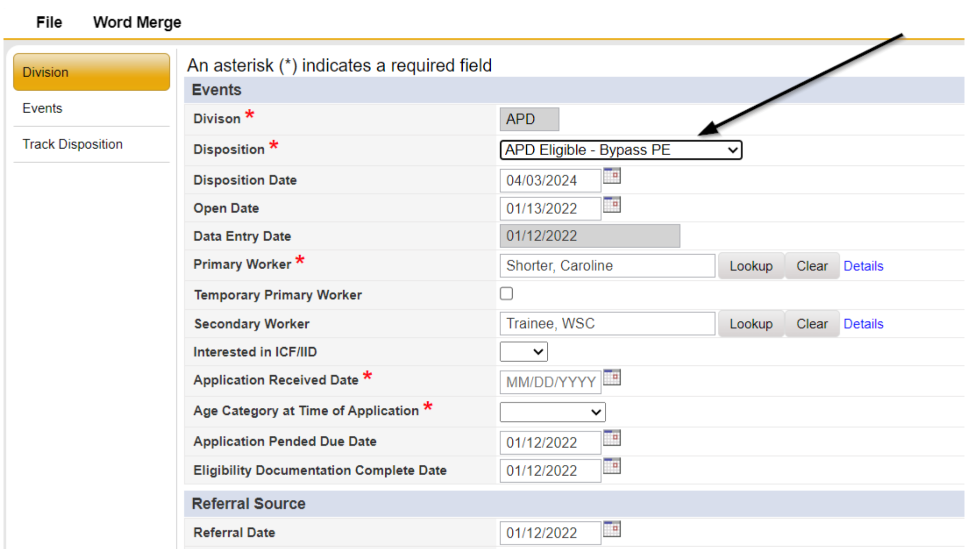
1. If the Applicant has been deemed APD eligible and can also bypass the Pre-Enrollment (as in cases of military family, or Phelan McDermid diagnosis), the eligibility determination tasks will be completed. The Eligibility Determination specialist will mail the iBudget Waiver Enrollment Offer letter. The EZ iBudget calculator will be generated to determine the consumer's algorithm amount. Once the consumer accepts the offer, the remaining standard waiver enrollment tasks are completed.

2. The Eligibility Determination Specialist will navigate to the consumer's record and click **Divisions** > open the record with Division = APD.



3. The Division Details page displays. Update the following fields:
    a. Disposition = APD Eligible - Bypass PE
    b. Primary Worker = Pre-Enrollment Workstream Lead
    c. Secondary Worker = Clinical Workstream Lead
    d. Age Category at time of Application = Update as appropriate

4. When finished, click **File** > **Save and Close Division**



5. Upon saving the APD Division record with Disposition = APD Eligible Bypass PE, a Workflow Wizard will trigger:

    Assigned to Eligibility Determination Specialist (Self)

    a. Merge/Mail the Eligibility/Ineligibility Notice – *Assigned to Eligibility Determination Specialist,* Due Immediately

Assigned to Clinical Workstream Lead (Secondary Worker)

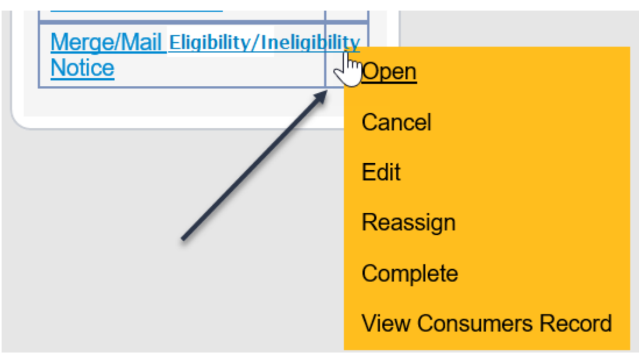
b. Assign Initial QSI – *Assigned to Clinical Work Stream Lead which will be reassigned to the QSI Assessor*
c. Complete Family Risk Factor - *Assigned to Clinical Workstream Lead which will be reassigned to the QSI Assessor.*

Assigned to Pre-Enrollment Workstream Lead (Primary Worker)

d. Complete Waiver Eligibility Worksheet – *Assigned to Pre-Enrollment Workstream Lead which will be reassigned to the Pre-Enrollment Support Coordinator* – Due in 45 Days
e. Complete Support Plan Short Form - *Assigned to Pre-Enrollment Workstream Lead which will be reassigned to the Pre-Enrollment Support Coordinator* – Due in 45 Days
f. Verify Mental Health Diagnosis - *Assigned to Pre-Enrollment Workstream Lead which will be reassigned to the Pre-Enrollment Support Coordinator* – Due in 45 days.

Assigned to Eligibility Determination Specialist (Self)

6. The Eligibility Determination Specialist will select the tickler to open or hover over the arrow next to the Tickler called Merge/Mail Eligibility/Ineligibility Notice to click **Open:**



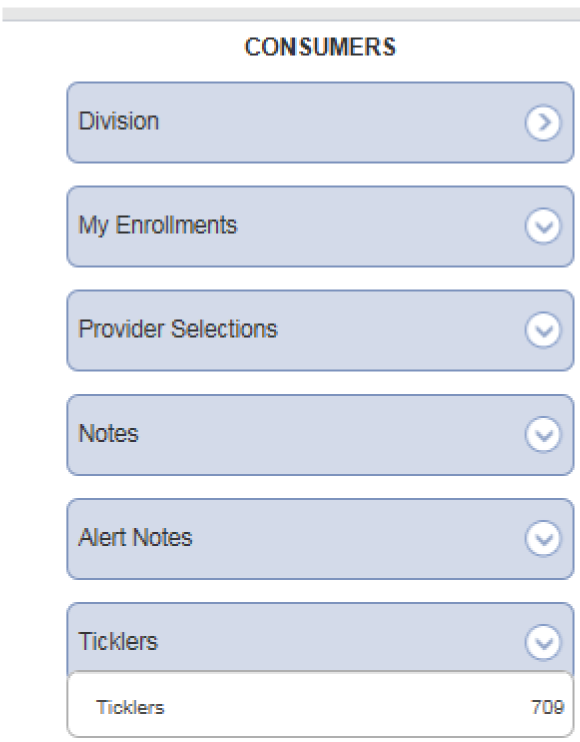
7. The Notice of Eligibility/Ineligibility Word Merge opens. Upon generating the letter, click **Open Document** to edit the letter in Microsoft Word, and **Upload and Save to Note** to save a copy of the modified letter to the consumer's record

8. When finished, click **File > Close Workflow Wizard**:

Assigned to Clinical Workstream Lead (Secondary Worker)

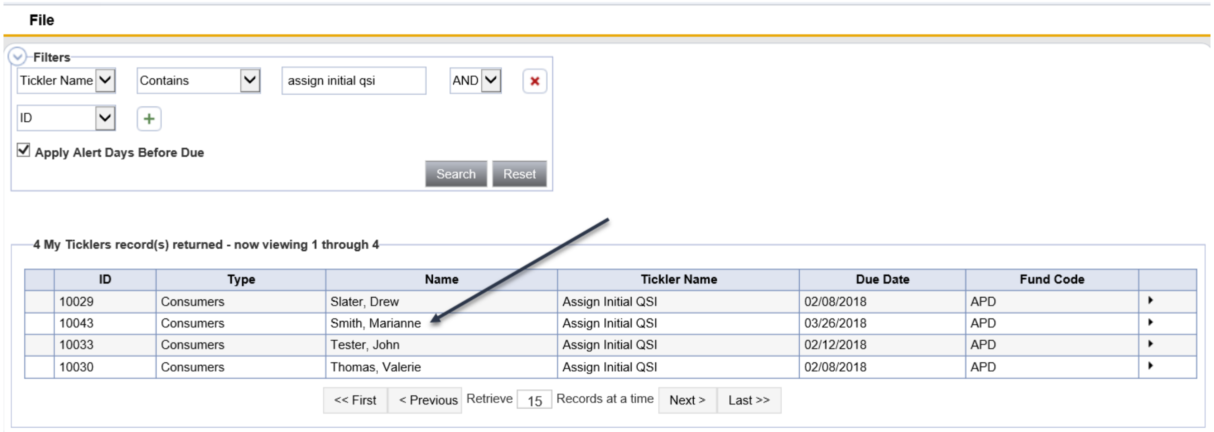
9. The Clinical Workstream Lead will be able to access the Assign Initial QSI and Complete Family Risk Factor ticklers via the Tasks Panel on their **My Dashboard**.

10. To do so, navigate to the **My Dashboard** and click on **Ticklers Due:**

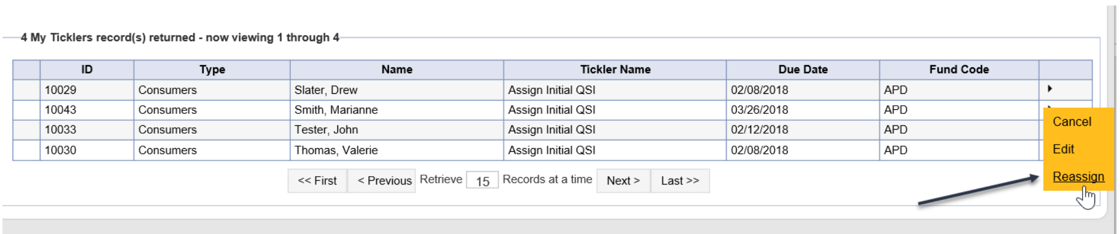


11. Click on the linked number of outstanding Ticklers:

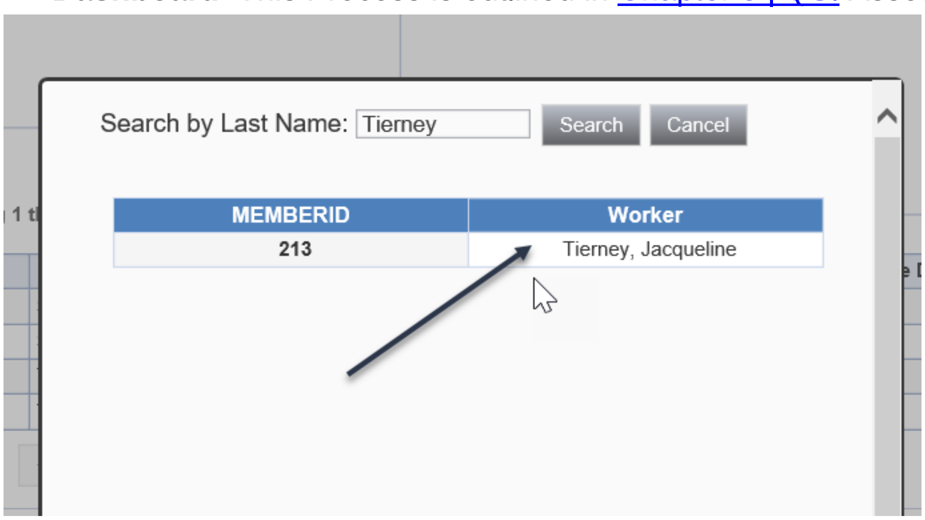
12. Use the multi variable search criteria to narrow the results in the Tickler Queue. Then click **Search:**



13. Hover over the arrow next to the Tickler called Assign Initial QSI to click **Reassign**:



14. In the Reassign Tickler window, search for the appropriate Assessor, click **Search**, and upon finding a match click on the name. The Tickler will be reassigned to selected user and will populate under the Tasks Panel on the Assessor's **My Dashboard**. This Process is outlined in Chapter 8 | QSI Assessment.



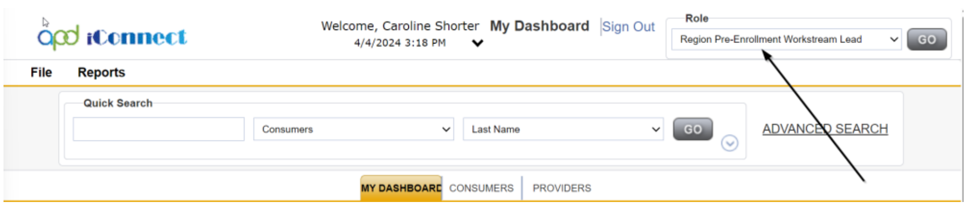
15. The Clinical Workstream Lead returns to the Tickler queue and locates the **Complete Family Risk Factor** tickler. From the tickler flyout menu, select **Reassign**.

16. In the Reassign Tickler window, search for the appropriate Assessor, click **Search**, and upon finding a match click on the name. The Tickler will be reassigned to selected user and will populate under the Tasks Panel on the Assessor's **My Dashboard**. This Process is outlined in Chapter 8 | QSI Assessment.

Assigned to Pre-Enrollment Workstream Lead (Primary Worker)

17. The Pre-Enrollment Workstream Lead will reassign the three ticklers assigned when the Eligibility Determination Specialist created the APD Eligible – Bypass PE Division record to the Pre-Enrollment Support Coordinator.
    a. Complete Waiver Eligibility Worksheet
    b. Complete Support Plan Short Form
    c. Verify Mental Health Diagnosis

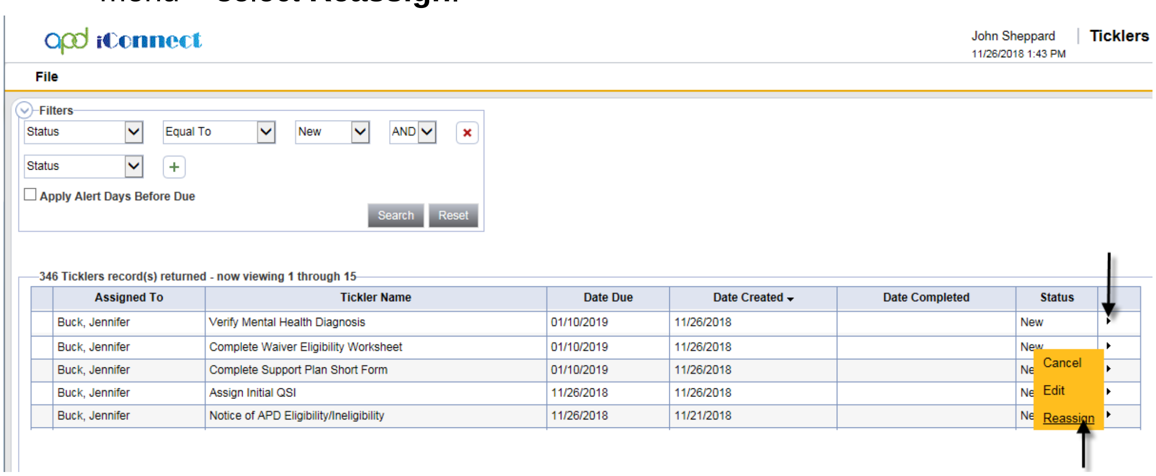
18. The Pre-Enrollment Workstream Lead will monitor his/her My Dashboard for newly assigned ticklers. To do so log into iConnect with Role = Region Pre-Enrollment Workstream Lead.



19. Click **My Dashboard** > **Ticklers**.

20. A list of outstanding ticklers assigned to the Pre-Enrollment Workstream Lead is displayed.

21. Locate the Complete Waiver Eligibility Worksheet tickler. From the tickler **flyout** menu > select **Reassign**.



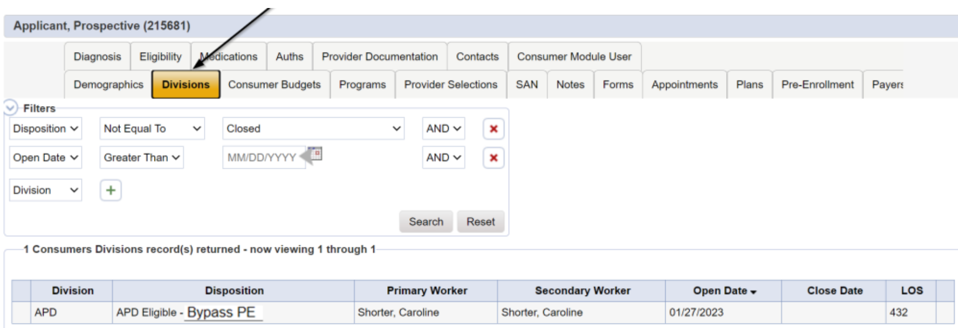
22. Search for and select the Pre-Enrollment Support Coordinator name. The tickler is reassigned.

23. Return to the list of outstanding ticklers. Locate the Complete Support Plan Short Form tickler. From the tickler **flyout** menu > select **Reassign**. Search for and select the Pre-Enrollment Support Coordinator name. The tickler is reassigned.

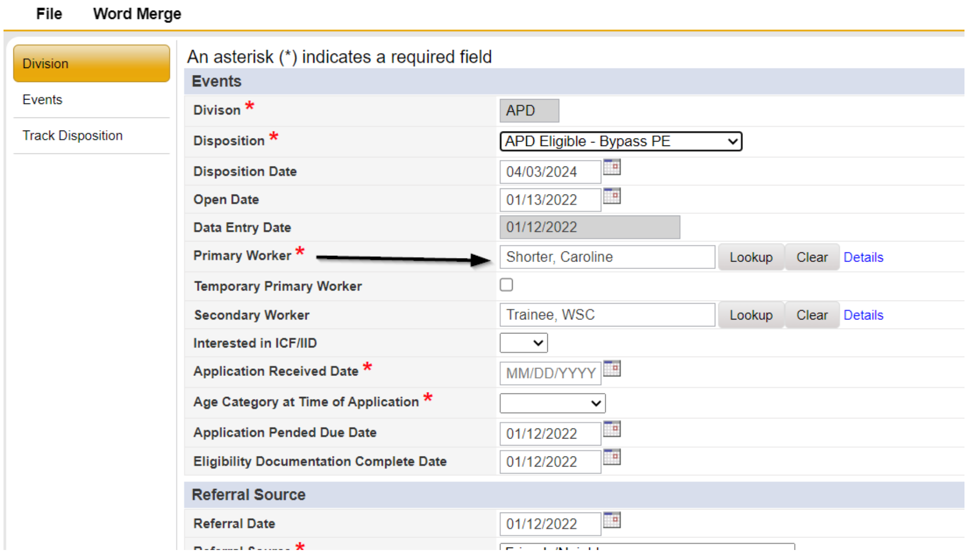
24. Return to the list of outstanding ticklers. Locate the Verify Mental Health Diagnosis tickler. From the tickler **flyout** menu > select **Reassign**. Search for and select the Pre-Enrollment Support Coordinator name. The tickler is reassigned.

25. The Pre-Enrollment Workstream Lead will also assign the Pre-Enrollment Support Coordinator as the Primary Worker on the consumer's APD Division Record.

26. Navigate to the **Division** tab. Select the **APD Eligible – Non-Pre-Enrollment** Division record.



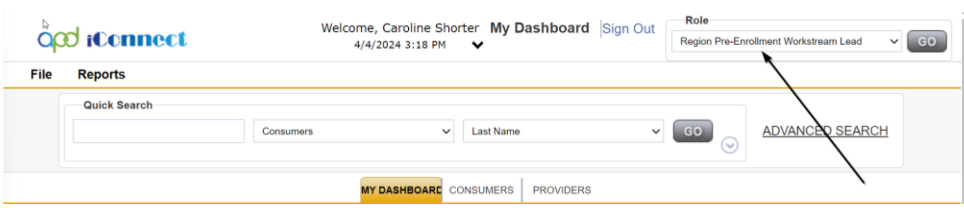
27. The Division details page displays. Update the following fields:
    a. Primary Worker: Search for and select the **Pre-Enrollment Support Coordinator** as the Primary Worker on the Division record.



28. Click **File** >**Save and Close Division**.

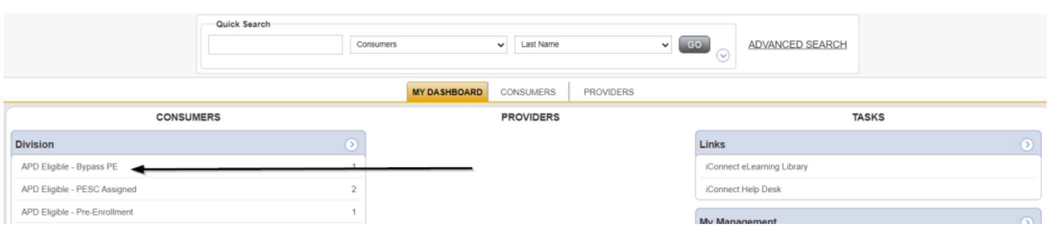
29. The Pre-Enrollment Support Coordinator can **use My Dashboard** to track his/her newly assigned cases.

30. To do so log into iConnect with Role = Region Pre-Enrollment Workstream Lead.

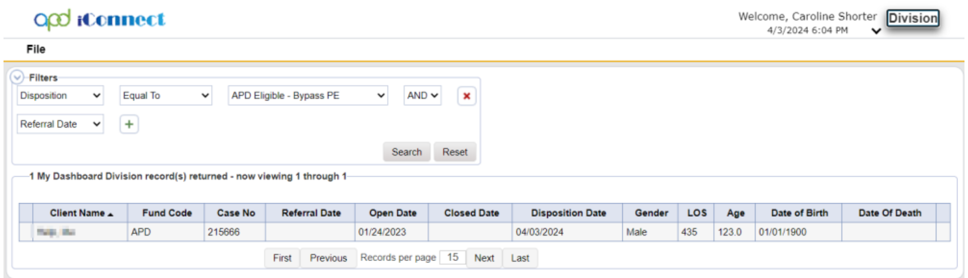


31. Select the **My Dashboard** tab.

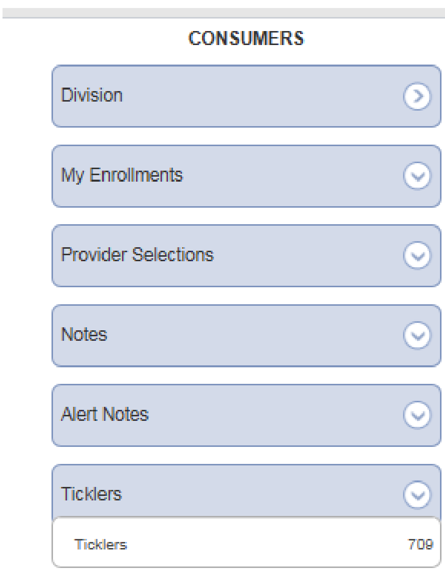
32. Locate the Consumer > Division task pane.



33. Select the **APD Eligible – Bypass PE** status to display a list of consumers with this Pre-Enrollment Workstream Lead as the Primary Worker.



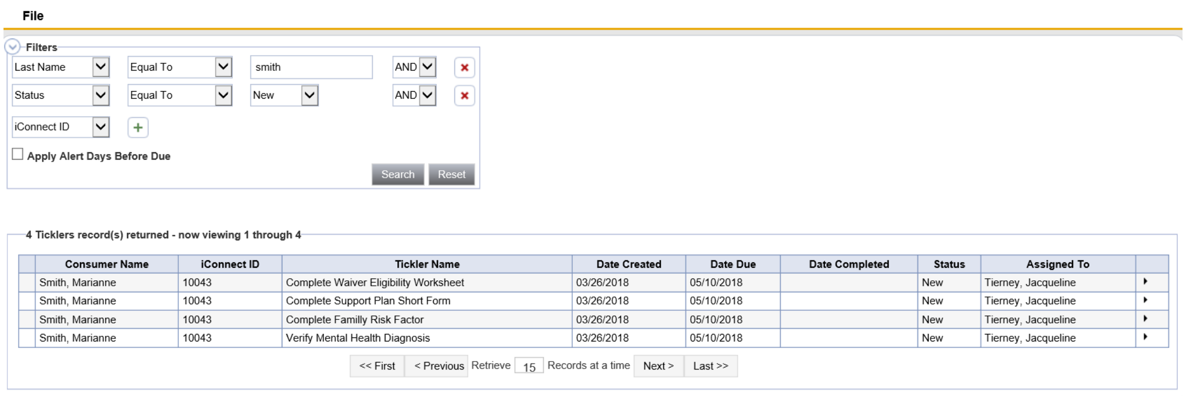
34. The assigned Pre-Enrollment Support Coordinator will also monitor his/her ticklers via **My Dashboard.**
    a. Navigate to **My Dashboard** and click on **Ticklers**



    b. Use the multi variable search criteria to narrow the results in the Tickler Queue. Then click **Search:**

Tip

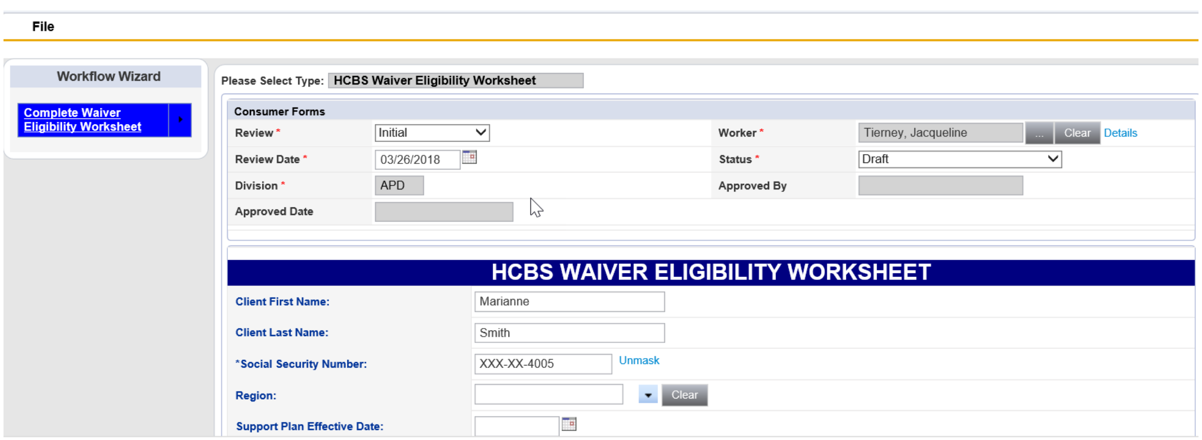
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*



35. Click to open the Tickler called Complete Waiver Eligibility Worksheet.

36. The HCBS Waiver Eligibility Worksheet will open.
    a. Communicate with the Consumer as needed to complete all relevant fields on the form. Keep the form with Status = Draft to keep it editable.
    b. Only when all fields are complete, in the Form header, set Review = Initial, Division = APD and Status = Complete.
37. Print the form for signature.

38. When finished, click **File > Save and Close Form** and **File > Close Workflow Wizard**



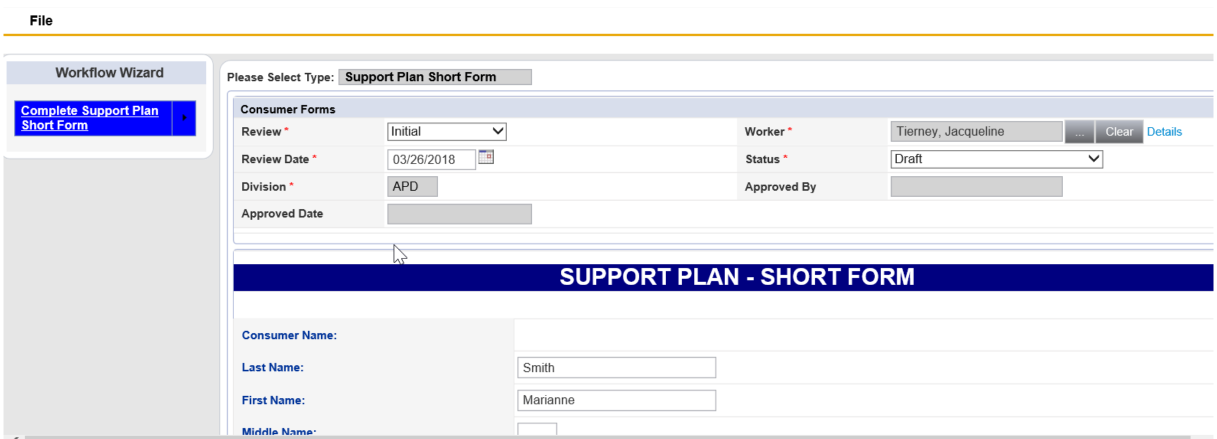
39. After obtaining the necessary signatures, attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, navigate to the consumer's record and click on **Notes > File > Add Note**:
    a. In the new Note record, update the following fields:
        i. Division = APD
        ii. Note Type = Waiver Enrollment
        iii. Note Subtype = Signed Waiver Eligibility Worksheet
        iv. Status = Complete

b. From the **File** menu > select **Save and Close Notes**.

40. Back in the Tickler Queue, click on the Tickler called Complete Support Plan Short Form.

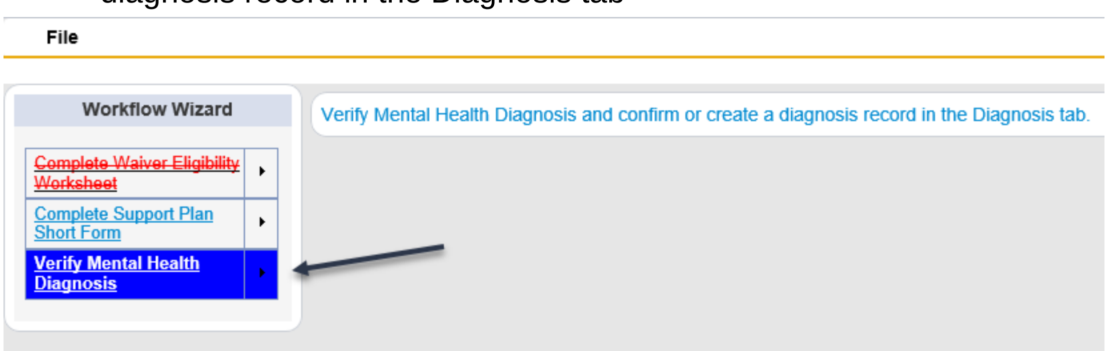
41. The Support Plan Short Form will open.
    a. Complete all relevant fields
    b. In the Form header, set Review = Initial, Division = APD and Status = Complete

42. When finished, click **File > Save and Close Form** and **File > Close Workflow Wizard**



45. Back in the tickler queue, select the tickler called Verify Mental Health Diagnosis

46. A Message Tickler will open: Verify Mental Health Diagnosis and confirm or create a diagnosis record in the Diagnosis tab



47. From the tickler flyout menu, select View Consumer Record. The Consumer record opens in a new window.

48. To confirm/add the Diagnosis record, click on the **Diagnosis** tab.

   a. In the list view, review the existing Diagnosis records to confirm if the consumer's diagnosis has an affiliated record.
   b. If it does not, select **File** > **Add Diagnosis Detail**.
   c. Proceed to the Add the APD Eligible Diagnosis section.

49. Return to the open tickler window. From the tickler flyout menu > click **Complete.**

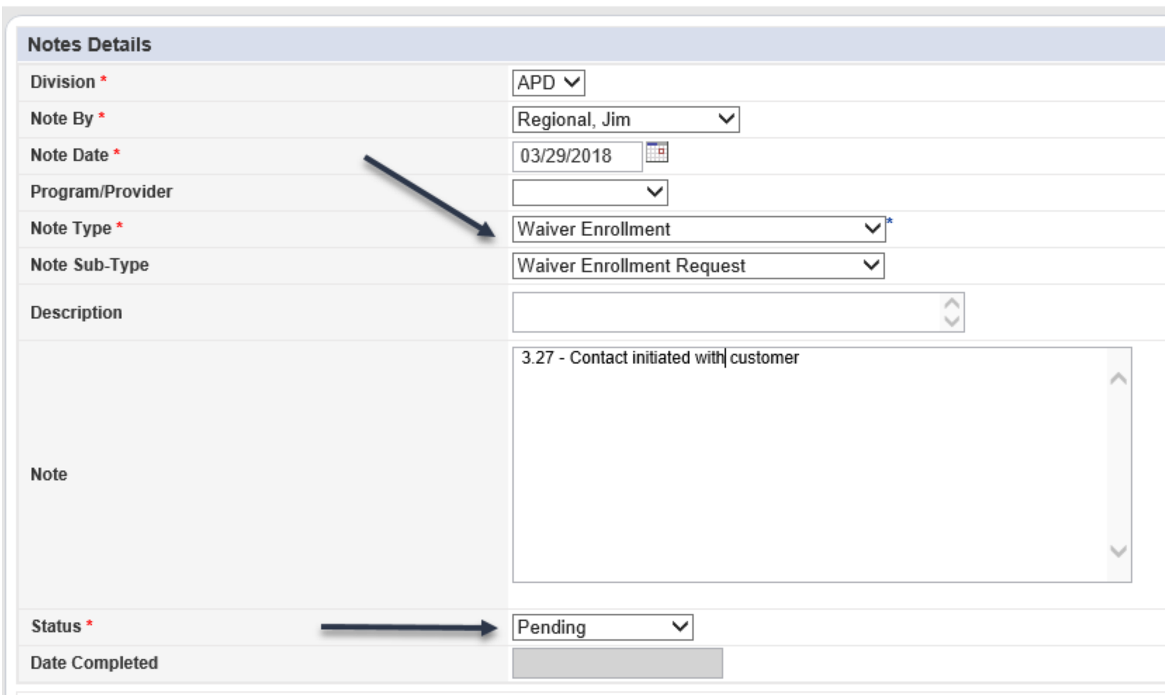
43. The Offer Letter will be mailed to the consumer. Proceed to Chapter 5 | iBudget Offer Enrollment Letter.

44. The EZ iBudget calculator form will be completed for the consumer. Proceed to Chapter 9 | EZ iBudget Calculator.

45. The Pre-Enrollment Support Coordinator will submit the Enrollment request Note to the State Office only after verifying Medicaid Eligibility, verifying completion and consumer signature on the Waiver Eligibility Worksheet and the algorithm amount from the EZ iBudget calculator form.

46. Navigate to the consumer's Record and select the **Notes** tab. From the **File** menu > click **Add Note.**

47. A new Consumer Note record opens. Update the following fields:
   a. Note Type = Waiver Enrollment
   b. Note Subtype = Waiver Enrollment Request
   c. Note = document that contact initiated with Consumer. The user should indicate who should be the primary worker on both the Division and Program records, the WSC or a designated Region worker.
   d. Route the Note to appropriate State Office Enrollment Worker by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.
   e. Status = Pending



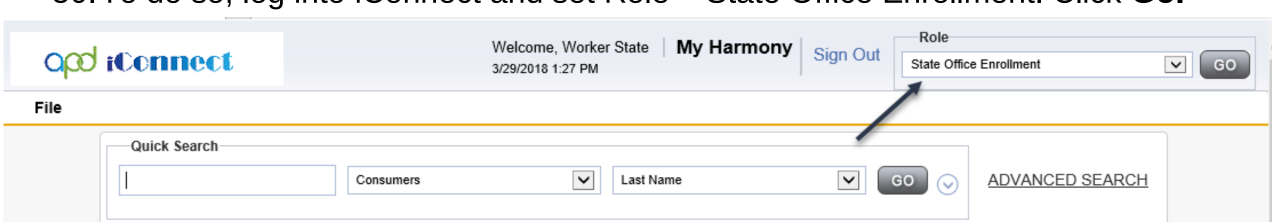
Key Point

Remember to save the Note in Pending Status so that the recipient can update the Note and route it back to the sender

48. When finished, click **File > Save and Close Notes.**

49. The State Office Enrollment Worker will monitor their **My Dashboard** for Note records related to Waiver Enrollment request.

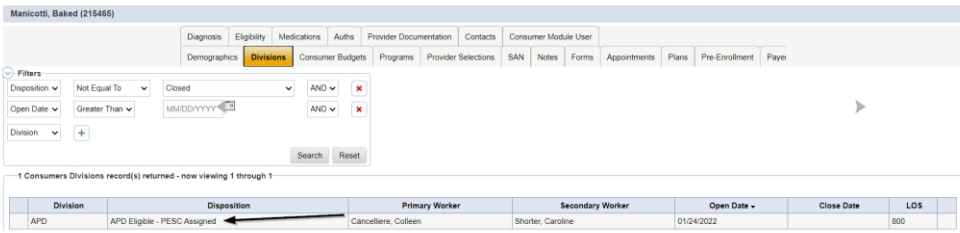
50. To do so, log into iConnect and set Role = State Office Enrollment. Click **Go.**



51. On the **My Dashboard,** find the Consumers Section and Scroll down to the Notes Panel. Click on the **Pending** link to open a queue of Notes with Status = Pending. The State Office can mark the status as Complete if the request is complete or keep the status as Pending if issues exist to allow for the back and forth of this note.

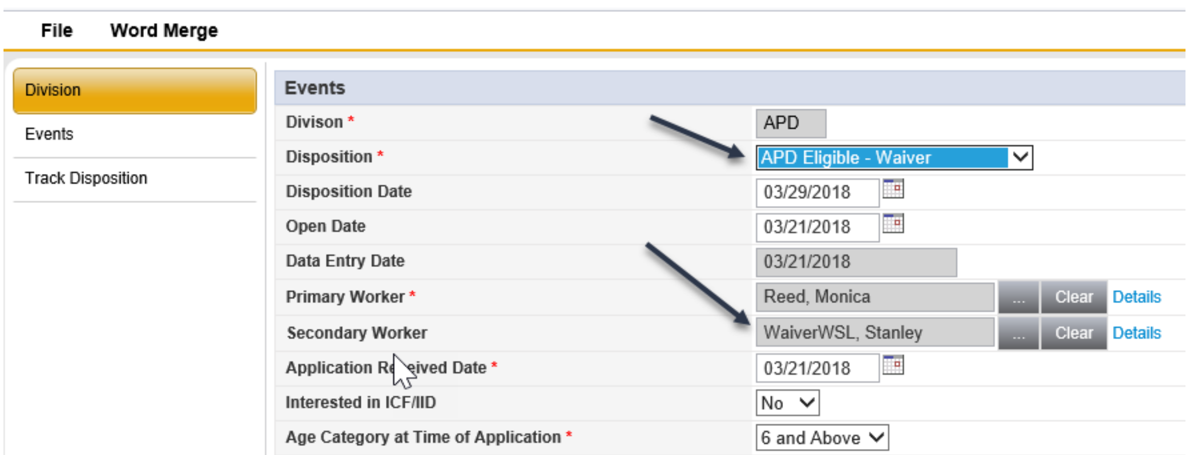
52. In the Notes Queue, open the Note record with Note Type = Waiver Enrollment and Note Subtype = Waiver Enrollment Request. Review the contents of the Note and then click **File > Close Notes.**

53. Navigate consumer's record and click on the **Divisions** tab. In the Divisions List View Grid, open the consumer's APD Division record:



54. In the APD Division record, update the following fields:
    a. Primary Worker = Waiver Support Coordinator (or designated regional worker if the Consumer has not yet selected a WSC)
    b. Secondary Worker = Waiver Workstream Lead
    c. Disposition = APD Eligible - Waiver

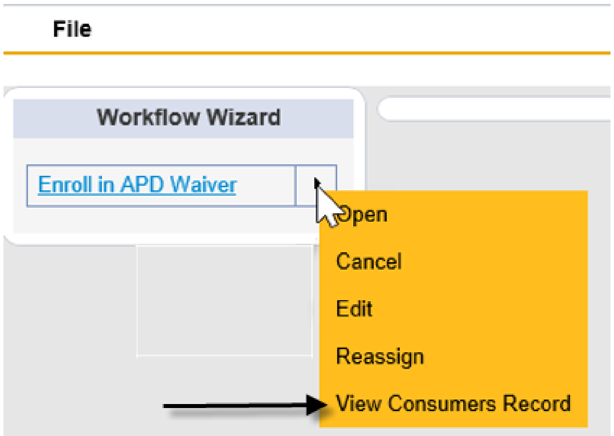
55. When finished, click **File > Save and Close Division**



56. Upon saving the APD Division record with Disposition = APD Eligible - Waiver, a Workflow Wizard triggers with the following Tickler:
    a. Enroll in APD waiver - *Assigned to the State Office Worker,* Due Immediately

57. Select the tickler to open. A message tickler displays: Create/Update the APD waiver Program Record with Disposition = Enrolled.

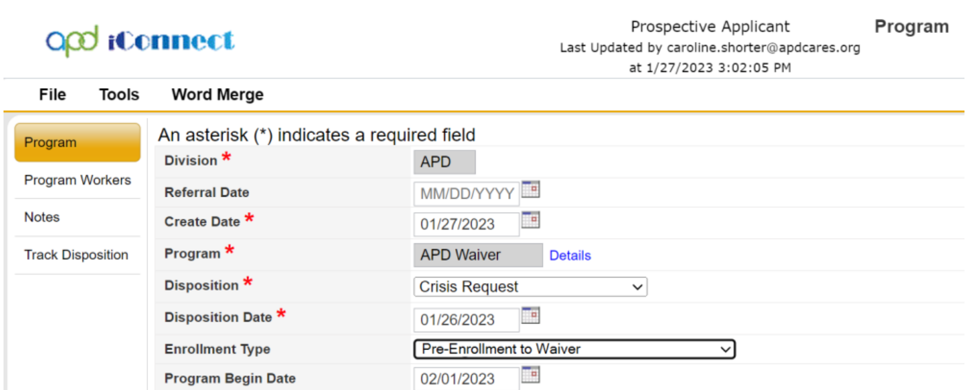
58. Hover over the arrow next to the Tickler called Enroll in APD waiver to and click **View consumer's Record:**



59. The consumer record opens in a new window.

60. Select **File** > **Add Program**. The Program details page opens. Update the following fields:
    a. Program = APD waiver
    b. Disposition = Enrolled
    c. Enrollment Type = Pre-Enrollment to Waiver
    NOTE: The Enrolment type can vary depending on the type of enrollment: Crisis, ICF/IDD, etc.
    d. Primary Worker on the Division tab = Waiver Support Coordinator
    e. Program Begin Date = update as appropriate

61. When finished, click **File > Save and Close Program.**

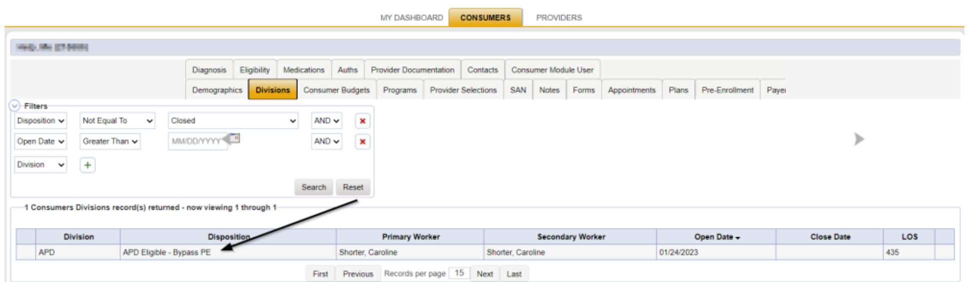


62. Return to the Open Workflow Wizard window. From the tickler flyout menu select Complete.

63. Upon saving the Program record, a Workflow Wizard triggers with six Ticklers assigned to the Waiver Support Coordinator and will be outlined in the section on Cost Plans. and Support Plan
    a. Initiate Cost Plan - *Assigned to WSC,* Due Immediately
    b. Complete Person-Centered Support Plan - *Assigned to WSC,* Due Immediately
    c. Complete Amount Implementation Meeting - *Assigned to WSC,* Due Immediately
    d. Upload Support Planning Collateral Documents to Note - *Assigned to WSC,* Due Immediately
    e. Complete Cost Plan - *Assigned to WSC,* Due in 45 Days
    f. Eligibility Worksheet Reminder - *Assigned to WSC,* Due in 45 Days

Applicant Deemed APD Ineligible

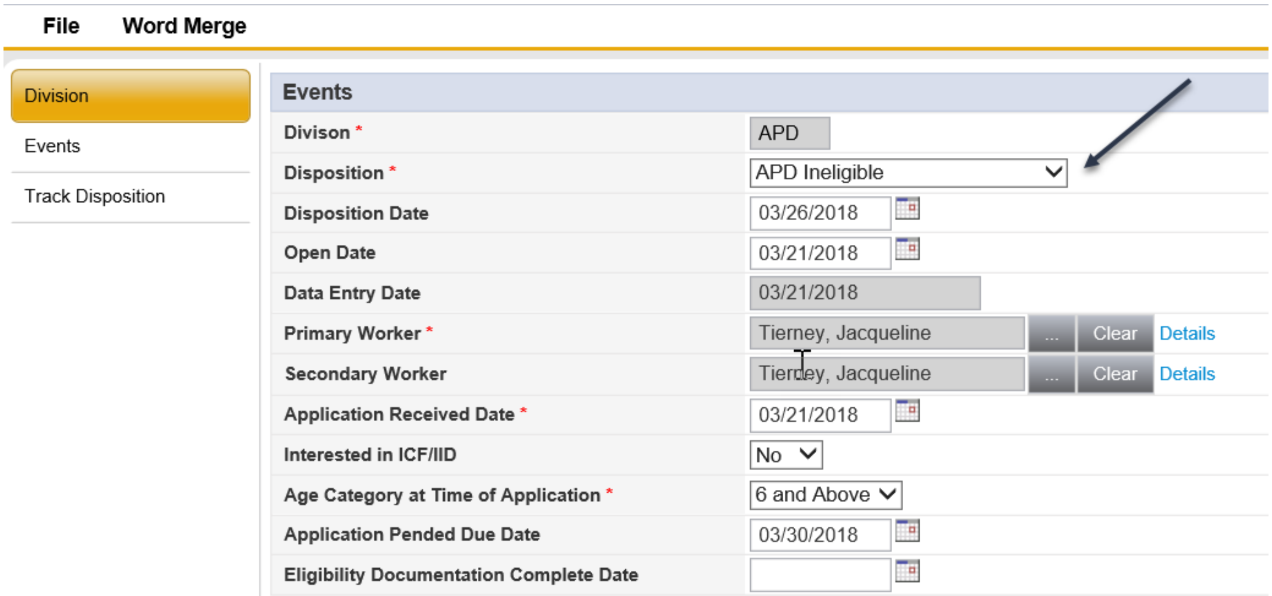
1. If the Applicant has been deemed ineligible to receive APD benefits, the Eligibility Determination Specialist will navigate to the consumer's record and click on the **Divisions** tab and open the APD Division record.



2. Update the following fields:
    a. Disposition = APD Ineligible

       NOTE: APD Ineligible will keep the iConnect record in an open state, in case the consumer needs to invoke Due Process.

3. When finished, click **File > Save and Close Division**



4. Upon saving the APD Division record with Disposition = APD Ineligible, a Workflow Wizard will trigger with the following Ticklers:
    a. Notice of APD Eligibility/Ineligibility – *Assigned to Eligibility Determination Specialist*, Due Within 5 Business Days
    b. Verify if Request to Exercise Due Process was Received – *Assigned to Eligibility Determination Specialist,* Due 35 Days after Disposition Date. This tickler will not trigger immediately because it's not due now. It will be visible via My Dashboard.

5. The Eligibility Determination Specialist will be able to access the Ticklers assigned to them via the Tasks Panel on the **My Dashboard**:

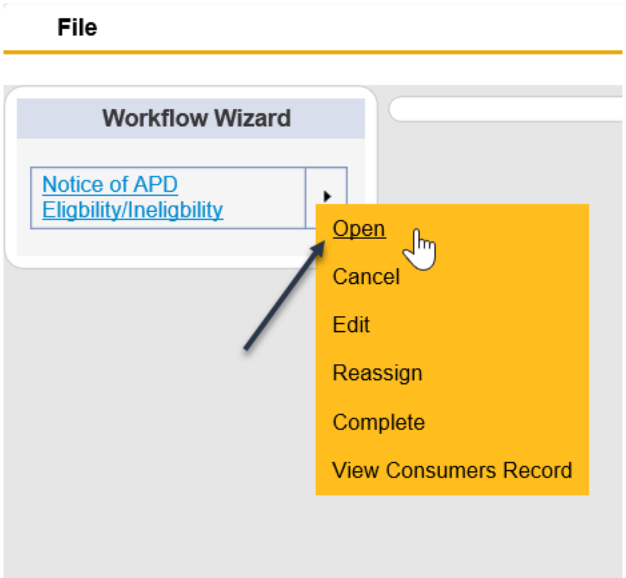
6. To do so, navigate to the **My Dashboard** and click on **Ticklers.**

7. Use the multi variable search criteria to narrow the results in the Tickler Queue. Then click **Search:**

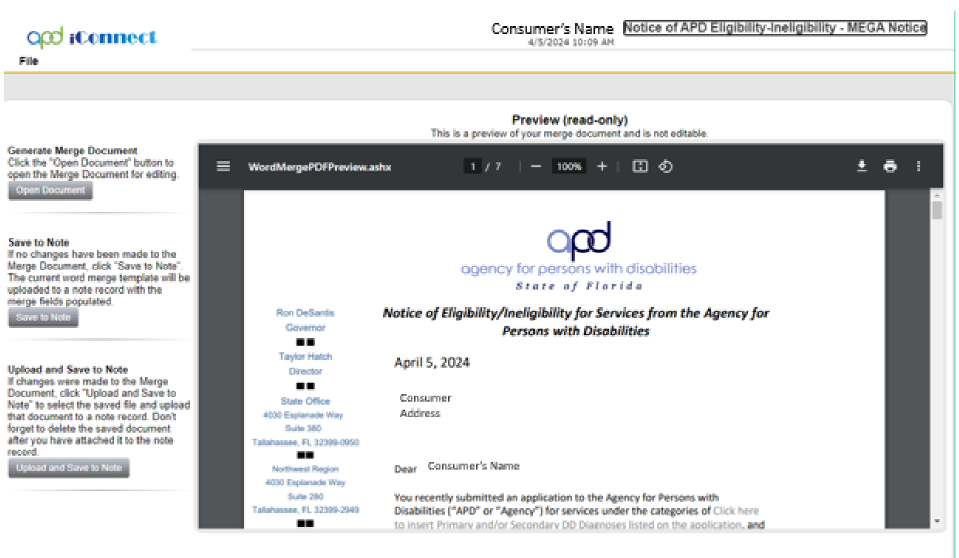
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

8. Locate the tickler called Notice of APD Eligibility/Ineligibility and click to **Open.**



9. The Notice of APD Eligibility/Ineligibility – MEGA Notice letter will open in Word Merge preview mode. Click **Open Document** to edit it in Microsoft Word. Print and mail it to the Consumer:



36.

10. Save the updated letter to your computer. Back in iConnect, click **Upload and Save to Note**. In the new Note Record, update the following fields:
    a. Division = APD
    b. Note Type = Application/Eligibility
    c. Status = Complete

11. When finished, click **File > Save and Close Note**

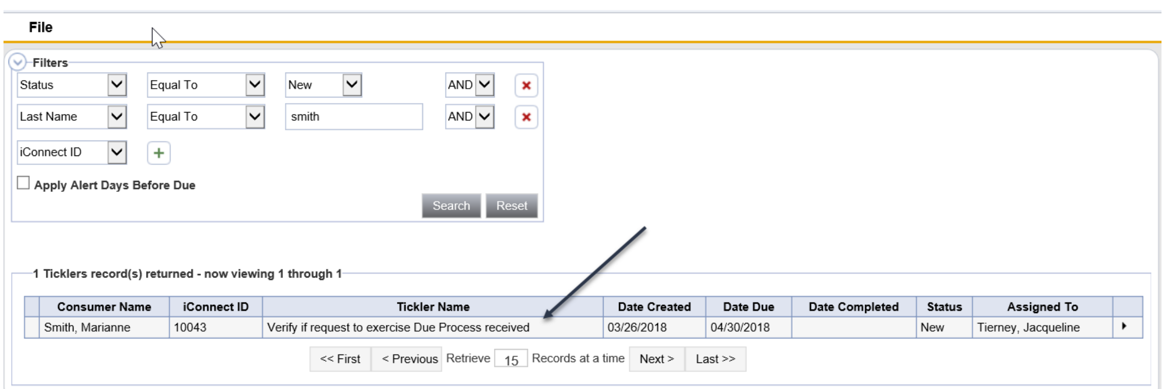
12. Thirty-five days after the user updated the consumer's Division Disposition = APD Ineligible, a Tickler will be due prompting the Eligibility Determination Specialist to Close the APD Division record if Due Process was not exercised. If Due Process was exercised, the user can cancel the Tickler.

13. To access the remaining Tickler, navigate to the **My Dashboard** tab and click on **Ticklers.**

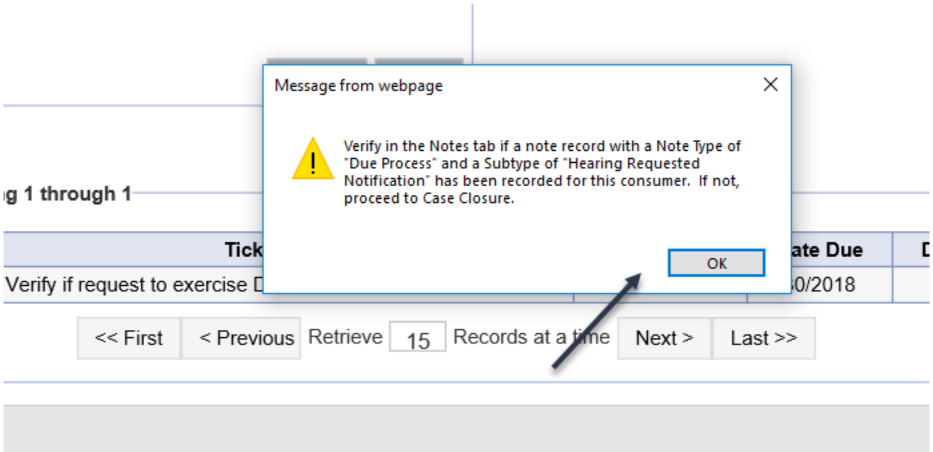
14. Use the multi variable search criteria to narrow the results in the Tickler Queue. Then click **Search:**

Tip

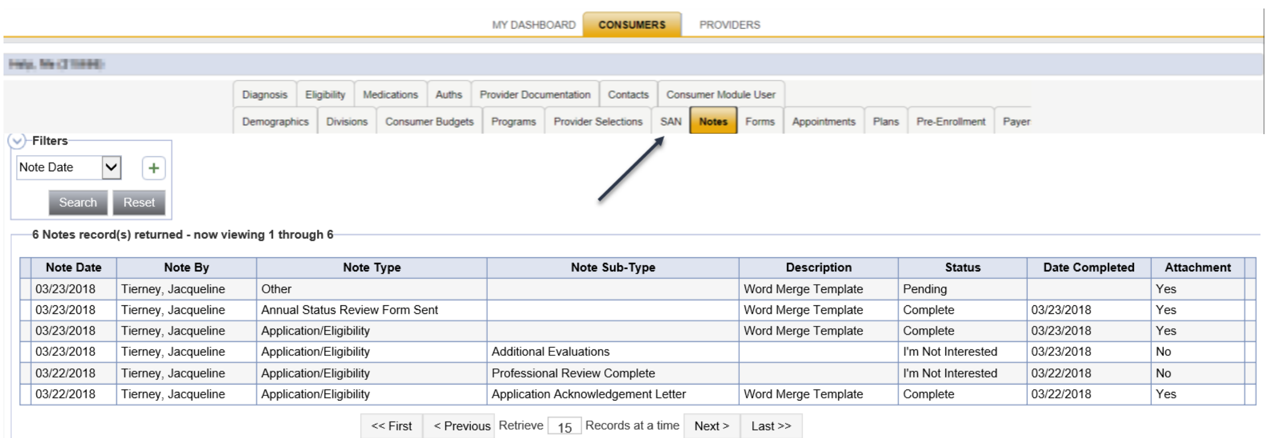
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*



15. Click on the Tickler called Verify if Request to Exercise Due Process Received to open it. A Message Tickler will open – Verify in the Notes tab if a Note record with Note Type = Due Process and Note Subtype = Hearing Requested Notification has been recorded for this Consumer. If not, proceed to Case Closure:



16. To verify if the Consumer has a Due Process Note record, navigate the consumer's record and click on the **Notes** tab:



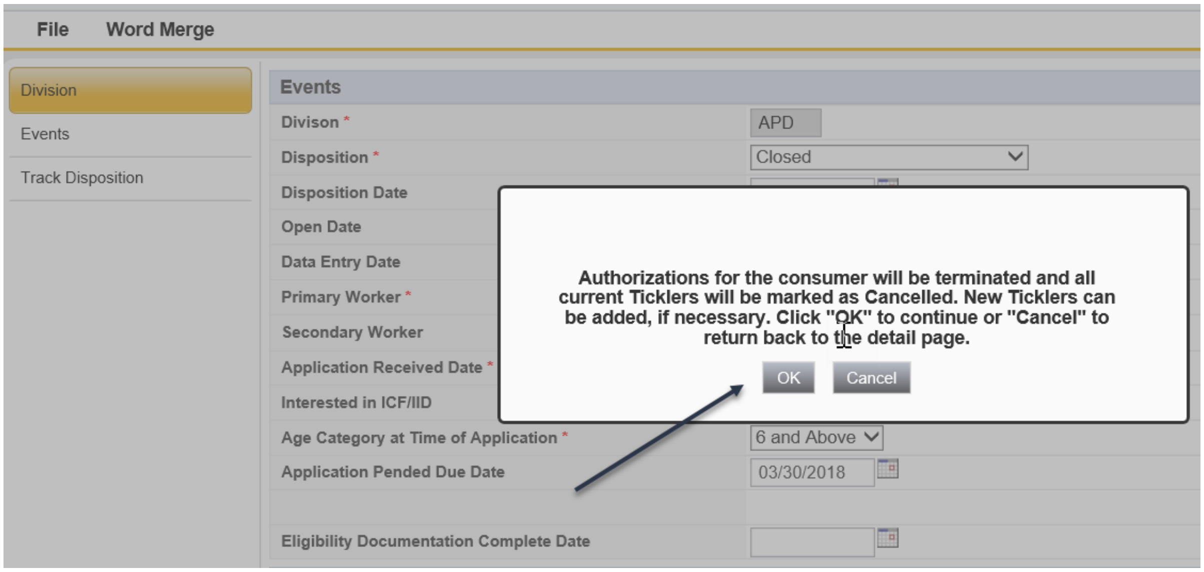
Note Date	Note By	Note Type	Note Sub-Type	Description	Status	Date Completed	Attachment
03/23/2018	Tierney, Jacqueline	Other		Word Merge Template	Pending		Yes
03/23/2018	Tierney, Jacqueline	Annual Status Review Form Sent		Word Merge Template	Complete	03/23/2018	Yes
03/23/2018	Tierney, Jacqueline	Application/Eligibility		Word Merge Template	Complete	03/23/2018	Yes
03/23/2018	Tierney, Jacqueline	Application/Eligibility	Additional Evaluations		I'm Not Interested	03/23/2018	No
03/22/2018	Tierney, Jacqueline	Application/Eligibility	Professional Review Complete		I'm Not Interested	03/22/2018	No
03/22/2018	Tierney, Jacqueline	Application/Eligibility	Application Acknowledgement Letter	Word Merge Template	Complete	03/22/2018	Yes

17. In the queue of existing Consumer Notes, verify if the appropriate Note record exists (Note Type = Due Process and Note Subtype = Hearing Requested Notification).
    a. If the Due Process Note Does Exist, this tickler can be cancelled. To do so, hover over the arrow next to the Tickler and click **Cancel.** Proceed to the Due Process section.

    b. If Due Process was not exercised and the Due Process Note does not exist, close the case. Navigate to the consumer's APD Division record. Update the following fields:
        i. Disposition = Closed

    c. Click **File > Save and Close Division**

18. A pop-up window will open with the following message: Authorizations for the consumer will be terminated and all current Ticklers will be marked as Cancelled. New Ticklers can be added, if necessary. Click OK to continue or Cancel to return to the detail page. Click **OK.**


File
Word Merge
Division
Events
Track Disposition
Events
Divison *
APD
Disposition *
Closed
Disposition Date
Open Date
Data Entry Date
Primary Worker *
Secondary Worker
Application Received Date *
Interested in ICF/IID
Age Category at Time of Application *
6 and Above
Application Pended Due Date
03/30/2018
Eligibility Documentation Complete Date
Authorizations for the consumer will be terminated and all current Ticklers will be marked as Cancelled. New Ticklers can be added, if necessary. Click "OK" to continue or "Cancel" to return back to the detail page.
OK
Cancel

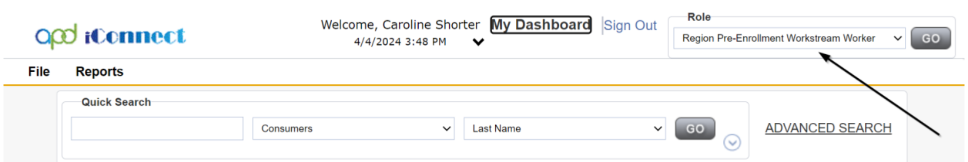
Chapter 4 | Pre-Enrollment

Introduction

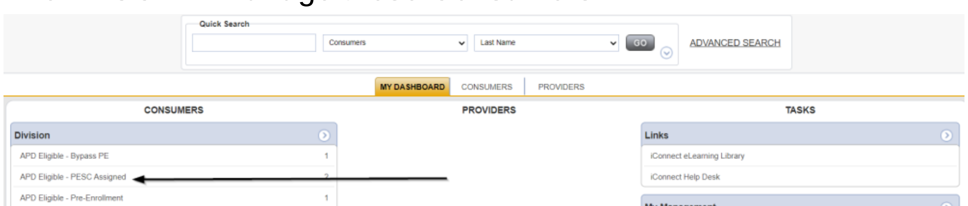
After a Consumer is determined to be APD Eligible and is placed on the Pre-Enrollment with Status = New, the assigned Pre-Enrollment Support Coordinator will review the consumer's record to determine the appropriate Pre-Enrollment Category (Category 1-6 recording on the Pre-Enrollment detail record). After determining the consumer's Pre-Enrollment Category, the Pre-Enrollment Support Coordinator will obtain approval for their decision from the Region Operations Manager (ROM). The ROM will either approve the consumer's Pre-Enrollment Category or recommend a different Pre-Enrollment Category. The Pre-Enrollment Support Coordinator will the update the consumer's Pre-Enrollment detail record accordingly.

Placement on the Pre-Enrollment

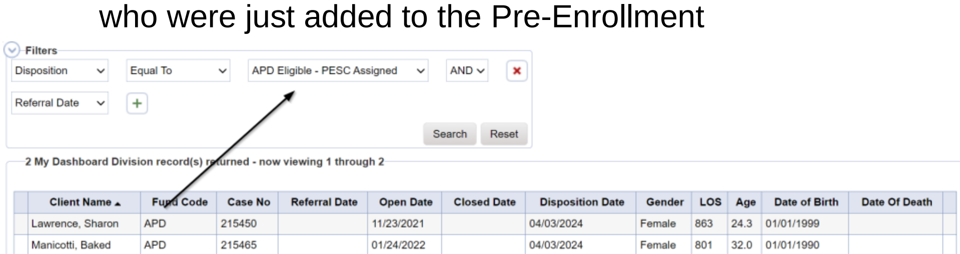
1. The PESC will begin by logging into iConnect and setting Role = Region Pre-Enrollment Workstream Worker. Click **Go:**



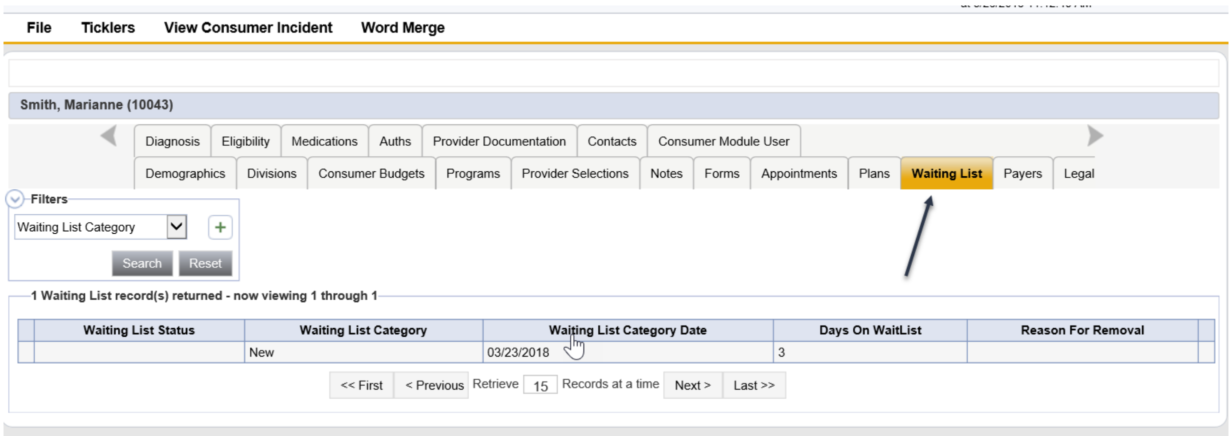
2. The Pre-Enrollment Support Coordinator (PESC) will monitor the Division Panel on their **My Dashboard** for new records flagged as APD Eligible – PESC Assigned. The PESC will manage these Consumers:



3. Click into the **APD Eligible – PESC Assigned** link to view the queue of Consumers who were just added to the Pre-Enrollment



4. Click to open the relevant consumer's record. When the consumer's record opens, click on the **Pre-Enrollment** tab. By default, all Consumers will be assigned to Pre-Enrollment Category = New



5. Review the consumer's Forms and any additional collateral documentation to determine the consumer's Pre-Enrollment Category (1-6) via **Forms** and **Notes**

Pre-Enrollment Category 3 or 4

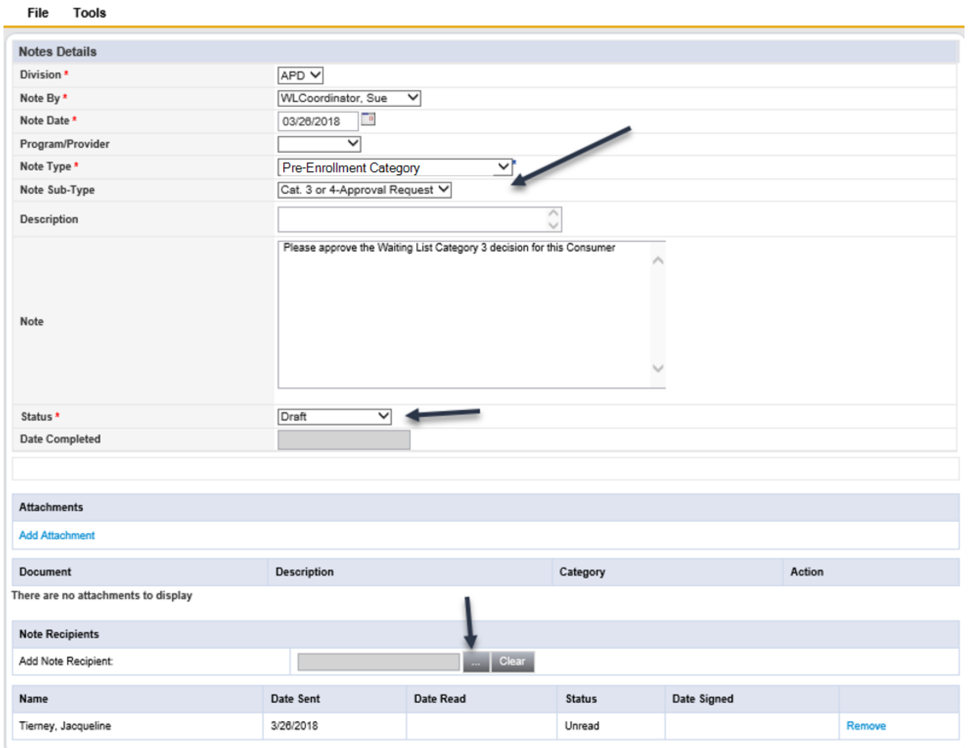
1. Upon deciding that the Consumer should be in Pre-Enrollment Category 3 or 4, send an Approval Request note to the Region Operations Manager. To do so, navigate to the consumer's record and click on **Notes > File > Add Note**:

2. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Pre-Enrollment Category
   c. Note Subtype = Cat. 3 or 4-Approval Request
   d. Note = Write details of approval request
   e. Status = Pending
   f. In the new Note record, attach any supporting documentation by clicking **Add Attachment** > **Browse >** select the correct document and click **Upload**
   g. Route the new Note record to the Region Operations Manager by clicking the **Ellipsis** button next to Add Note Recipient

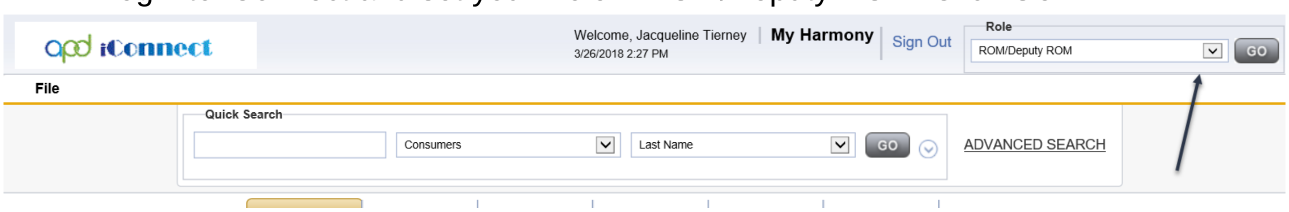
3. When finished, click **File > Save and Close Note**

Tip

*By setting the Note Status = Pending, the Note recipient will be able to open and edit the Note via their **My Dashboard***

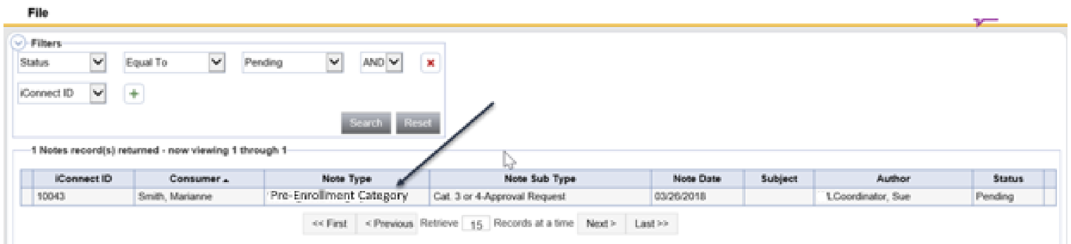


4. Log into iConnect and set your Role = ROM/Deputy ROM. Click **Go:**



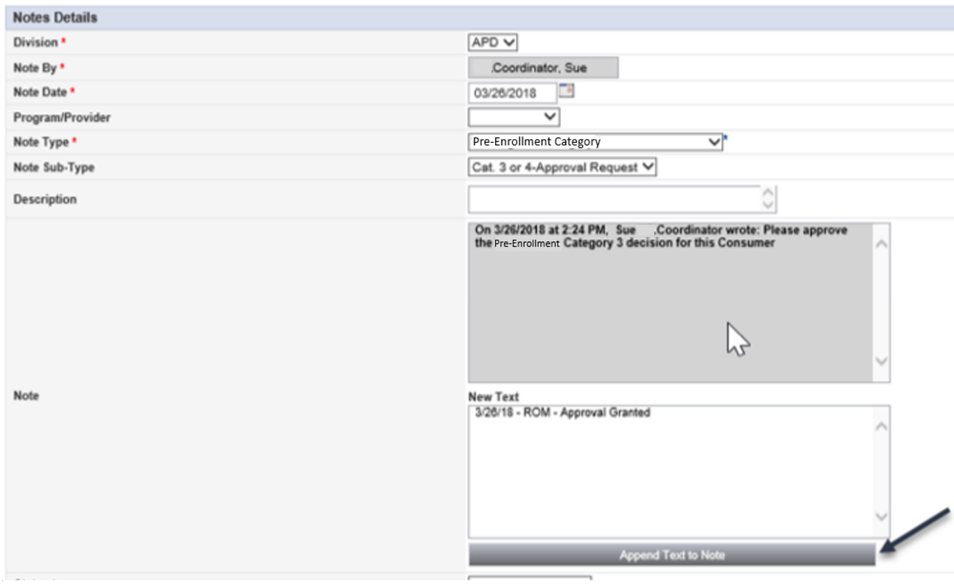
5. The Region Operations Manager will monitor the Notes Panel on their **My Dashboard** for any new Notes flagged as Pending. Click into the **Pending** link to view the queue of unread Consumer Notes:

6. In the Notes Queue, click on the appropriate Note record with Note Type = Pre-Enrollment Category and Note Subtype = Cat. 3 or 4 Approval Request:



7. Review the contents of the Cat. 3 or 4 Approval Request Note record and then navigate to the consumer's record and click **Forms** to view any supporting documentation

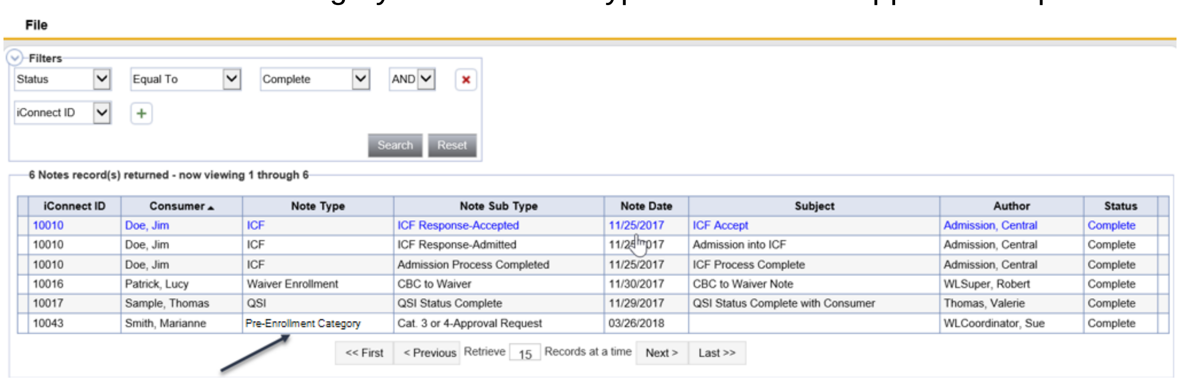
8. After reviewing the consumer's record, the Region Operations Manager will approve or disapprove the Cat. 3 or 4 Approval Request.
    a. To do so, navigate to the **Notes** tab and open the Note record that contains the original approval request
    b. Update the Note with the approval or disapproval and indicate the correct Pre-Enrollment Category (if applicable) and by clicking **Append**.
    c. Set Status = Pending
    d. Route the Note record back to the correct State Office Worker clicking the **Ellipsis** button next to Add Note Recipient
    e. When finished, click **File > Save and Close Note**



9. The State Office Worker will monitor the Notes Panel on their My Dashboard for any new Notes flagged as Pending to access the Pre-Enrollment Category approval/disapproval

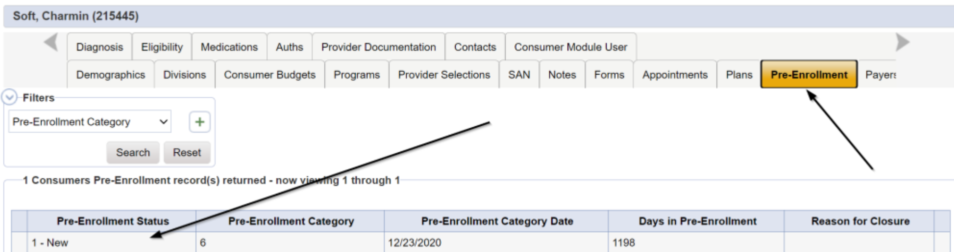
10. On the Notes Panel, click into the **Pending** link to view the queue of unread Consumer Notes

11. In the Notes Queue, click on the appropriate Note record with Note Type = Pre-Enrollment Category and Note Subtype = Cat. 3 or 4 Approval Request:



12. In the Note record, view the Region Operations Manager's Pre-Enrollment Category approval/disapproval.

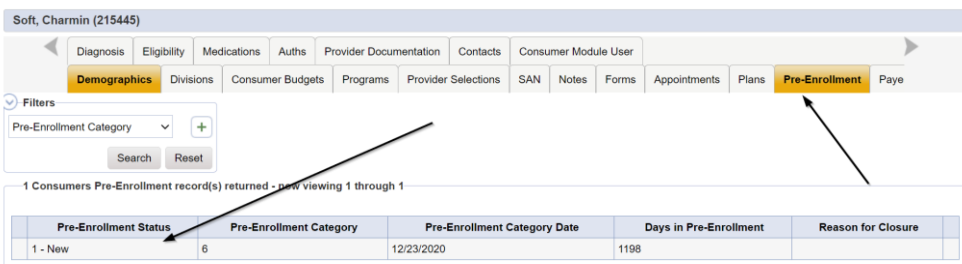
13. Update the consumer's Pre-Enrollment record as appropriate.
14. If no category change is needed, update the consumer's Pre-Enrollment record as follows:
    a. Navigate to the consumer's record and click on the **Pre-Enrollment tab >** open the appropriate Pre-Enrollment record



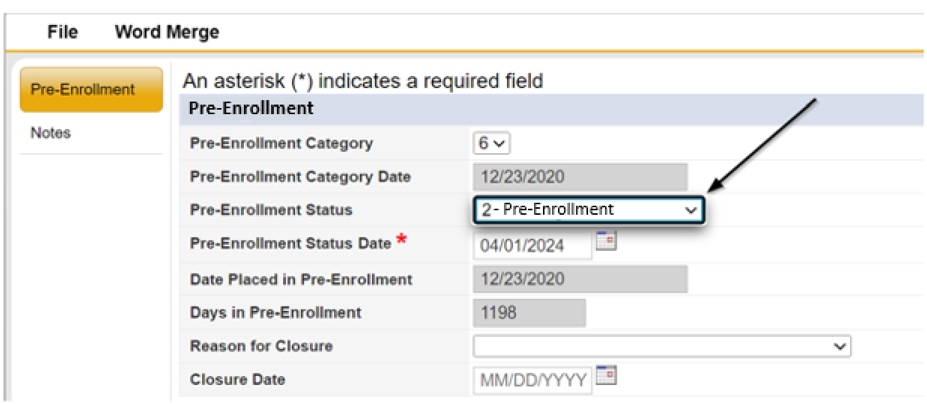
   b. Update Pre-Enrollment Status = Waiting
   c. Update Pre-Enrollment Status Date as appropriate

15. When finished, click **File > Save Pre-Enrollment** and **File > Close Pre-Enrollment**

16. If a category change is necessary, update the consumer's Pre-Enrollment Category as appropriate:
   a. Navigate to the consumer's record and click on the **Pre-Enrollment** tab:



   b. On the Pre-Enrollment page, click to open the consumer's Pre-Enrollment record.
      i. Update Pre-Enrollment Category = appropriate Category



   c. Click **File > Save Pre-Enrollment** and then **File > Close Pre-Enrollment**

17. Upon changing the Pre-Enrollment Status, a Workflow Wizard triggered two ticklers
   a. Send the Notice of Decision for Change in Pre-Enrollment Category, *Assigned to the Pre-Enrollment Support Coordinator, due immediately.* The

Pre-Enrollment Support Coordinator will reassign this tickler to the applicable Region Worker.

b. Notify the Region Office of the Category change, *Assigned to Pre-Enrollment Support Coordinator, Due immediately*

18. Return to the = Pre-Enrollment Category Note record. Click **Append** to indicate the change that was made to the consumer's Pre-Enrollment record

19. Route the Note record back to the correct PESC clicking the **Ellipsis** button next to Add Note Recipient

20. When finished, click **File > Save and Close Note**

Tip

By setting the Note Status = Complete, the Note recipient will be able to open and view but NOT edit the contents of the Note record

Annual Status Review – Pre-Enrollment

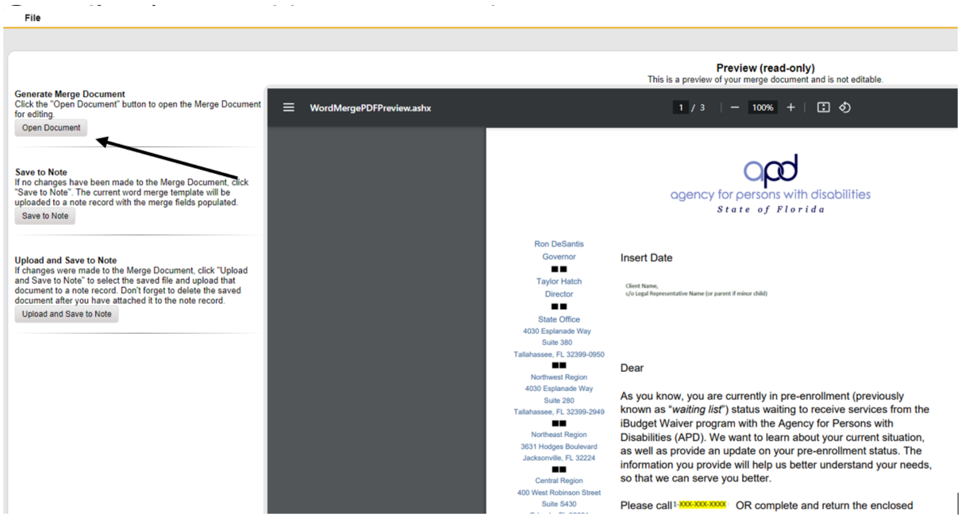
1. When the Division record was saved with Disposition = APD Eligible – PESC Assigned, a Workflow Wizard triggered a tickler for the Primary Worker to Send the Annual Review Form to the Consumer, due in 365 days.

2. Once this form is sent and saved to a Note, a second Workflow Wizard will trigger a tickler for the Primary worker again due 365 days after the initial form was sent so the annual review reminder continues if the consumer is on the Pre-Enrollment.

3. To begin, log into iConnect and set Role = Pre-Enrollment Workstream Worker. Click **Go.**

4. Navigate to My Dashboard > Consumers > Tickler. Open the Tickler queue. Click to open the Tickler called Send Annual Status Review Form to Customer.

5. The Annual Status Review Form will open in preview mode. Click **Open Document** to edit the contents of the letter in Microsoft Word



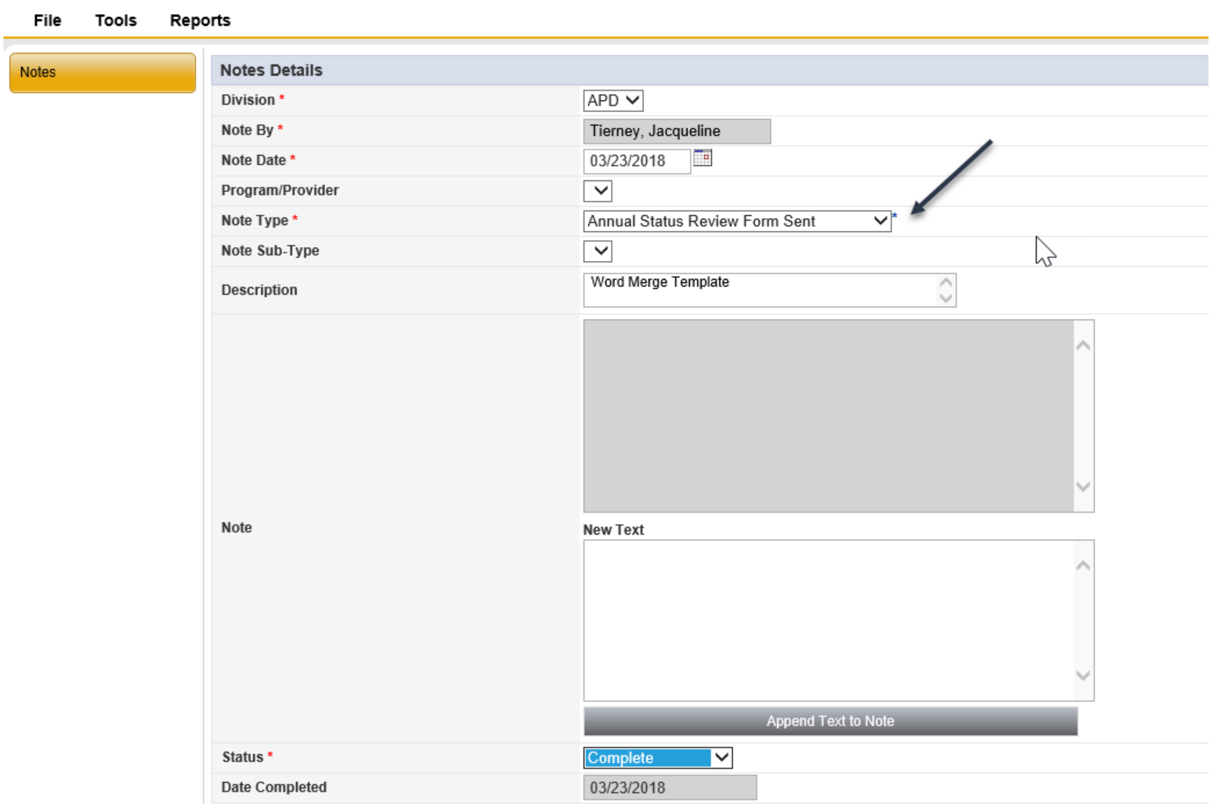
6. Save the document to your computer

7. Print and mail the letter to the Consumer

8. Back in the Word Merge preview screen, click **Upload and Save to Note** to attach a copy of the updated letter to a new Consumer Note record

9. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Annual Status Review Form Sent
    c. Status = Complete

10. When finished, click **File > Save and Close Notes**



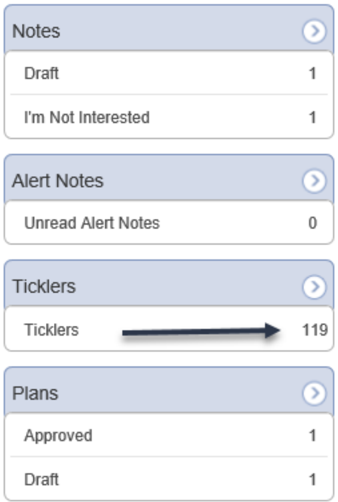
11. Saving the Note with Note Type = Annual Status Review Form Sent and Status = Complete triggers a Workflow Wizard for the Pre-Enrollment Support Coordinator with two ticklers:
    a. Annual Status Review Receipt Confirmation
    b. Annual Status Review 365 Day Reminder

Annual Status Review Receipt Confirmation

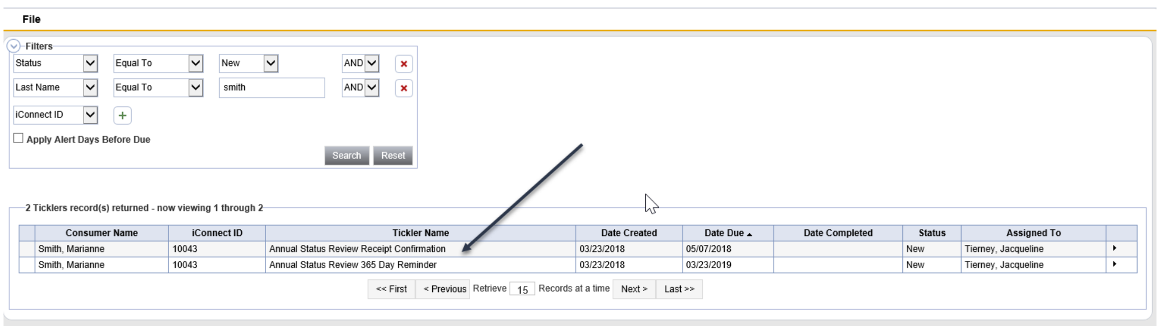
1. When the Pre-Enrollment Support Coordinator saved the Note with Note Type = Annual Status Review Form Sent and Status = Complete a Workflow Wizard triggered the Annual Status Review Receipt Confirmation tickler, due 45 days from when the Review form was sent to the Consumer.

2. The Pre-Enrollment Support Coordinator will monitor his/her Tickler queue.

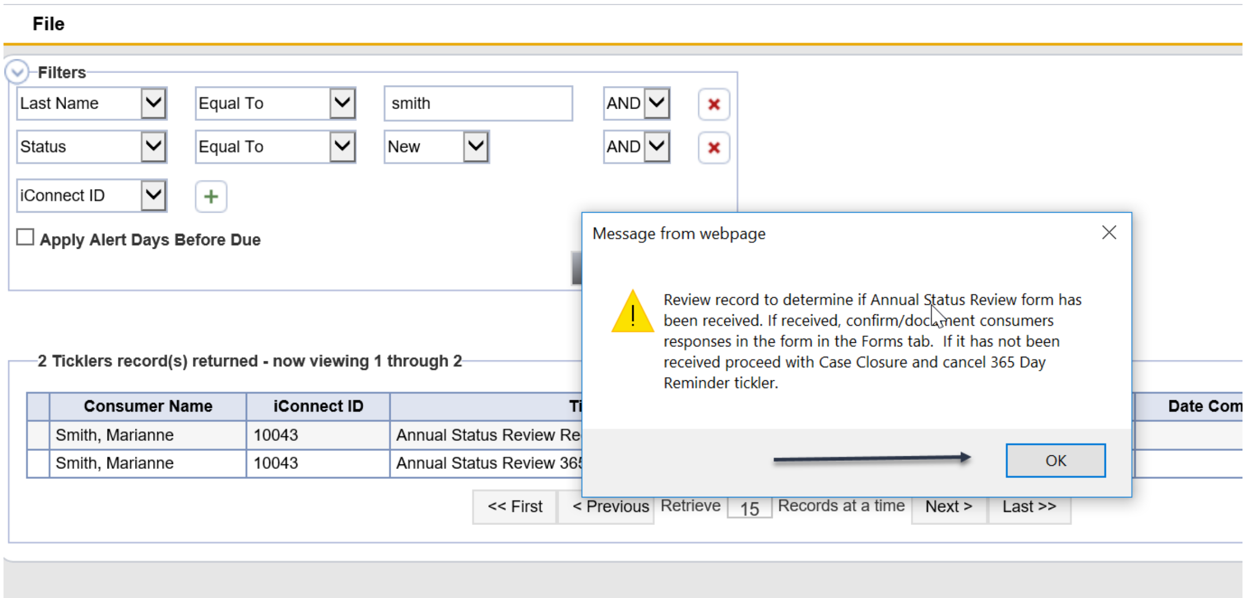
3. To do so, navigate to the My Dashboard, find the consumer's section and scroll down to the Ticklers Panel. Click on the linked number of outstanding Ticklers, uncheck the Alert Days before Due checkbox, and use the multi variable search criteria to narrow the results by Consumer Name. Then click **Search.**



4. In the search results, find the Annual Status Review Receipt Confirmation Tickler and click to open it:

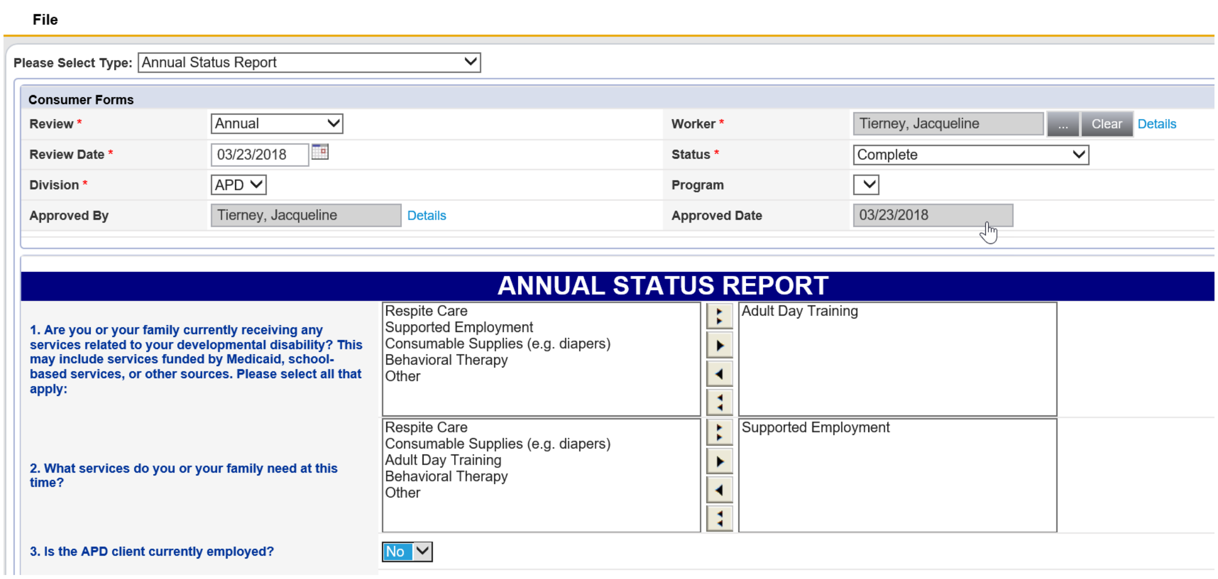


5. A Message Tickler will appear that says Review record to determine if Annual Status Review form has been received. If received, confirm/document consumer's responses in the form in the Forms tab. If it has not been received, proceed with Case Closure and cancel 365-day reminder Tickler.

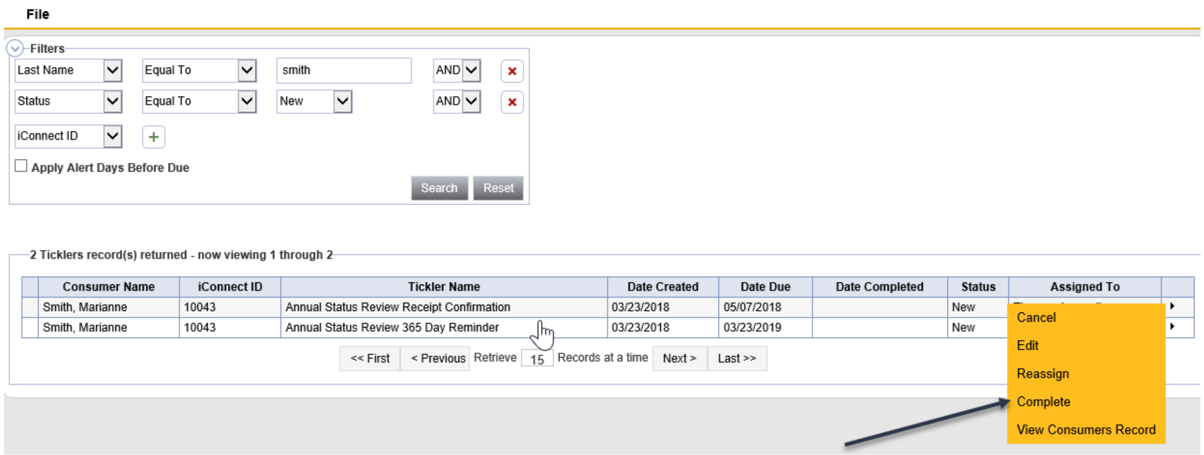


6. If the form has been received, navigate to the consumer's record and click on the **Forms** tab via **File > Add Forms**.
    a. In the Please Select Type field, select the Annual Status Report Form
    b. Complete all relevant fields. Set Status = Complete and Review = Annual

7. When finished, click **File > Save and Close Forms**



8. Back in the Tickler Queue, hover over the arrow next to the Tickler to click **Complete**. This will remove the Tickler from the user's Tickler Queue

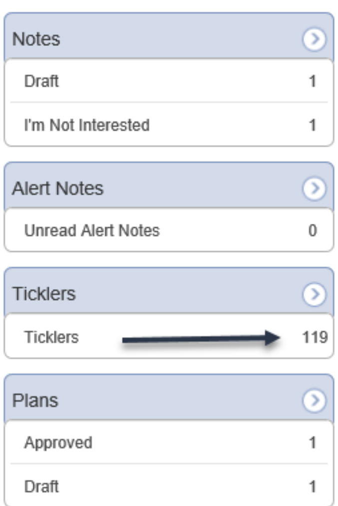


Annual Status Review – Year 2 +

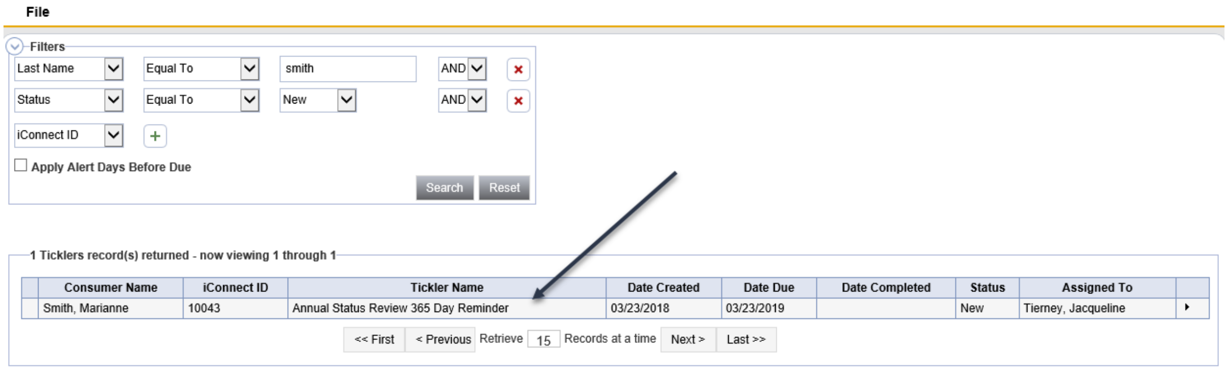
1. When the Pre-Enrollment Support Coordinator saved the Note with Note Type = Annual Status Review Form Sent and Status = Complete a Workflow Wizard triggered the Annual Status Review 365 Day Reminder tickler, due 365 days from when the last Annual Review Form was sent.

2. The Pre-Enrollment Support Coordinator will monitor his/her Tickler queue.

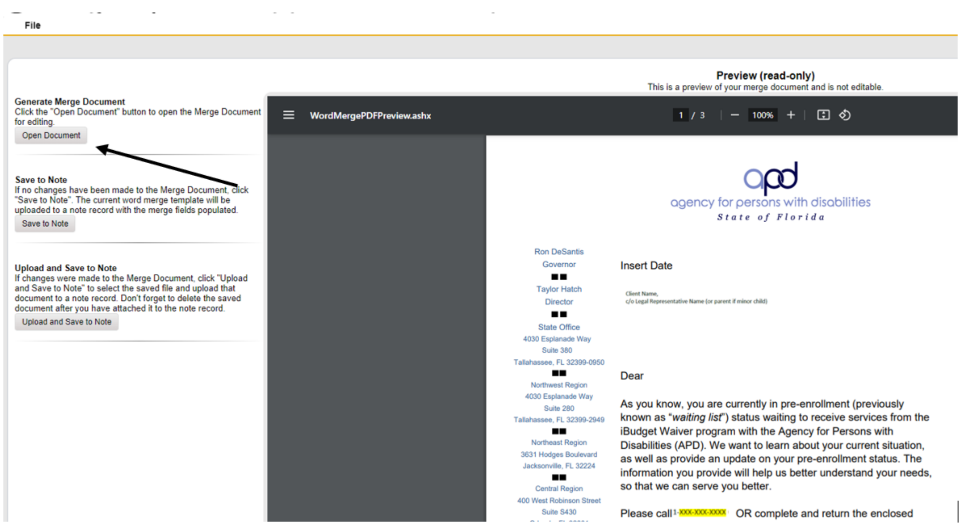
3. To do so, navigate to My Dashboard, find the consumer's section and scroll down to the Ticklers Panel. Click on the linked number of outstanding Ticklers, uncheck the Alert Days before Due checkbox, and use the multi variable search criteria to narrow the results by Consumer Name. Then click **Search.**



4. In the search results, find the Annual Status Review 365 Day Reminder tickler and click to open it.



5. The Annual Status Review Form will open in preview mode. Click **Open Document** to edit the contents of the letter in Microsoft Word



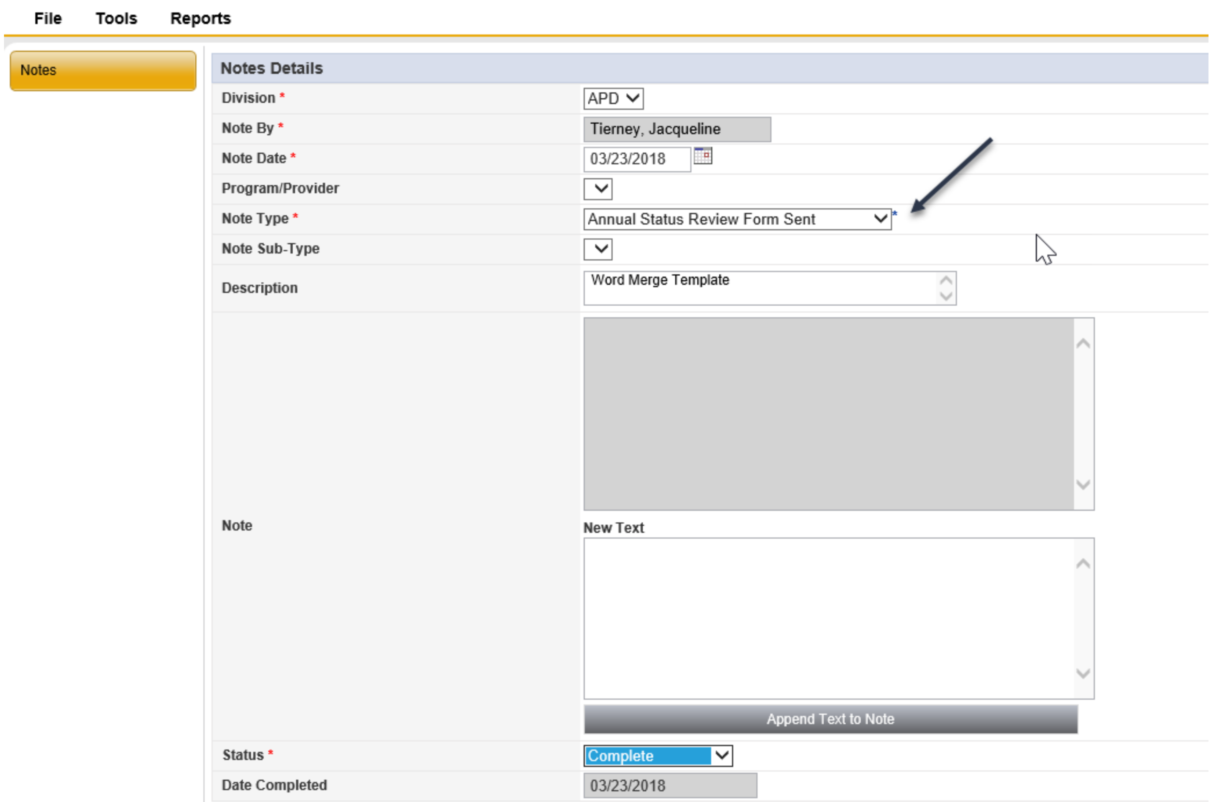
6. Save the document to your computer

7. Print and mail the letter to the Consumer

8. Back in the Word Merge preview screen, click **Upload and Save to Note** to attach a copy of the updated letter to a new Consumer Note record

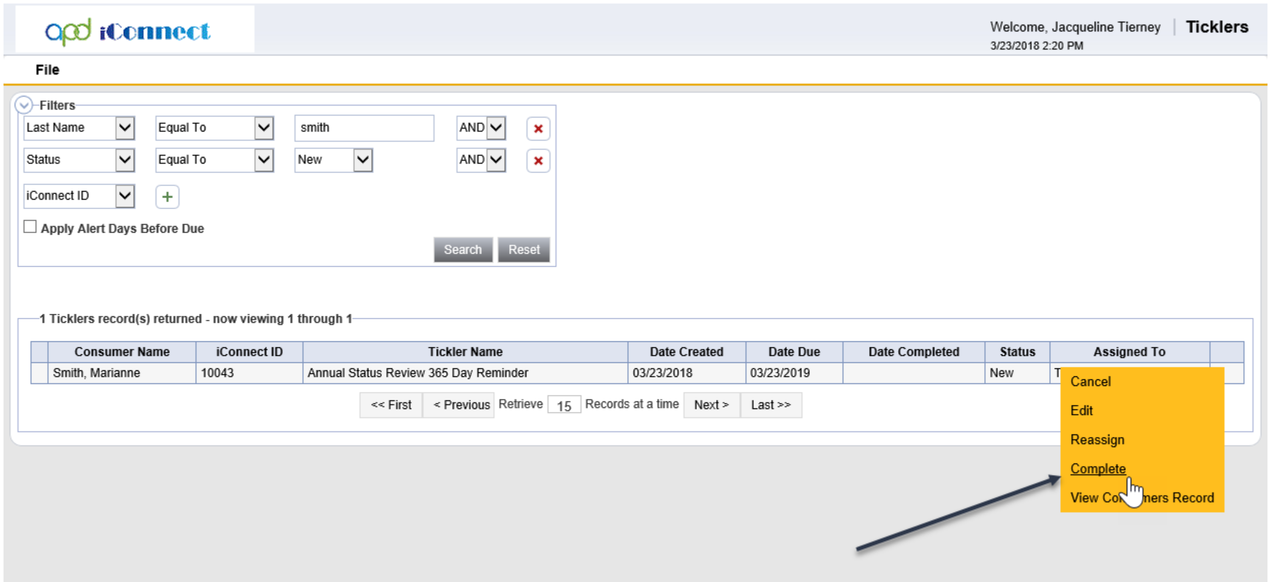
9. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Annual Status Review Form Sent
    c. Status = Complete

10. When finished, click **File > Save and Close Notes**



11. Saving the Note with Note Type = Annual Status Review Form Sent and Status = Complete triggers a Workflow Wizard for the Pre-Enrollment Support Coordinator with two ticklers:
    a. Annual Status Review Receipt Confirmation due in 45 days.
    b. Annual Status Review 365 Day Reminder due in 365 days.

12. After sending the Annual Status Review Form, return to the tickler and hover over the arrow next to the Tickler to click **Complete**:


iConnect
Welcome, Jacqueline Tierney
Ticklers
3/23/2018 2:20 PM
File
Filters
Last Name
Equal To
smith
AND
Status
Equal To
New
AND
iConnect ID
Apply Alert Days Before Due
Search
Reset
1 Ticklers record(s) returned - now viewing 1 through 1
Consumer Name
iConnect ID
Tickler Name
Date Created
Date Due
Date Completed
Status
Assigned To
Smith, Marianne
10043
Annual Status Review 365 Day Reminder
03/23/2018
03/23/2019
New
<< First
< Previous
Retrieve
15
Records at a time
Next >
Last >>
Cancel
Edit
Reassign
Complete
View Co ners Record

Chapter 5 | Standard APD Waiver Enrollment

Introduction

This Chapter outlines the workflow from the point in time when a Consumer is placed on the Pre-Enrollment based on the Consumer being eligible to receive APD services and presumed eligible for the waiver.

As the Consumer moves through the process of receiving a Waiver offer, accepting the offer and ultimately enrolling onto the APD waiver Program, designated workers will update the Pre-Enrollment Status field on the consumer’s Pre-Enrollment record to indicate where the Consumer is in the enrollment process.

When additional waiver funding is approved by Legislature and signed by the Governor for additional waiver offers, the State Office Worker will identify the Consumers who meet the established criteria to receive Waiver services and the Waiver offer letter is sent.

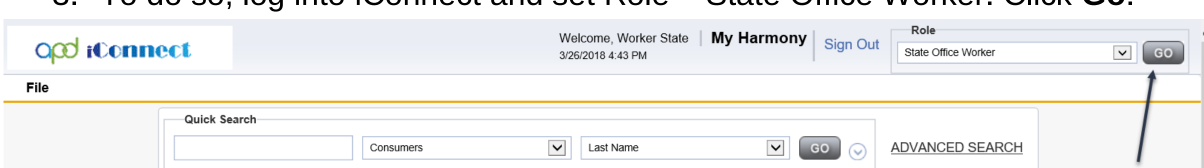
The Consumer contacts the State Office to accept/decline the offer to participate in the APD waiver and to choose a Waiver Support Coordinator (WSC). The Pre-Enrollment Support Coordinator will record the consumer’s WSC selection via a Provider Selection record in iConnect and remove the consumer from the Pre-Enrollment.

iBudget Waiver Enrollment Offer

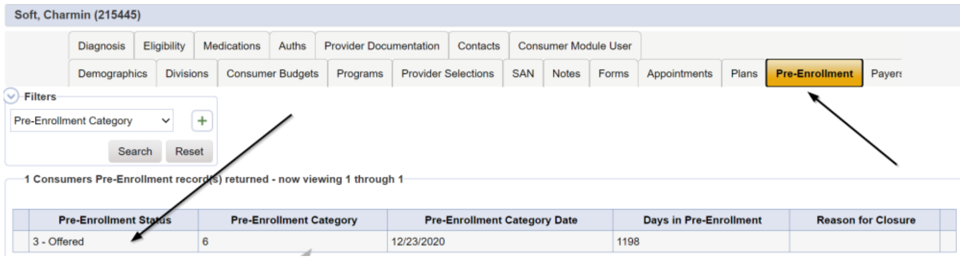
1. This section is only used when the legislature has approved waiver funding. During times when funding has not been approved, there will not be a word merge template for the iBudget Waiver Enrollment Offer Letter available.

2. When additional waiver funding is approved by Legislature and signed by the Governor for additional waiver offers, the State Office Worker will identify the Consumers who meet the established criteria to receive Waiver services.

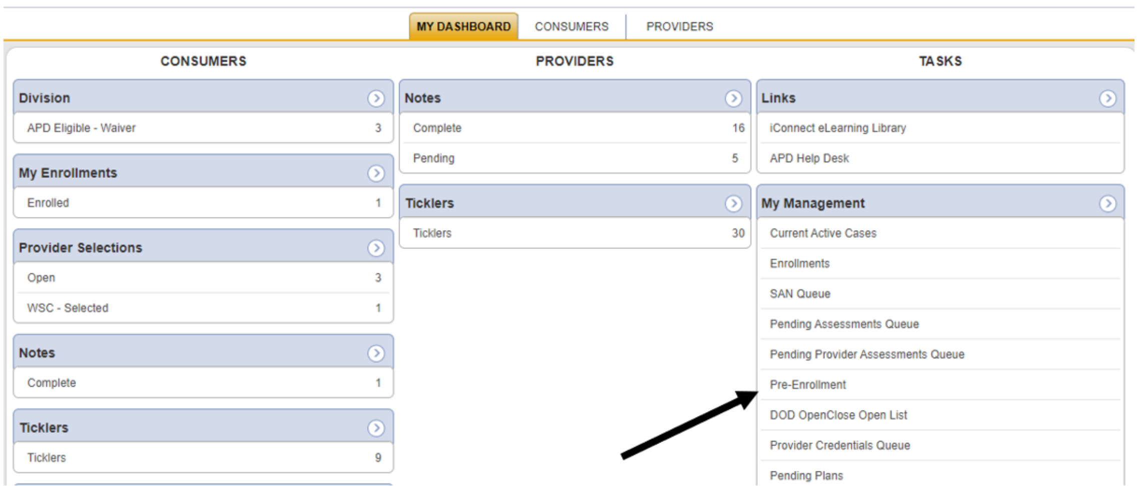
3. To do so, log into iConnect and set Role = State Office Worker. Click **Go**.

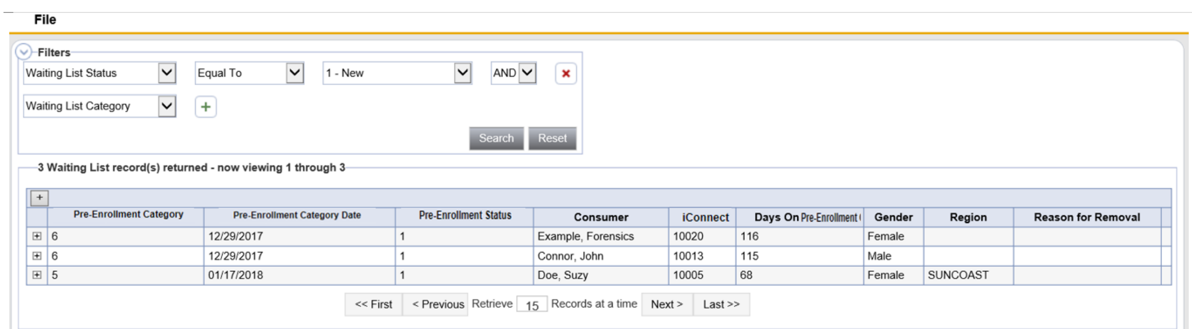


4. To view a specific consumer’s Pre-Enrollment record, navigate to the Consumer record and select the Pre-Enrollment tab.

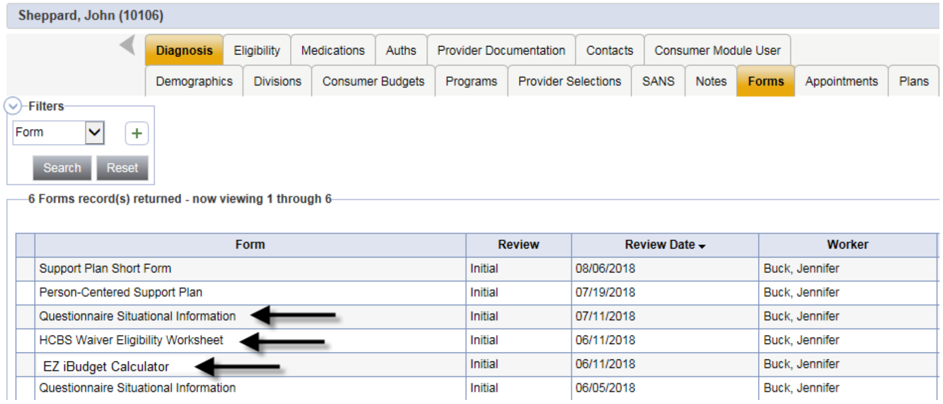


5. To view all Consumer Pre-Enrollment records, on the **My Dashboard,** and under the Tasks Panel, click on the **Pre-Enrollment** link:

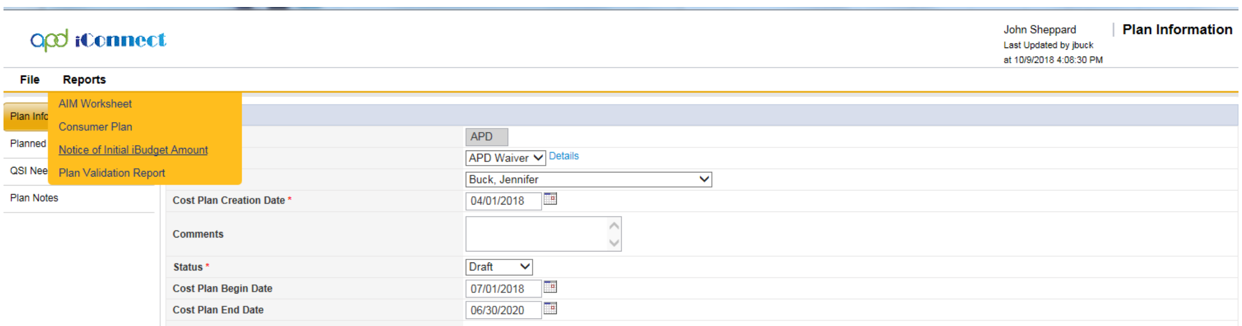




6. Click on the consumer's record to make sure the QSI, Waiver Eligibility Worksheet and EZ iBudget calculator form are completed and the Consumer is still eligible. Review the consumer's Forms by clicking on the **Forms** and select each form to review.

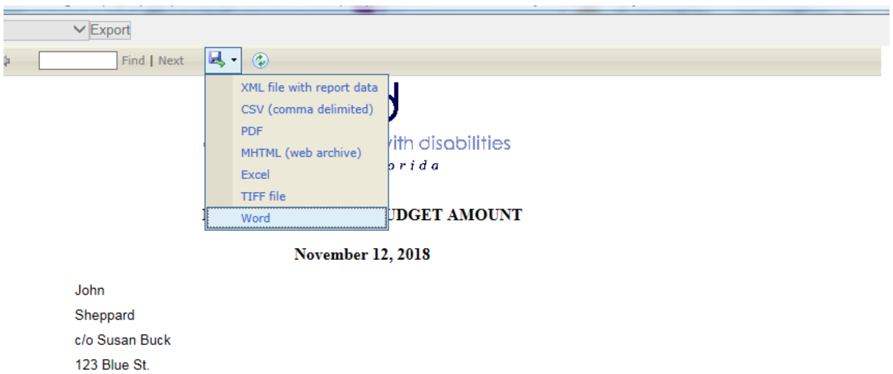


7. For Consumers who are to be sent an Offer Letter, from the consumer's record, click on the Plans Tab. From the Report option in the toolbar, select Notice of Initial iBudget Amount report.

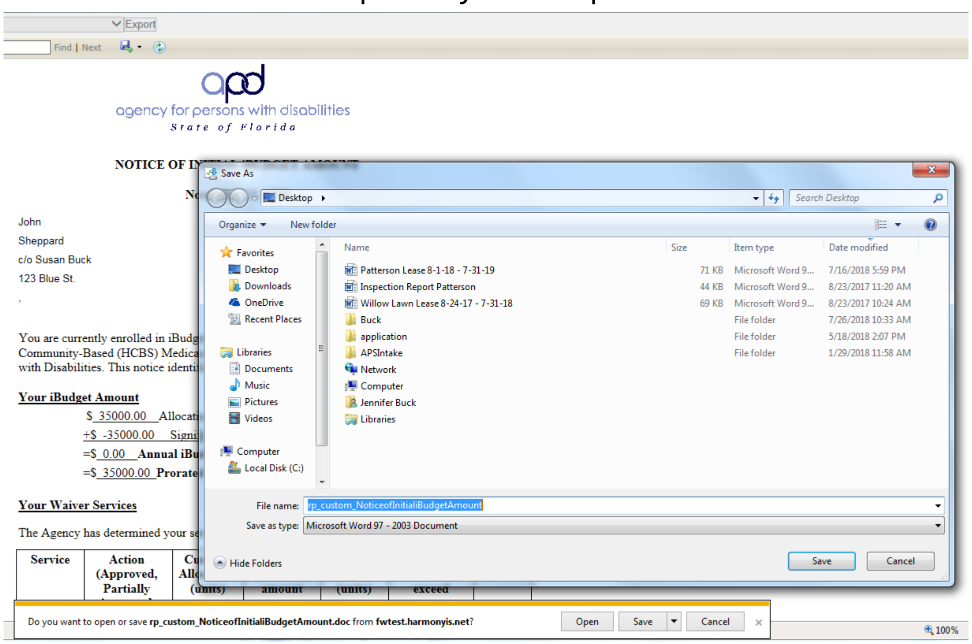


8. The Notice of Initial Budget Amount letter will open as a report in a new window. Click Save to Note to save it to a Note. Proceed to step 10.

9. To make changes to the letter, save it to your computer as a WORD document by selecting Word from the Export Dropdown menu.



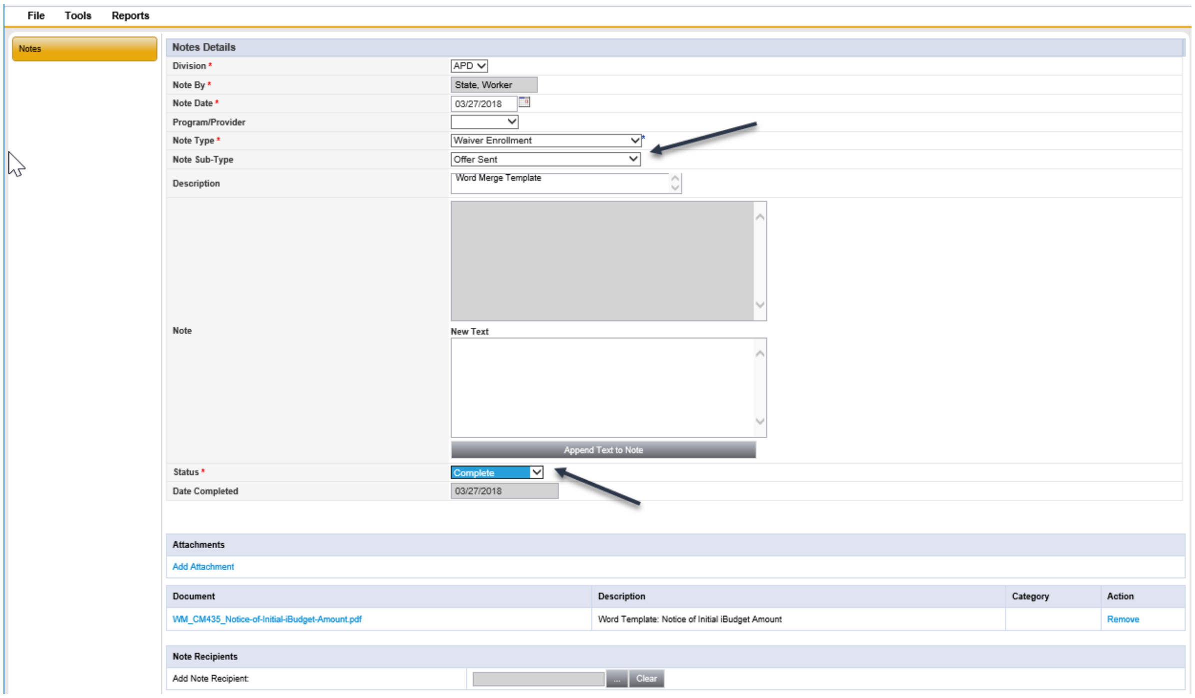
a. Save the report to your computer. Edit the file and save your changes.



b. Back in the consumer's record, select the Notes tab. Click File > Add Note.

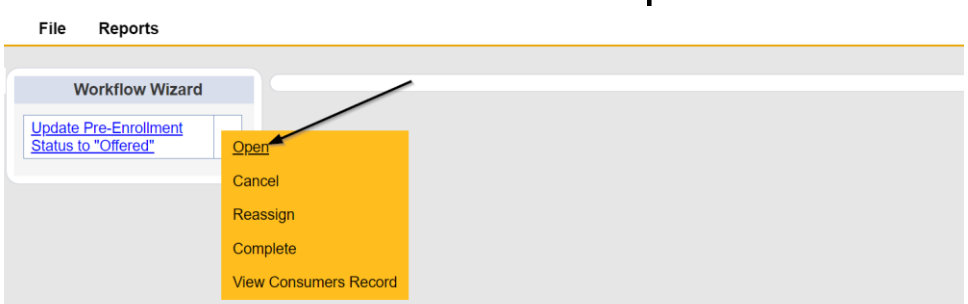
10. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = Offer Sent
    d. Status = Complete

11. When finished, click **File > Save and Close Notes**

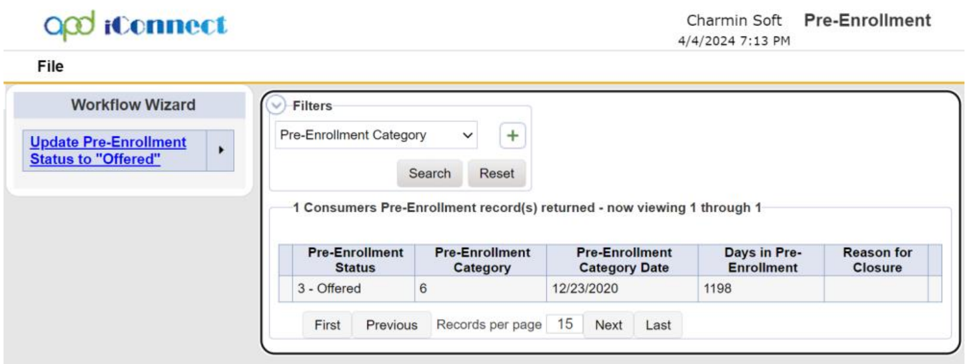


12. Upon saving the Note, a Workflow Wizard will trigger with the following Ticklers:
    a. Update Pre-Enrollment Status to Offered - *Assigned to State Office Worker* – Due Immediately. This tickler can be cancelled for consumers who by-pass the Pre-Enrollment.
    b. 15 Day Consumer Offer Response Received - *Assigned to PESC* – Due 15 days after Note Date
    c. 30 Day Consumer WSC Selection Reminder - *Assigned to PESC* – Due 30 days after Note Date

13. In the Workflow Wizard, hover over the arrow next to the Tickler called Update Pre-Enrollment Status to Offered to click **Open**:

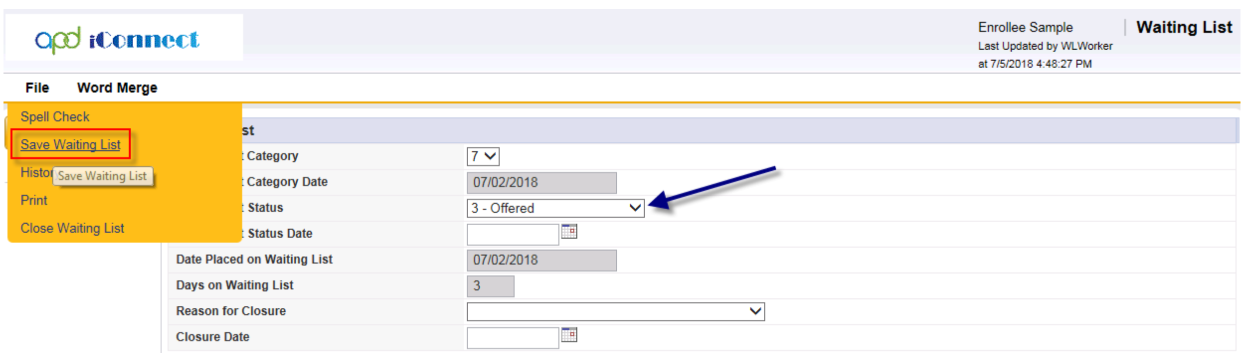


    a. The consumer's Pre-Enrollment View grid will open. Click on the Pre-Enrollment record to open it:



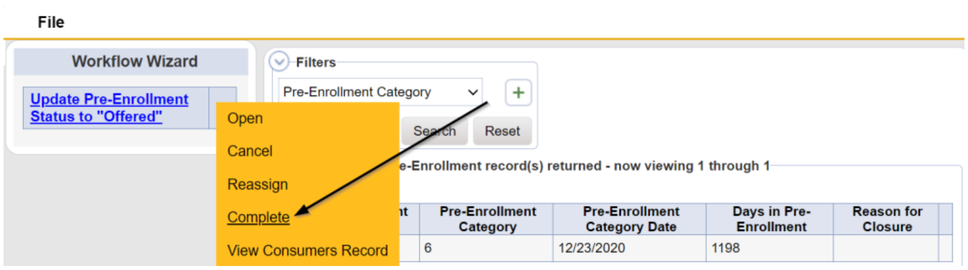
b. Update Pre-Enrollment Status = 3-Offered

14. Click **File > Save Pre-Enrollment**



15. When finished, click **File > Close Pre-Enrollment**

16. Hover over the arrow next to the Tickler to click **Complete**

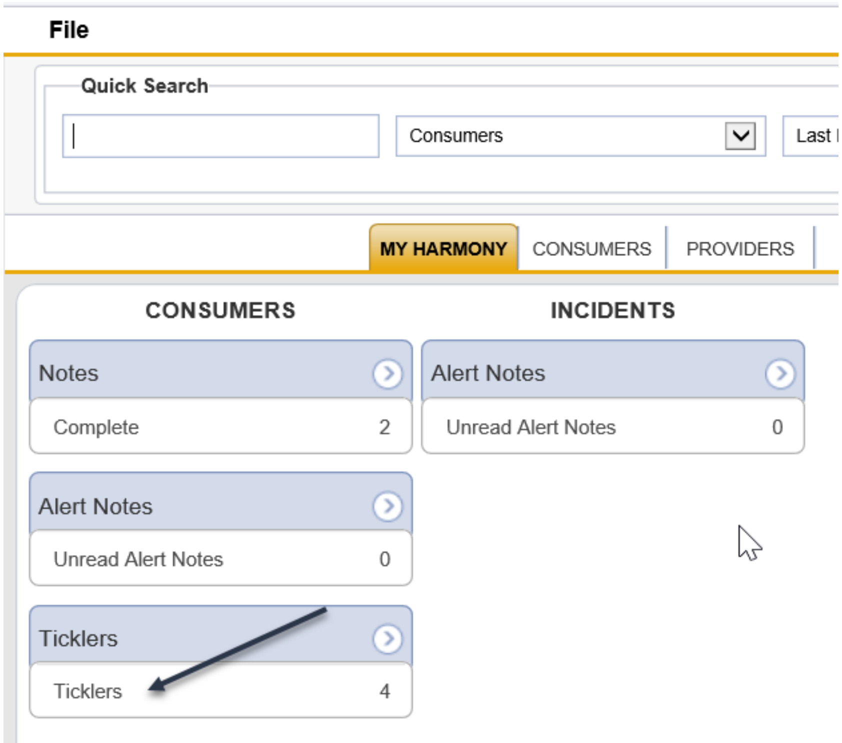


17. In 15 days, follow up with the Consumer to ensure the Waiver Offer was received. In 30 days, follow up with the Consumer to ensure that they have selected a Waiver Support Coordinator.

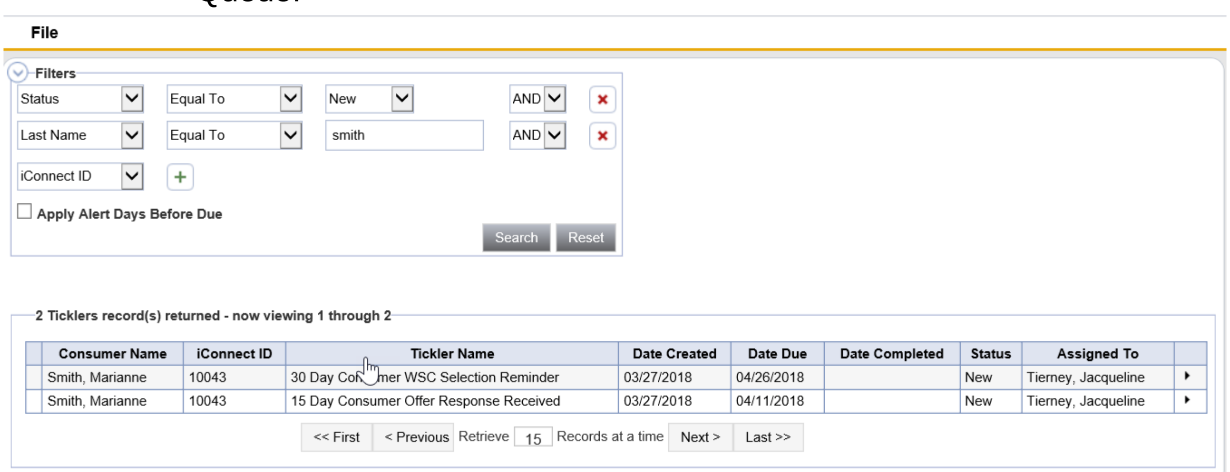
18. The following Ticklers are available to the Pre-Enrollment Support Coordinator via their **My Dashboard:**
    a. 15 Day Consumer Offer Response Received

b. 30 Day Consumer WSC Selection Reminder

19. To find these Ticklers, navigate to the **My Dashboard,** find the Consumers Section and click on the **Ticklers** link under the Ticklers Panel:



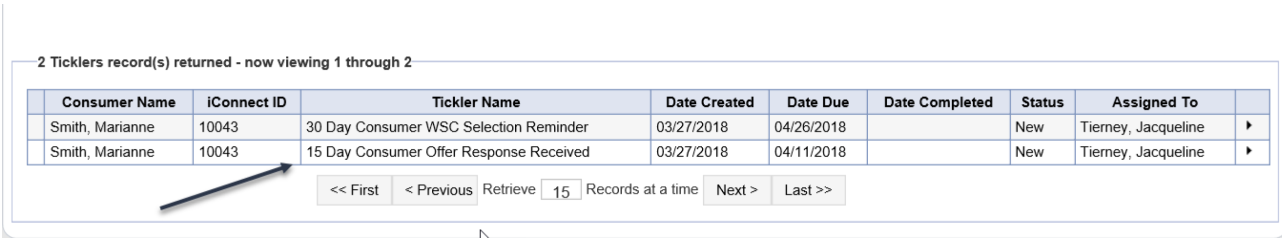
a. Use the multi variable search to narrow down the results in the Tickler Queue:



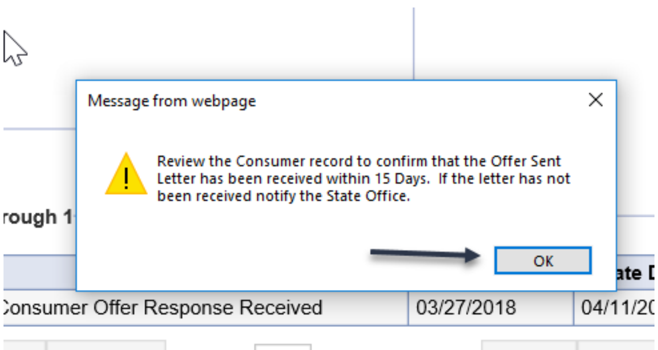
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

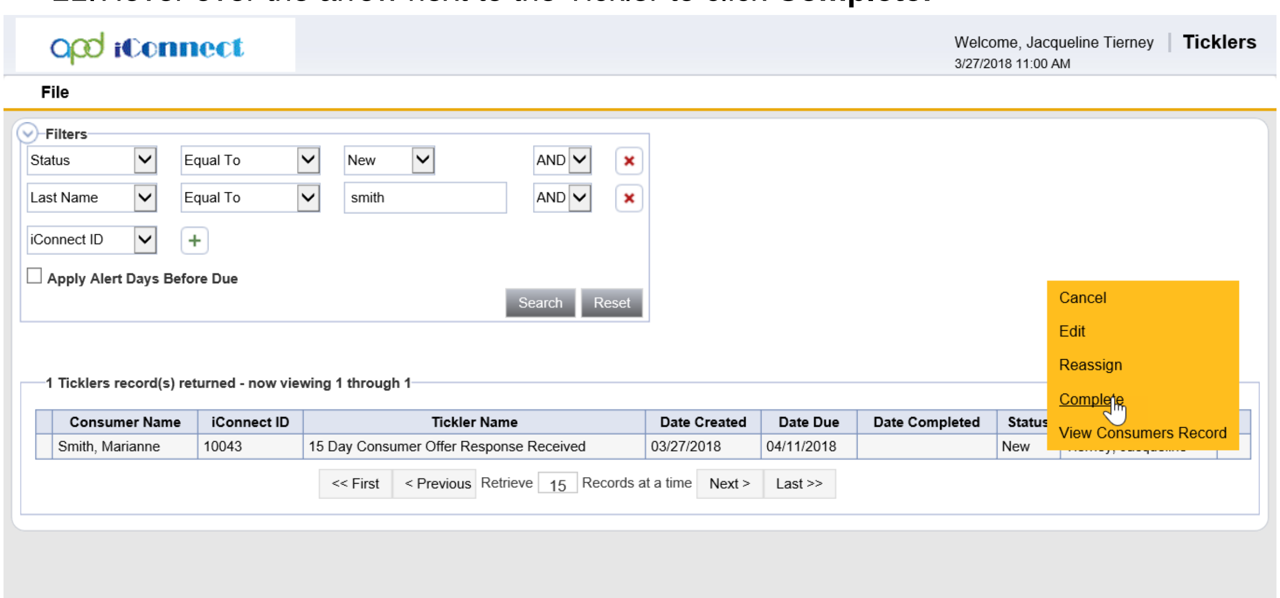
20. In the Tickler Queue, click to open the Tickler called 15 Day Consumer Offer Response Received



a. A Message Tickler will open – Review the Consumer record to confirm that the Offer Sent Letter has been received within 15 days. If the letter has not been received, notify the State Office. Click **OK**.

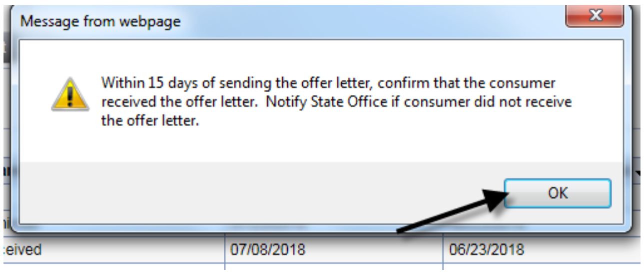


21. Hover over the arrow next to the Tickler to click **Complete:**

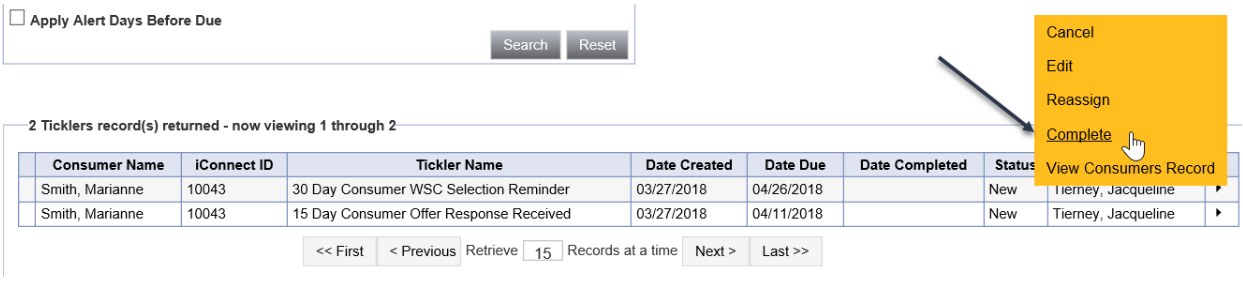


22. Back in the Tickler Queue, click to open the Tickler called 30 Day Consumer WSC Selection Reminder.

a. A Message Tickler will open – Review the Consumer Record for the completed WSC Selection Form. If no WSC has been selected, select on behalf of the Consumer. Click **OK**.



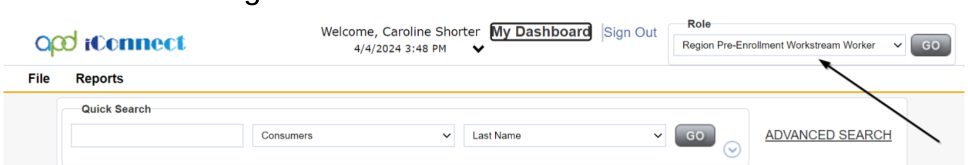
23. Hover over the arrow next to the Tickler to click **Complete**:



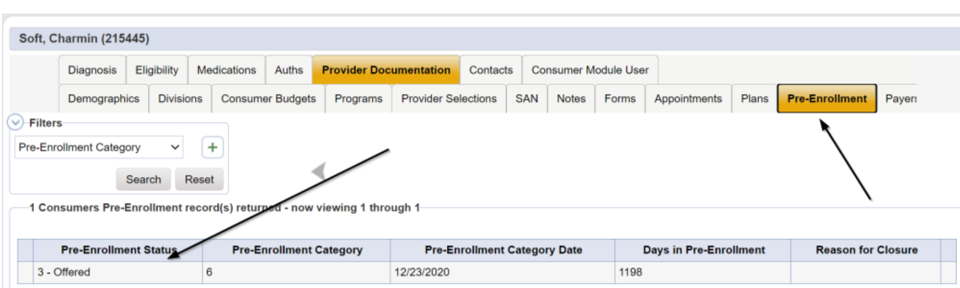
Consumer Accepts Waiver Offer

1. To accept the offer, the Consumer contacts the Region Office and indicates which Waiver Support Coordinator they would like to work with.

2. To begin, the Pre-Enrollment Support Coordinator will log into iConnect and set Role = Region Pre-Enrollment Workstream Worker:



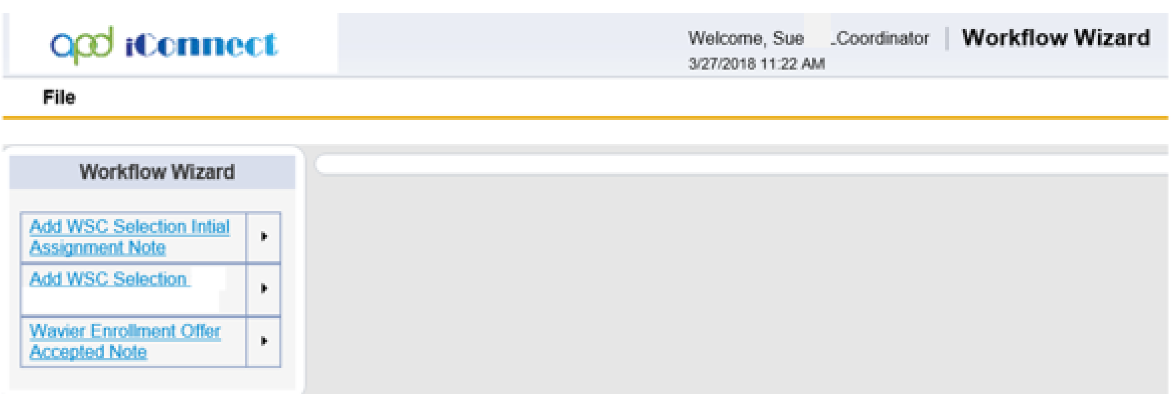
3. Upon receiving the consumer's acceptance, navigate to the consumer's record and click on the **Pre-Enrollment** tab:



4. Click on the consumer's Pre-Enrollment detail record and update the Pre-Enrollment Status field = Waiver Offer Accepted:

5. When finished, click **File > Save Pre-Enrollment** and **File > Close Pre-Enrollment**

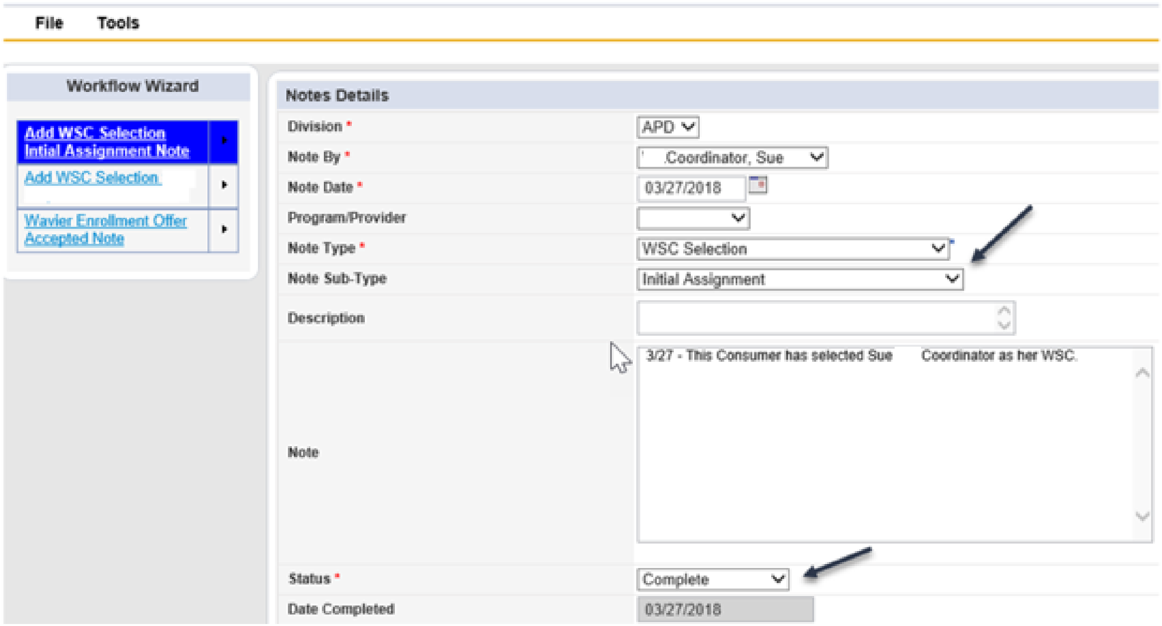
6. User can find and update the consumer's Pre-Enrollment Record. Upon doing so, a Workflow Wizard will trigger with the three Ticklers:
    a. Add WSC Selection Initial Assignment Note - *Assigned to PESC,* Due Immediately
    b. Add WSC Selection - *Assigned to PESC,* Due Immediately
    c. Waiver Enrollment Offer Accepted Note - *Assigned to PESC,* Due Immediately



7. In the Workflow Wizard, hover over the arrow next to the Tickler called Add WSC Selection Initial Assignment Note and click **Open**
    a. A new Consumer Note record will open. Update the following fields:
        i. Division = APD
        ii. Note Type = WSC Selection
        iii. Note Subtype = Initial Assignment
        iv. Status = Complete

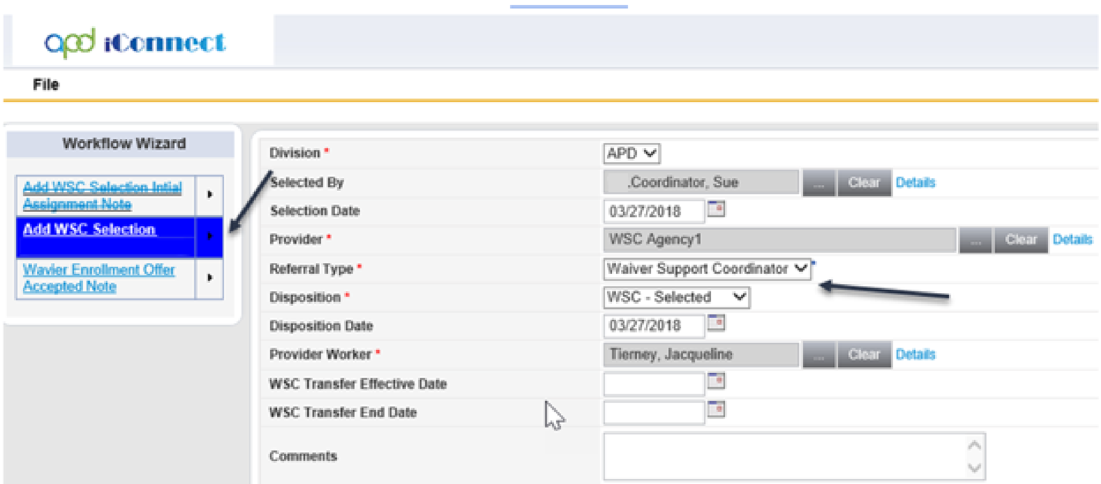
v. Attach the consumer's signed WSC Selection Form if submitted

8. When finished, click **File > Save Notes**



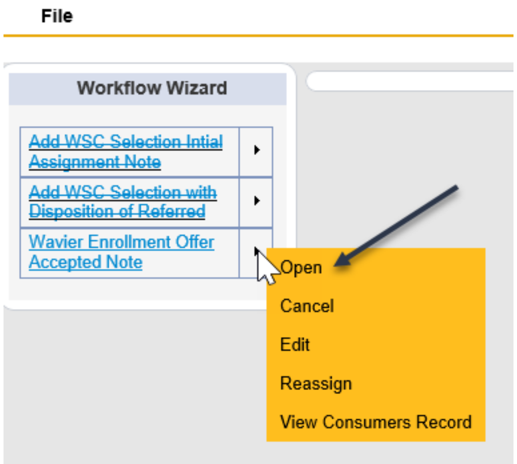
9. Back in the Workflow Wizard, hover over the arrow next to the second Tickler called Add WSC Selection and click **Open:**
   a. A new Provider Selection record will open. In the new Provider Selections record, select the consumer's chosen WSC. If the Consumer has not selected a WSC, choose a WSC based on professional Judgment. To do so, update the following fields:
      i. Provider = Selected WSC or Agency
      ii. Referral Type = Waiver Support Coordinator
      iii. Disposition = WSC-Selected
      iv. Provider Worker = WSC

10. When finished, click **File > Save Provider**



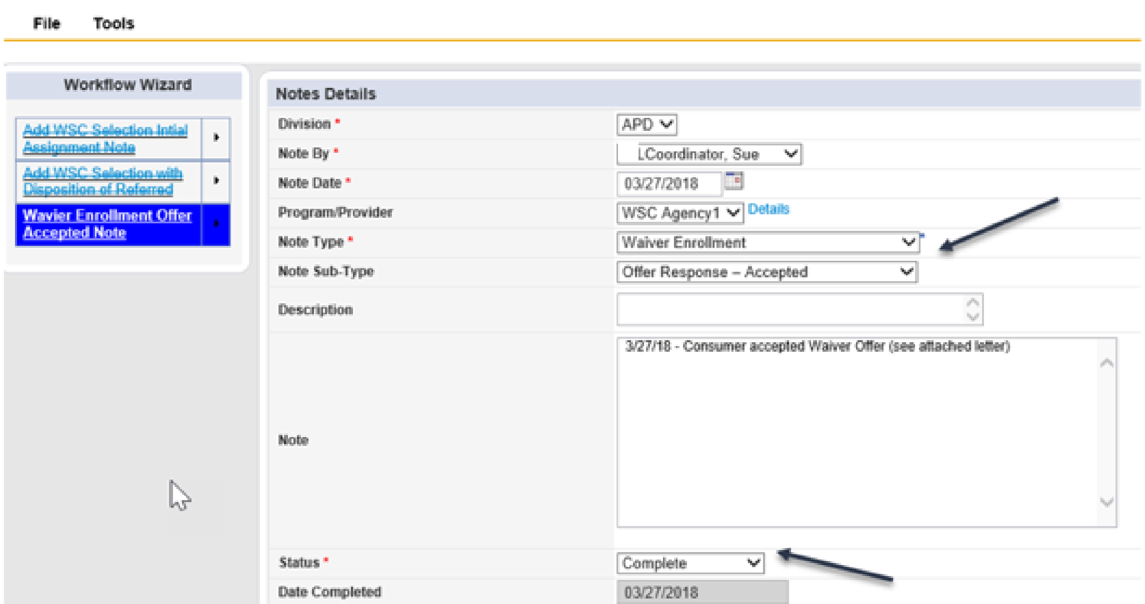
11. Upon saving the Provider Selection record, a Workflow Wizard will trigger with the following Ticklers. **Note that these Ticklers are not addressed until the next section, Standard Waiver Enrollment:**
    a. Verify QSI Current - *Assigned to Clinical Workstream Lead,* Due Immediately
    b. Verify Completion and get Consumer signature on the Waiver Eligibility Worksheet and save to a Note – *Assigned to WSC,* Due Immediately
    c. Verify Medicaid Eligibility and Type - *Assigned to WSC,* Due Immediately
    d. Create/Update Plan Add WSC Service - *Assigned to WSC,* Due Immediately
    e. Verify Algorithm Amount from EZ iBudget Calculator - *Assigned to WSC,* Due Immediately
    f. Send Waiver Enrollment Request - *Assigned to the Primary Worker who is the Pre-Enrollment Support Coordinator/Region Office Worker when the Consumer does NOT bypass the Pre-Enrollment. It is assigned to the Pre-Enrollment Workstream Lead when the consumer DOES bypass the Pre-Enrollment.*

12. Back in the Workflow Wizard, hover over the arrow next to the third Tickler called Waiver Enrollment Offer Accepted Note and click **Open:**



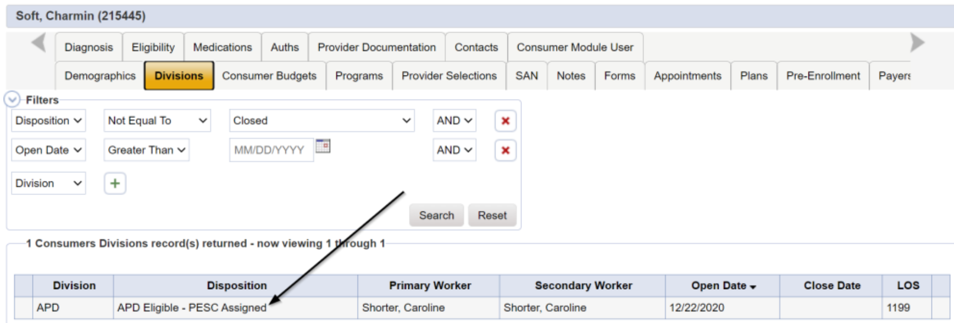
13. A new Consumer Note record will open. Update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = Offer Response - Accepted
    d. Status = Complete
    e. Attach the consumer's Waiver Acceptance document by clicking **Add Attachment** > **Browse >** select the correct document and click **Upload**

14. When finished, click **File > Save Notes** and **File > Close Workflow Wizard**



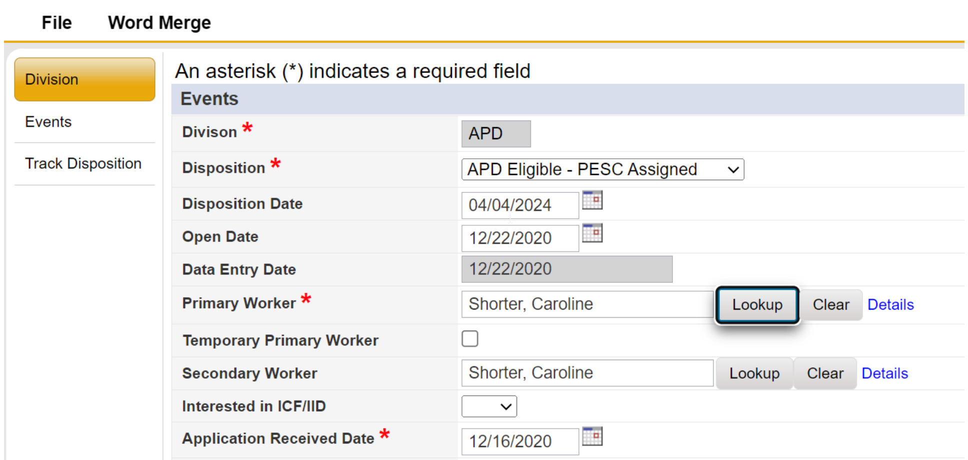
15. Add the selected WSC as the Primary Worker on the consumer's APD Division record.

16. To do so, navigate to the consumer’s record, click on the **Divisions** tab > open the existing APD Division record:



17. In the APD Division record, update the following fields:
    a. Primary Worker = selected WSC
    b. Disposition = remains PESC Assigned. The disposition will be updated later by the State Office Enrollment worker when they receive the request for Waiver enrollment.

18. When finished, click **File > Save and Close Divisions**



Standard Waiver Enrollment

1. When the WSC Provider Record was saved, a Workflow Wizard was triggered with the following ticklers:

Assigned to Clinical Workstream Lead (Secondary Worker)

a. Verify QSI Current - *Assigned to Clinical Workstream Lead,* Due Immediately

Assigned to WSC (Provider Worker)

b. Verify Completion and get Consumer signature on the Waiver Eligibility Worksheet and save to a Note – *Assigned to WSC,* Due Immediately
c. Verify Medicaid Eligibility and Type - *Assigned to WSC,* Due Immediately

d. Create/Update Plan Add WSC Service - *Assigned to WSC,* Due Immediately

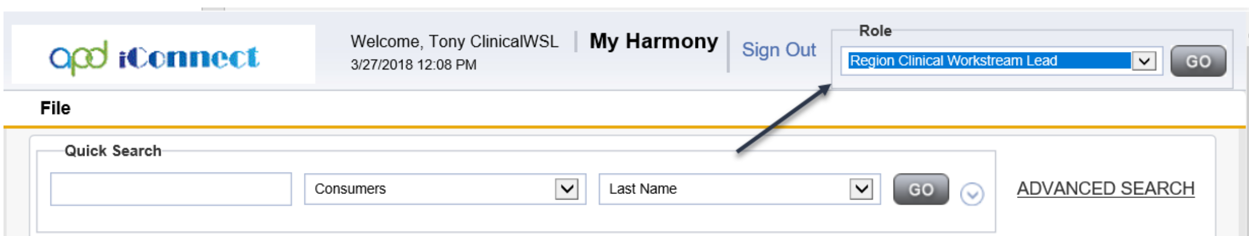
e. Verify Algorithm Amount from EZ iBudget Calculator - *Assigned to WSC,* Due Immediately

Assigned to Pre-Enrollment or Waiver Support Coordinator (Primary Worker Division)

f. Send Waiver Enrollment Request - *Assigned to the Primary Worker who is the Pre-Enrollment Support Coordinator/Region Office Worker when the Consumer does NOT bypass the Pre-Enrollment. It is assigned to the Pre-Enrollment Workstream Lead when the consumer DOES bypass the Pre-Enrollment.*

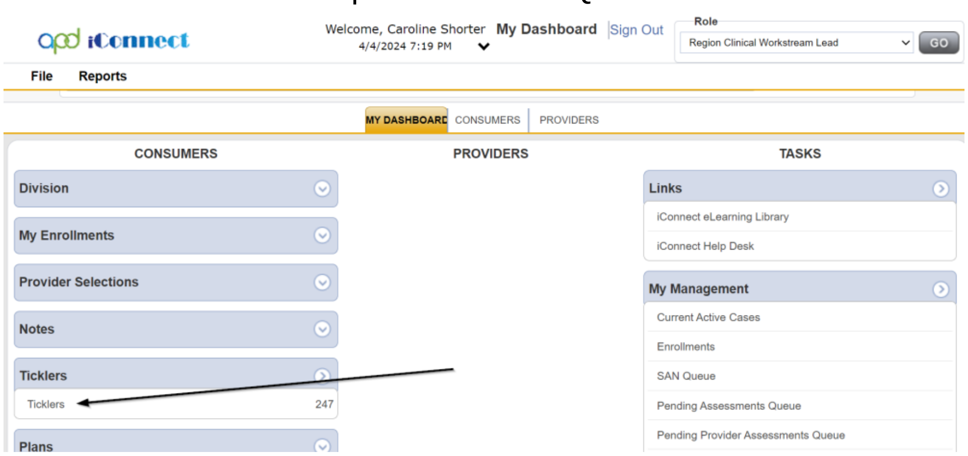
Assigned to Clinical Workstream Lead (Secondary Worker)

2. The Clinical Workstream Lead will log into iConnect and set Role = Region Clinical Workstream Lead:

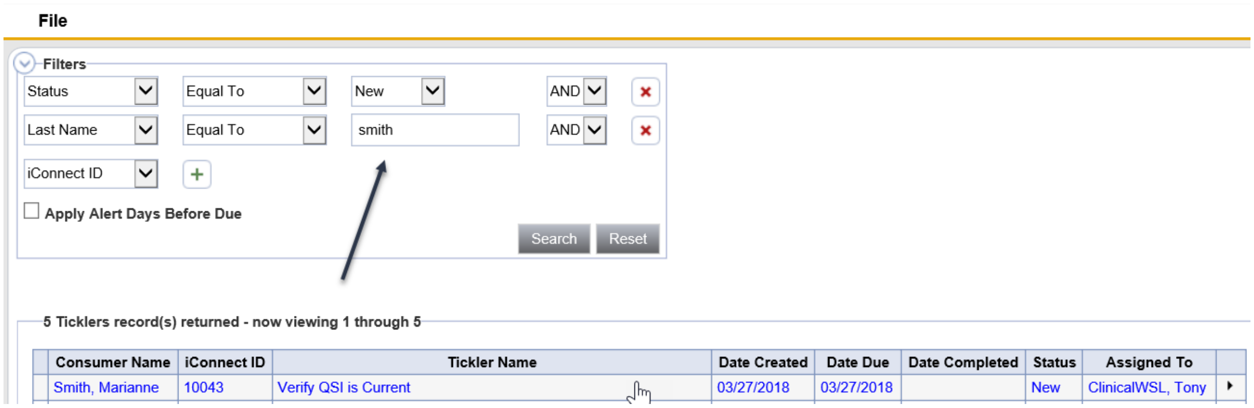


3. The Clinical Workstream Lead will monitor their **My Dashboard** for new Ticklers related to Provider Selection.

4. Find the Consumers Section and scroll down to the Ticklers Panel. Click on the **Ticklers** Link to open the Tickler Queue:



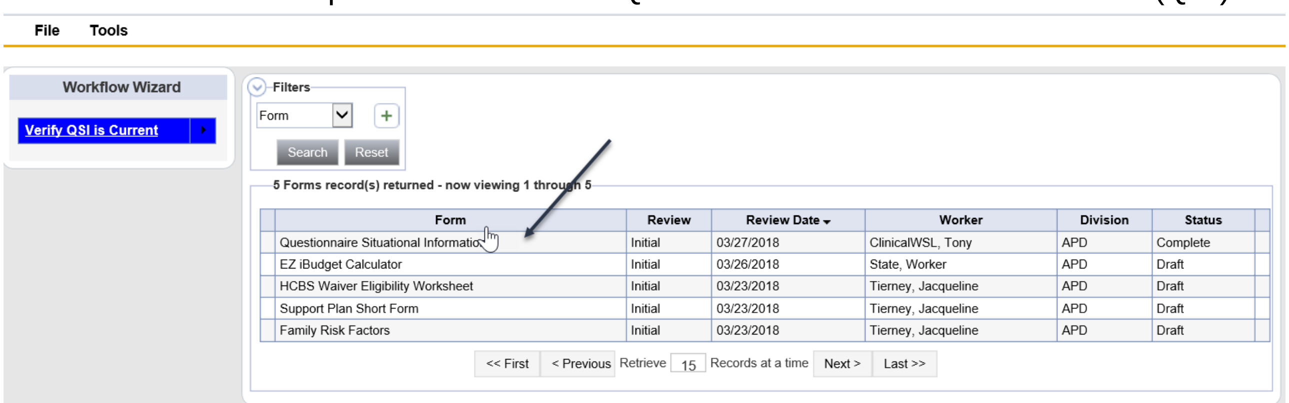
a. Use the multivariable search to narrow down the results in the Tickler Queue:



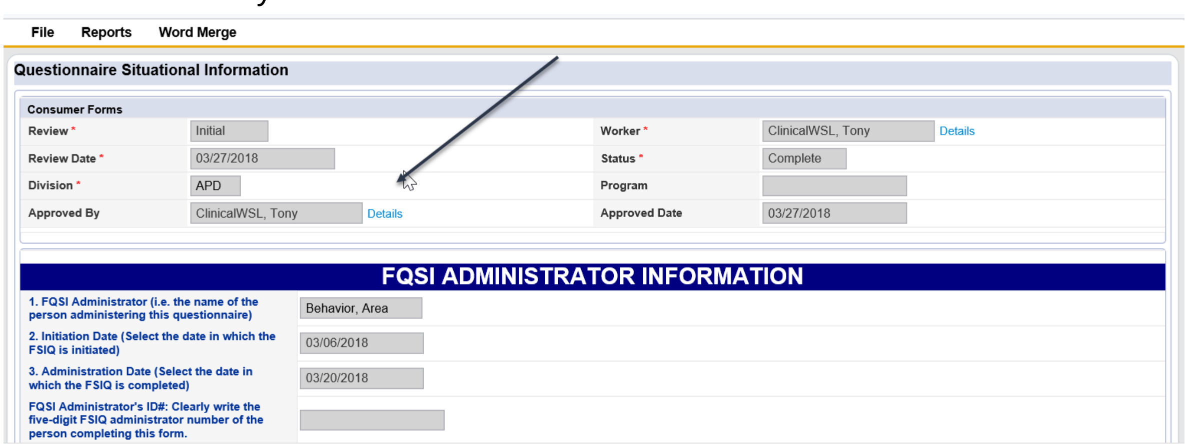
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

5. In the Tickler Queue, click to open the Tickler Called Verify QSI is Current. The consumer's Form List View Grid will open and display all Forms saved to the consumer's record.
    a. Click to open the Form called Questionnaire Situational Information (QSI)

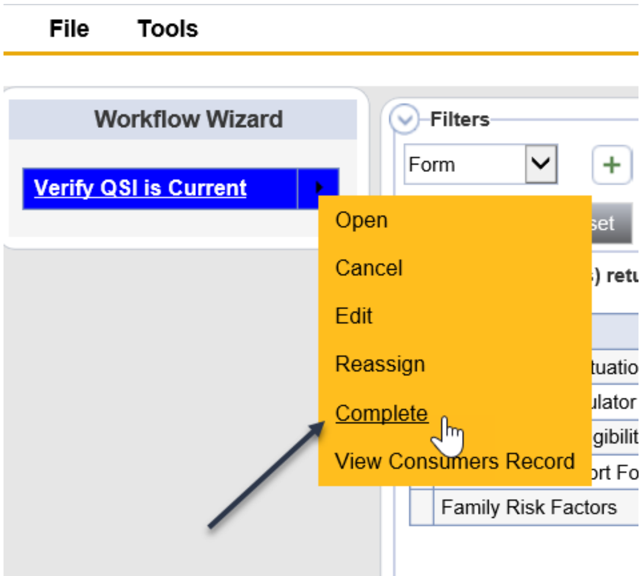


    b. Review the Review Date and Approved Date in the form header of the QSI to verify if it is current. Then click **File > Close Forms**



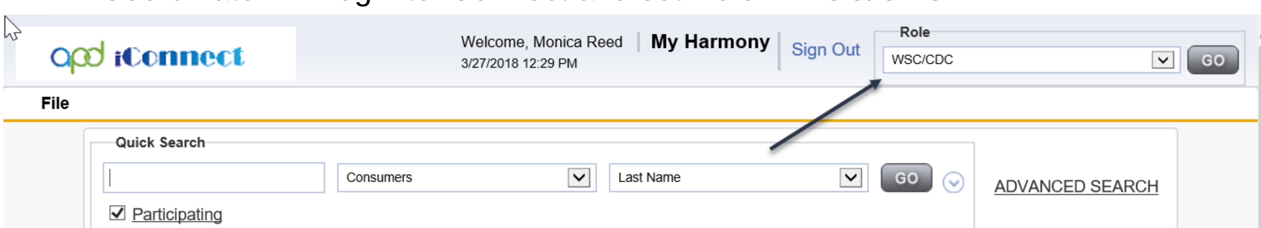
6. Back in the Workflow Wizard window, hover over the arrow next to the Tickler to click **Complete.**

7. Click **File > Close Workflow Wizard**

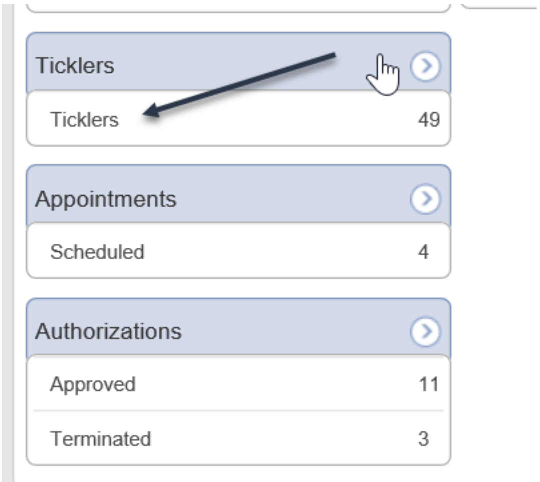


Assigned to WSC (Provider Worker)

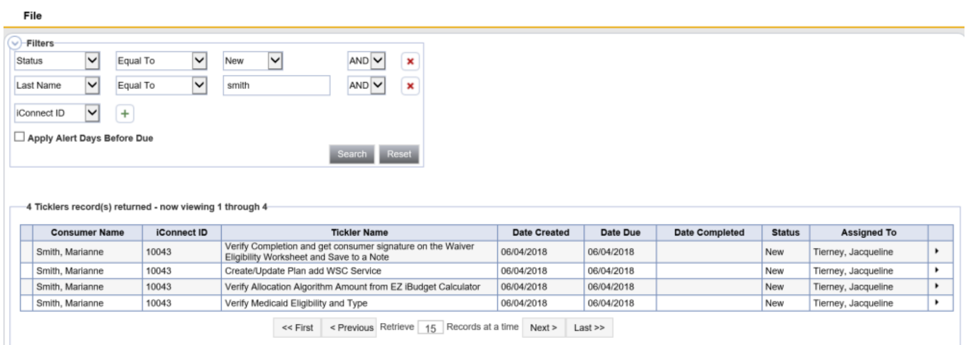
8. To finish the consumer's Waiver Enrollment, the assigned Waiver Support Coordinator will log into iConnect and set Role = WSC/CDC



9. The assigned Waiver Support Coordinator will monitor their **My Dashboard** for new Ticklers. Find the Consumers Section and scroll down to the Ticklers Panel. Click on the **Ticklers** Link to open the Tickler Queue:



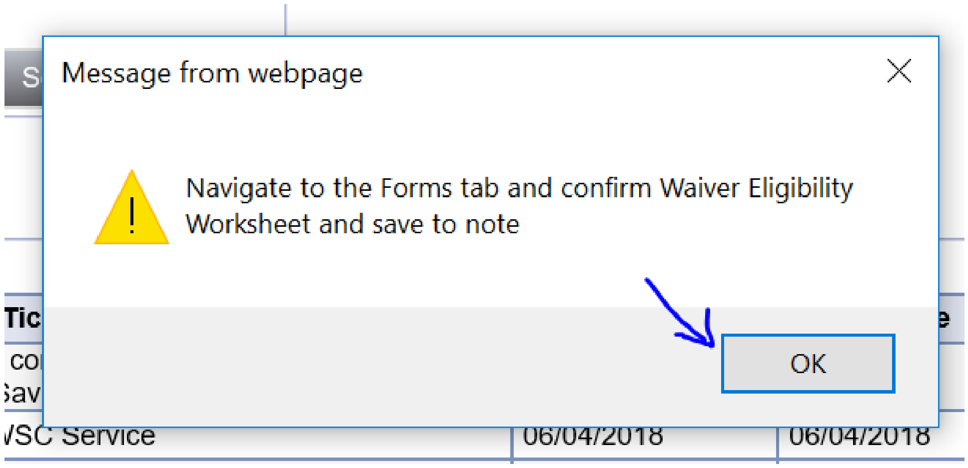
a. Use the multivariable search to narrow down the results in the Tickler Queue:



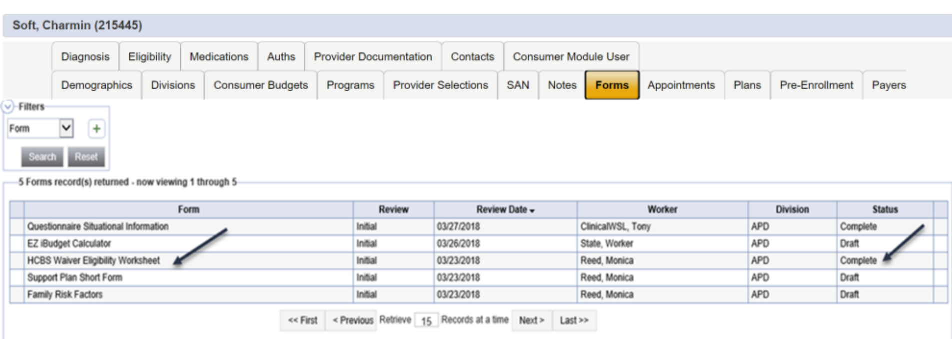
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

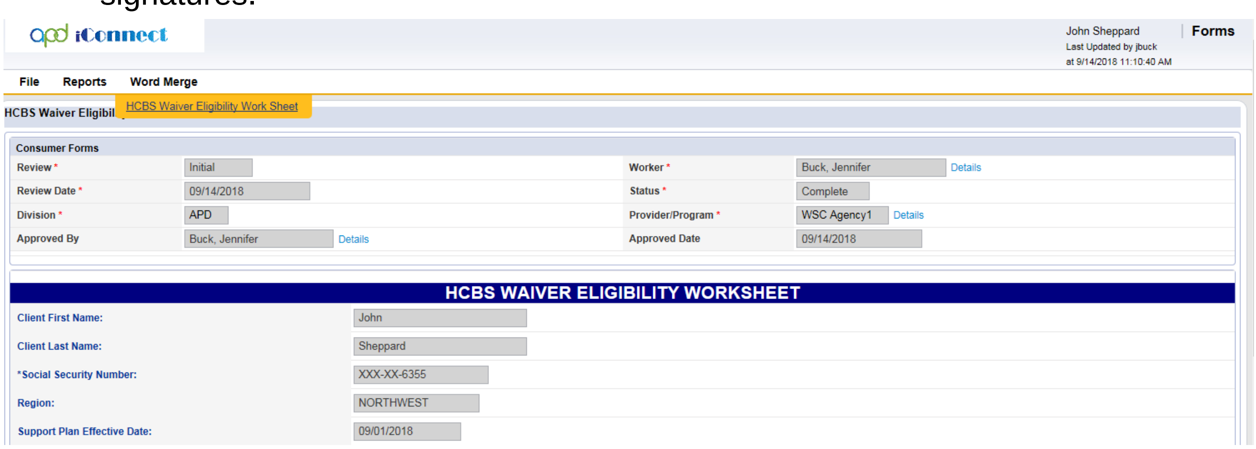
10. In the Tickler Queue, click to open the Tickler called Verify Completion and get Consumer signature on the Waiver Eligibility Worksheet and save to a Note.
    a. A Message Tickler will open – Navigate to the Forms tab and confirm Waiver Eligibility Worksheet and save to Note. Click **OK.**



11. To complete the Tickler, navigate to the consumer's record and click on the **Forms** tab. Confirm that the Consumer has a completed HCBS Waiver Eligibility Worksheet in Complete Status



12. With the open HCBS Waiver Eligibility Worksheet form displays, select Word Merge > HCBS Waiver Eligibility Worksheet. Print the document and get the necessary signatures.



13. Then, after obtaining the necessary signatures, scan the Worksheet. Attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, click **Notes > File > Add Note.** In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = Signed Waiver Eligibility Worksheet
    d. Status = Complete

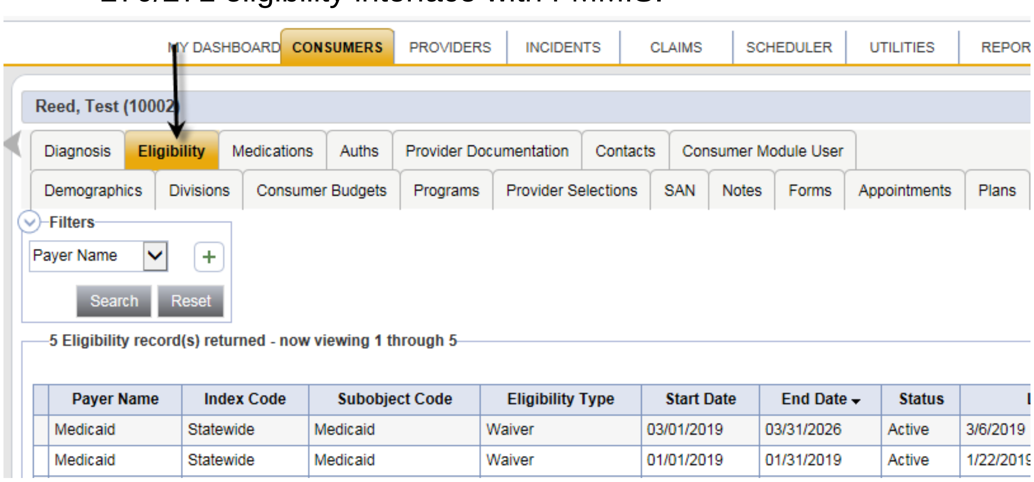
14. When finished, click **File > Save and Close Note**

15. Navigate back to the Tickler Queue and click **Complete** next to the Tickler

16. In the Tickler Queue, click to open the Tickler called Verify Medicaid Eligibility Type.

17. A Message Tickler will open – Navigate to the Eligibility tab to confirm Medicaid Eligibility. Click **OK.**
    a. Eligibility data is critical in determining whether a consumer is eligible for one or more programs and, once enrolled, monitoring that they remain eligible. Consumers can, and often do, gain and lose Medicaid eligibility as their income, living situations, and other circumstances change. iConnect automatically queries, on an ongoing basis, the state eligibility system for each consumer's eligibility status. That data is posted into the consumer's Payer and eligibility records.
    b. The WSC can also log in to the state eligibility website and check eligibility manually. In these cases, with correct Role access, the user can manually add the Payer and Eligibility Record in iConnect.

18. From the consumer's record, click on the **Eligibility** tab to confirm if the Consumer is Medicaid Eligible based on the records that were added automatically from the 270/271 eligibility interface with FMMIS.



19. If the Medicaid Eligibility is checked by logging into the state website, the Payer and Eligibility records can be manually added in iConnect.

Chapter 6 | Declined, Return Mailed, or Nonresponsive Waiver Offers

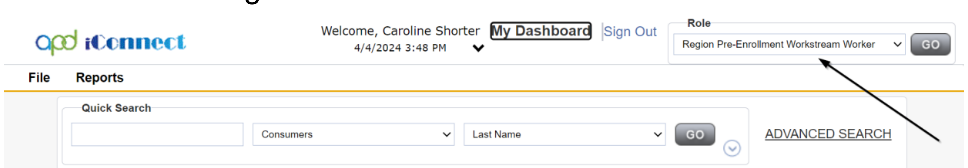
Introduction

Upon being notified of available Waiver Funds, the State must distribute the funds amongst eligible Consumers. Many times, those Consumers are not interested and/or contact information has not been updated. This results in returned offer letters, a lack of a response from the Consumer and in some cases, the Consumer simply declines the offer presented. In this Chapter, the method in which to document said scenario(s) is outlined.

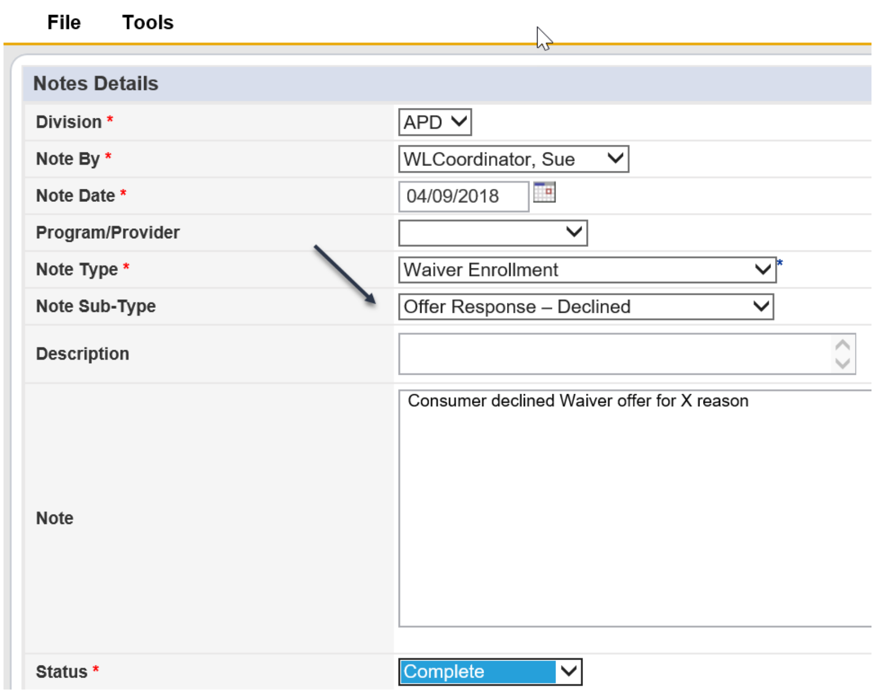
Consumer Declines Waiver Offer

1. The Consumer may contact the Pre-Enrollment Support Coordinator to decline Waiver Offer. They may want to be removed from the Pre-Enrollment or may be interested in the Waiver offer but not in need of services and will remain on the Pre-Enrollment

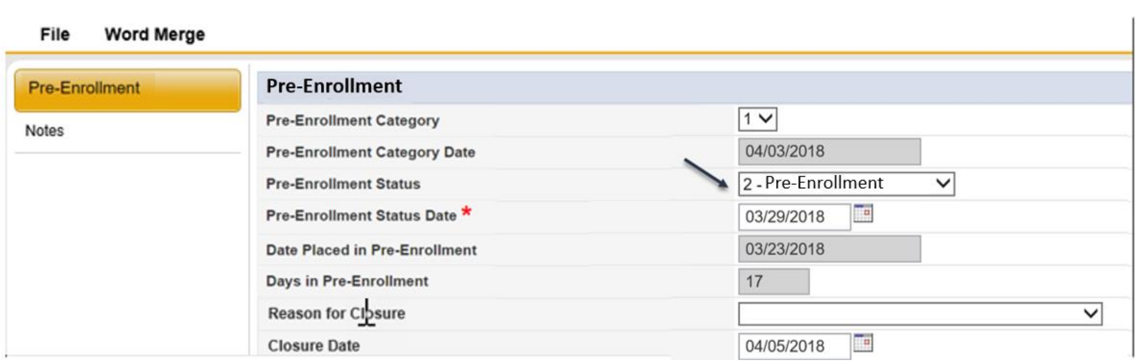
2. To begin, the Pre-Enrollment Support Coordinator will log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



3. To document the consumer's response to the offer, navigate to the consumer's record and click **Notes > File > Add Note**
   a. In the new Note record, update the following fields:
      i. Division = APD
      ii. Note Type = Waiver Enrollment
      iii. Note Subtype = Offer Response - Declined
      iv. Note = Explain consumer's reason for declining
      v. Status = Complete
   b. When finished, click **File > Save and Close Note**



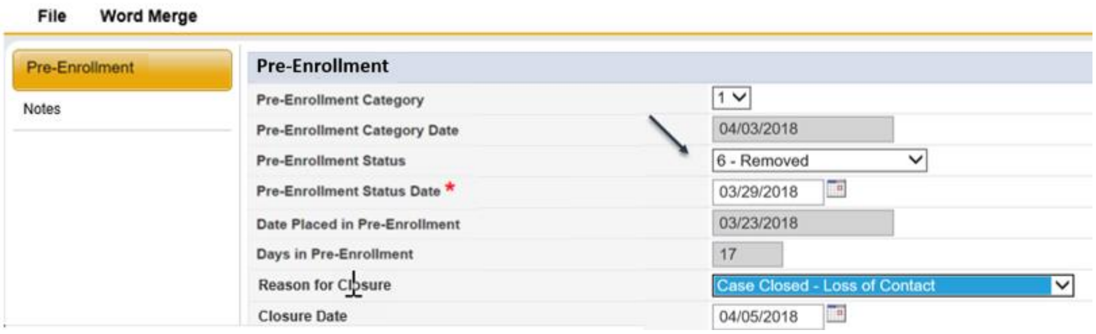
4. If the Consumer has elected to remain on the Pre-Enrollment, navigate to the consumer's record and click on the **Pre-Enrollment** tab > open the relevant Pre-Enrollment record.
    a. Update the following fields:
        i. Status = Waiting
    b. When finished, click **File > Save and Close Pre-Enrollment**



5. The PESC will maintain ongoing case management efforts throughout the duration of the Consumer being on the Pre-Enrollment
6. If the Consumer has elected to be removed from the Pre-Enrollment, navigate to the consumer's record and click on the **Pre-Enrollment** tab > open the relevant Pre-Enrollment record
    a. Update the following fields:
        i. Status = Removed

ii. Reason = Record reason for removal

b. When finished, click **File > Save and Close Pre-Enrollment**

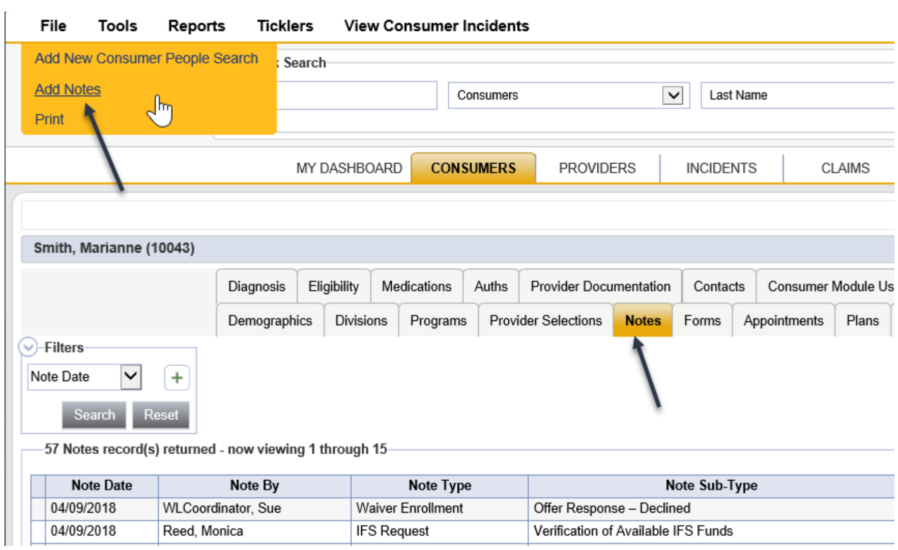


Consumer Does Not Respond to Waiver Offer

1. After the initial Waiver Offer Letter has been sent to Consumers, they have 15 days to respond indicating if they would like to accept/decline. To identify Consumers who have not replied to the offer, the Region Office Worker or Pre-Enrollment Support Coordinator will log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

2. Navigate to the **Reports** chapter and run the Waiver Offer No Response Report as often as needed

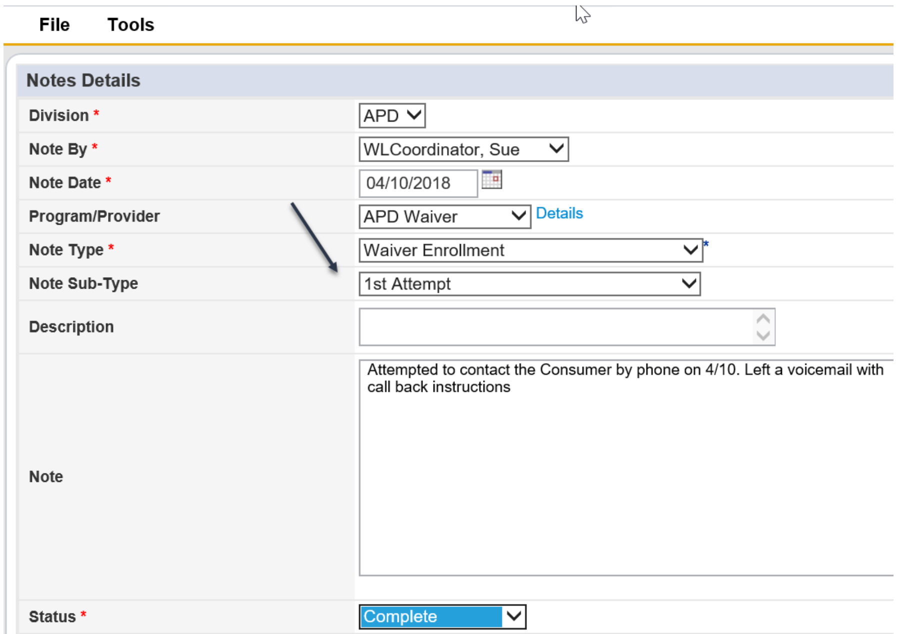
3. The Pre-Enrollment Support Coordinator (PESC) will attempt to contact each Consumer who did not respond to their Waiver Offer Letter by phone call. Track each Consumer contact attempt in a Note record.
   a. To do so, navigate to the consumer's record and click on **Notes > File > Add Note.**



   b. In the new Note record, update the following fields:
      i. Division = APD

ii. Note Type = Waiver Enrollment
iii. Note Subtype = 1st Attempt OR 2nd Attempt OR 3rd Attempt
iv. Status = Complete

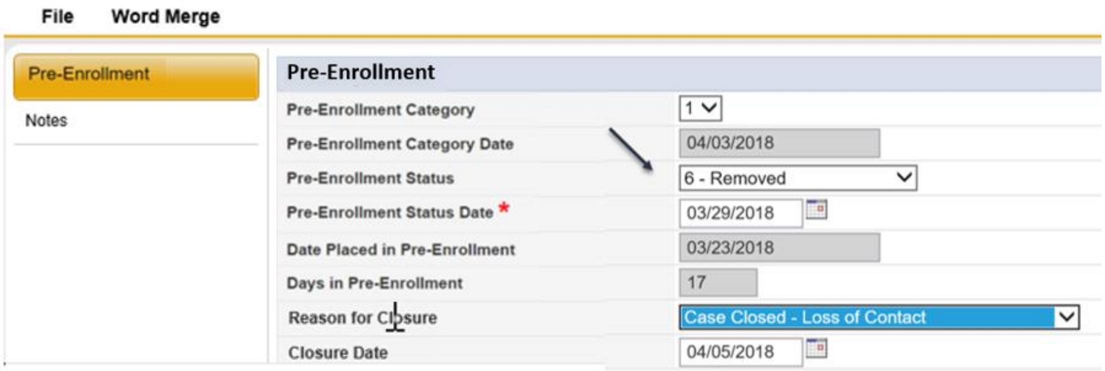
c. When finished, click **File > Save and Close Notes**



4. There are three possible outcomes:
    a. If PESC Successfully Contacts Consumer and Consumer Accepts Waiver Offer, proceed to Chapter on Standard APD Enrollment
    b. If PESC Successfully Contacts the Consumer and Consumer Declines the Waiver Offer, proceed to Chapter on Declined Return Mailed or Non Responsive Waiver Offers - Consumer Declines Waiver Offer
    c. If PESC is Unsuccessful in Contacting Consumer After Three Attempts, proceed below.

5. If the PESC is unsuccessful in contacting the Consumer after three attempts, decide if the consumers should be removed from the Pre-Enrollment and if their case should be closed.

6. To remove the Consumer from the Pre-Enrollment, navigate to the consumer's record, click on the **Pre-Enrollment** tab > open the relevant Pre-Enrollment record.
    a. Update the following fields:
        i. Pre-Enrollment Status = Removed
        ii. Reason for Closure = update as appropriate
    b. When finished, click **File > Save and Close Pre-Enrollment**



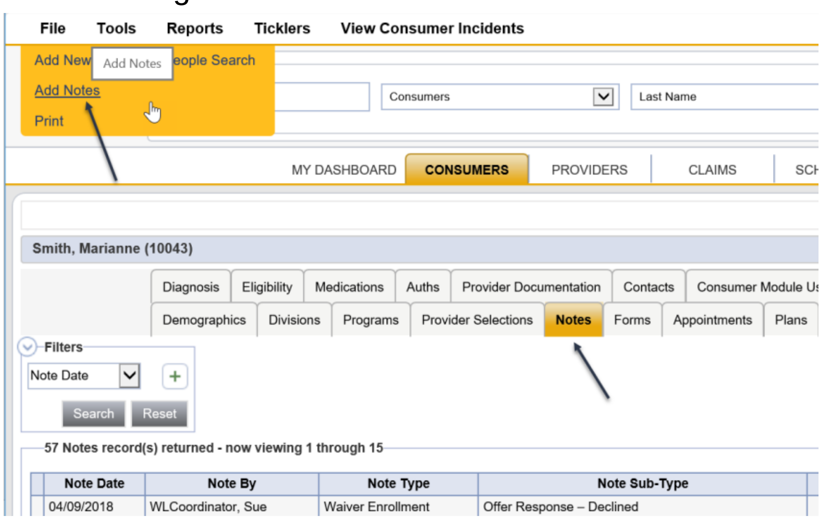
7. If the PESC decides that the consumer's case is to be closed, proceed to Case Closure.

Waiver Offer Letter Returned in the Mail

1. If a Waiver Offer Letter was mailed to the Consumer but returned to APD by the post office, the Region Office worker will record this on the consumer's record

2. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

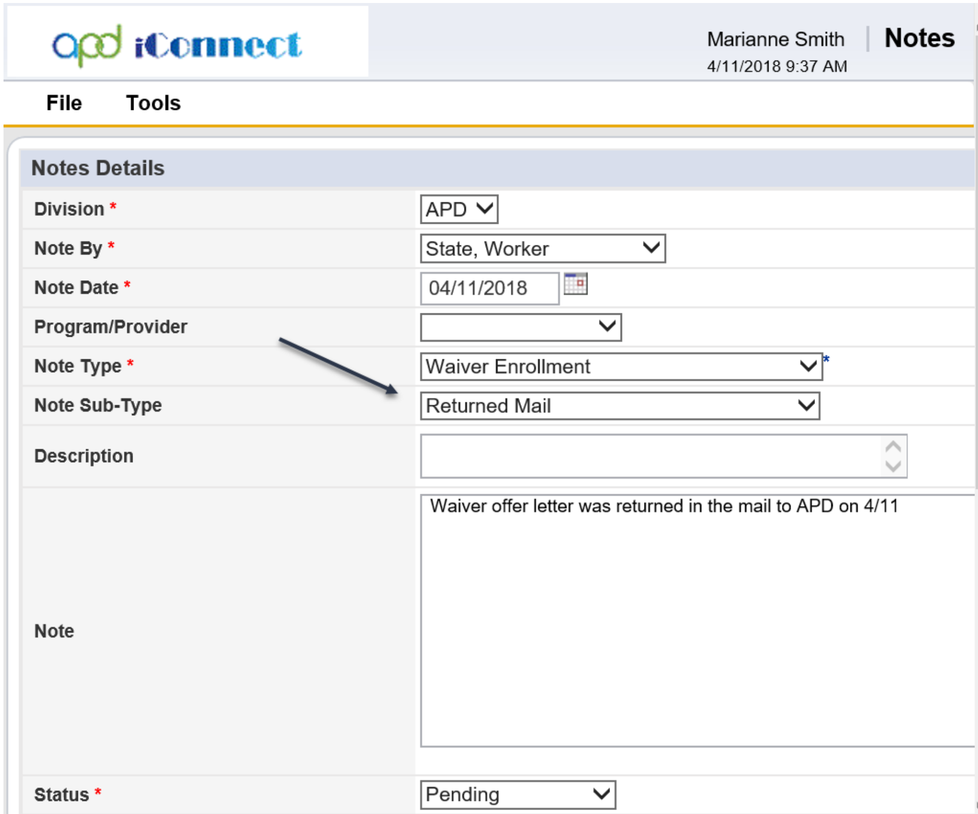
3. Navigate to the consumer's record and click on the **Note > File > Add Note.**



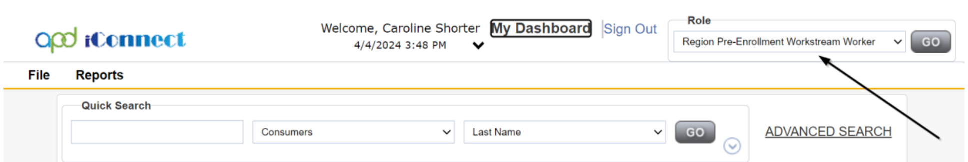
a. In the new Note record, update the following fields:
   i. Division = APD
   ii. Note Type = Waiver Enrollment
   iii. Note Subtype = Returned Mail
   iv. Status = Pending
   v. Route the Note to the Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search

results, click on the matching Worker Name to route the note to that recipient.

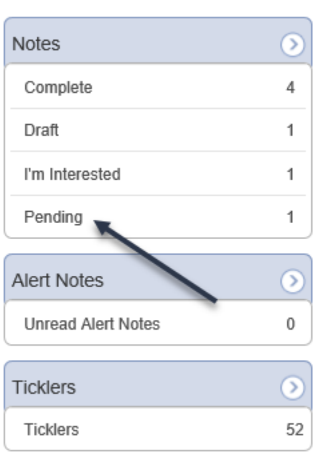
b. When finished, click **File > Save and Close Notes**



4. The PESC monitor their **My Dashboard** for Notes related to Waiver Enrollment issues. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

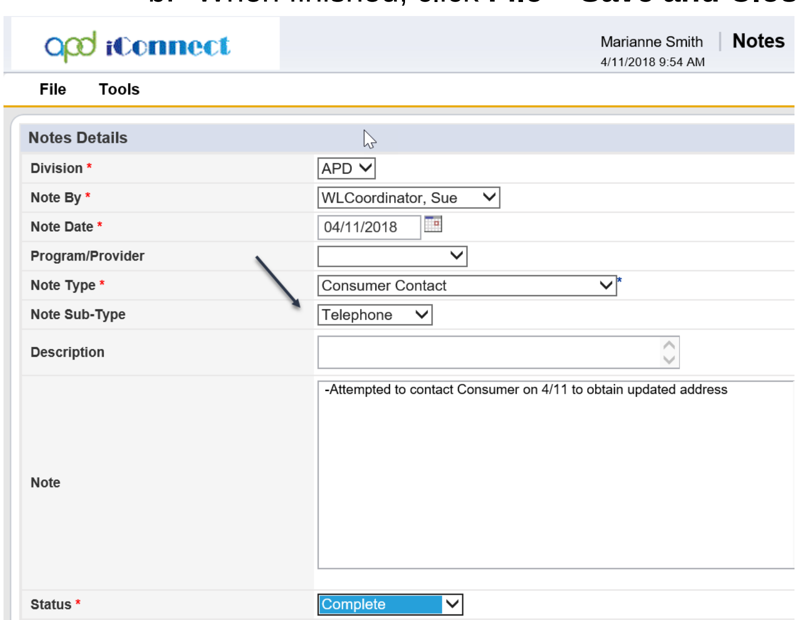


5. On the **My Dashboard,** identify the Consumer panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Pending Notes



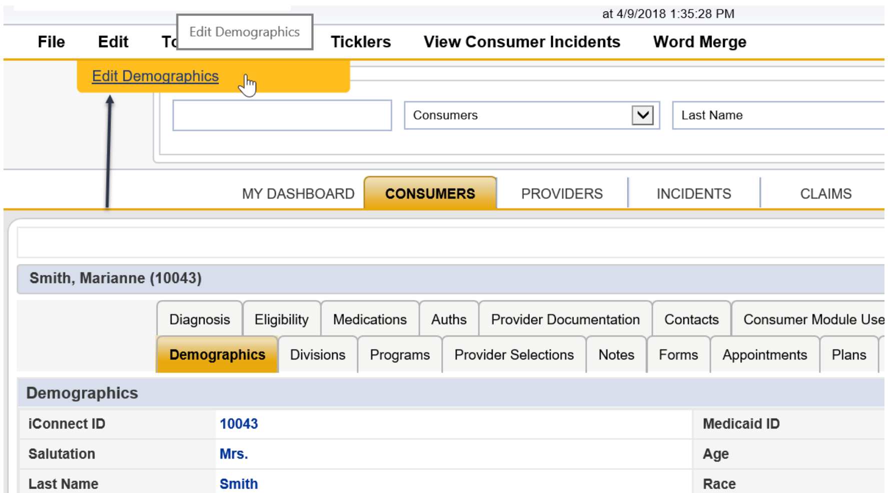
6. In the Pending Notes queue, open the Note record with Note Type = Waiver Enrollment and Note Subtype = Returned Mail:
    a. Review the details of the returned Waiver Offer Letter
    b. Navigate to the consumer's record to obtain the Telephone Number

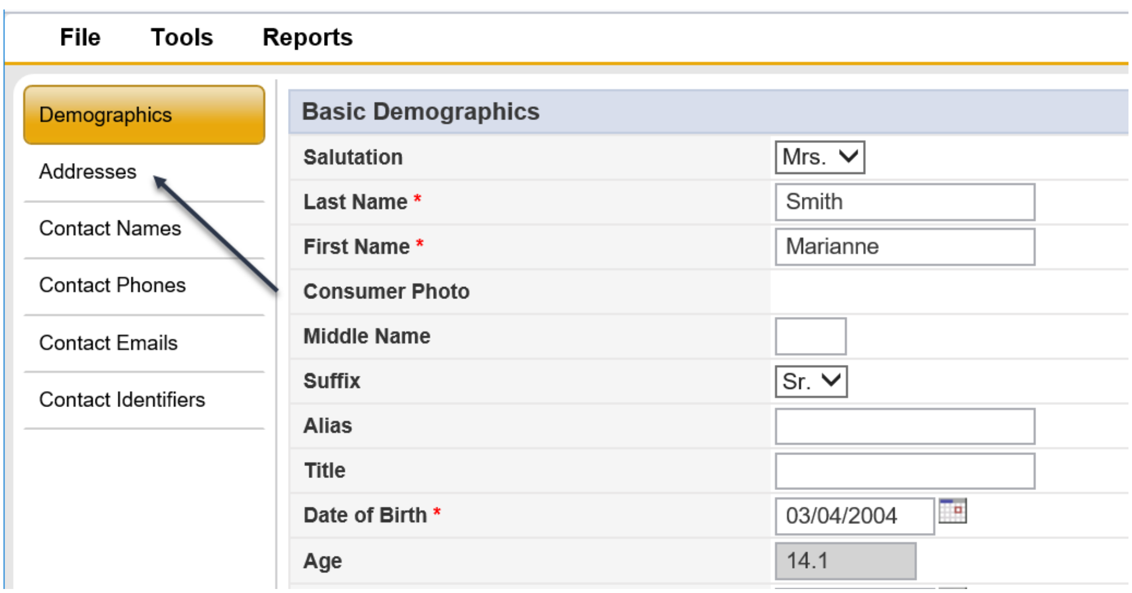
7. Contact the Consumer to obtain the updated address. Record each contact attempt in a Consumer Note record. To do so, navigate to the consumer's record, click on **Notes > File > Add Note:**
    a. In the new Note record, update the following fields:
        i. Division = APD
        ii. Note Type = Consumer Contact
        iii. Note Subtype = Telephone
        iv. Status = Complete
    b. When finished, click **File > Save and Close Notes**



i. If All Research Efforts Exhausted and No New Address Found, proceed to the Chapter on Case Closure.
ii. If New Address Found, proceed below

8. If a new address is obtained, navigate to the consumer's record and click on **Demographics > Edit > Edit Demographics > Addresses > click** on the outdated address record





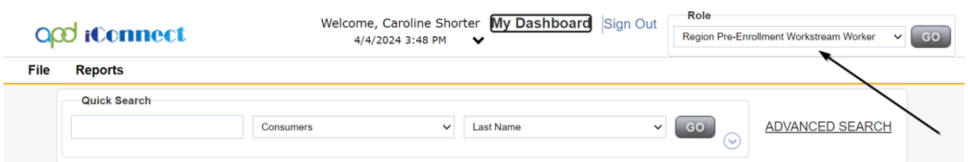
9. Update the address as appropriate and click **File > Save and Close Address.**

10. From the consumer's Demographics record, click on the **Word Merge** menu > iBudget Waiver Offer Enrollment Letter to generate the letter
    a. Click **Open Document** to edit the contents of the Word Merge letter. Edit the document in Microsoft Word. Print the document to mail to the Consumer

b. Save the updated letter to your computer. Back in iConnect, click **Upload and Save to Note**. In the new Note Record, update the following fields:
   1. Division = APD
   2. Note Type = Waiver Enrollment
   3. Note Subtype = Second Offer
   4. Status = Complete

c. When finished, click **File > Save and Close Note**

11. If the SECOND Waiver Offer Letter was mailed to the Consumer but returned to APD by the post office, record this on the consumer's record. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

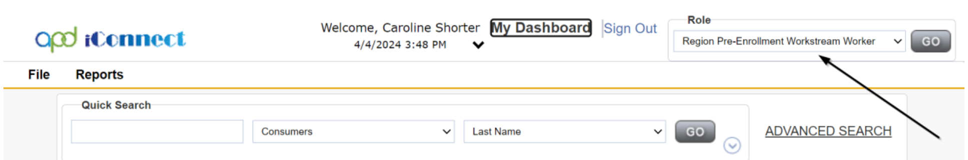


12. Navigate to the consumer's record and click on **Notes > File > Add Note:**

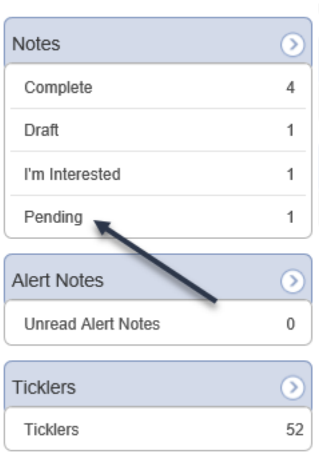
a. In the new Note record, update the following fields:
   i. Division = APD
   ii. Note Type = Waiver Enrollment
   iii. Note Subtype = Returned Mail
   iv. Status = Pending
   v. Route the Note to the Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

b. When finished, click **File > Save and Close Notes**

13. The PESC monitor their **My Dashboard** for Notes related to Waiver Enrollment issues. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

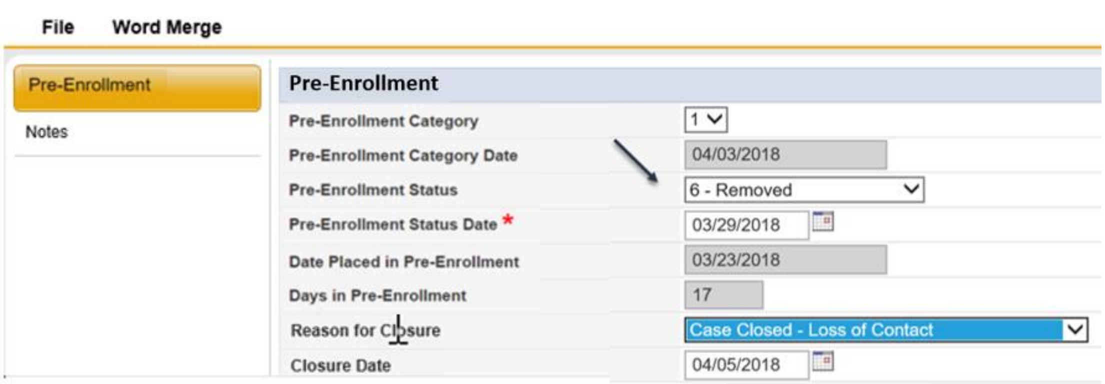


14. On the **My Dashboard,** identify the Consumer panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Pending Notes



15. In the Pending Notes queue, open the Note record with Note Type = Waiver Enrollment and Note Subtype = Returned Mail:

16. Remove the Consumer from the Pre-Enrollment. To do so, navigate to the consumer's record and click on the **Pre-Enrollment** tab > open the relevant Pre-Enrollment record
    a. Update the following fields:
        i. Pre-Enrollment Status = Removed
        ii. Reason for Closure = Update as appropriate
    b. When finished, click **File > Save and Close Pre-Enrollment**



i. If the consumer's Case is to be Closed, Proceed to the Chapter on Case Closure.

Chapter 7 | Level of Care

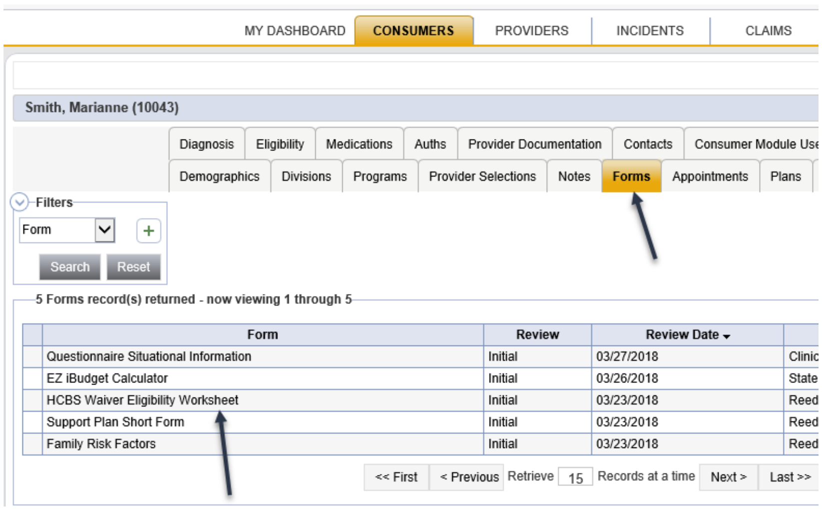
Introduction

Level of Care assessments are completed by a Waiver Support Coordinator, to assist in determining if an individual meets eligibility requirements and to what level of service is required to accommodate the consumer's needs. The Support Coordinator will utilize the Waiver Eligibility Worksheet to document the LOC determinations.

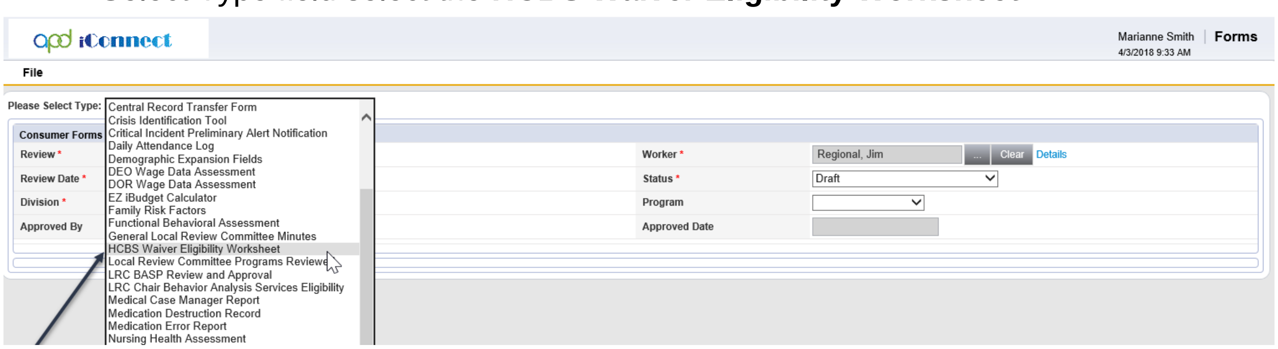
Complete Waiver Eligibility Worksheet

37. To begin, the Region Staff member will log into iConnect and set Role = WSC/CDC. Click **Go.**

38. The consumer's Initial HCBS Waiver Eligibility Worksheet will be available by navigating to the consumer's record and clicking on the **Forms** tab.



39. To add a new form, annually, click **Forms > File > Add Form** and in the Please Select Type field select the **HCBS Waiver Eligibility Worksheet**

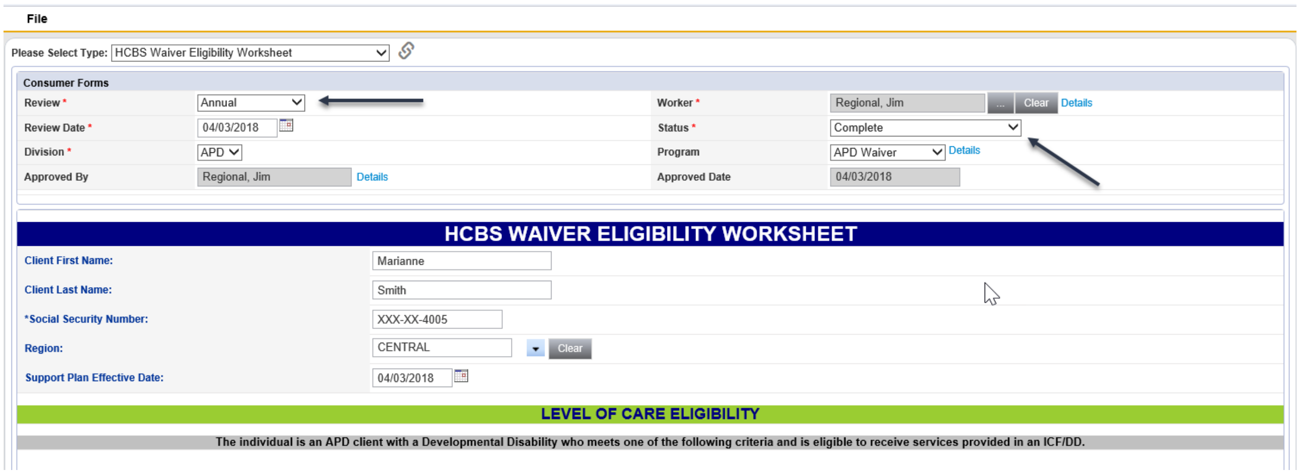


40. In the new HCBS Waiver Eligibility Worksheet, complete all relevant fields

41. Then, update the fields in the header:
    a. Review = Annual
    b. Division = APD
    c. Status = Complete

42. Print the form for signature

43. When finished, click **Save and Close Forms**



44. After obtaining the necessary signatures, attach the signed HCBS Waiver Eligibility Worksheet to the consumer's record. To do so, navigate to the consumer's record and click on **Notes > File > Add Note**:

45. In the new Note record, update the following fields:
    i. Division = APD
    ii. Note Type = Waiver Enrollment
    iii. Note Subtype = Signed Waiver Eligibility Worksheet
    iv. Status = Complete

46. From the **File** menu > select **Save and Close Notes**.

Chapter 8 | QSI Assessment

Introduction

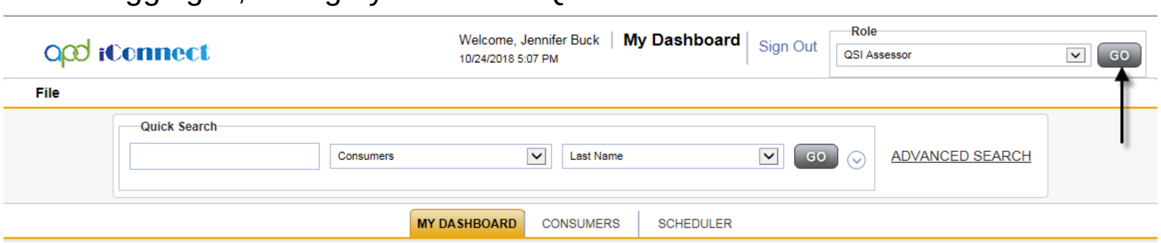
The chapter focuses on the process of scheduling and conducting the QSI Assessment. The Clinical Workstream Lead will assign a QSI Assessor who will schedule and conduct the QSI for a Consumer. The QSI Assessor has the option to complete the QSI Assessment on a paper form while in-person with the Consumer and then transpose the consumer's responses into the QSI Assessment Form in iConnect. Alternatively, the Assessor can use Mobile Assessments to complete the QSI online while in person with the Consumer.

After completing the QSI Assessment, the QSI Assessor may need to obtain supplementary documentation from the Consumer. The QSI Assessor will attach this documentation to the consumer's record via Note records. After finalizing the QSI, the QSI Assessor will notify the assigned Pre-Enrollment Support Coordinator or Waiver Support Coordinator the QSI is complete via a Note in iConnect.

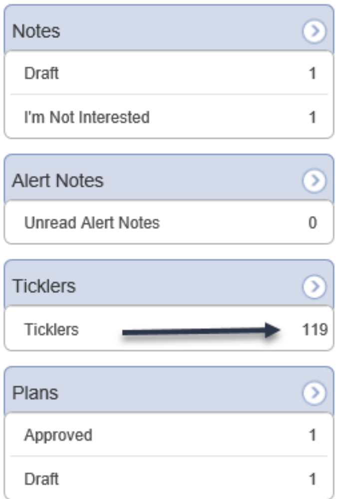
Scheduling the QSI

1. After the Consumer was deemed APD Eligible, the Clinical Workstream Lead reassigned a Tickler called Assign Initial QSI to the QSI Assessor.

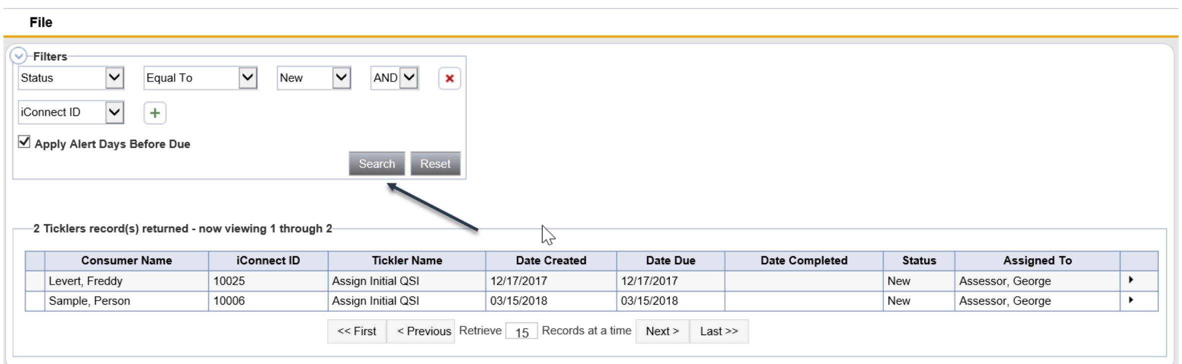
2. The QSI Assessor will log into iConnect to pick up the reassigned Tickler. Upon logging in, change your Role = QSI Assessor and click **Go:**



3. The Assessor will monitor their **My Dashboard** for Ticklers related to the initial QSI. To do so, navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



4. From here, user the multi variable search to find the Assign Initial QSI Tickler and click **Search:**

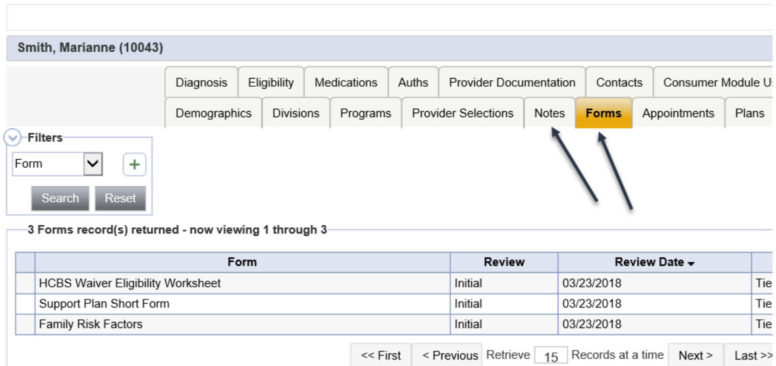


Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

5. In the search results, hover over the arrow next to the Assign Initial QSI Tickler and click **View consumer's Record:**

6. Review the Forms and collateral documentation on the consumer's record by clicking on the **Forms** and the **Notes** tabs:

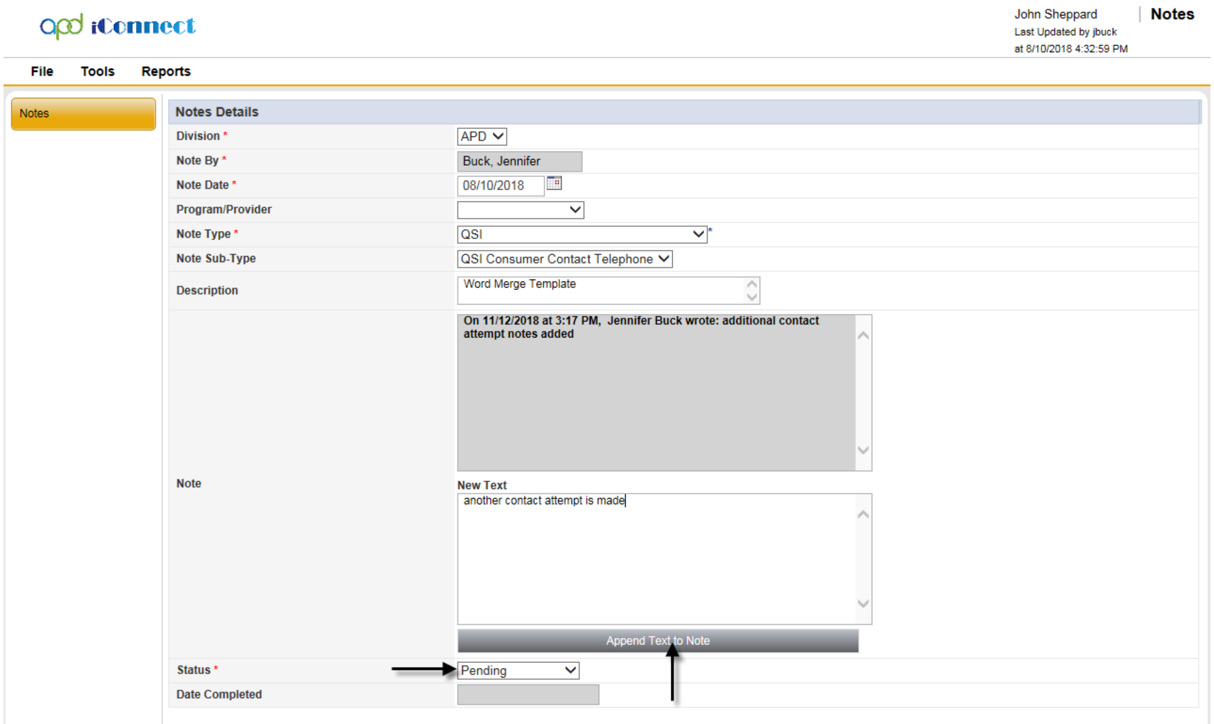


7. In order to schedule the QSI Assessment, the Assessor must contact the Consumer via telephone or email to schedule an appointment during which the assessment can be completed

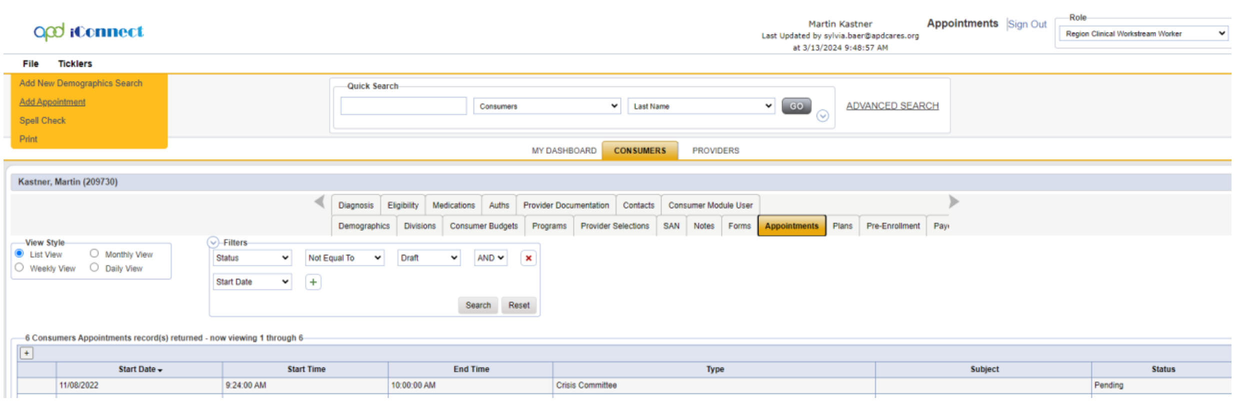
8. Record each attempt to contact the Consumer in a Note record. From the consumer's record, click on **Notes > File > Add Note.**

9. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = QSI
   c. Note Subtype = Consumer Contact - Telephone
   d. Notes = Enter details of the contact attempt. Multiple attempts will be documented in the same note. The Assessor can use the Append Text Note option to enter each contact attempt on the same note.
   e. Status = Pending. The note will remain in an editable/Pending status so it can be updated with each contact attempt. When the appointment is scheduled, the status of this note can be change to Complete.

10. When finished, click **File > Save and Close Note**

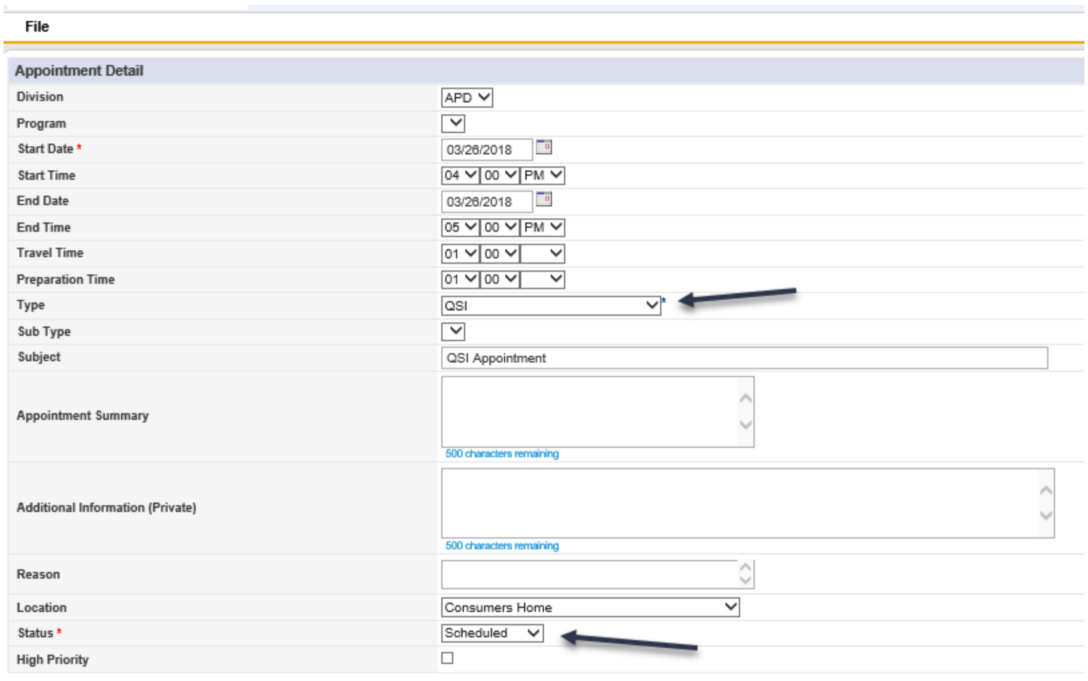


11. After selecting a date and time for the QSI Assessment appointment, navigate to the consumer's record and click on the **Appointments** tab > **File > Add Appointment**:



12. In the new Appointment record, update the following fields:
    a. Division = APD
    b. Start Date
    c. Start Time
    d. End Date
    e. End Time
    f. Appointment Type = QSI
    g. Status = Scheduled
    h. Priority = High (only if QSI is high priority circumstance)

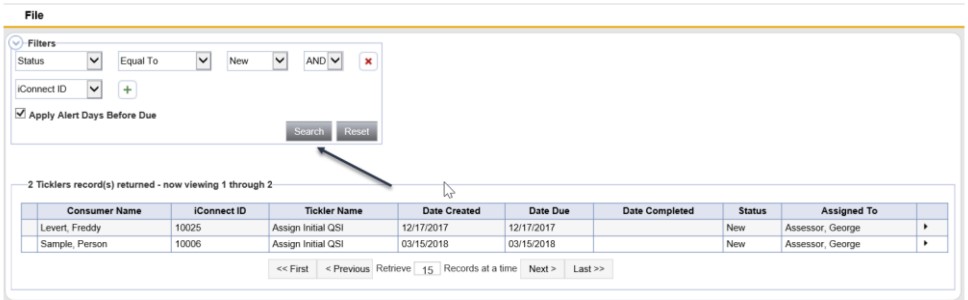
13. When finished, click **File > Save Appointment**



14. Upon saving the new Appointment record, the Appointment record will refresh and display the Add Attendee tab.
    a. Click **Add Attendee**
    b. Scroll to find your Worker record. Select the record and click **Add**. Note that you can use the CTRL key to select multiple workers before clicking **Add**
    c. When finished, click **File > Save and Close Attendee**
    d. The Appointment will now display in the Attendee's My Dashboard
    e. Repeat the process to add all Attendees to the Appointment record

Completing the QSI

1. The Assessor will be able to track assigned QSIs using the Assign Initial QSI tickler. This tickler is visible via My Dashboard and will remain on the Assessors ticker list until it is marked as complete.
    a. Click on the **Ticklers** link under the Consumers section on the **My Dashboard.** The Tickler Queue will open. Use the multi variable search to find the Assign Initial QSI Tickler with Status = New.



b. To view QSI ticklers that have already been completed, change the Search filters in the Tickler queue. The default filter returns ticklers with Status = New.

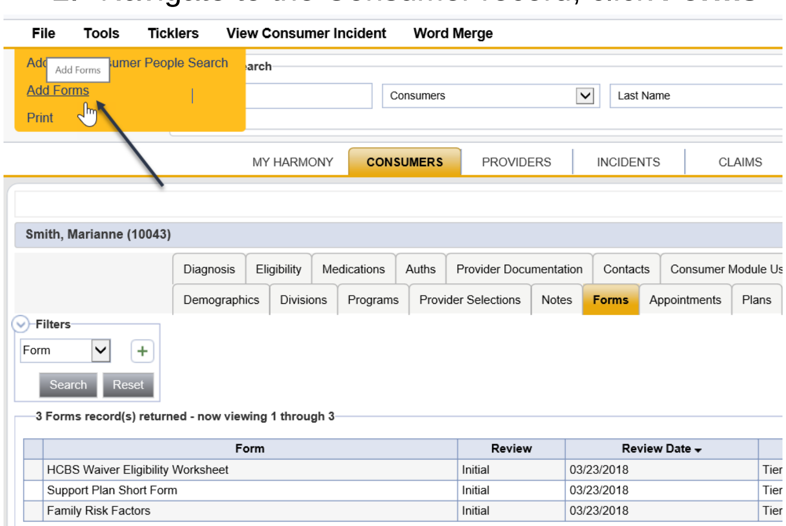
2. In addition, the Pending Assessments Queue visible via My Dashboard will list all iConnect Assessments with Status = Pending. The Assessor can save the QSI Assessment with Status = Pending until he/she is ready to complete the form.

3. Upon meeting with the Consumer, the Assessor will complete the QSI Assessment. The Assessor has two options:
   a. The Assessor can complete a paper QSI and transpose it into iConnect upon returning to the office, or
   b. The Assessor can complete the QSI in iConnect directly in the application or via Mobile Assessment.

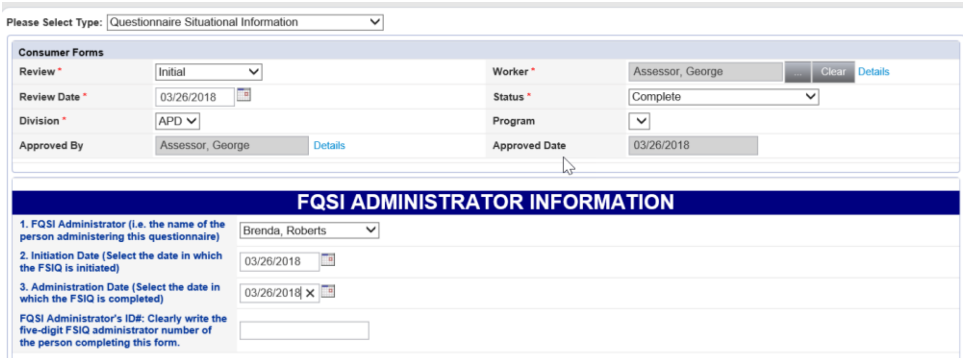
Completing the QSI in iConnect

1. To begin, log into iConnect and select Role = QSI Assessor.

2. Navigate to the Consumer record, click **Forms > File > Add Form.**



3. Set Please Select Type = Questionnaire Situational Information



4. Complete all relevant fields. Required field are marked with a red asterisk. *

5. The QSI is a long assessment and the Assessor will want to save updates along the way.

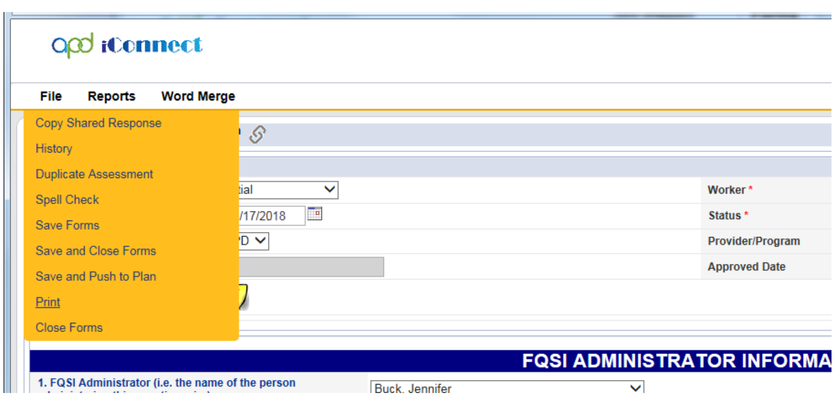
6. The QSI can be saved with required fields unanswered only when using Status = Draft.   Click **File** > **Save Forms**.

7. Based on the consumer's responses to questions in the QSI, the system will automatically require that the Consumer complete second-level Assessments including:
   a. Behavioral Second Level Assessments
   b. Medical Second Level Assessments

   The questions for these second level Assessments will conditionally populate right into the QSI Assessment if they are required.

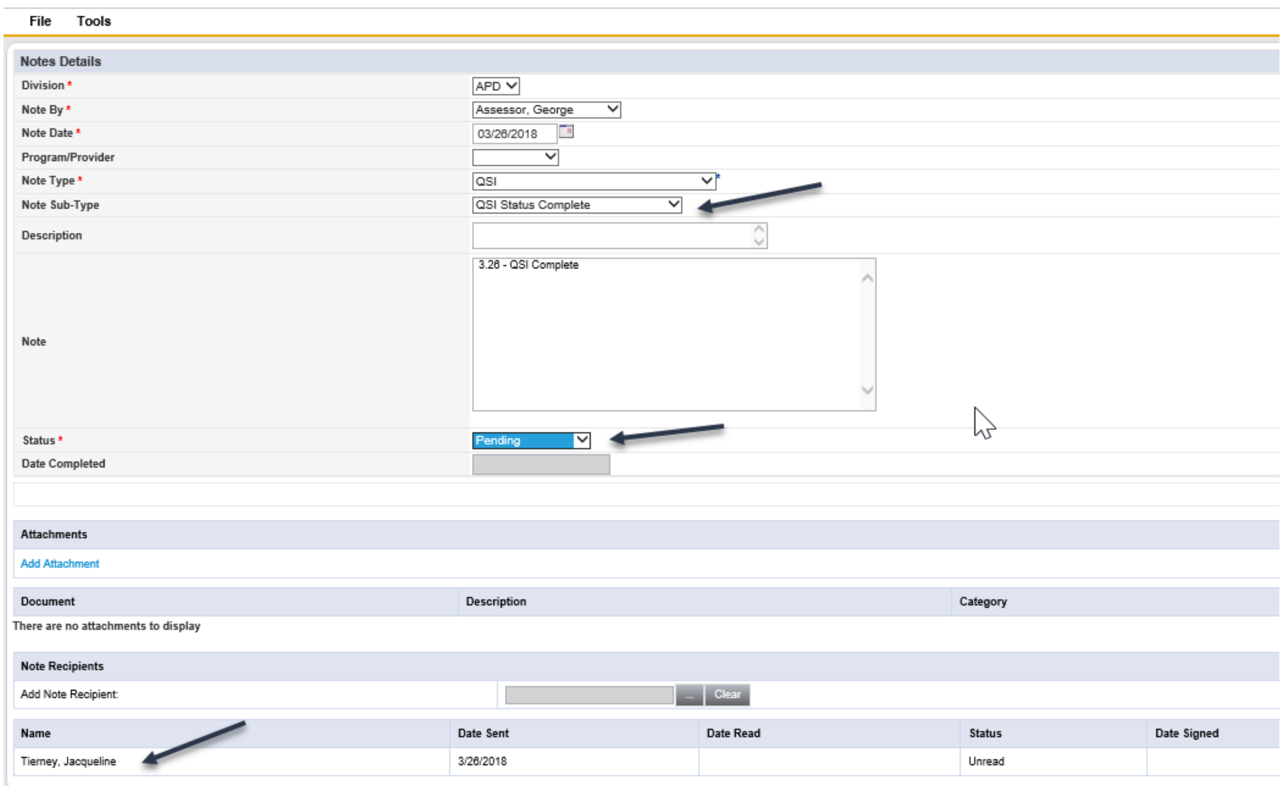
8. When finished with the entire form, change the form Status = Complete.

9. Click **File > Save and Close Forms.**



10. When the QSI is complete, notify the Waiver Support Coordinator or Pre-Enrollment Support Coordinator. To do so, navigate to the consumer's record and click on **Notes > File > Add Note.**

11. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = QSI
    c. Note Subtype = QSI Status Complete
    d. Status = Complete
    e. Route the new Note record to the Waiver Support Coordinator/Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.



12. When finished, click **File > Save and Close Notes**

Mobile Assessments

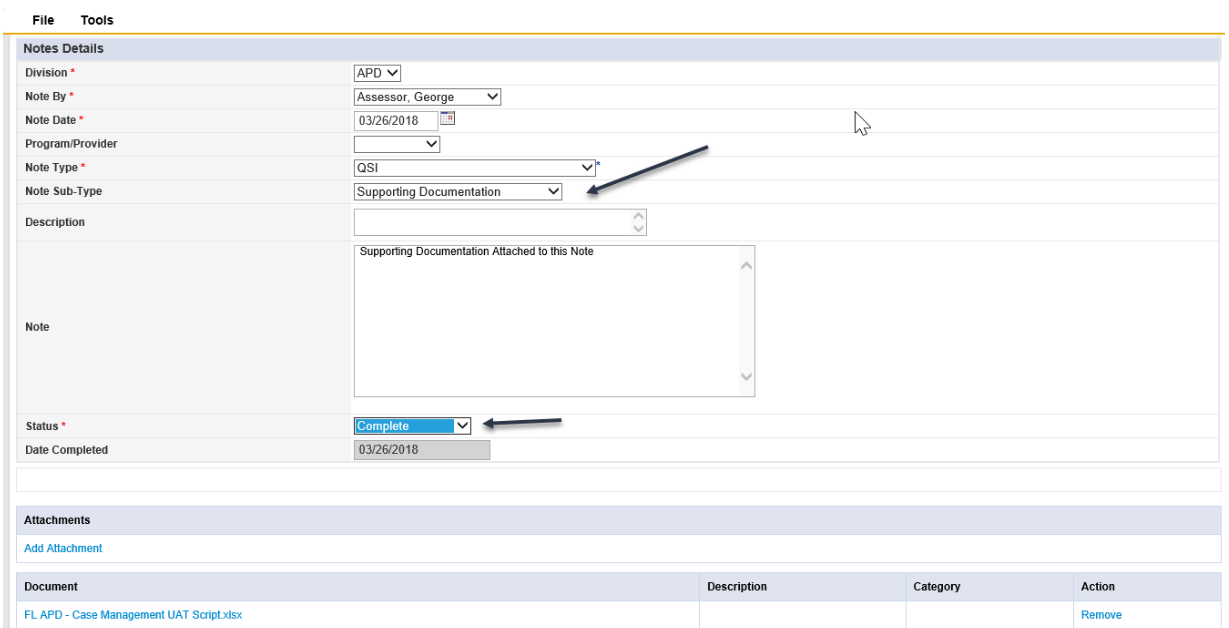
1. Alternatively, in the future the Assessor can use Mobile Assessments to fill out the Assessment online while with the Consumer. To do so, proceed to Chapter 24|Mobile Assessments.

QSI Supplementary Documentation

1. As the Consumer submits supplementary documentation required for the QSI, add new Note records to capture the documents. To do so, navigate the consumer's record and click on the **Notes > File > Add Note:**

2. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = QSI
   c. Note Subtype = Supporting Documentation
   d. Status = Complete
   e. In the new Note record, attach the supporting documentation by clicking **Add Attachment.** In the pop-up window that opens, click **Browse** to find the appropriate document on your computer and then click **Upload**

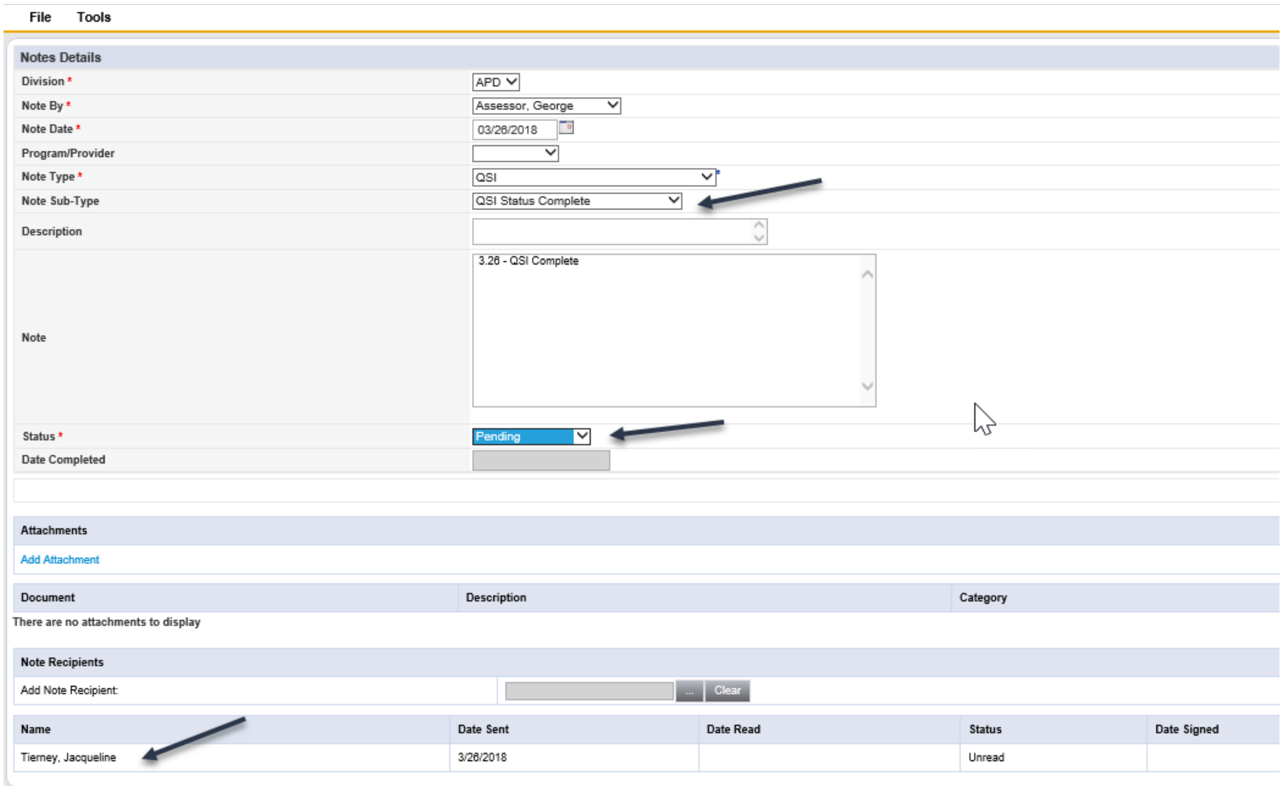
3. When finished, click **File > Save and Close Notes**



4. When the QSI is complete, notify the Waiver Support Coordinator or Pre-Enrollment Support Coordinator. To do so, navigate to the consumer's record and click on **Notes > File > Add Note.**

5. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = QSI
   c. Note Subtype = QSI Status Complete
   d. Status = Pending

e. Route the new Note record to the Waiver Support Coordinator/Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

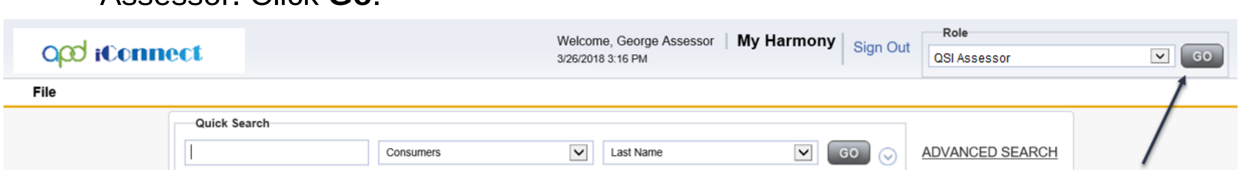


6. When finished, click **File > Save and Close Notes**

Complete Family Risk Factors

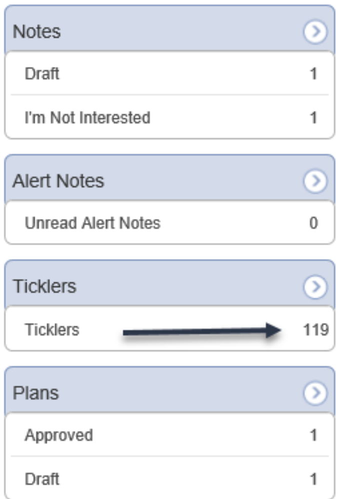
1. After the Consumer was deemed APD Eligible, the Clinical Workstream Lead reassigned a Tickler called Complete Family Risk Factor to the QSI Assessor.

2. The QSI Assessor will be able to access the reassigned tickler via the Tasks Panel on the My Dashboard. To begin, log into iConnect and set your Role = QSI Assessor. Click **Go**.

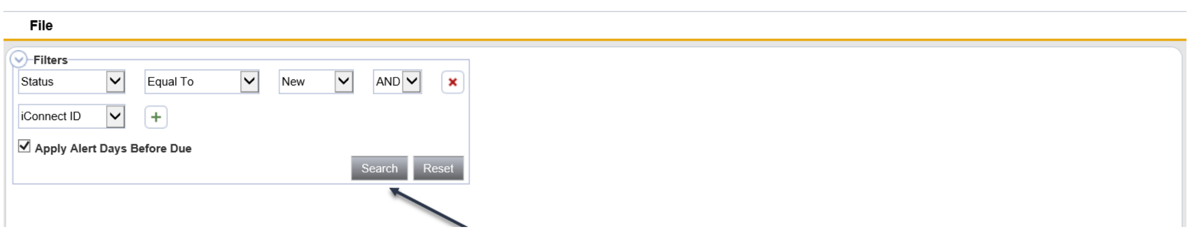


3. The QSI Assessor will monitor their **My Dashboard** for Ticklers. To do so, navigate to the **My Dashboard** and find the Consumers section. Scroll down to the Ticklers

panel and click into the linked number of outstanding Ticklers to access the Tickler Queue:



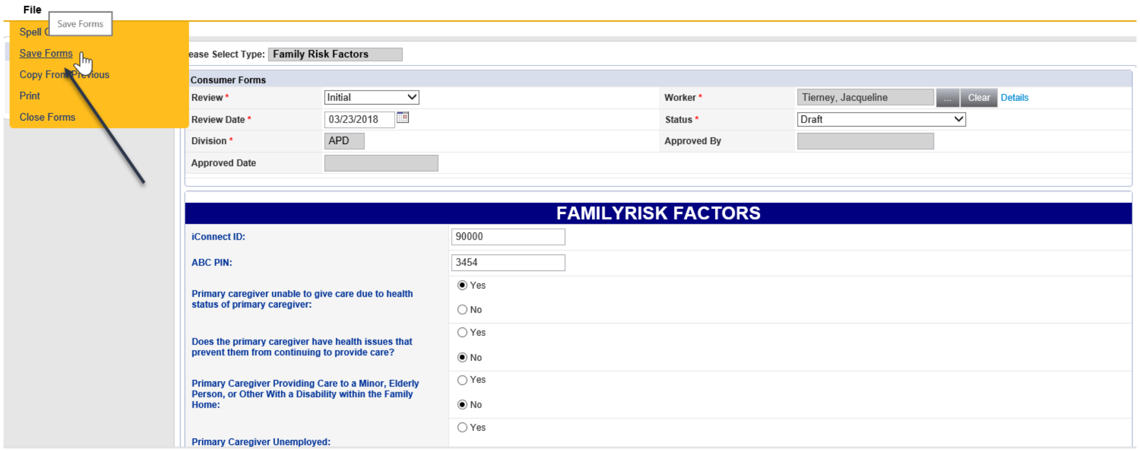
4. From here, user the multi variable search to find the Complete Family Risk Factor tickler and click **Search:**



Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

5. Click the tickler to open it. The consumer's Family Risk Factor Form will Open:
    i. Complete all relevant fields
    ii. When finished, click **File > Save Forms.** The tickler is marked as complete. Select **File > Close Workflow Wizard**


File
Save Forms
Spell C
Save Forms
Copy From Previous
Print
Close Forms
ease Select Type: Family Risk Factors
Consumer Forms
Review *
Initial
Worker *
Tierney, Jacqueline
Clear
Details
Review Date *
03/23/2018
Status *
Draft
Division *
APD
Approved By
Approved Date
FAMILYRISK FACTORS
iConnect ID:
90000
ABC PIN:
3454
Primary caregiver unable to give care due to health status of primary caregiver:
Yes
No
Does the primary caregiver have health issues that prevent them from continuing to provide care?
Yes
No
Primary Caregiver Providing Care to a Minor, Elderly Person, or Other With a Disability within the Family Home:
Yes
No
Primary Caregiver Unemployed:
Yes

Chapter 9 | Consumer Budget

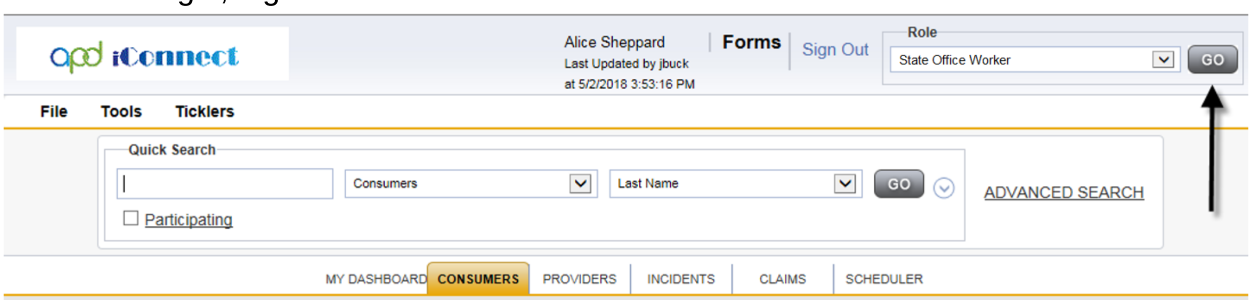
Introduction

When waiver funding is approved by the Legislature, the APD Staff reviews the Pre-Enrollment data to determine the number of clients who meet the established criteria to receive a waiver offer. The APD Staff will use the EZ iBudget Calculator form in iConnect to determine the Algorithm amount for a Consumer and will send the Waiver Enrollment Offer Notice to the Consumers and track the status of the acceptance on the Waiver in iConnect. Once the consumer accepts the offer and a WSC is selected, APD staff create the Budget in iConnect and the WSC is notified to create the cost plan as 'planned services' in iConnect. These planned services must be validated against the algorithm amount and other business rules through the plan validation function in iConnect. This same process is followed for individuals who transition to the waiver via crisis, or any other approved waiver enrollment process. The WSC will be unable to create an authorization until the plan is validated successfully.

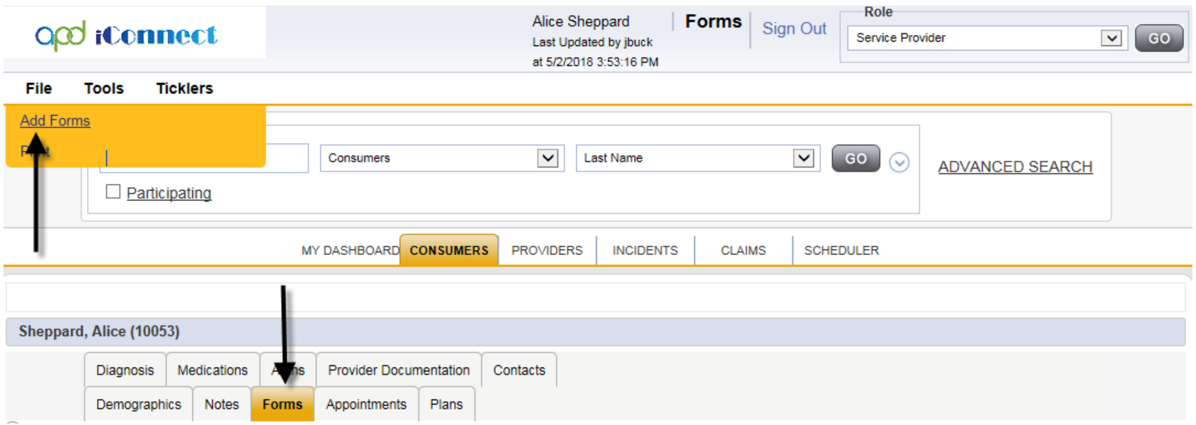
EZ iBudget Calculator

Once the funding is available, the State Worker will use the EZ iBudget Calculator form in iConnect that pulls indicator data from the QSI to determine the Allocation Algorithm amount for a Consumer. The Region completes the EZ iBudget calculator when processing CWE, CBC, ICF/IID Transitions, Military, Phelan-McDermid enrollments.

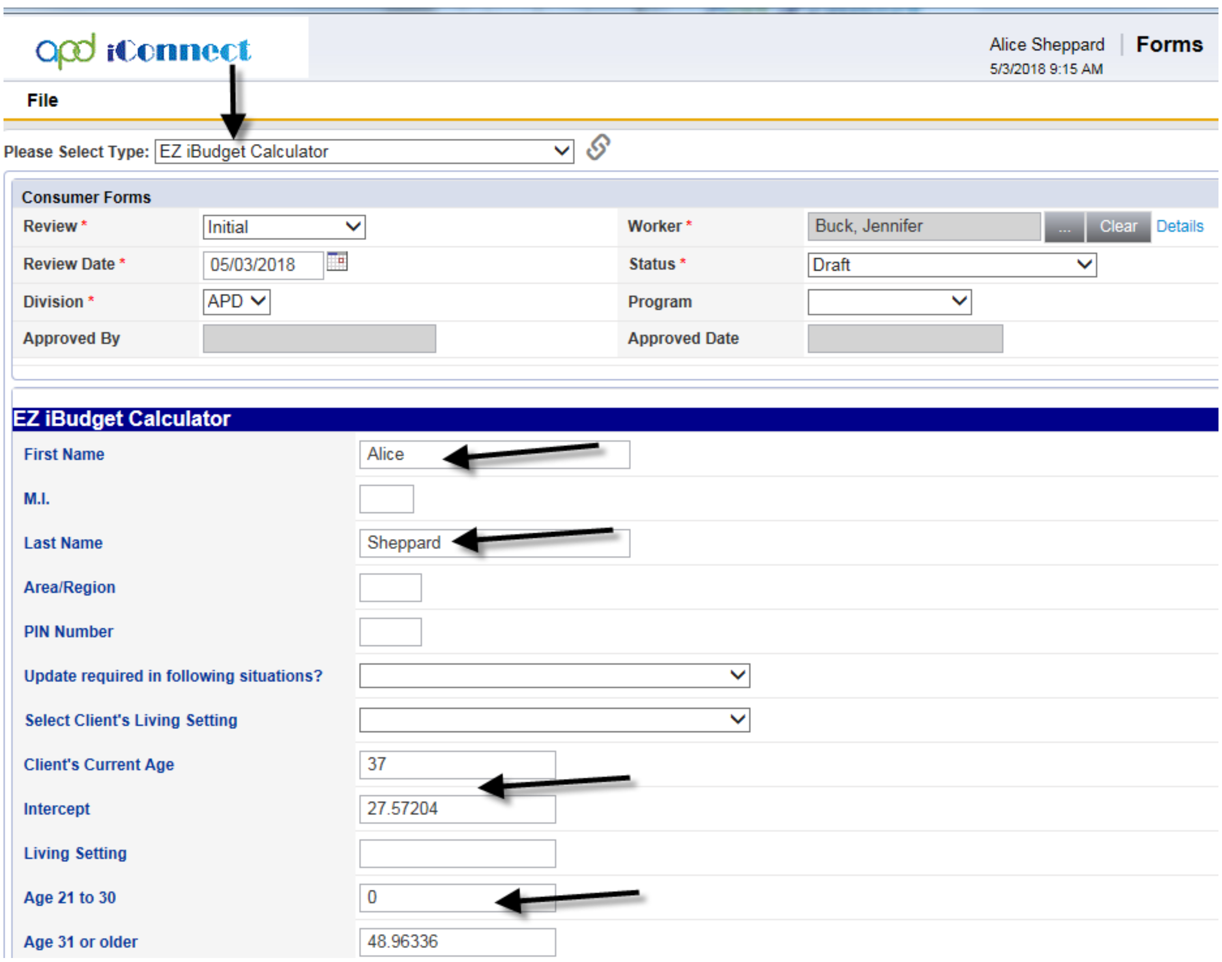
1. To begin, log into iConnect and set Role = State Office Worker. Click **Go.**



2. Navigate to the consumer's record, click on the **Forms** tab > **File** > **Add Form**

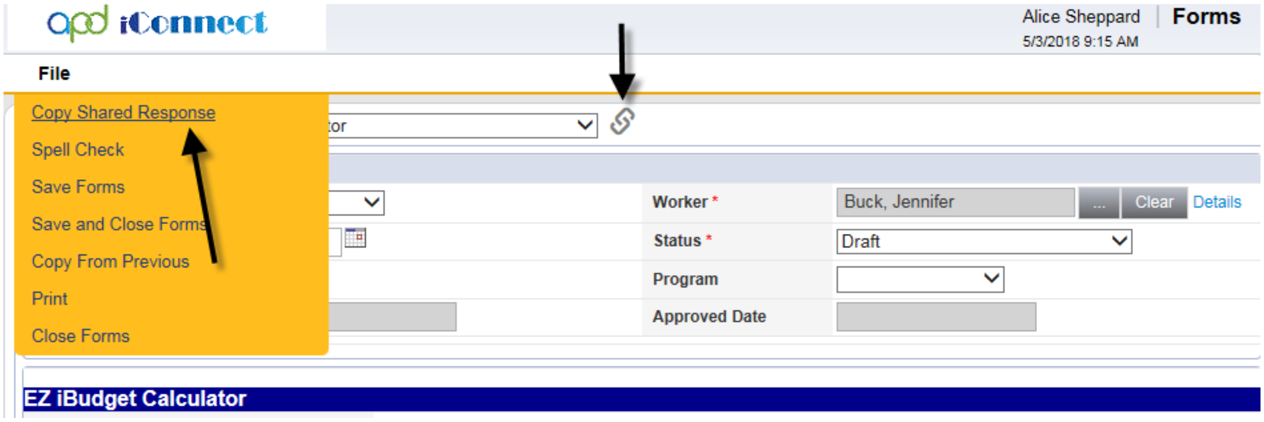


3. In the Please Select Type field select the **EZ iBudget Calculator** form. The form is displayed with some fields auto populated.

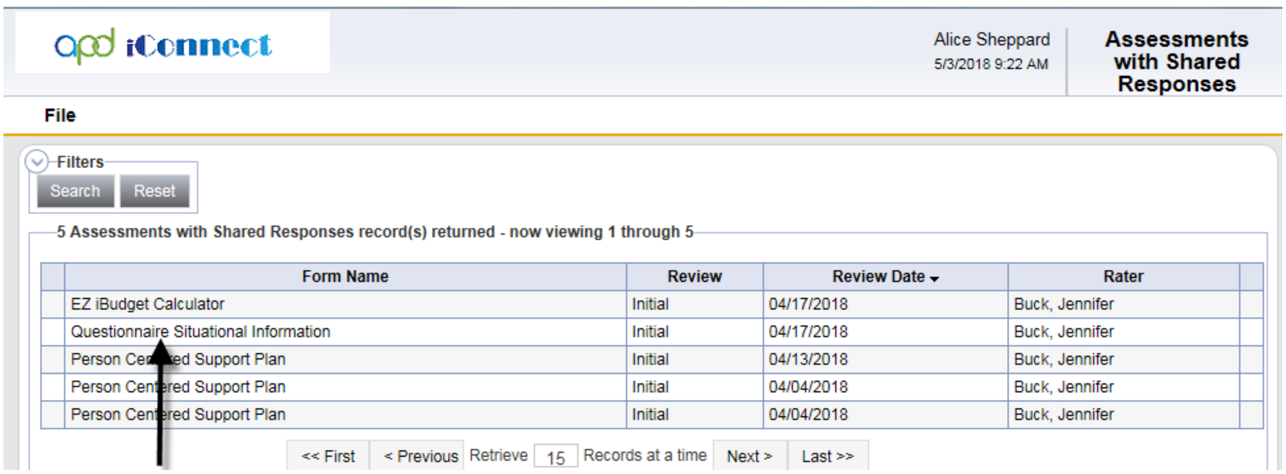


4. Pull in the linked QSI data by selecting File > Copy Shared Response. The existence of linked data on a form is indicated by the link icon next to the Form

Type. **Complete this step first before completing any other fields on this form otherwise your data will be lost.**



5. A list of Assessments with Shared Responses is displayed. Select the Questionnaire Situational Information form.



6. The linked responses on the QSI form populate on the EZ iBudget Calculator form. (i.e. Questions 16, 18, 20, Functional status…)

7. The form automatically completes the calculations. Make sure all required * fields are answered.

8. Note the Allocation Algorithm Amount value.

QSI Question 34	0
QSI Question 36	0
QSI Question 43	0
Coefficient Sum	76.53540000000001
Algorithm Amount	$5857.67
Proportion Factor	1.00288
Allocation Algorithm Amount	$5874.54
QSI Behavioral (QSI25-30) Sum	0
QSI Functional (QSI14-24) Sum	0

9. In the form header, change the status to **Complete**.

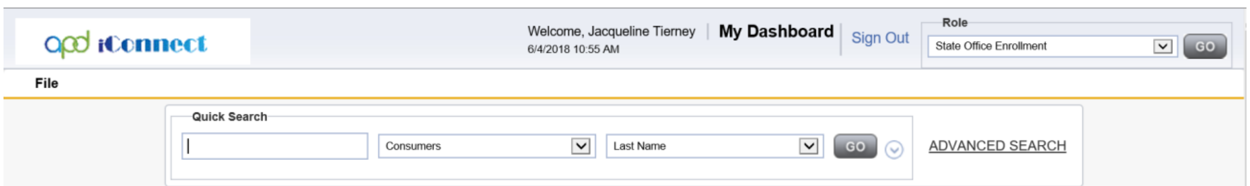
10. Click **File** > **Save and Close Form**.

Create a New Annual Budget

The APD staff will record the Allocation Algorithm amount from the EZ iBudget Calculator form on the Budget tab of the consumer record once the enrollment offer is accepted, by creating a Consumer Budget Detail record in iConnect. The amount of the approved budget will be recorded as a Budget Transaction on that Consumer Budget Detail record. In order to add the next year's budget a second Consumer Budget Detail record and related Budget Transaction record will be created. The Budget Entry Staff role can be used by Region staff to edit an existing budget. That role should not be able to create an initial budget for a person new to the waiver. Creating initial budgets should be limited to the State Office Enrollment role only.

Consumer Budget Detail

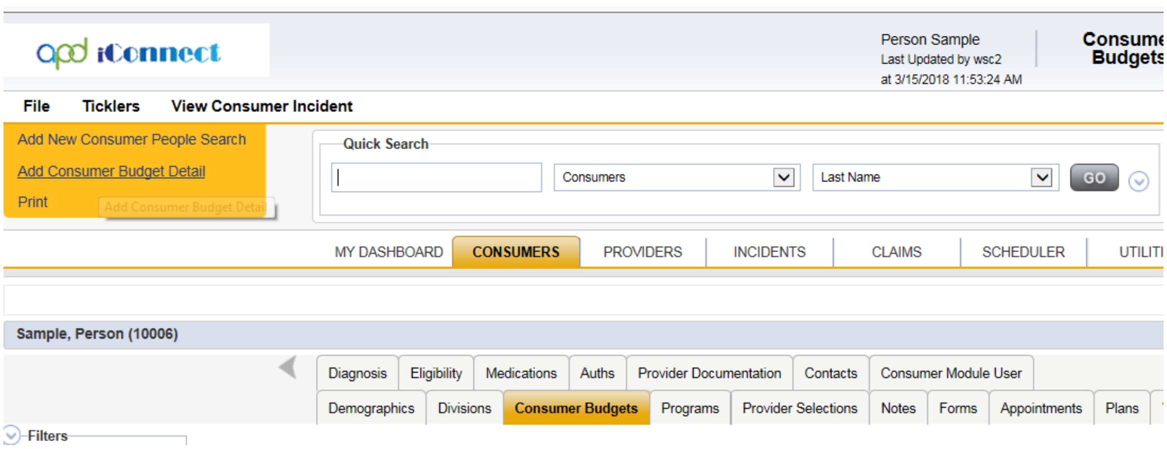
1. To begin, log into iConnect and set Role = State Office Enrollment or Budget Entry Staff. Click **Go.**



2. Navigate to the consumer's record, click on the **Consumer Budget** tab.

3. Click **File** menu > Select **Add Consumer Budget Detail**

   NOTE: The Waiver Support Coordinator can view the budget details on this tab but cannot add or edit.



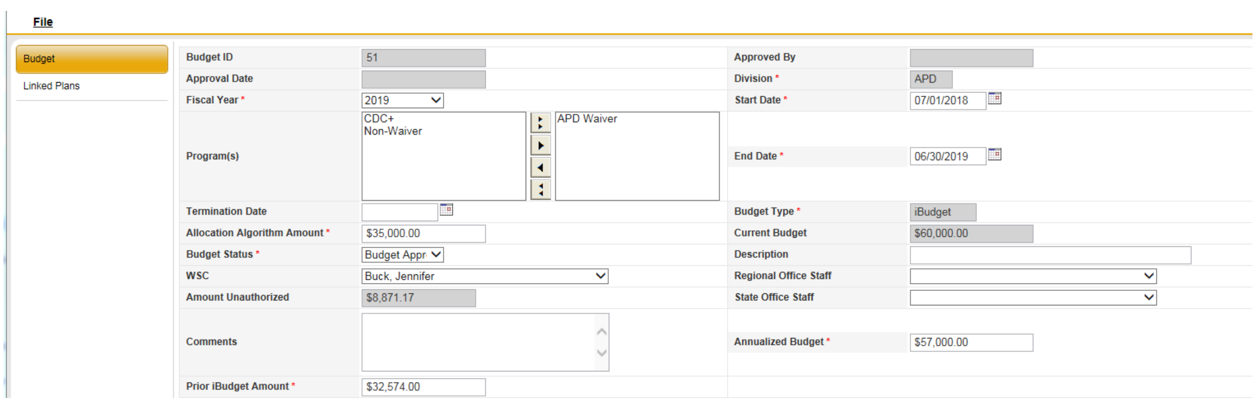
4. The Consumer Budget details page displays. Update the following fields:
   a. Division = defaults to APD and is read only.
   b. Fiscal Year = select the current fiscal year
   c. Start Date and End Date auto populate when fiscal year is selected. Edit as needed.

d. Programs = Open program enrollments for the consumer are listed here. The value selected here controls the plans that are available to link to this budget.
e. Budget Type = defaults to iBudget and is read only
f. Allocation Algorithm Amount = Add the amount from the EZ iBudget Calculator Form to this field
g. Current Budget = displays a read only sum of all the Budget Transaction values.
h. Budget Status = Draft

NOTE: The status of all Budget Detail records = Draft until it is saved for the first time. After saving, the following Budget statuses are available: Budget Approved, Complete, Pending, Terminated

NOTE: When Budget Status = Approved the record becomes read only and cannot be changed. Status = Budget Approved indicates the Budget has been reviewed and approved but remains editable in case changes are needed throughout the year.

i. Description and comments are optional text fields
j. WSC, Region Office Staff and State Office Staff lookup fields exist to select the associated staff for this Consumer.
k. Annualized Budget =This is the total amount for a fiscal year. If someone has a $12,000 algorithm, and they enroll on the waiver 9/1/19, their initial transaction will only be for $10,000 (prorated amount for the part of the fiscal year they are on the waiver). Their annualized budget for the next year will be $12,000.
l. Prior iBudget Amount = this is field used for the transition process of iBudget to iConnect.

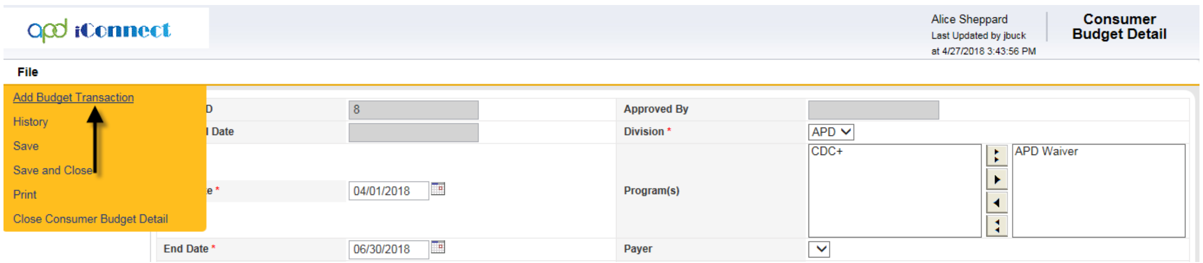


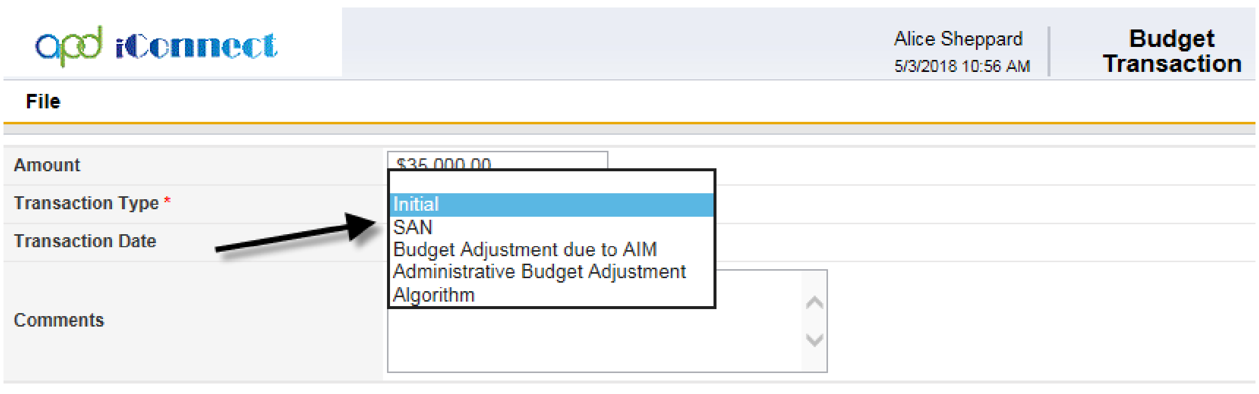
5. Click **File** > select **Save.** The page refreshes and the Budget Transaction section is displayed.

Budget Transactions

A Consumer can have more than one budget transaction. For example, a consumer newly enrolls on the waiver mid-year so his/her algorithm amount would be prorated for that year. The consumer would have a second budget transaction with annualized amount showing for a full fiscal year. Another example would be a SAN approval mid-year where the consumer would have a prorated increase for that current fiscal year and an annualized increase for following fiscal year.

1. Enter the amount of the budget. From the consumer's Budget detail page, click **File** > **Add Budget Transaction** to enter the budget amount.





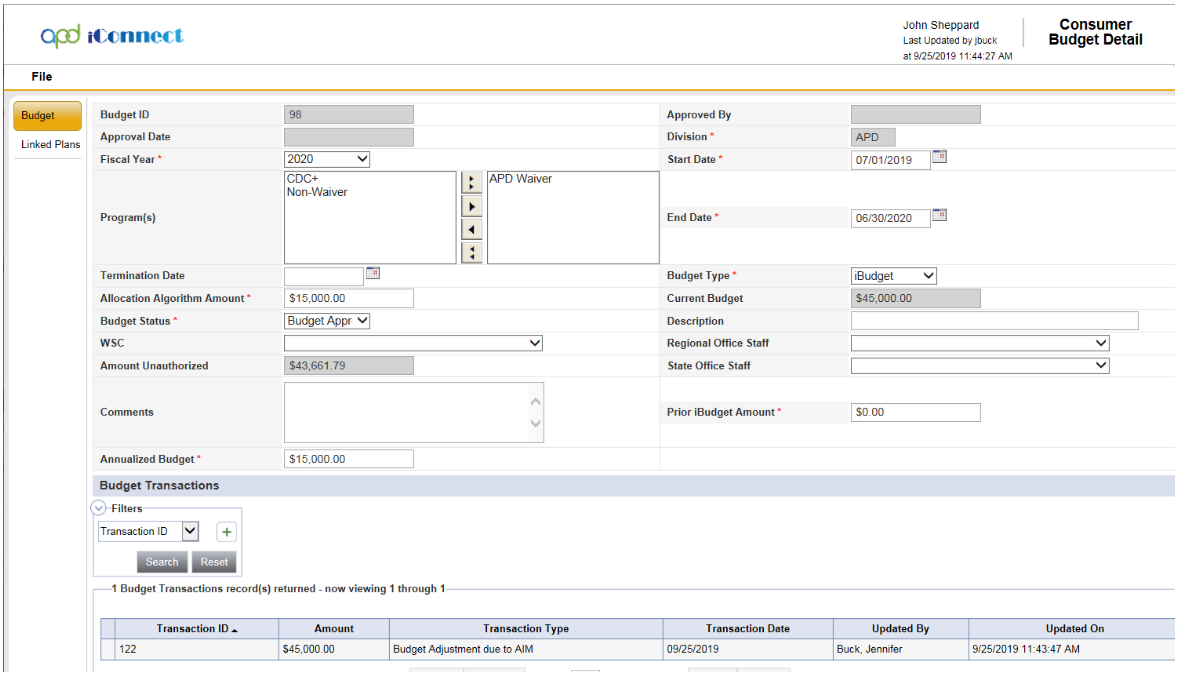
1. The Budget Transaction page displays. Update the following fields:
   a. Amount = the amount of the budget based on the algorithm amount.
      NOTE: if the budget does not cover the full fiscal year, the budget amount should be prorated.
   b. Transaction Type = select the applicable budget Type
   c. Transaction Date = the effective date of the budget
   d. Comments = enter budget comments

2. Click **File** > **Save and Close**

3. The budget transaction is visible on the Consumer Budget Details Page.

4. The sum of all budget transaction amounts equals the Current Budget amount.

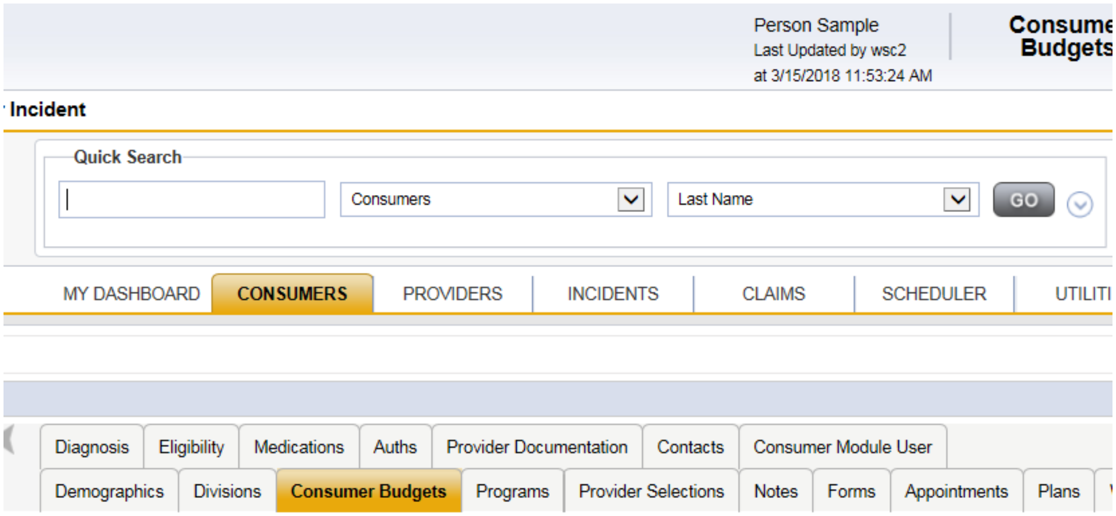
5. The Current Budget amount will change as amounts(services) are encumbered.



Link/Unlink a Plan to the Annual Budget

Once the enrollment offer is accepted and the Waiver Support Coordinator has been selected, he/she will add the consumer's cost plan as planned services in iConnect. These planned services must be validated against the algorithm amount documented on the Consumer Budget tab and other business rules through the plan validation function in iConnect described in Chapter 11|Add Planned Services. The planned services on the Plans tab of the Consumer record must be linked to the Budget on the Consumer Budget tab of the Consumer record.

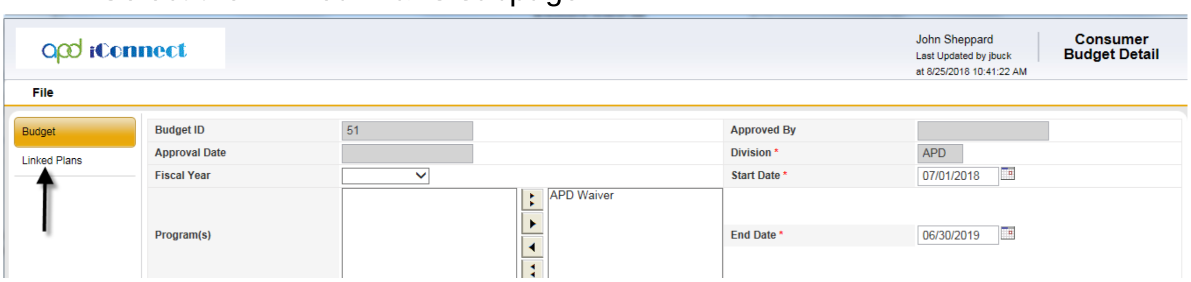
1. To link a Plan to the Consumer budget, navigate to the Consumer budget tab of the Consumer record.



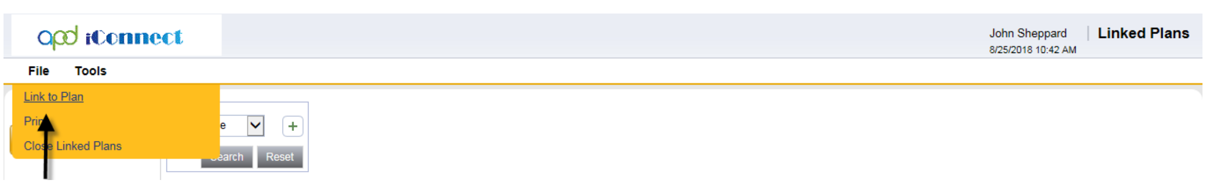
2. Select the existing budget record. The Consumer Budget details page displays.

3. Note the Programs field. Only Plans for the selected Programs will display on the Linked Plans subpage.

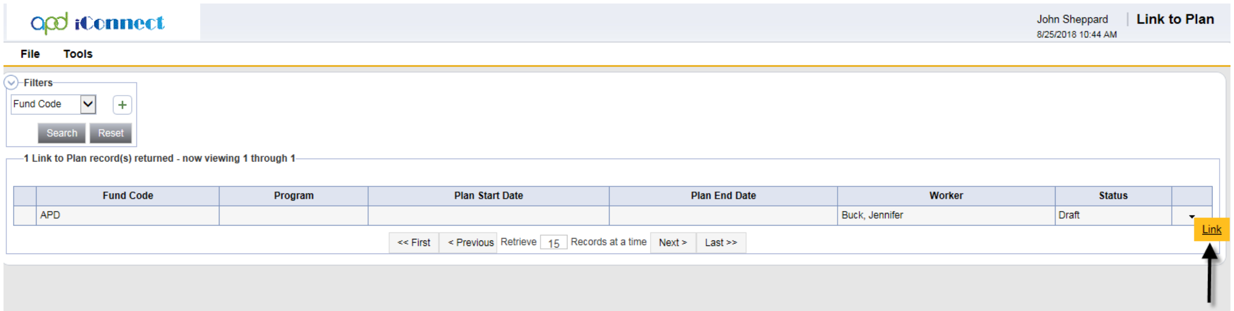
4. Select the **Linked Plans** subpage.



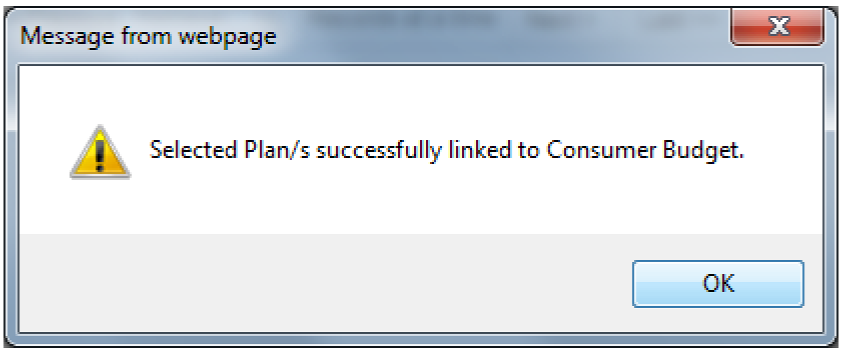
5. From the **File** menu > Select **Link to Plan**



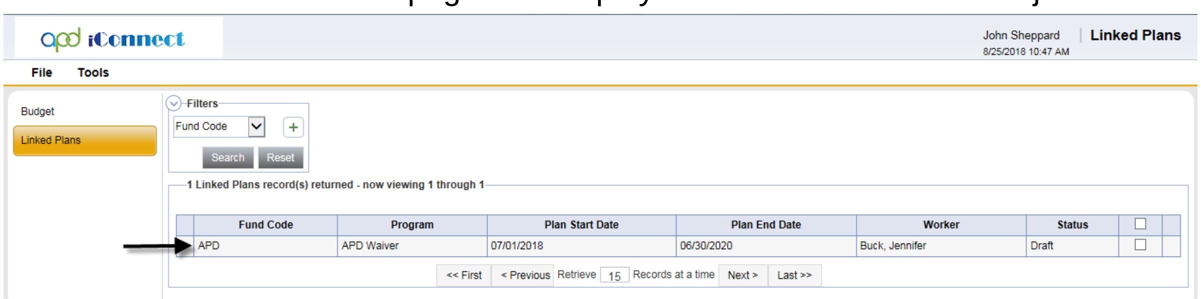
6. A list of existing Plan records is displayed. Select the Link option from the flyout menu next to the selected Plan.



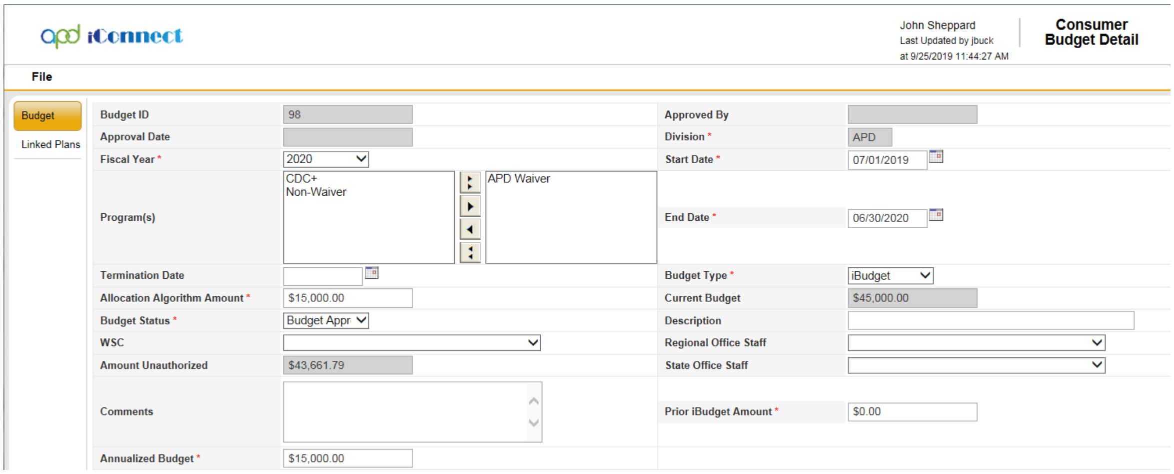
7. A notification message displays. Click OK. Close the Link to Plan window.



8. The Linked Plans subpage now displays the Plan record that was just linked.

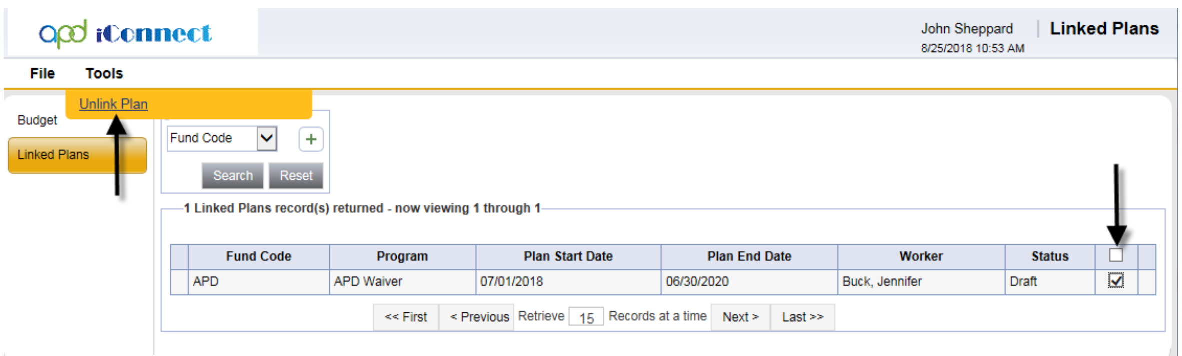


9. Return to the Consumer Budget subpage. Notice the Amount unauthorized fields are now populated, if the linked plan included existing authorizations.

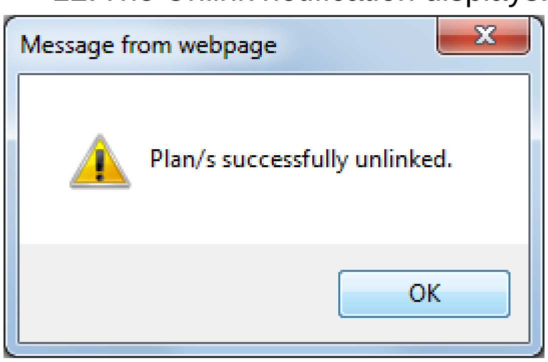


10. In the event of an error, a Plan can be Unlinked. Select the **Linked Plans** subpage.

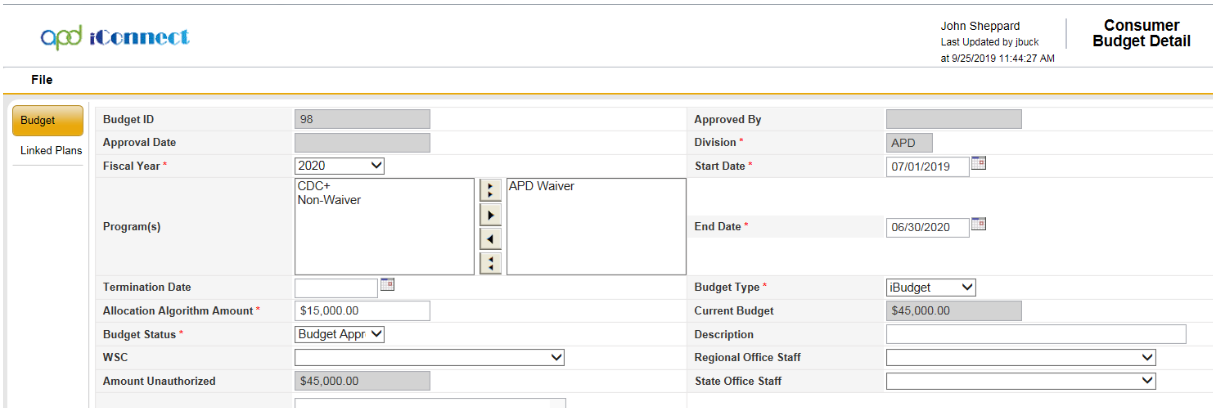
11. Select the checkbox to the right of the Linked Plan. From the **Tools** Menu > Select **Unlink Plan**.



12. The Unlink notification displays. Click OK.



13. If you return to the Consumer Budget subpage, you'll notice the amount values have changed.

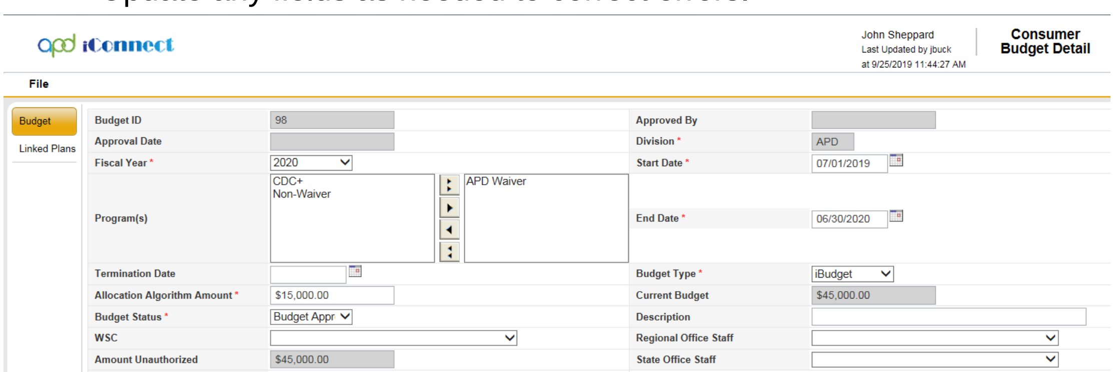


Edit/Change the Current Annual Budget

The annual budget may need to be adjusted throughout the year because of a SAN, a budget adjustment due to AIM, or an administrative budget adjustment. This is completed by State Office staff using the Budget Entry role.

1. Navigate to the consumer's record, click on the **Consumer Budget** tab.

2. Select the current annual budget. The **Consumer Budget Detail** page displays. Update any fields as needed to correct errors.



3. To update the current budget amount, add a new Budget Transaction. The current budget amount is the sum of all budget transactions.

4. From the File menu, select Add Budget Transaction. Proceed to the Budget Transactions section.

Chapter 10 | Support Plan

Introduction

The Support Plan cannot be created until the cost plan is first initiated for an individual coming onto the waiver for the first time. The initial cost plan can be created once the QSI Assessment is completed. Based on the Consumer/Legal representative's responses to questions in the QSI Assessment, iConnect uses Copy Shared Responses functionality to import QSI responses directly into the Person-Centered Support Plan (PCSP). The WSC will review the QSI responses and address those needs during person-centered planning.

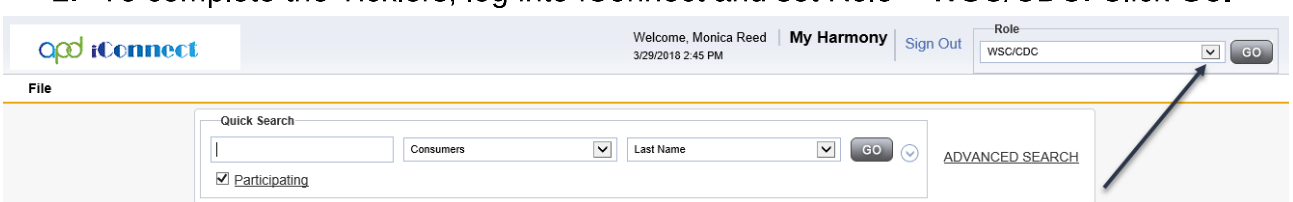
For existing consumers already in iBudget, the QSI has already been completed and will not be added to iConnect; therefore, the Copy Shared Responses function will not be available.

Once the WSC has completed the person-centered planning process, he/she will create the support plan as a Form in iConnect.

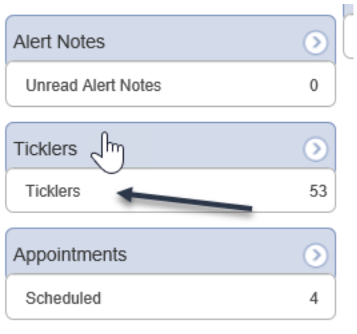
Create the Support Plan

47. Upon enrolling the Consumer into the APD waiver Program (see Chapter on Standard APD Enrollment), a Workflow Wizard triggered the following Ticklers to the Waiver Support Coordinator:
    a. Complete Person-Centered Support Plan - *Assigned to WSC,* Due Immediately
    b. Complete Amount Implementation Meeting - *Assigned to WSC,* Due Immediately
    c. Upload Support Planning Collateral Documents to Note - *Assigned to WSC,* Due Immediately
    d. Eligibility Worksheet Reminder - *Assigned to WSC,* Due in 45 Days

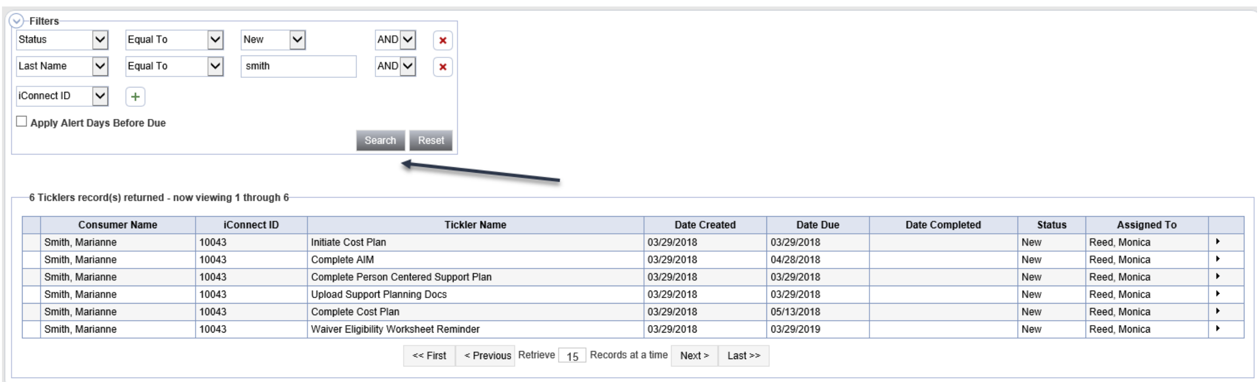
2. To complete the Ticklers, log into iConnect and set Role = WSC/CDC. Click **Go.**



3. On the **My Dashboard**, find the Consumers section and scroll down to the Ticklers Panel. Click on **Ticklers** to open the Tickler Queue:

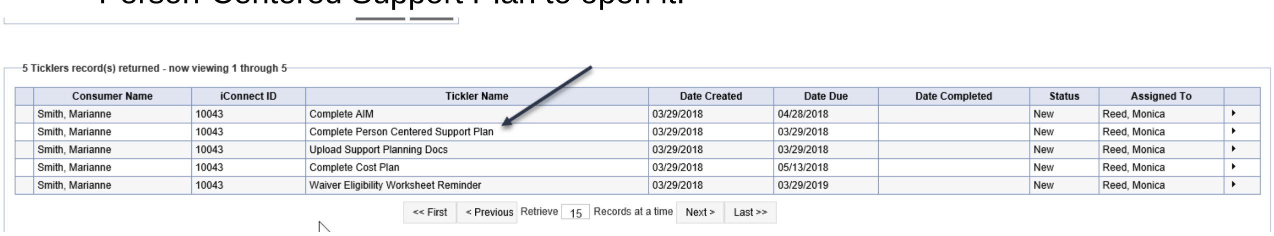


4. Use the multi variable search to narrow down the Tickler Queue. Click **Search**:



Consumer Name	iConnect ID	Tickler Name	Date Created	Date Due	Date Completed	Status	Assigned To
Smith, Marianne	10043	Initiate Cost Plan	03/29/2018	03/29/2018		New	Reed, Monica
Smith, Marianne	10043	Complete AIM	03/29/2018	04/28/2018		New	Reed, Monica
Smith, Marianne	10043	Complete Person Centered Support Plan	03/29/2018	03/29/2018		New	Reed, Monica
Smith, Marianne	10043	Upload Support Planning Docs	03/29/2018	03/29/2018		New	Reed, Monica
Smith, Marianne	10043	Complete Cost Plan	03/29/2018	05/13/2018		New	Reed, Monica
Smith, Marianne	10043	Waiver Eligibility Worksheet Reminder	03/29/2018	03/29/2019		New	Reed, Monica

5. From in the Tickler Queue, hover over the arrow next to the Tickler called Complete Person-Centered Support Plan to open it:



Consumer Name	iConnect ID	Tickler Name	Date Created	Date Due	Date Completed	Status	Assigned To
Smith, Marianne	10043	Complete AIM	03/29/2018	04/28/2018		New	Reed, Monica
Smith, Marianne	10043	Complete Person Centered Support Plan	03/29/2018	03/29/2018		New	Reed, Monica
Smith, Marianne	10043	Upload Support Planning Docs	03/29/2018	03/29/2018		New	Reed, Monica
Smith, Marianne	10043	Complete Cost Plan	03/29/2018	05/13/2018		New	Reed, Monica
Smith, Marianne	10043	Waiver Eligibility Worksheet Reminder	03/29/2018	03/29/2019		New	Reed, Monica

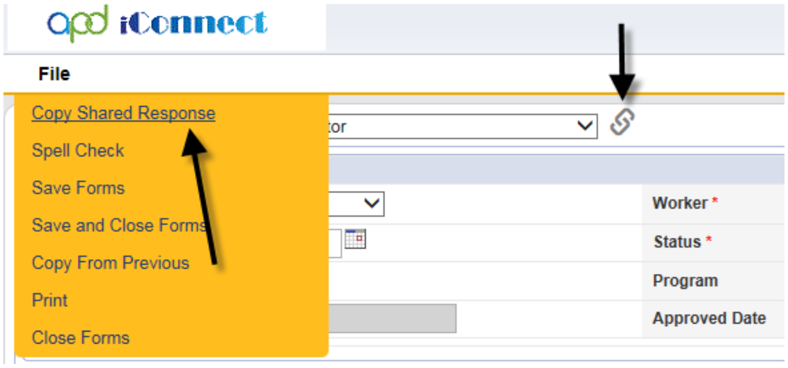
6. The Person-Centered Support Plan form displays.

7. Complete the header information. In the header of the form, set Review = Initial and Status = Open.

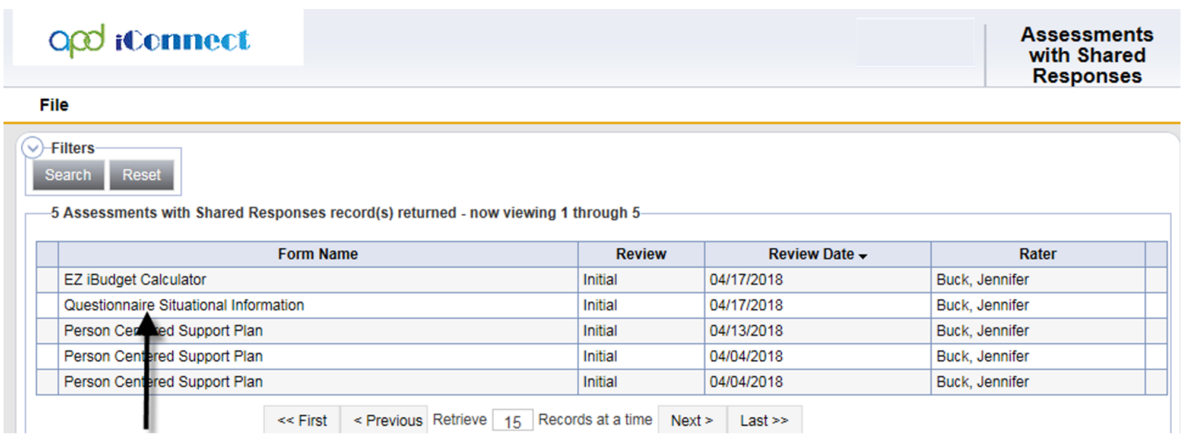
   NOTE: There should be only one Support Plan for the year. The WSC will leave the status = Open and make changes to the same form when there is an update vs. creating a new form each time there is an update.

8. Information from other forms such as the QSI Assessment can be copied over into the support plan record automatically using the Copy Shared Response functionality in iConnect.

9. The WSC will select File > Copy Shared Responses and select the Questionnaire for Situational Information Assessment from the list of available forms.



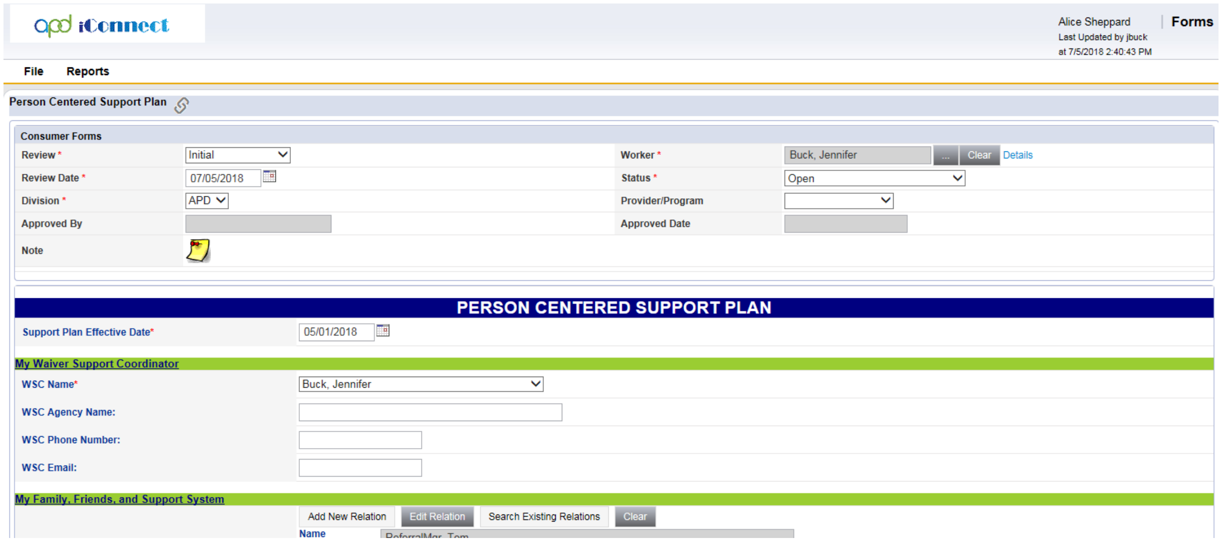
10. A list of Assessments with Shared Responses is displayed. Select the Questionnaire Situational Information form.



11. Once selected, the system will pull the information from the QSI to fill in the full QSI section on the Person-Centered Support Plan form.

12. Please note that the Person-Centered Support Plan in iConnect should be filled out in the same way as the hard copy Person-Centered Support Plan. For questions related to what type of information should be included in the various sections of the support plan, please refer to the Person-Centered Support Plan Training modules found on the APDcares.org website.

13. Update all remaining fields.



14. When finished, click **File** > **Save and Close Forms**.

15. In the Workflow Wizard, hover over the arrow next to the Tickler to click **Complete.**

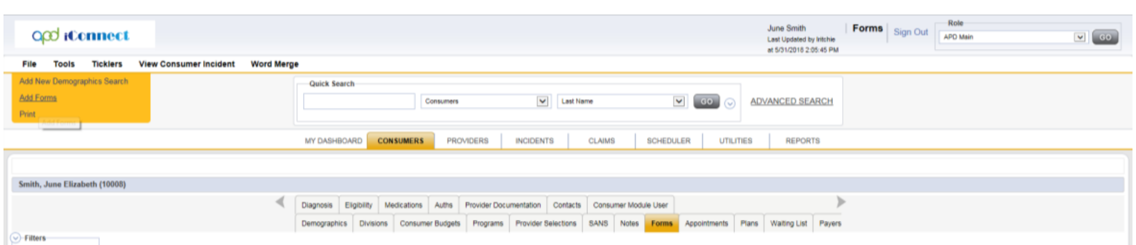
16. When finished, click File > Close Workflow Wizard.

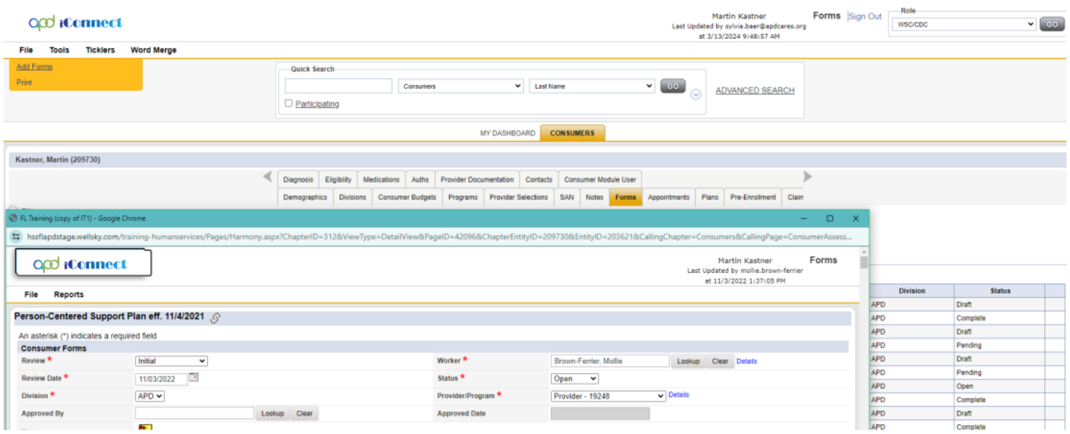
Add Medication

A user can add a medication on the Medication Tab of the consumer record or add a medication to the Medication Tab of the consumer record from the Person-Centered Support Plan form.

Add a new Medication from a Form

1. To add a new medication from within the PCSP, the WSC will either add a new PCSP or open the existing PCSP.





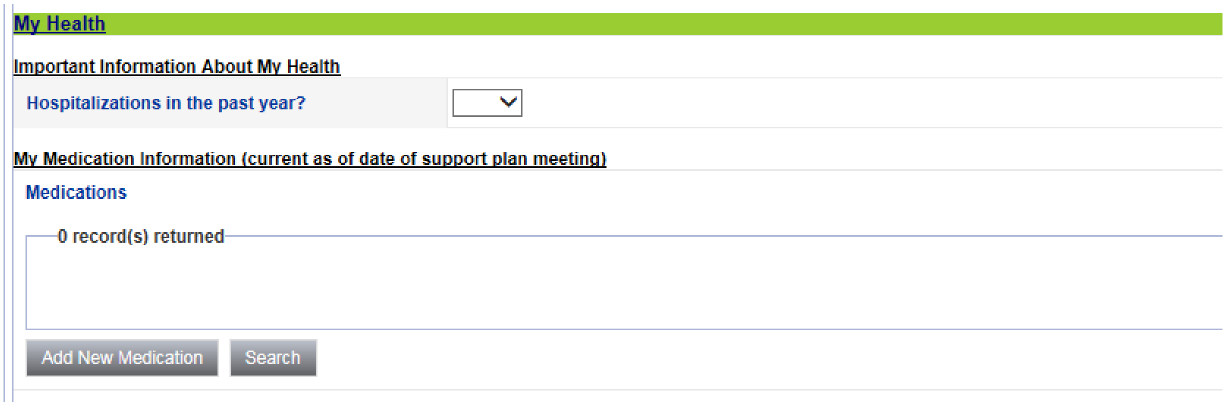
2. Medications are captured in the Medications tab of iConnect and can be added to the support plan without the WSC re-typing the information.

3. WSCs can also add new medications from the Person-Centered Support Plan form and the medication will be added to the support plan and the Medications tab of iConnect.

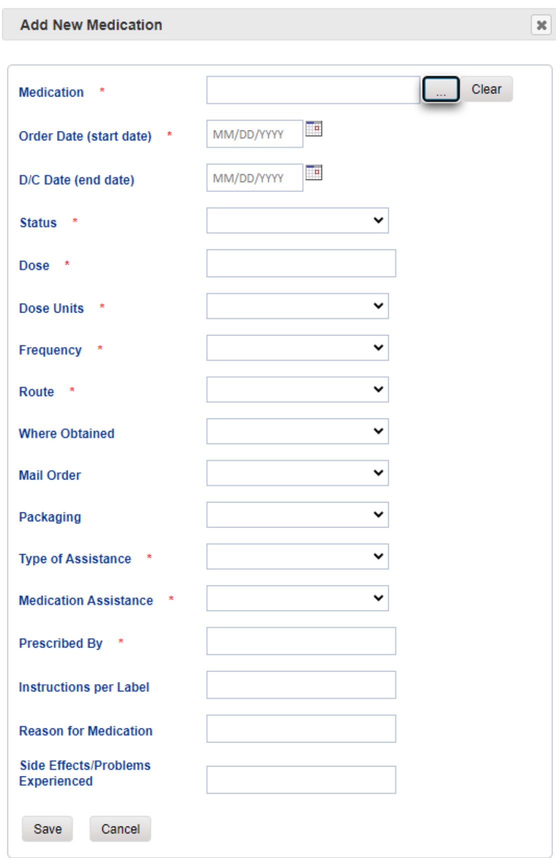
4. To add an existing medication from the Medication tab to the Person-Centered Support Plan, select **Search** and a list of medications from the medications tab of the consumer record is displayed. Select a medication and the page refreshes and the support plan is populated with the medication information.

5. To add a new medication from the Person-Centered Support Plan that will be added to the Support plan form and to the Medication tab, use the Medication Control on the form.

6. In the My Health section of the form, select **Add New Medication.**



7. The Medication search window opens. Begin typing the name of the medication. Matching values are displayed. Select the medication and complete the remaining fields.



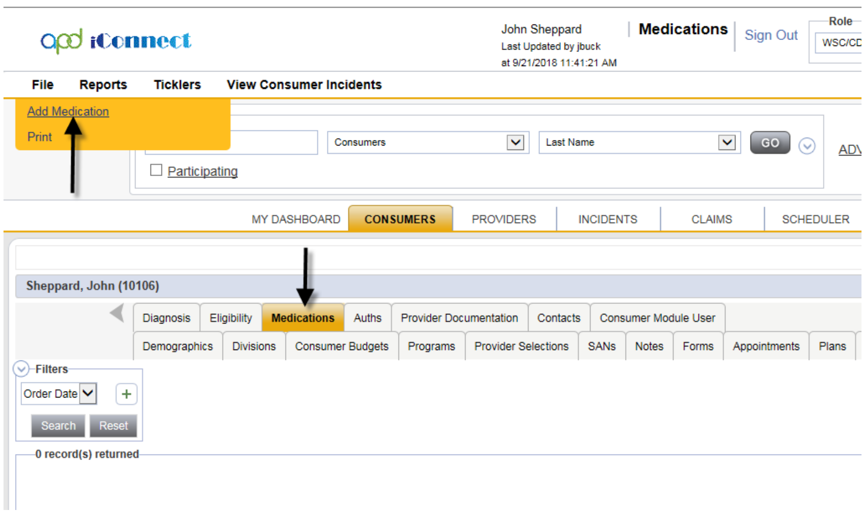
8. Once complete, select **Save and Close**. The page will refresh with the medication information section completed.

9. Save and Close the Person-Centered Support Plan form.

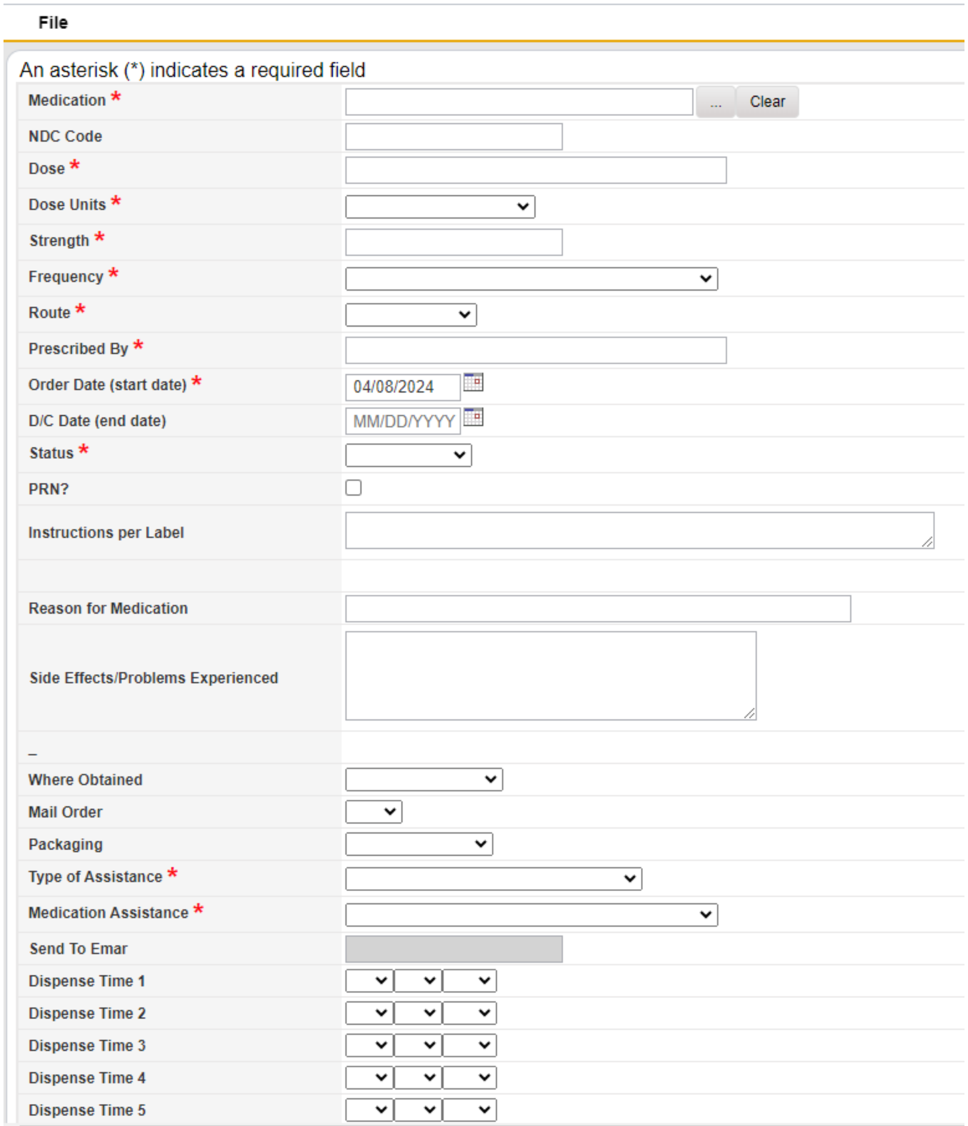
Add Medication to the Medication Tab

1. Navigate to the **Medication** tab on the Consumer record.

2. From the **File** menu >Select **Add Medication**.



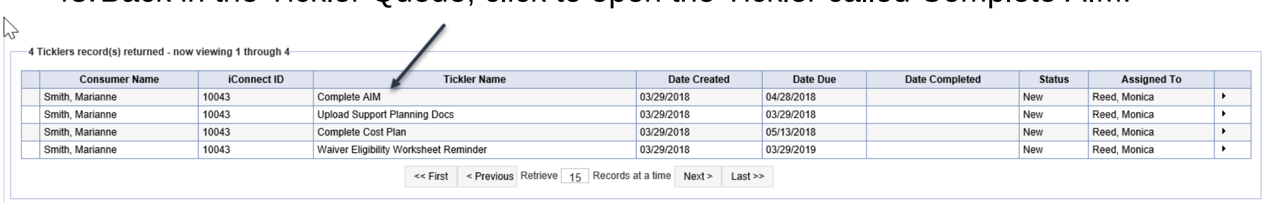
3. Complete the Medication details page.



4. When complete, select **File** > **Save and Close Medication**. Repeat this process for each Medication.

Schedule & Complete the AIM

48. Back in the Tickler Queue, click to open the Tickler called Complete AIM:



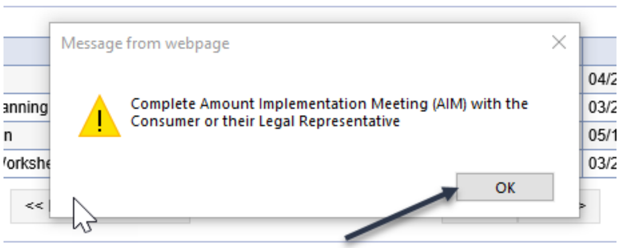
4 Ticklers record(s) returned - now viewing 1 through 4

	Consumer Name	iConnect ID	Tickler Name	Date Created	Date Due	Date Completed	Status	Assigned To	
	Smith, Marianne	10043	Complete AIM	03/29/2018	04/28/2018		New	Reed, Monica	
	Smith, Marianne	10043	Upload Support Planning Docs	03/29/2018	03/29/2018		New	Reed, Monica	
	Smith, Marianne	10043	Complete Cost Plan	03/29/2018	05/13/2018		New	Reed, Monica	
	Smith, Marianne	10043	Waiver Eligibility Worksheet Reminder	03/29/2018	03/29/2019		New	Reed, Monica	

<< First < Previous Retrieve 15 Records at a time Next > Last >>

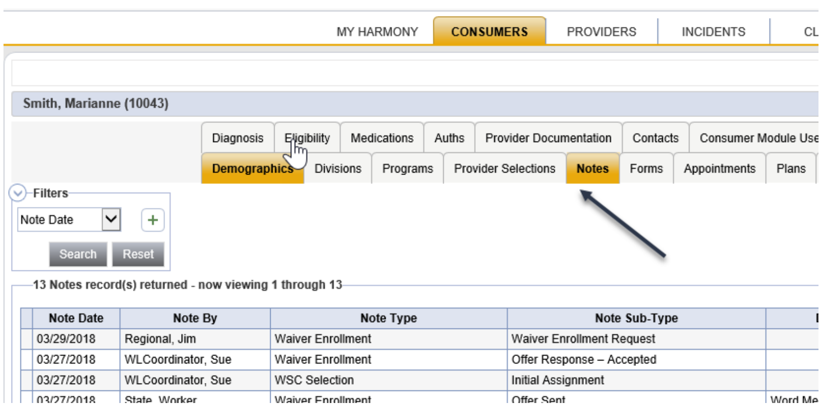
49. A Message Tickler opens - Complete Amount Implementation Meeting (AIM) with the Consumer or their Legal Representative. Click **OK.**

50. Hover over the arrow next to the Tickler to click **Complete,** then schedule and complete the Amount Implementation Meeting (AIM) following the steps outlined below:



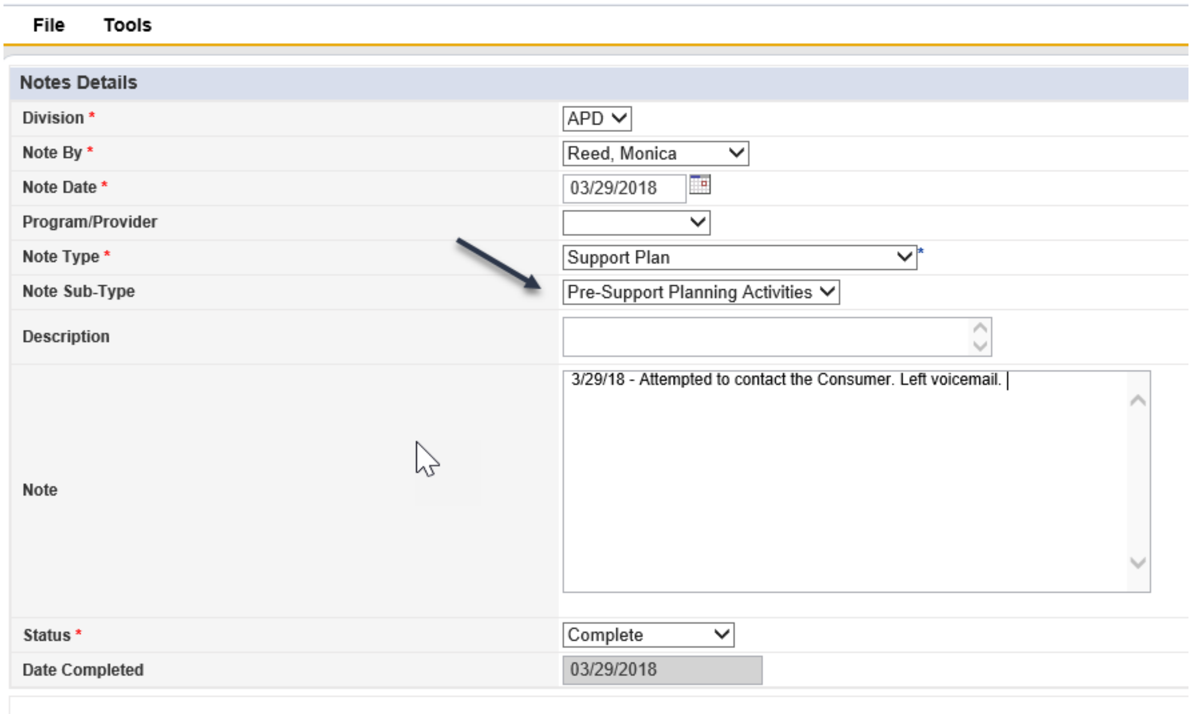
51. Contact the Consumer to schedule the AIM and to identify AIM participants. Document each contact in a Consumer Note record.

52. To do so, navigate to the consumer's record and click on the **Notes** tab > **File > Add Note**:

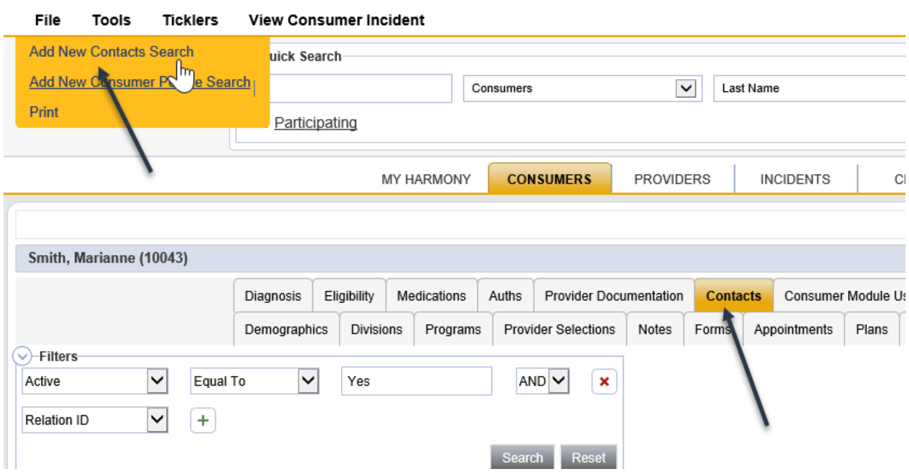


53. In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Support Plan
    c. Note Subtype = Pre-Support Planning Activities
    d. Status = Complete

54. When finished, click **File** > **Save and Close Note.**



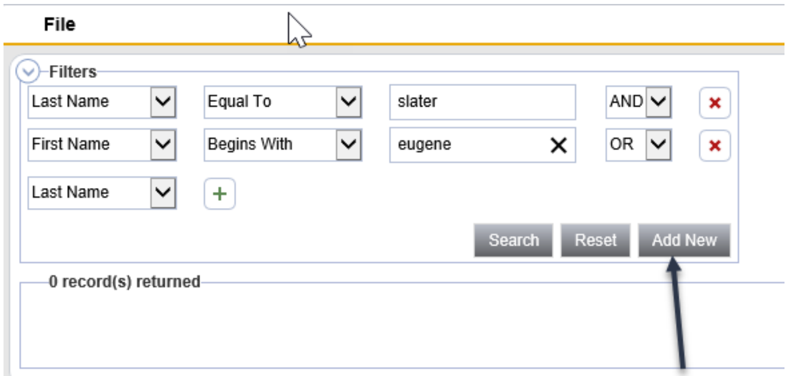
55. Upon identifying Consumer Participants, add them to the Consumers record by clicking on **Contacts > Add New Contacts Search**:



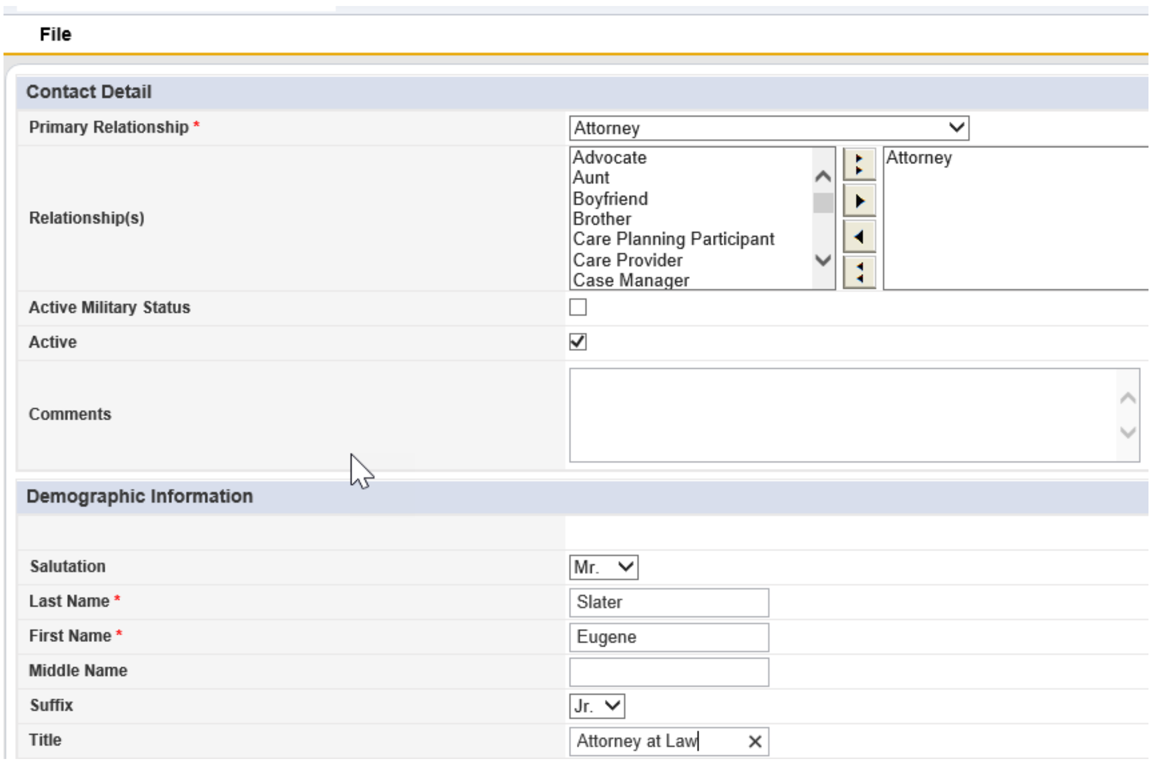
56. Use the multi variable search to search for the Participant.

57. If you find a matching record in the search results, click on the match.

58. If no matching record is found, click **Add New:**



59. On the Contact Detail page, update all relevant fields including Primary Relationship and Relationships = Care Planning Participant (if they will be invited to participate in the AIM)



60. When finished, click **File > Save and Close Contacts**

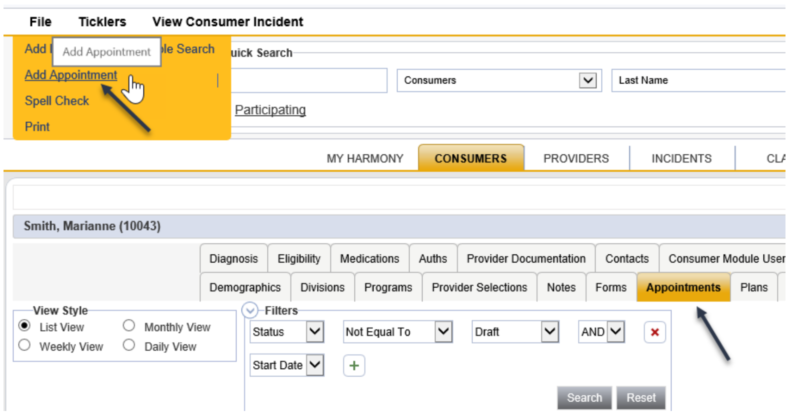
61. Upon identifying the consumer's AIM Participants, reach out to invite them to participate in the AIM. Document each participant outreach attempt in a Consumer Note. To do so, navigate to the consumer's record and click on the **Notes** tab **> File > Add Note**.

62. In the new Note record, update the following fields:

a. Division = APD
b. Note Type = Support Plan
c. Note Subtype = Pre-Support Planning Activities
d. Status = Complete

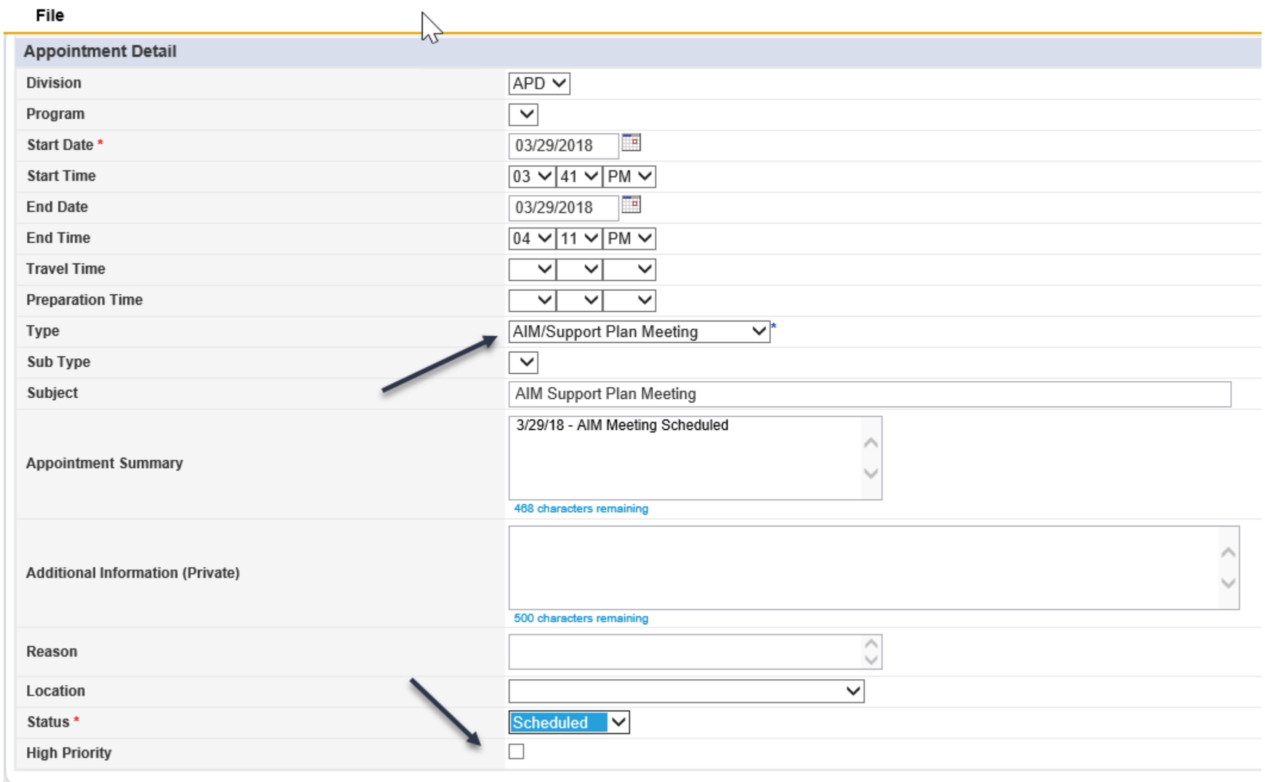
63. When finished, click **File** > **Save and Close Note.**

64. Upon reaching the Consumer via telephone, schedule the appointment. Optionally, add an Appointment in iConnect on the Consumers record. To do so, navigate to the consumer's record and click **Appointments > File > Add Appointment.**

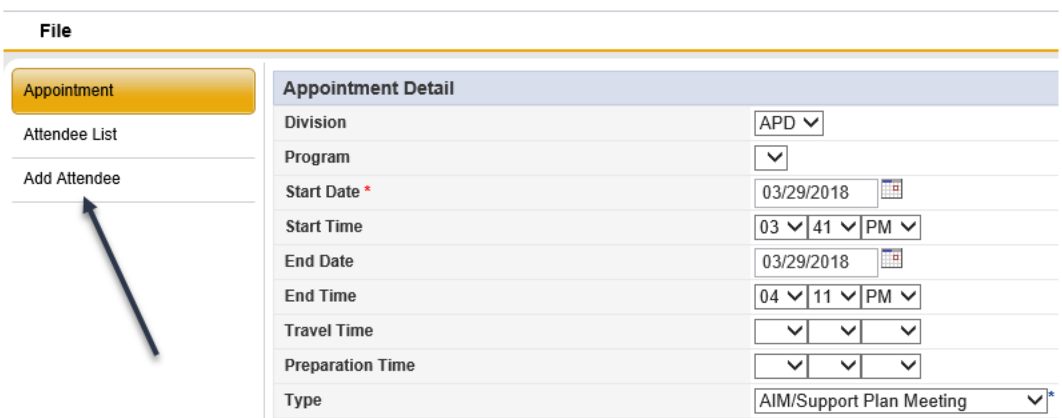


65. In the new Appointment record, update the following fields:
a. Division = APD
b. Start Date
c. Start Time
d. End Date
e. End Time
f. Appointment Type = AIM/Support Plan Meeting
g. Status = Scheduled

66. When finished, click File > Save Appointment



67. Upon doing so, the Appointment record will refresh and display the **Add Attendee** tab



68. To add Participants to the Appointment, click on the **Add Attendee** tab and set Filter = Case Relations.

69. Click on the appropriate relation and click Add to add the Participant to the Appointment. Note that you can use the CTRL key to select multiple workers before clicking **Add**

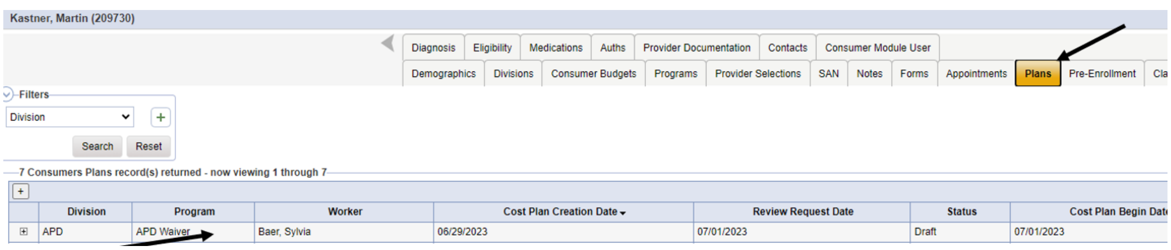
70. When finished, click File > Save and Close Add Attendee

71. Prior to conducting the Initial Support Plan/AIM meeting, the WSC will prepare the documentation. WSCs will take a meeting signature sheet to the Initial Support Plan/AIM meeting with the Consumer. A blank Person-Centered Support Plan output report is printed. It will be filled out when face to face with the consumer and then keyed into the Person-Centered Support Plan form in iConnect.

72. The WSC will add Planned Services discussed with the Consumer in iConnect. Planned services can be added before and/or after the Initial Support Plan/AIM meeting with the consumer. If they are entered before, the WSC can benefit from a partially completed AIM Worksheet to review with the Consumer.

73. There will be a second meeting with the Consumer. The planned services have been entered and the Person-Centered Support Plan form completed in iConnect. The completed Person-Centered Support Plan report output and AIM Worksheet are printed from APDiConnect. Both are signed by the consumer and added as attachments to Notes in iConnect.

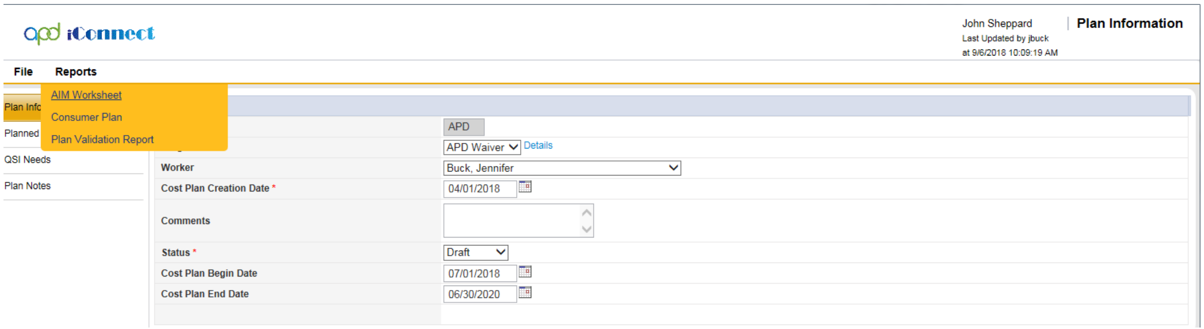
74. Before printing the AIM, navigate to the **Plans** tab and open the existing Plan record:



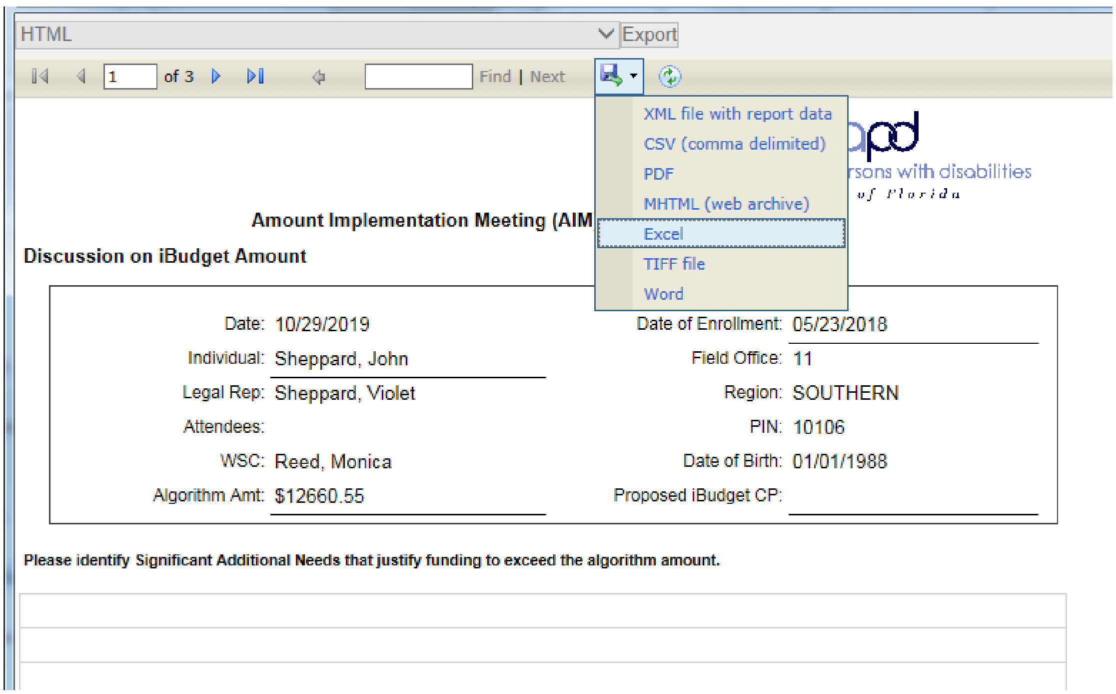
75. Update the following fields:
    a. Worker = WSC
    b. Status = Draft

76. When finished, click **File > Save Plan.**

77. Print the AIM Worksheet. On the Plan Information page, click Reports. From here, select the AIM Worksheet.



78. This will launch a new window. Choose to save as an excel document, so it can be edited.



79. Excel will launch and the AIM worksheet will show as 3 sheets. Each sheet represents a page of the AIM Worksheet. All 3 sheets need to be printed to take to the consumer and review.

agency for persons with disabilities
State of Florida

Amount Implementation Meeting (AIM) Worksheet - APD 2015-01

Discussion on iBudget Amount

Date:	10/29/2019	Date of Enrollment:	05/23/2018
Individual:	Sheppard, John	Field Office:	11
Legal Rep:	Sheppard, Violet	Region:	SOUTHERN
Attendees:		PIN:	10106
WSC:	Reed, Monica	Date of Birth:	01/01/1988
Algorithm Amt:	$12660.55	Proposed iBudget CP:	

Please identify Significant Additional Needs that justify funding to exceed the algorithm amount.

☐ I have met with my Waiver Support Coordinator to discuss my iBudget.

Individual or Legal Representative (Signature) ____________ Date: ____________

Individual or Legal Representative Printed Name Sheppard, Violet

For Regional Office Use Only

Sheet1 Sheet2 Sheet3

80. Sheet 2 pulls from any existing planned services in the Plan

Amount Implementation Meeting Worksheet

apd
agency for persons with disabilities
State of Florida

Region: SOUTHERN **Date Submitted:**

iBudget Cost Plan Begin/End Dates

From: 07/01/2018 **To:** 06/30/2019

Individual's Name: Sheppard, John **PIN:** 10106

Legal Rep. Name: Sheppard, Violet **iBudget Amount:** 170000

Requested Annualized Services

SERVICE	BEGIN DATE	END DATE	RATE	UNITS	AMOUNTS	ANNUALIZED		ANNUALIZED
(4260) Speech Therapy	07/01/2018	06/30/2019	16.02	1460.00	23389.2		$	
(4270) Support Coordination	07/01/2018	06/30/2019	148.69	12.00	1784.28		$	
(4270) Support Coordination	07/01/2018	11/01/2018	148.69	5.00	743.45		$	
(4270) Support Coordination	07/01/2018	06/30/2019	148.69	12.00	1784.28		$	
(4175) Residential	07/01/2018	06/30/2019	136.50	365.00	49822.5		$	
(4142) Personal Supports	08/29/2018	06/30/2019	4.00	2448.00	9792		$	
(4300) Transportation - Mile	07/01/2018	06/30/2019	30.00	2600.00	78000		$	
(4083) Life Skills	08/29/2018	06/30/2019	9.05	22.00	199.1		$	
				TOTAL:	165514.81			

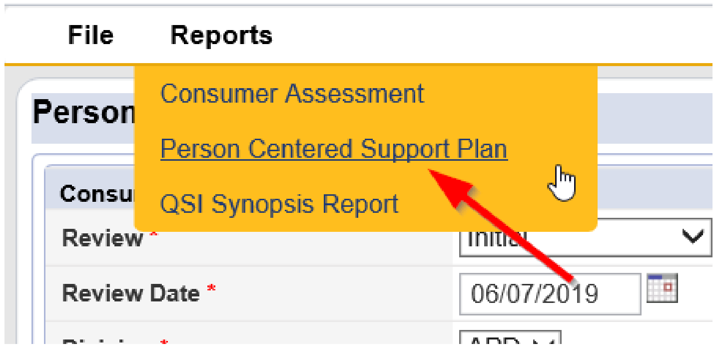
Region Office Notes

(For Region Office Use Only)

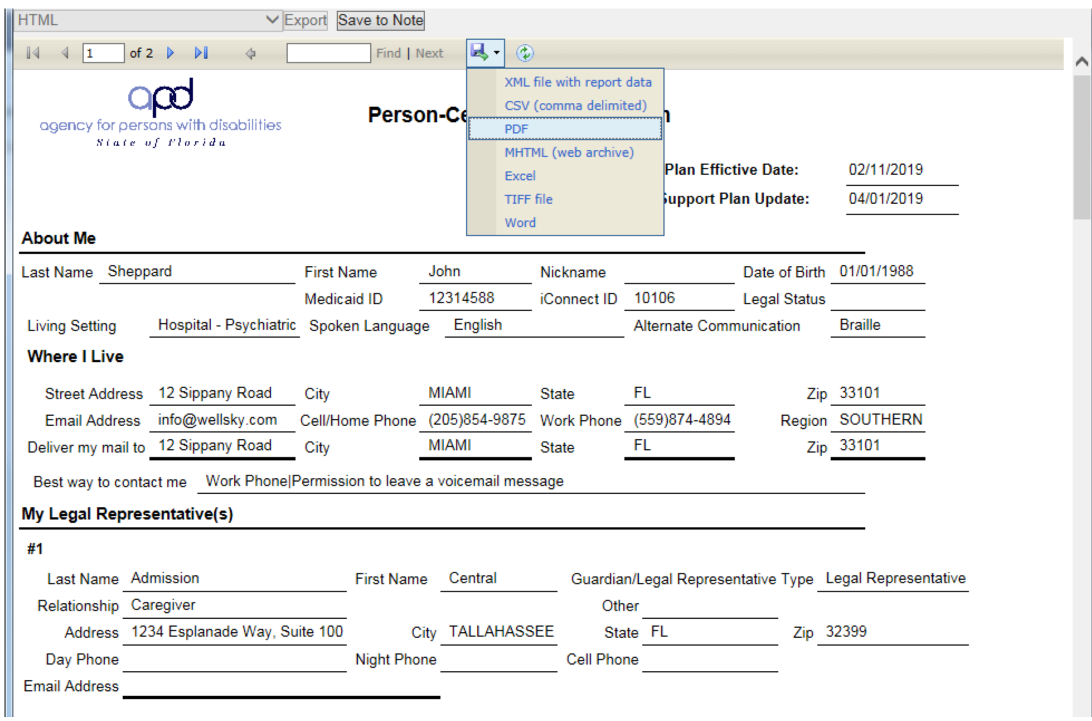
Sheet1 Sheet2 Sheet3

81. Print the Person-Centered Support Plan. Navigate to the Forms tab. Open the Person-Centered Support Plan Form from the grid view.

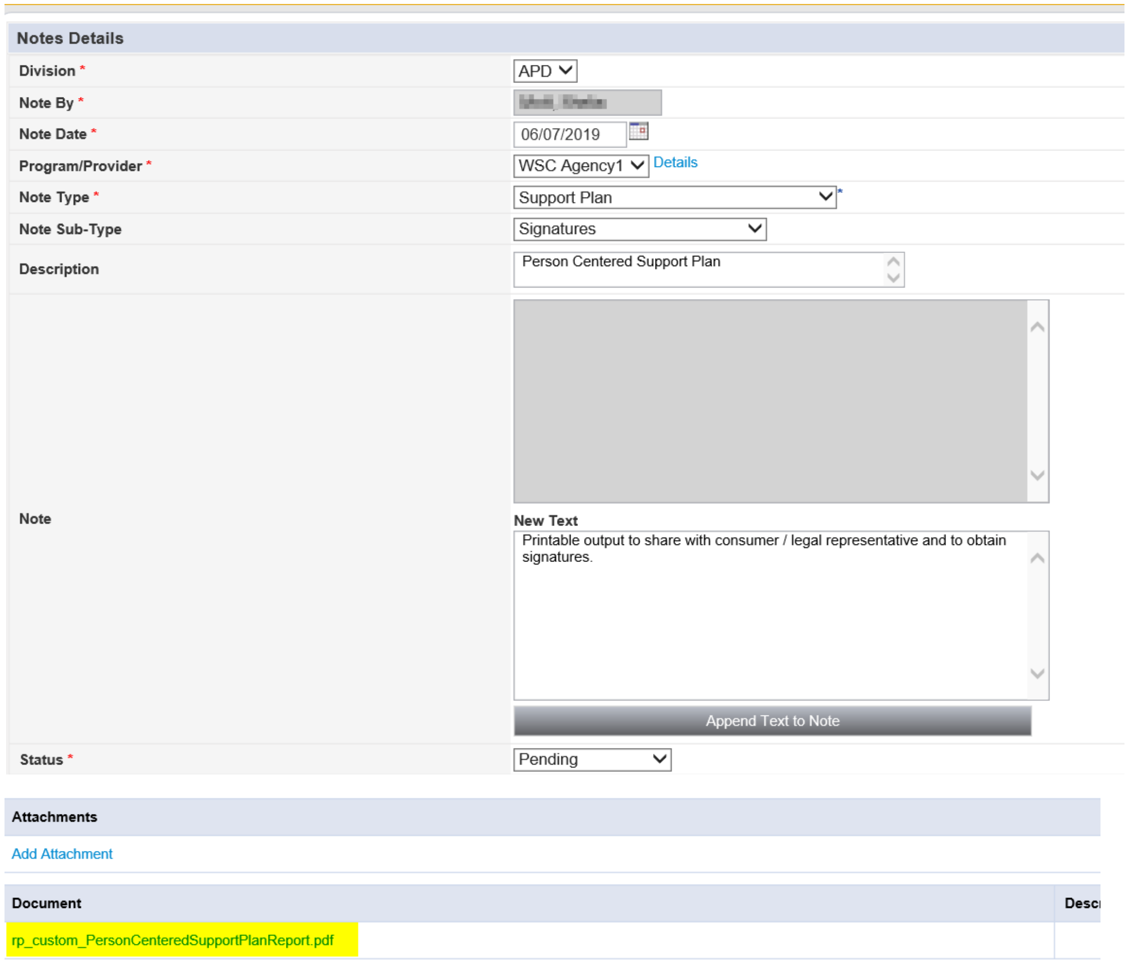
82. From within the PCSP form, select **Reports > Person Centered Support Plan**.



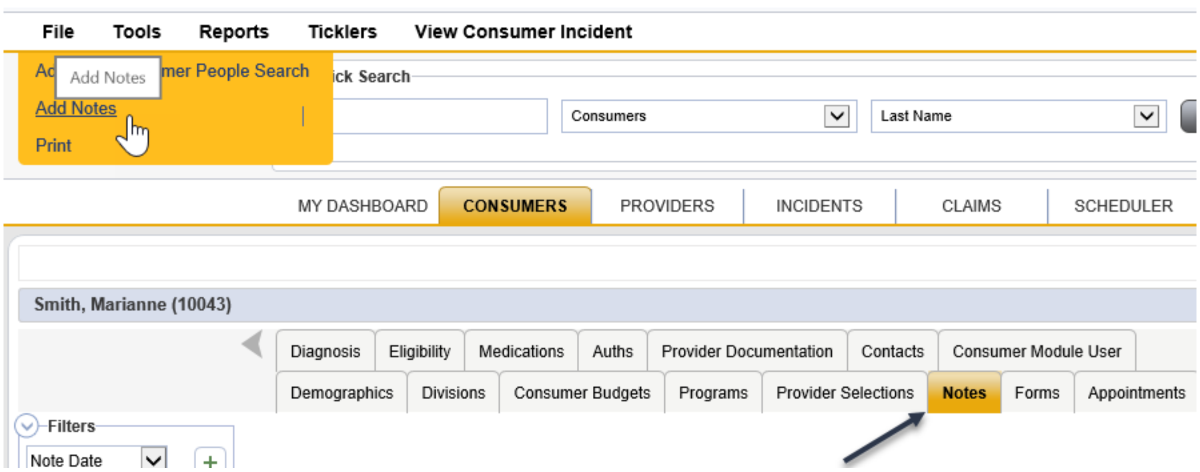
83. This will launch a new window. The WSC can either save directly to note or save as pdf to their computer. Either option will give the WSC a printable pdf version of the PCSP to be used when gathering consumer / legal representative signature.



84. If the Save to Note option is chosen, a Note window will launch with the pdf output listed as an attachment.



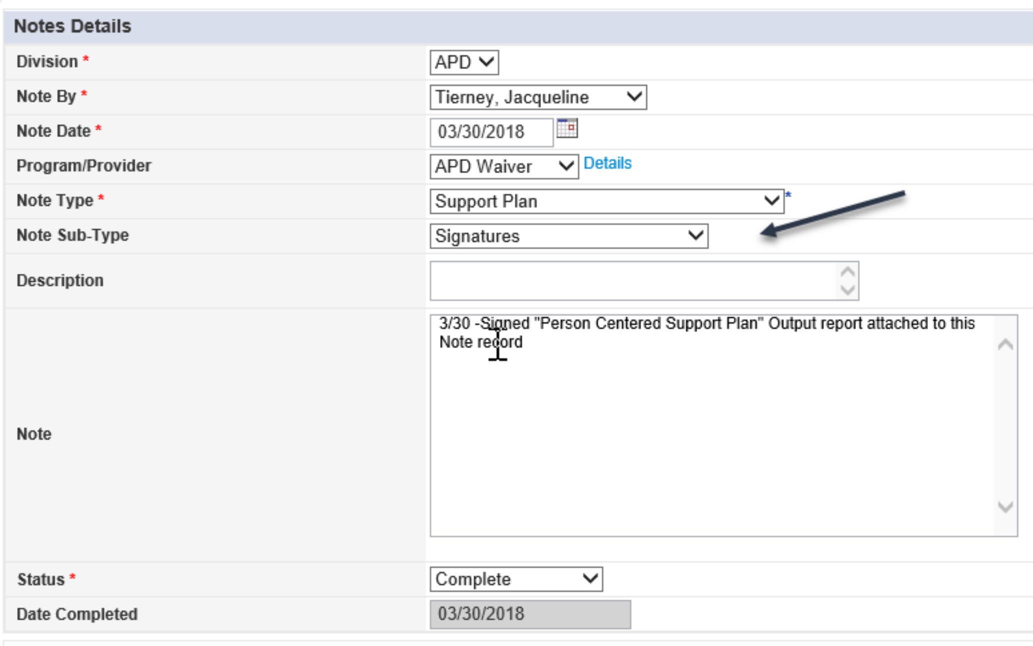
85. Attach a copy of the signed AIM Worksheet and Person-Centered Support Plan to a Note in iConnect. On the consumer's record, click on **Notes > File > Add Note:**



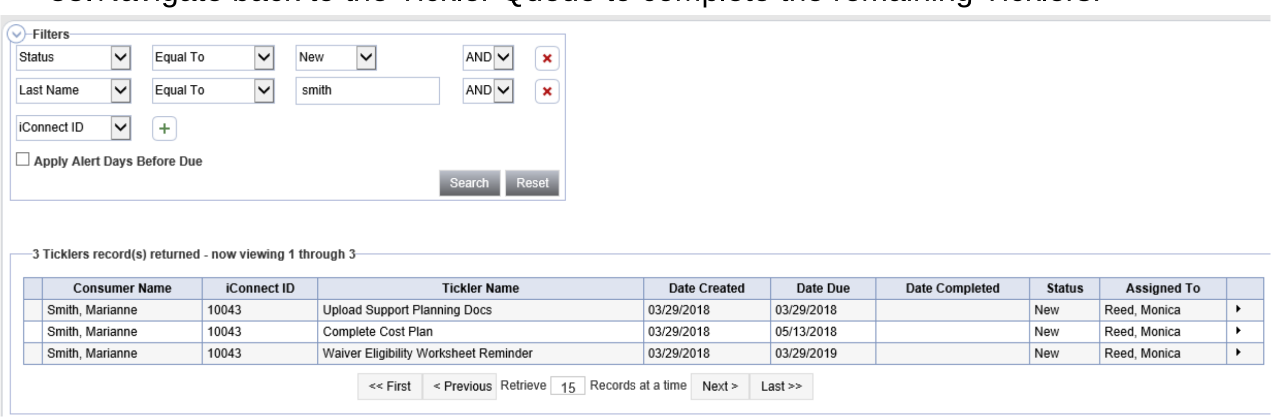
86. In the new Note record, update the following fields:
    a. Note Type = Support Plan

b. Note Subtype = Signatures
c. Status = Complete
d. Attach the signed Person-Centered Output Report to the Note record by clicking **Add Attachment > Browse >** select the appropriate file from your computer > **Upload**
e. Note Recipients = the WSC add all relevant providers as recipients on that note. If an update to the PCSP has information necessary for any or all providers, the WSC will follow the same process to notify the pertinent providers.

87. When finished, click File > Save and Close Note

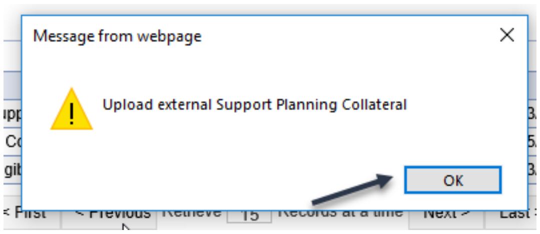


88. Navigate back to the Tickler Queue to complete the remaining Ticklers:



89. Click on the Tickler called Upload Support Planning Docs to open it.

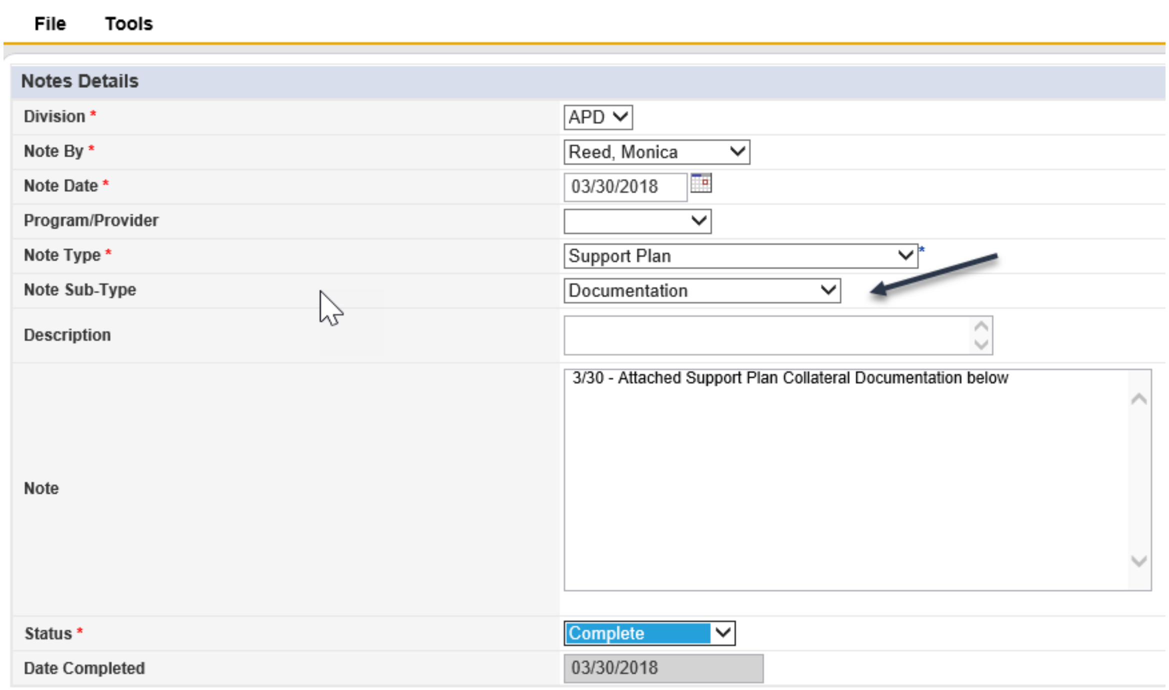
90. A Message Tickler will open – Upload external Support Planning Collateral. Click **OK.**



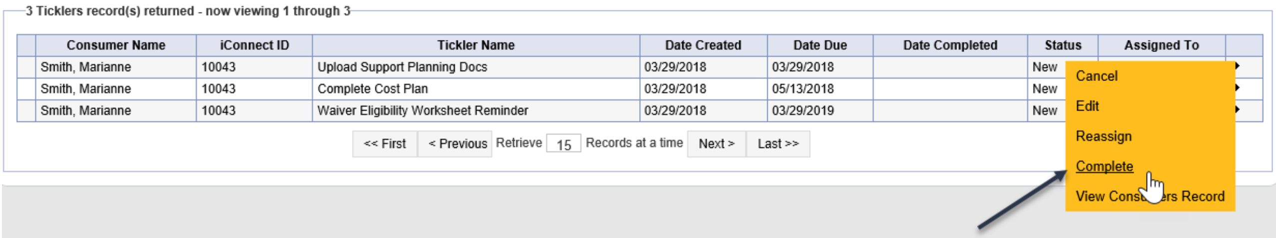
91. If the Consumer shared any collateral documentation with the WSC during the AIM, upload it to a Consumer Note by navigating to the consumer's record and clicking **Notes > File > Add Note**.

92. In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Support Plan
    c. Note Subtype = Documentation
    d. Status = Complete

93. When finished, click **File > Save and Close Notes**

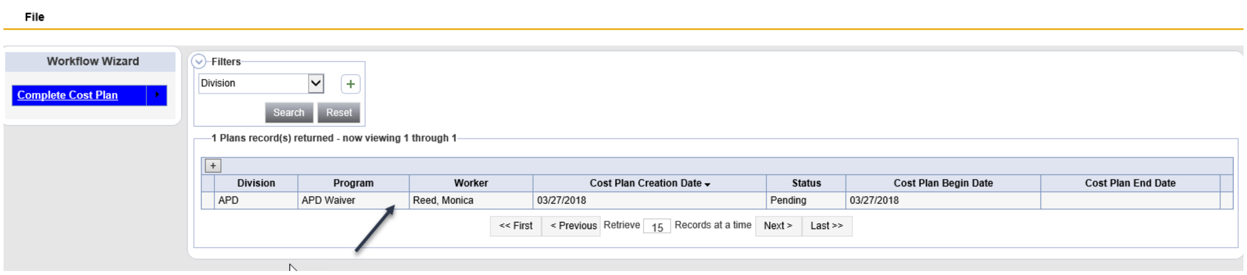


94. When finished completing the Tickler, hover over the arrow next to it and click **Complete:**



95. Back in the Tickler Queue, click on the next Tickler called Complete Cost Plan to open it.

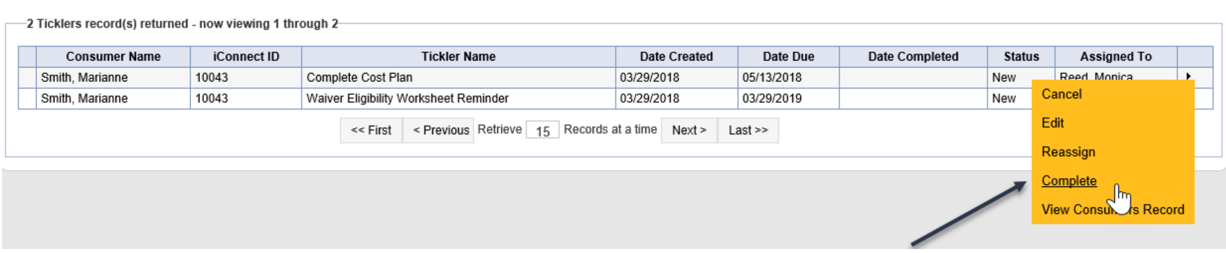
96. The consumer's Plans List View grid will open. Click on the appropriate Cost Plan record to open it:



97. Review the planned services, and make updates as needed. Proceed to Chapter 11|Edit Planned Services.

98. Add new planned services as needed. Proceed to Chapter 11|Add Planned Services.

99. When complete, mark the tickler as complete. Back in the Tickler Queue, hover over the arrow next to the Tickler to click **Complete**:



Support Plan Update

1. Throughout the support plan year, the WSC may need to update the existing support plan based on changes in the consumer's needs or desires. The existing

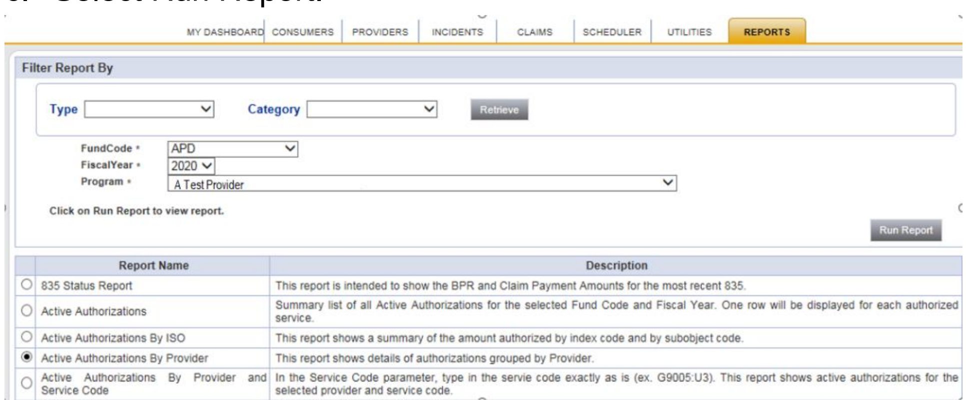
Support plan form will be amended/updated. A new Support Plan form will not be created.

2. Also, the WSC may need to update the consumer's plan as a result of a Provider expansion. The Region Waiver Workstream Lead will monitor their Notes queue on My Dashboard for the Service Plan Impact Notification note. This note instructs Region Waiver Workstream Lead to run the authorization report to identify the impacted consumers.

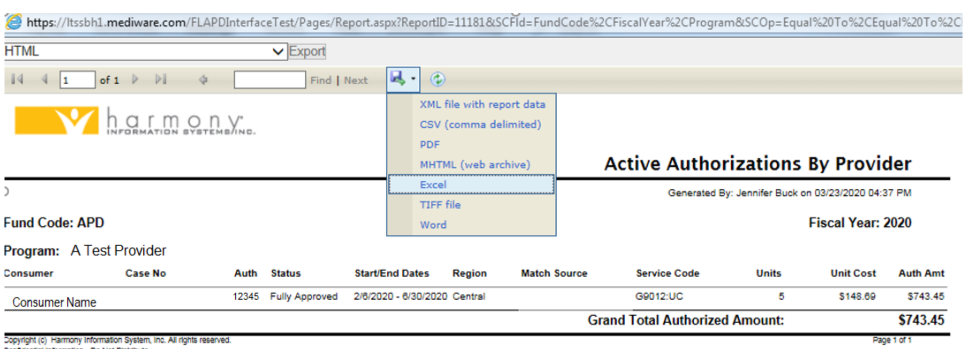
   a. Navigate to the Reports chapter and select the Active Authorizations by Provider report.

   b. In the report parameters, enter the following:
      - Fund Code = APD
      - Fiscal Year = current and possibly next Fiscal year
      - Program = Select the provider by agency name

   c. Select Run Report.



   d. The report opens in a new window and can be downloaded as an Excel spreadsheet if needed.



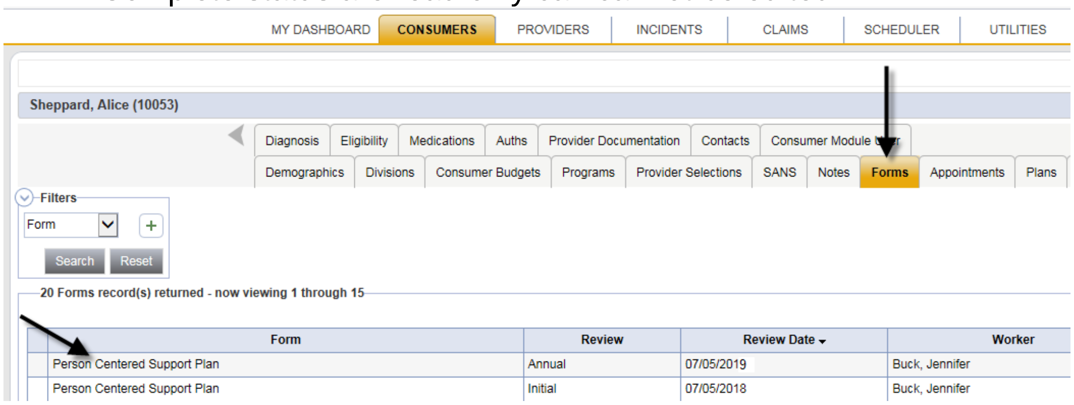
   e. The Region Waiver Workstream Lead will contact each impacted consumer's WSC to inform them of the approved provider expansion request.

f. The WSC will update each impacted consumer's plan, planned services and authorizations as a result of the approved provider expansion request.

3. The steps to update the consumer plan are below. The steps to update planned services is in Chapter 11|Cost Plan.

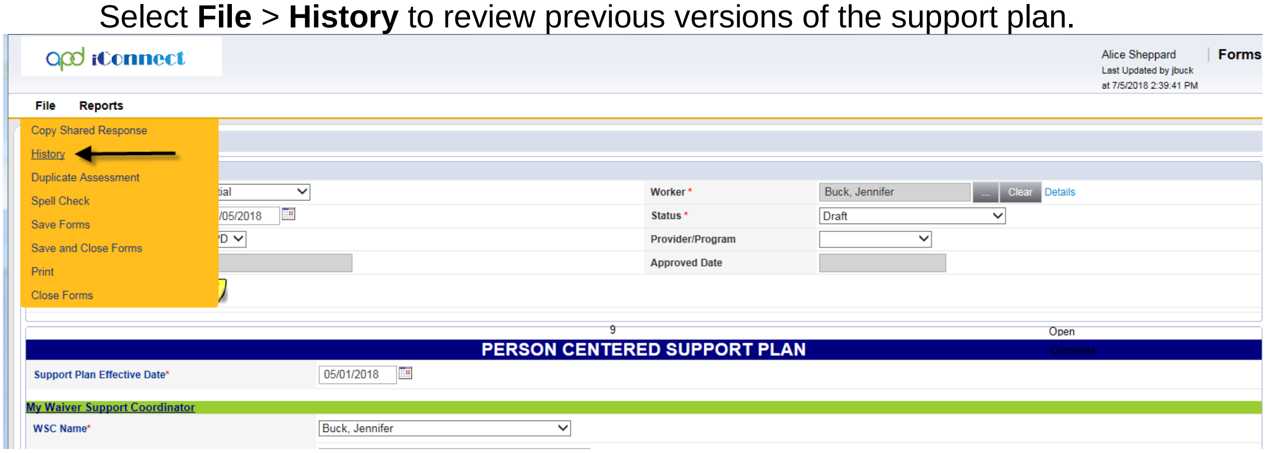
4. The WSC will locate the Support Plan form on the Consumer record > **Forms** tab and select to edit.

5. The form must be in Draft, Pending or Open status to be editable. Forms in Complete status are read only can cannot be edited.

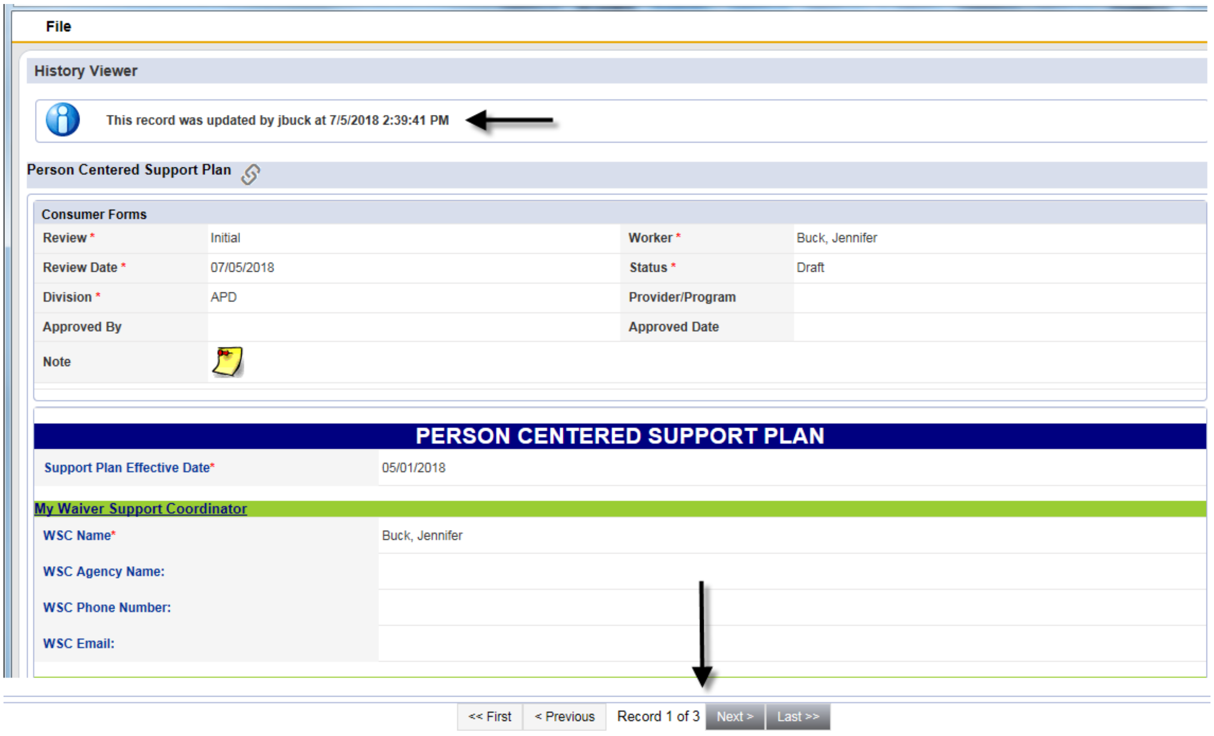


6. Update the fields as needed. Click **File** > **Save and Close Forms**.

7. Every time a form is saved, a snapshot of the form is saved in the History records. Select **File** > **History** to review previous versions of the support plan.

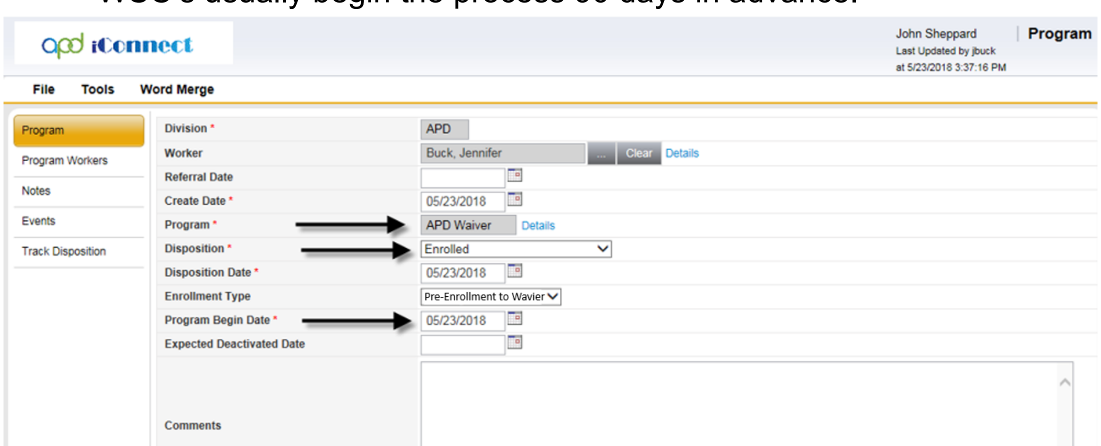


8. If more than one history record exists, click the Next or Last buttons at the bottom of the page to view each one.



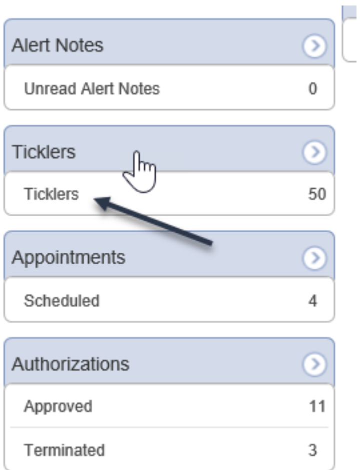
Annual Support Plan Review

100. When the Program record was saved with Program = APD waiver and Status = Enrolled, a Workflow Wizard was triggered prompting the Waiver Support Coordinator (Primary Worker) to complete the Annual Support Plan Review due before the expiration of the current Person-Centered Support Plan. The WSC will receive a tickler due 365 days from the APD waiver Program Begin Date, however WSC's usually begin the process 90 days in advance.

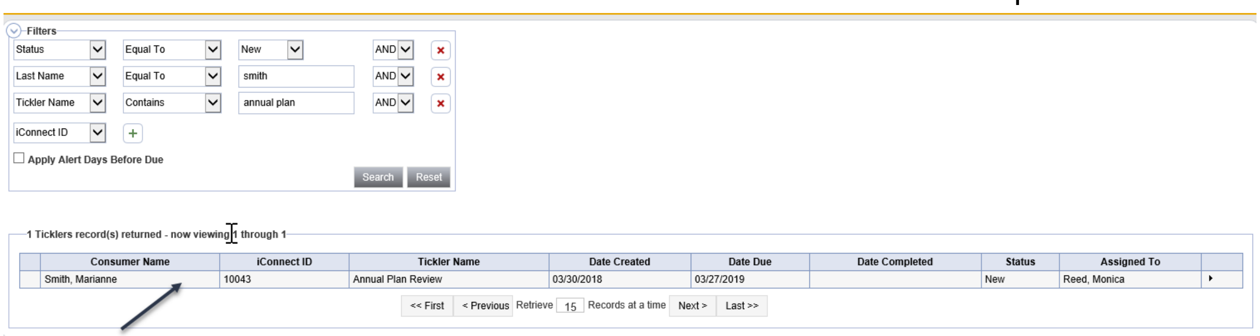


101. When the tickler above is completed, a second Workflow Wizard will be triggered prompting the Waiver Support Coordinator to complete the Annual Support Plan Review again, 365 days after the first tickler is completed.

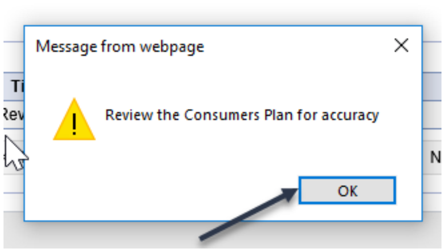
102. Assume one year has passed since the Consumer was enrolled on the waiver, access the Annual Plan Review Tickler by navigating to the **My Dashboard,** finding the consumer's section and scrolling down to the Ticklers Panel. Click on the **Ticklers** link:



103. In the Tickler Queue, use the multi variable search to narrow the results down to the Annual Plan Review Tickler. Click on the Tickler to open it:

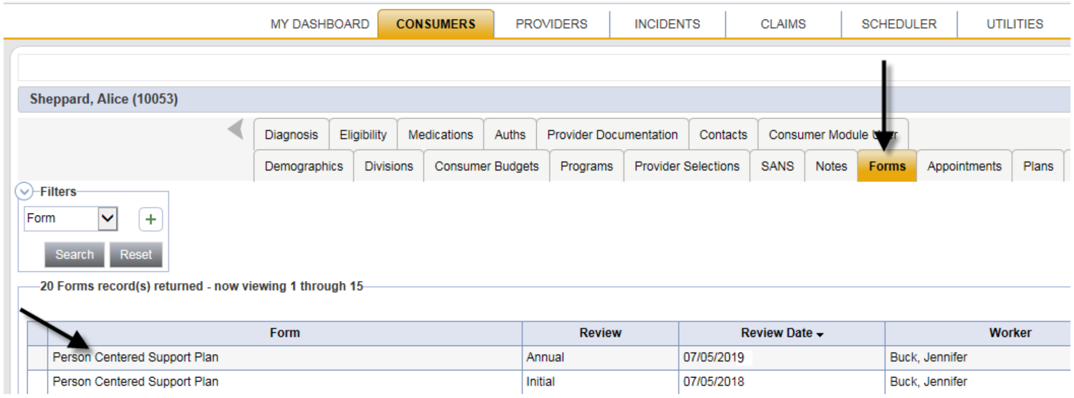


104. A Message Tickler will open – Review the Consumers Plan for accuracy. Click **OK.**



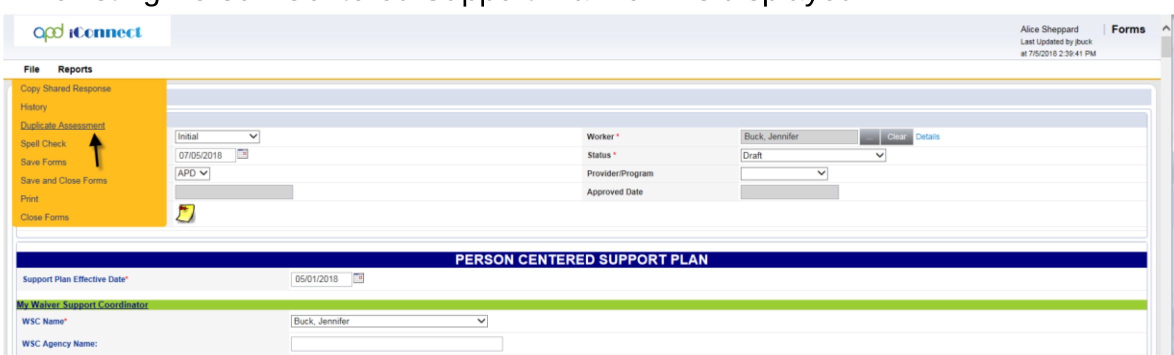
105. Navigate to the consumer's record and click on the **Plans** tab. Open the relevant Cost Plan and review it for accuracy.

106. Navigate to the consumer's record and click on the Forms tab. Click the **Person-Centered Support Plan** form with Status = Open.



107. WSCs should never utilize the same person-centered support plan from year to year. However, some information may not change. While goals, needs, and other important factors must be reviewed and updated each year, WSCs may use the **Duplicate Assessment** feature to copy information such as the social history. However, the WSC must update all section of the support plan with new information and change the effective date of the plan.

108. Click **File** > **Duplicate Assessment**. A notification window displays. Click OK. The new Person-Centered Support Plan form that is an exact copy of the existing Person-Centered Support Plan form is displayed.



109. In the Form header, change the **Review Type** = Annual.

110. Update the support plan effective date.

111. Make updates to goals, needs, and other important factors.

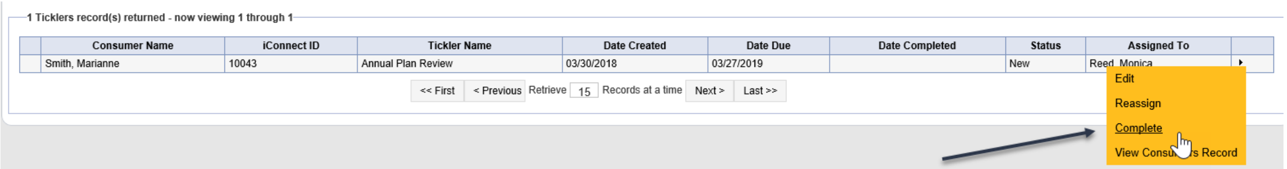
112. When finished, change the S**tatus** = Open. Click **File** > **Save and Close Forms.**

113. The Forms list view displays. Select the existing (previous year's) Person-Centered Support Plan form.

114. In the header change the **Status** from Open to Complete.

115. Click **File** > **Save and Close Forms**.

116. Navigate back to the Tickler Queue and hover over the arrow next to the Tickler to click **Complete**:



Chapter 11 | Cost Plan

Introduction

In iConnect, the ‘Cost Plan’ consists of one or more ‘planned services’ the Consumer needs to meet his/her needs. These planned services must be validated against the algorithm amount and other business rules through the plan validation function in iConnect. This same process is followed for individuals who transition to the waiver via crisis, or any other approved waiver enrollment process. Authorizations cannot be created until the plan is validated successfully. Please review the definitions below:

Planned Services: Planned Services are services, such as respite, support coordination and transportation, that the WSC has added to the consumer record in iConnect. The services are decided based on the QSI results and needs, and information gathered during the AIM or person-centered planning process. A set of Planned Services are contained within a Cost Plan.

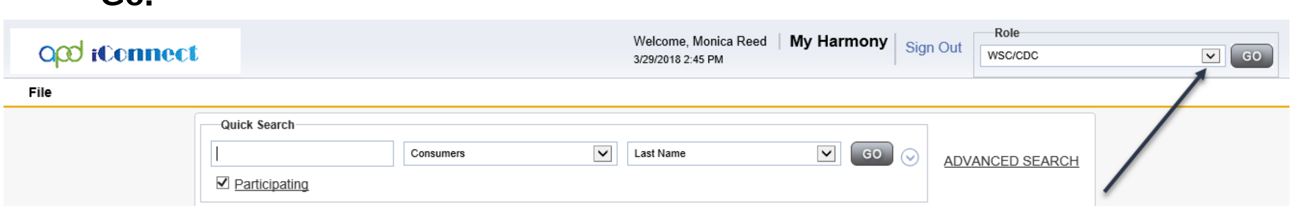
Plan Validation: After Planned Services have been added to the Cost Plan, the Cost Plan is validated against business rules, requirements and regulations. iConnect includes a validation tool to perform this function. If validation passes, the WSC can then authorize the Planned Services. If validation does not pass, the WSC and/or regional or state staff make corrections or complete reviews until the Cost Plan has been successfully validated.

Authorizations: Once the Cost Plan has been successfully validated, each Planned Service, both waiver and non-waiver, must be authorized, using the iConnect authorization function. If a provider does not have access to iConnect, the WSC sends the authorizations to the provider. When a provider has access, they can view the authorizations in the application.

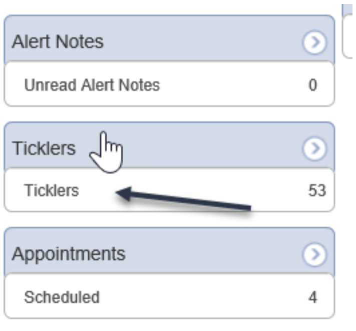
Create a New Cost Plan

117. Upon enrolling the Consumer into the APD waiver Program (see Chapter on Standard APD Enrollment), a Workflow Wizard triggered the following Ticklers to the Waiver Support Coordinator:
    - *a.* Initiate Cost Plan, due immediately
    - b. Complete Cost Plan - *Assigned to WSC,* Due in 45 Days

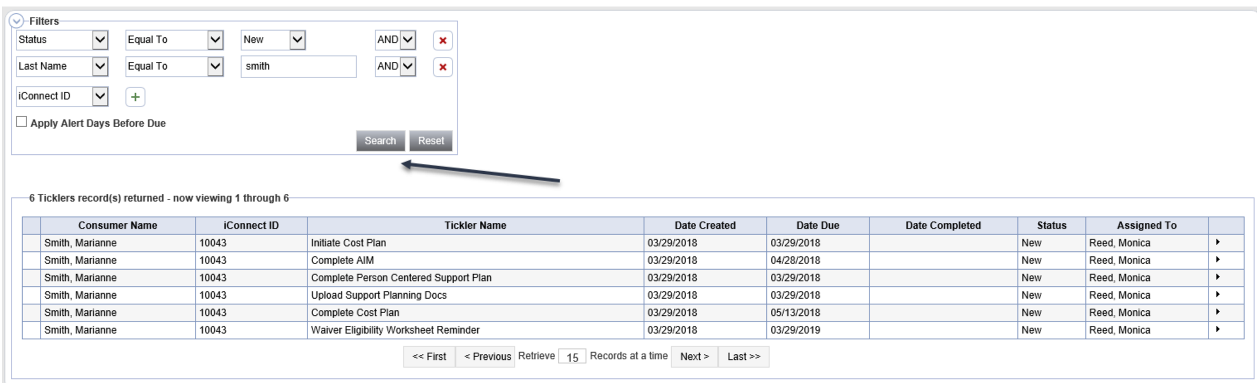
118. To complete the Ticklers, log into iConnect and set Role = WSC/CDC. Click **Go.**



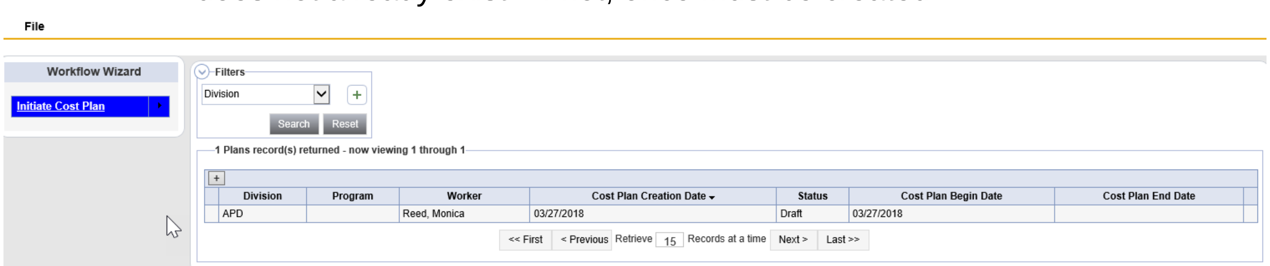
119. On the **My Dashboard**, find the Consumers section and scroll down to the Ticklers Panel. Click on **Ticklers** to open the Tickler Queue:



120. Use the multi variable search to narrow down the Tickler Queue. Click **Search**:



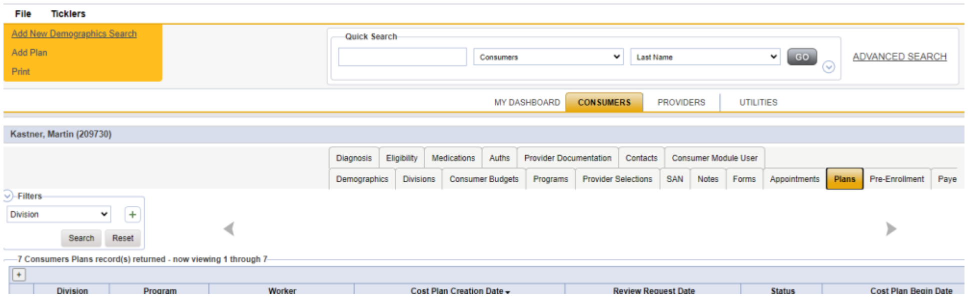
121. Click to open the first Tickler called Initiate Cost Plan
   a. The consumer's Cost Plan List View Grid will open. Verify a Plan Record does not already exist. If not, once must be created.



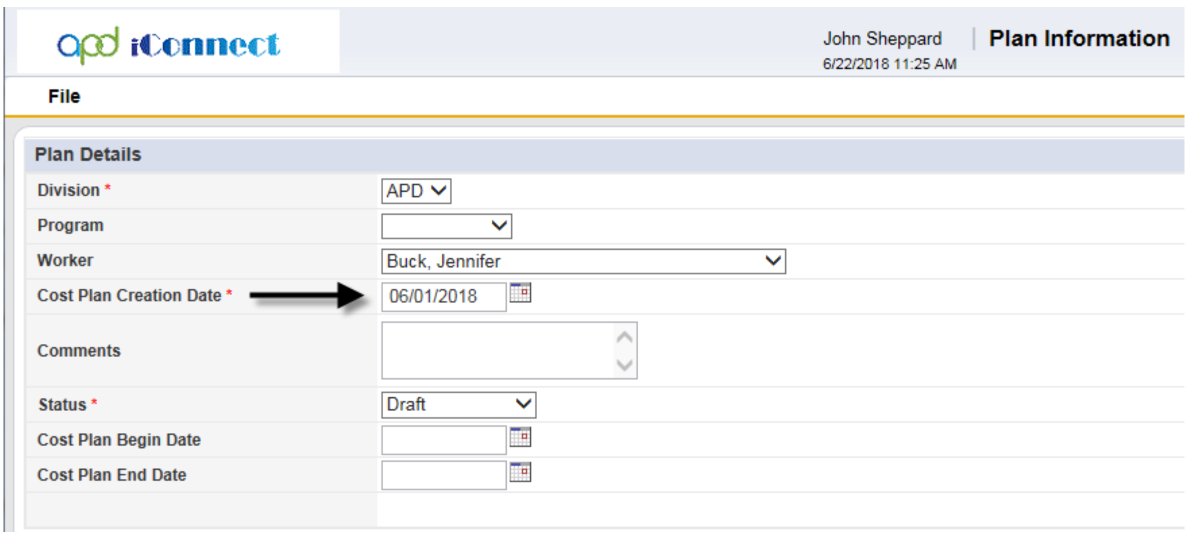
122. Plan records are required before planned services and authorizations can be created.

123. From the tickler flyout menu, select View Consumer Record to open the consumer's record. Click > the **Plans** tab.

124. Click **File** > **Add Plan**.



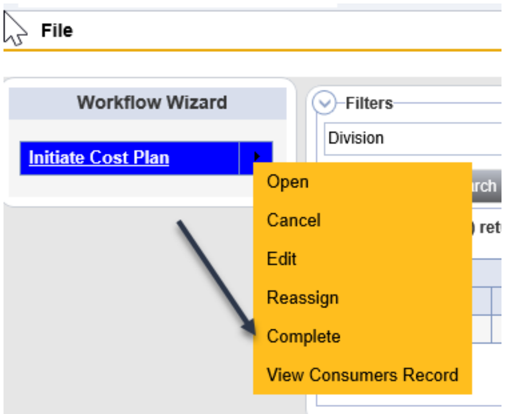
125. The Plan Information page displays. Update the following fields:
   a. Cost Plan Creation Date = today
   b. Division, Worker and Status have default values that do not need to be changed.
   c. Enter the Cost Plan Begin and End Dates.
   d. The remaining non-required fields can be left blank.



126. Click **File** > **Save Plan**. Additional subpages are visible to the left.

127. Proceed to Adding Planned Services if needed.

128. Hover over the arrow next to the Initiate Cost Plan Tickler to click **Complete**. Then click **File > Close Workflow Wizard.**

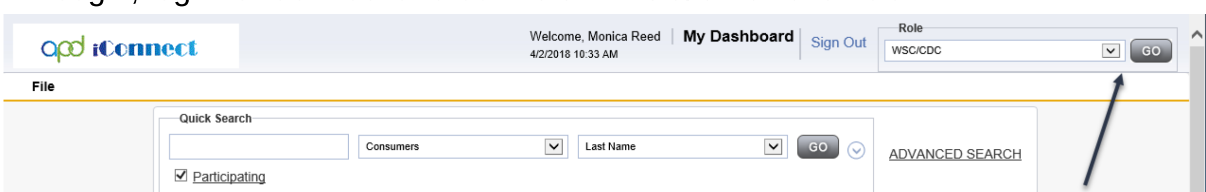


Identify & Select Service Providers

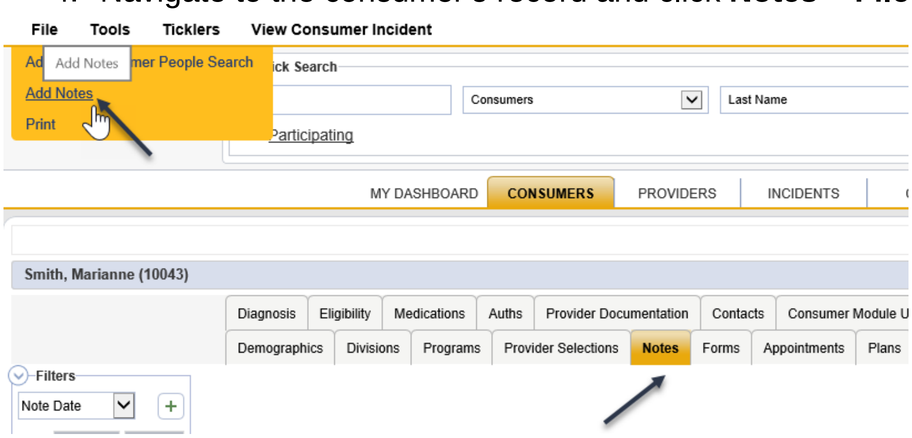
1. The Waiver Support Coordinator or the Pre-Enrollment Support Coordinator will work with the Consumer to identify any available natural and community support for each required Service.

2. To assist the Consumer with selecting Providers, set up Provider interviews and site visits. Then complete the following process for each Provider.

3. Document the Provider interviews and site visits in Consumer Note records. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**



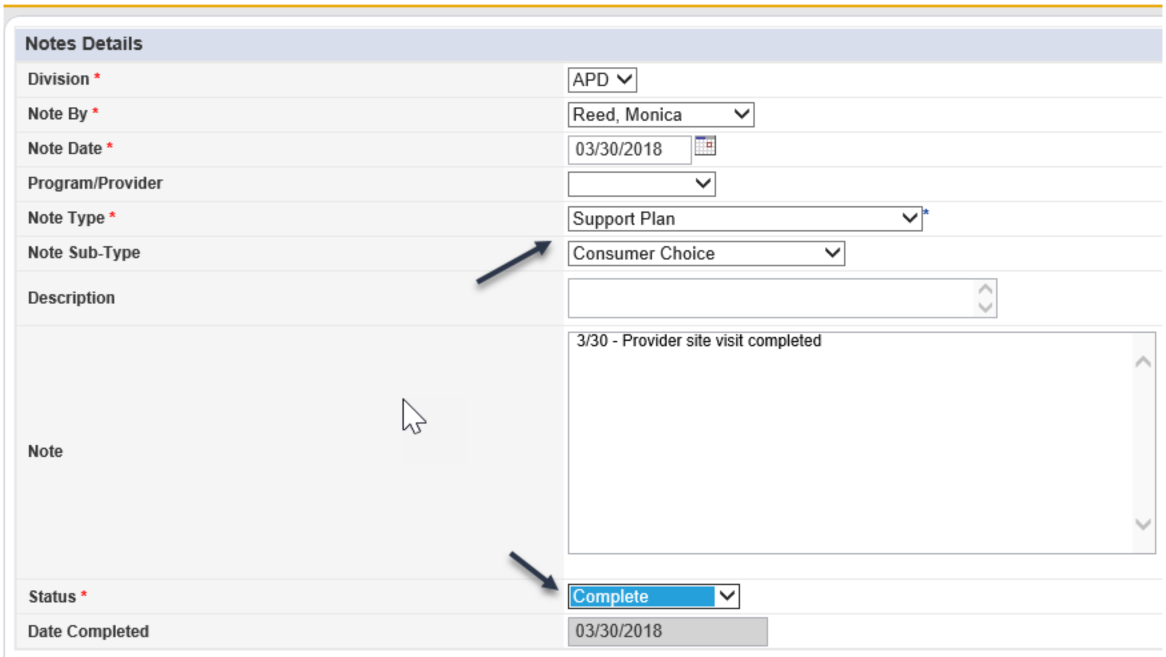
4. Navigate to the consumer's record and click **Notes > File > Add Note:**



5. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Support Plan

c. Note Subtype = Consumer Choice
d. Note = Document details of interview/site visit
e. Status = Complete

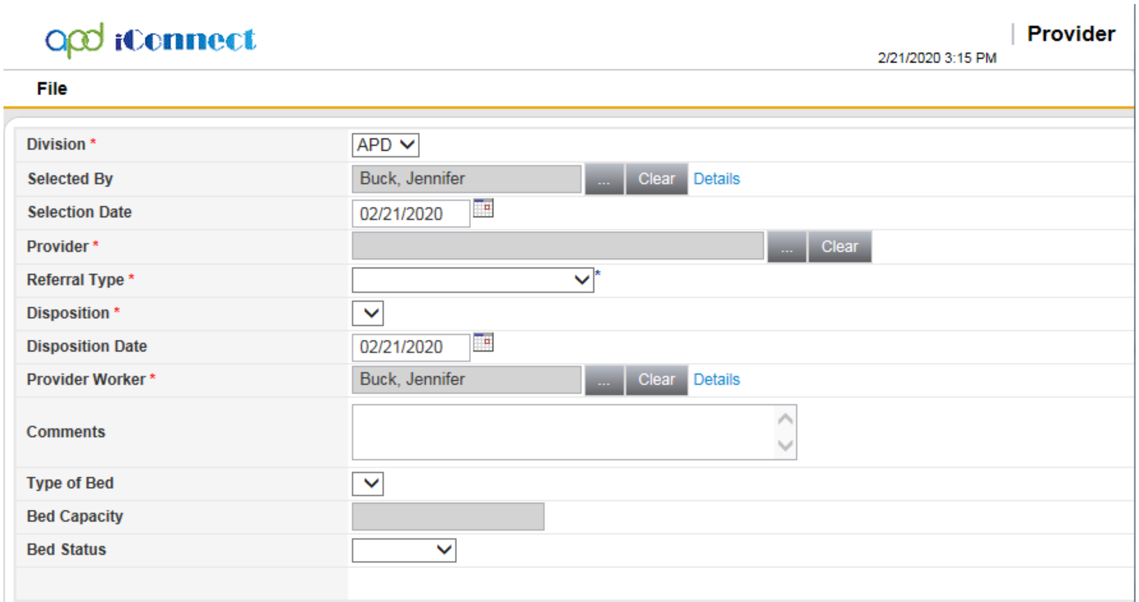
6. When finished, click **File > Save and Close Note.**



7. Once the Provider has provided acknowledgment and the consumer has approved, the Waiver Support Coordinator can give the provider access to the consumer's record. To do so navigate to the consumer's record and click on the **Provider Selections** tab.

8. From the **File** menu, select **Add Provider**.

9. Complete the following fields:
   a. Provider = select the ellipsis to search for and select the provider
   b. Referral Type = Select applicable value
   c. Disposition = Referred
   d. Disposition Date = defaults to today and editable if needed
   e. Worker = change the default Provider Worker to the actual worker for the provider who indicated they were interested.



10. When finished, from the File menu, select Save and Close Provider.

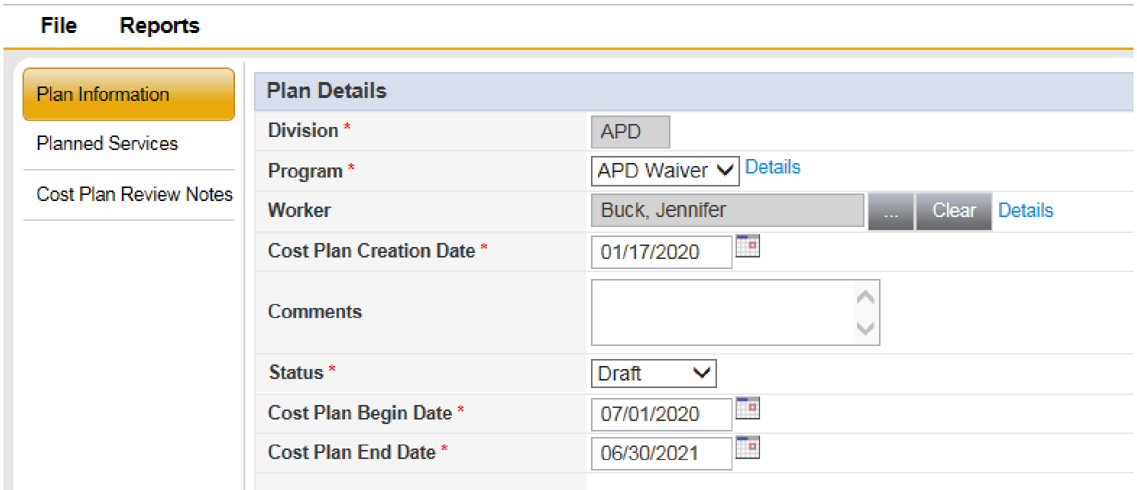
11. Later in the cost plan approval process, once the provider has been selected and approved by the Consumer, and added to the planned service, the WSC will update the status of the provider's Provider Selection record from Referred to Open.

12. Provider selection records with a status of Referred, opened for more than 30 days will automatically be closed by iConnect, removing the provider's access to the consumer record.

Add Planned Services

1. To add new planned services or update services with the selected provider, the WSC will navigate to the consumer's record and click on the **Plans** tab. Upon doing so, the consumer's Plan List View grid will open.

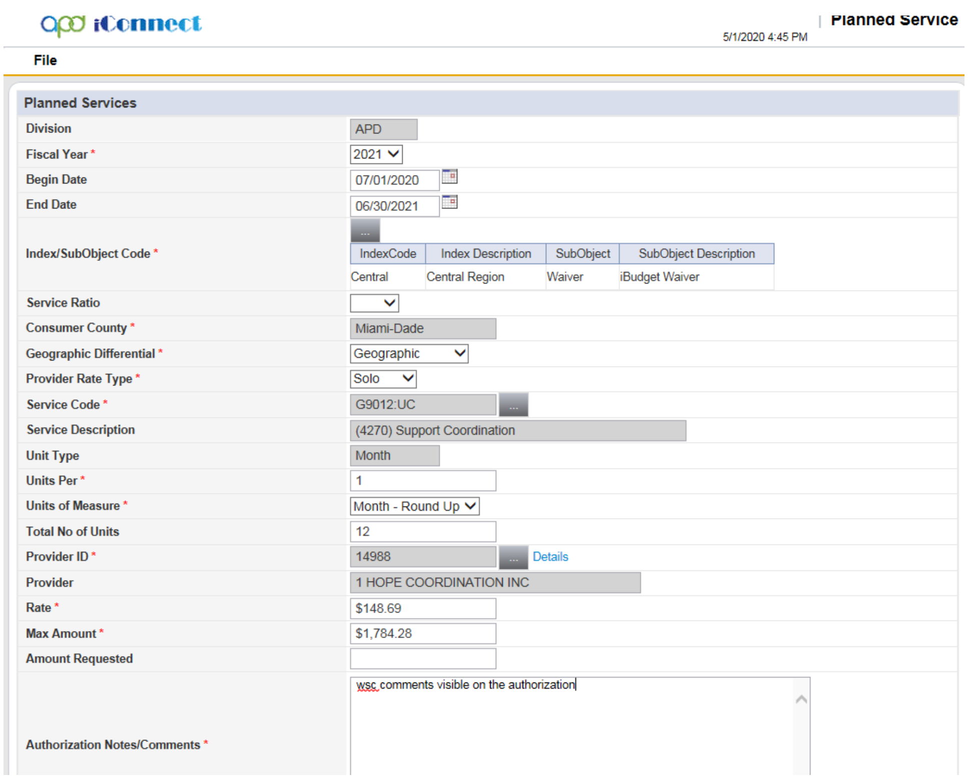
2. In the consumer's Plan List View grid, open the relevant Plan > click on **Planned Services** subpage



3. Click **File** > **Add Planned Service**.

4. A new Planned Service record opens. Update the following fields:
    a. Fiscal Year Choose the applicable fiscal year.
    NOTE: Fiscal Years in iConnect are in yyyy format. This is different than the yy – yy FY format APD is used to. For example: 20 – 21 FY = 2021 in iConnect.
    b. Begin Date Enter the begin and End dates as the dates of service.
    c. End Date Enter the begin and End dates as the dates of service.
    NOTE: The Start and End Dates of a Planned Service must be within the Cost Plan Begin and End Dates located on the Plan Information page.
    d. Index/SubObject Code: The ISO is an iConnect term that defines which 'bucket of money' the service is being paid from Statewide and by region.
        - WSCs will select their regional ISO, not 'Statewide.'
    e. Service Ratio: Select the correct ratio only if the service contains a ratio
    f. County: pulls from the consumer demographic page
    g. Geographic Differential: Select Geographic, Non-geographic or Monroe
    h. Provider Rate Type: Select Solo or Agency
    i. Service Code: Search for and select the service code.
    j. Unit Type auto populates when service code selected
    k. Unit Per Enter the identified number of units per period.
        i. This value will vary depending on the service selected and can vary with time of year.
    l. Unit of Measure
    m. Total No of Units will auto-populate
    n. Provider ID: Search for and select the service provider if known at the time the planned service is added. If not known, can select Pending Provider. A valid provider must be selected before creating an authorization.
    o. Rate will auto populate and depending on the service code may or may not be editable.

p. Max Amount will auto populate once the service code, rate and provider have been selected.
q. Amount Requested = used by the Lead when the amount requested does not equal the amount approved
r. Authorization Notes/Comments = enter notes. This is a required field. Text in this field will be visible on the Auth Service and printed authorization.
s. Contract Number = enter if applicable.
t. Non-Taxable = check if applicable.
u. Planned Service Status = Proposed.



5. When finished, click **File > Save and Close Planned Service.**

6. Repeat the steps above for all relevant Providers/Services

7. Planned Services can be created in iConnect prior to the Provider Selection Process if desired. The Provider = Pending Provider should be used until the actual provider is selected. Once the actual provider is selected, remember to update the Provider Selection record for the provider from Referred to Open status.

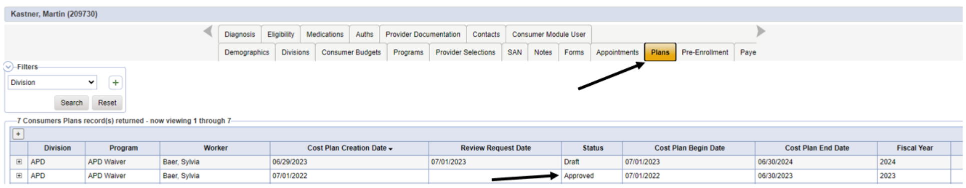
8. Once the plan contains all necessary planned services, proceed to Plan Validation. However, if services need to be edited or removed, those sections follow.

Edit Planned Services

Planned services may be edited for several reasons. A planned service may exceed the budget and the dates need editing to decrease the amount requested. A planned service may only by partially approved following a region or state office review and the units may need to be decreased. Planned services are edited as a result of an approved provider expansion request. Regardless of the reason, the steps to edit the planned service are the same.

1. The Waiver Support Coordinator will log into iConnect.

2. Navigate to the consumer's record and click the **Plan** tab. Select the APD waiver Plan.

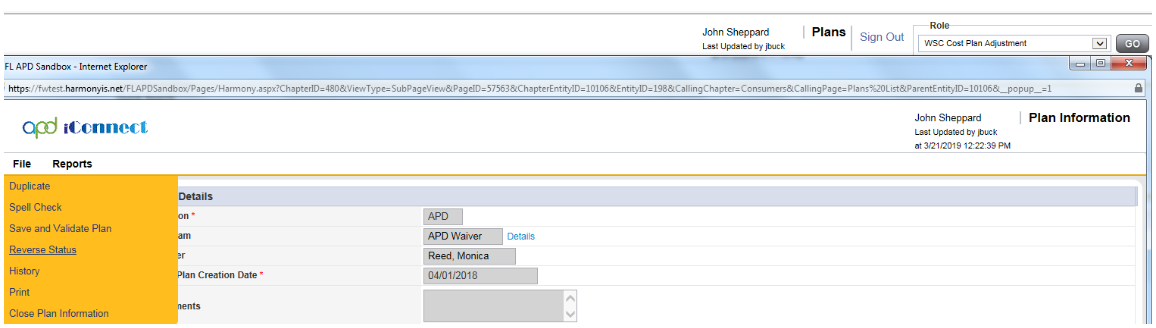


3. The Plan Details page displays. If the Plan has already been validated and reviewed by the Region and/or State, the Status will equal Approved and the Plan will be read only. The WSC will need to Reverse the Status of the Plan before editing the Planned Services and/or adding new.

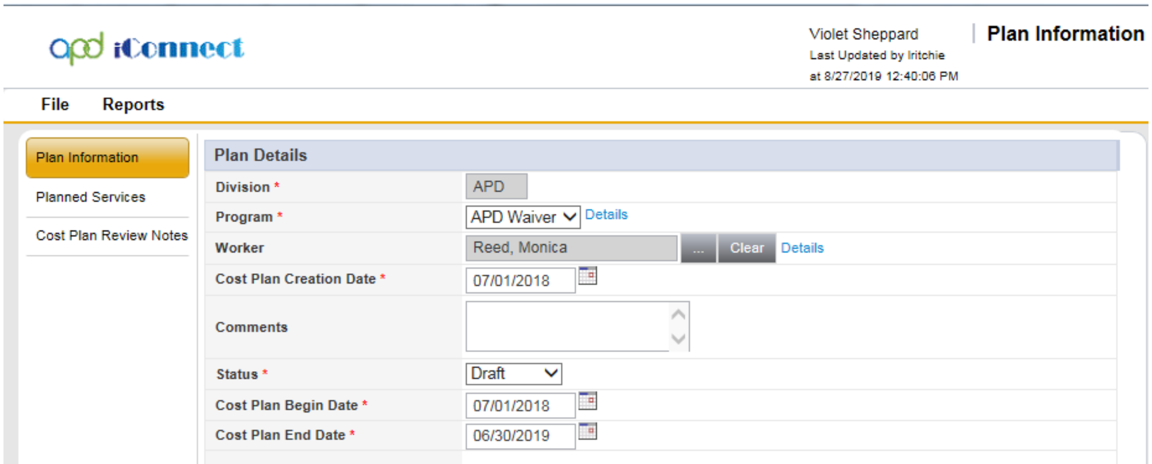
4. To do so, the WSC must use the WSC Cost Plan Adjustment Role.

5. Select the APD waiver Plan record with status = Approved. The Plan Information Page displays.

6. Click **File** > **Reverse Status**.

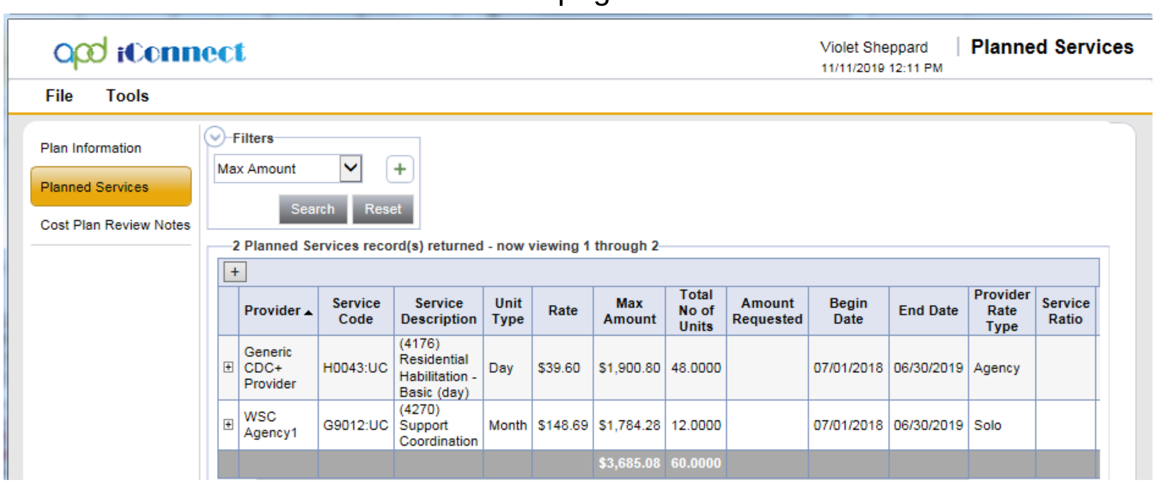


7. The record is now editable, and the **Plan Status** equals Draft.



8. Click **File** > **Save Plan**.

9. Click the **Planned Services** subpage.



10. Select the planned service that needs to be changed to open the details page.

11. Update the planned service details as needed.

12. For each, change the **Planned Service Status** = Proposed.

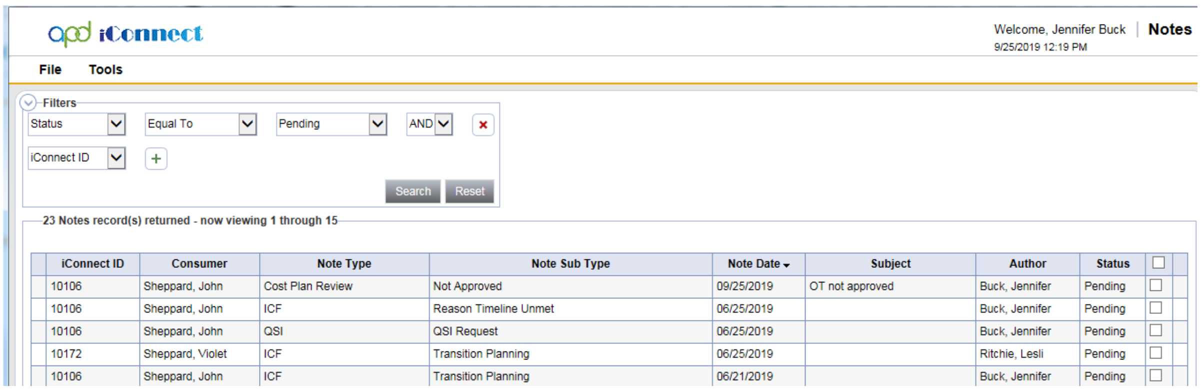
13. When finished, click **File > Save and Close Planned Service**

14. Complete Plan Validation.

Remove Planned Services

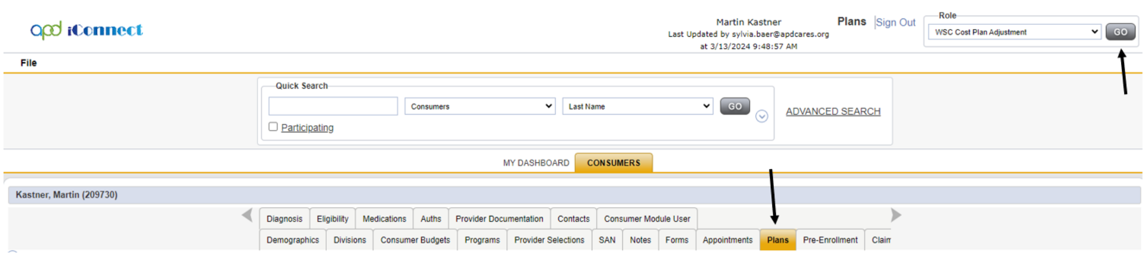
Planned services may need to be deleted when an error is made or when a planned service is denied. The Planned services must be removed from the Plan to be excluded from future plan validations. The WSC and other designated staff will have access to the WSC Cost Plan Adjustment role in iConnect. You cannot delete a planned service that has already been pushed to an authorization.

1. When a service is denied by the Region or State Office reviewer, the WSC will be notified by monitoring My Dashboard for incoming Notes. Note Type = Cost Plan Review. Sub Type = Not Approved.



2. To delete a planned service, select the WSC Cost Plan Adjustment Role.

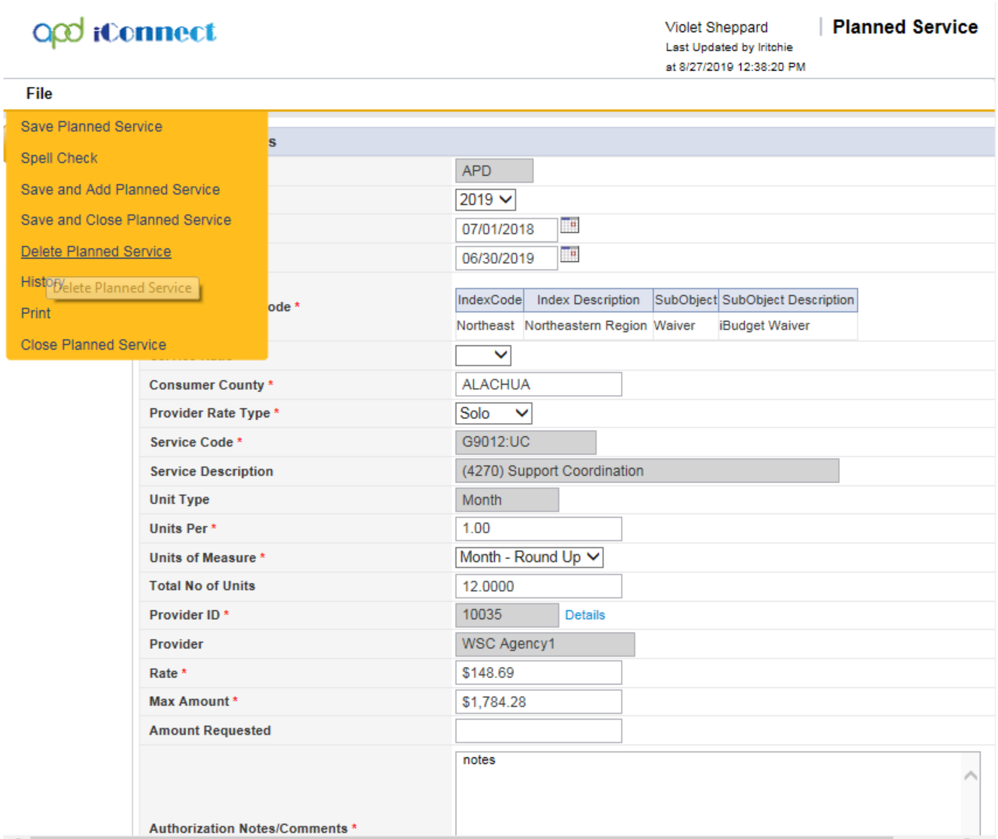
3. Navigate to the consumer's record and select the **Plans** tab.



4. Open the plan record. Select the **Planned Services** subpage.

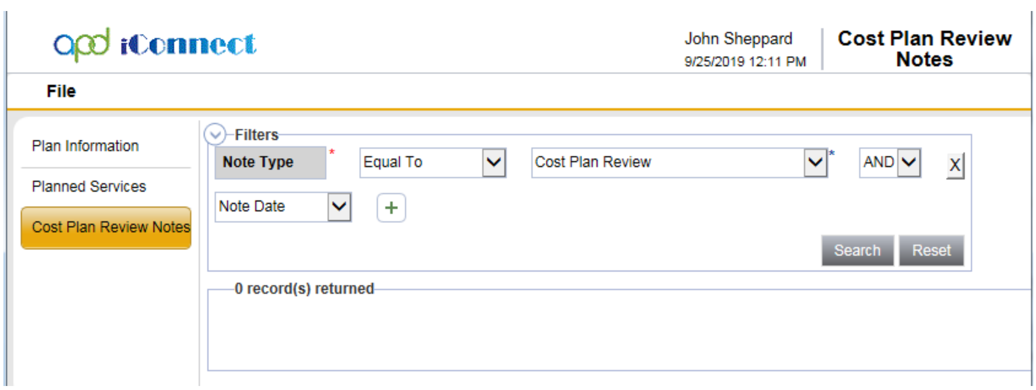
5. From the Planned Services List view > select the planned service that is denied or added in error. The Plan Service Details page displays.

6. From the **File** menu > select **Delete Planned Service.** The Planned Service Record is deleted. Document details of the planned service that was deleted in error or because it was denied, in a Note.



7. From the **Plan** record select the **Cost Plan Review Notes** subpage.

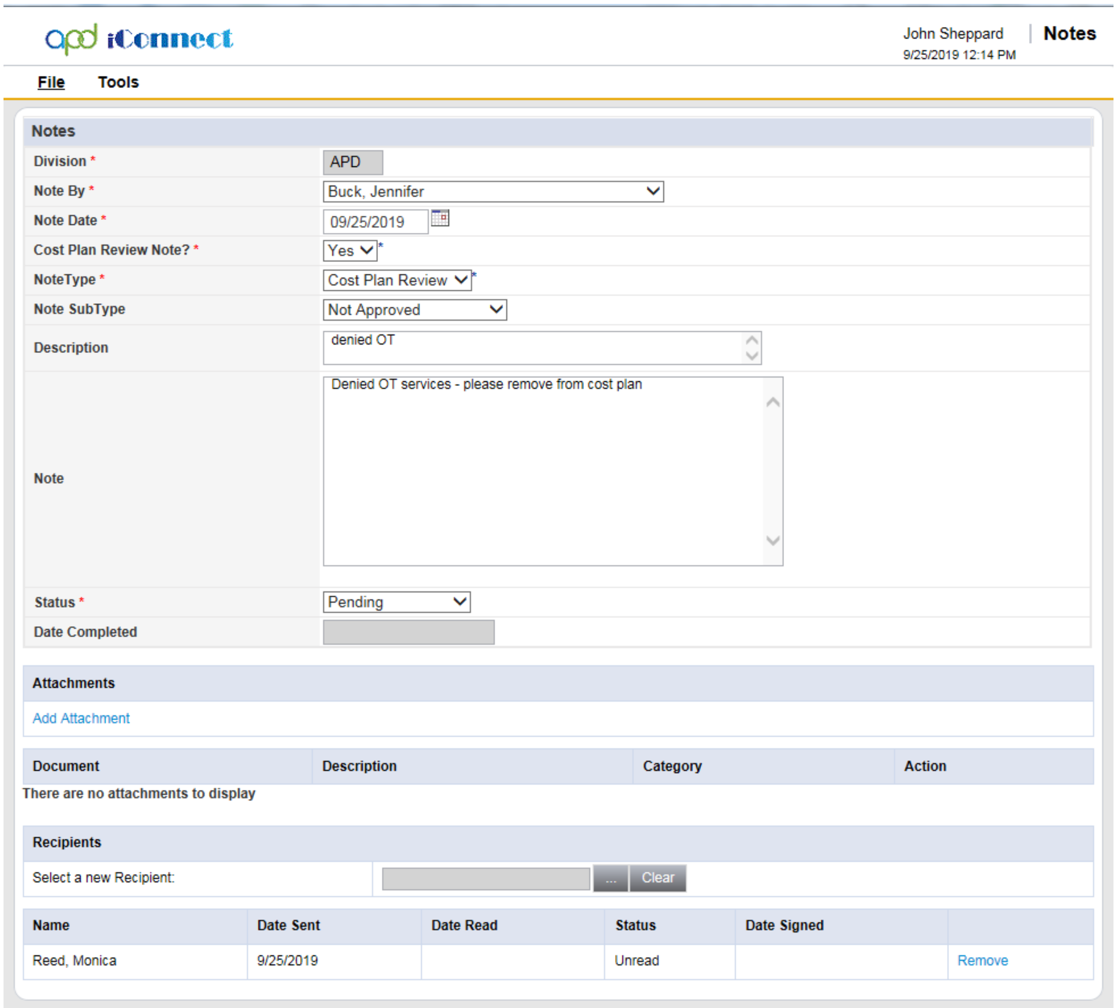
8. From the **File** menu > select **Add Note**:



9. In the new Note record, update the following fields:
   a. Division = APD
   b. Note By = defaults to self
   c. Note Date = defaults to today
   d. Cost Plan Review Note = Yes
   e. Note Type = Deleted Planned Services

f. Note = details of the services that were deleted because they were denied, or they were added in error
g. Status = Complete

10. When finished, click **File > Save and Close Notes.**



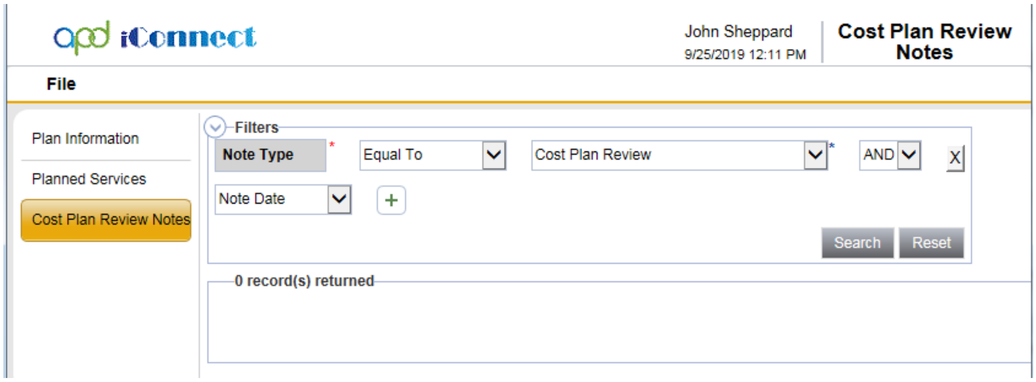
11. Edits have been made to the plan, proceed to Plan Validation.

Cost Plan Review Note

1. If additional communication is needed between the WSC and Region and or/State Office reviewers, a Note will be created in iConnect.

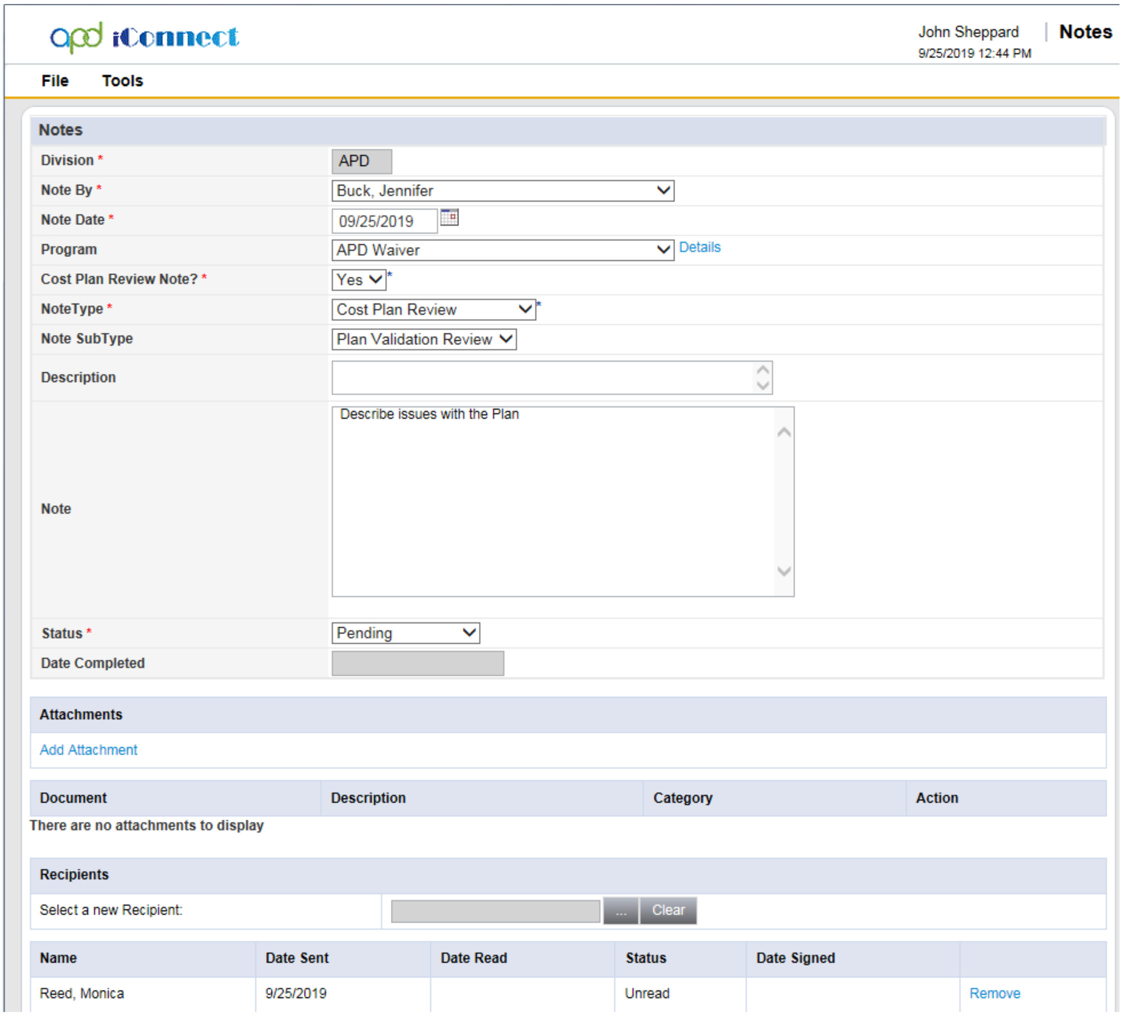
2. Navigate to the consumer's record and click the **Plans** tab. Open the current cost plan record. Select the **Cost Plan Review Notes** tab.

3. From the **File** menu > select **Add Note**:



4. In the new Note record, update the following fields:
    a. Division = APD
    b. Note By = defaults to self
    c. Note Date = defaults to today
    d. Cost Plan Review Note = Yes
    e. Note Type = Cost Plan Review
    f. Note Subtype = Plan Validation Review
    g. Note = Describe issues with the Plan
    h. Status = Pending
    i. Route the Note to the appropriate Region/State Staff by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

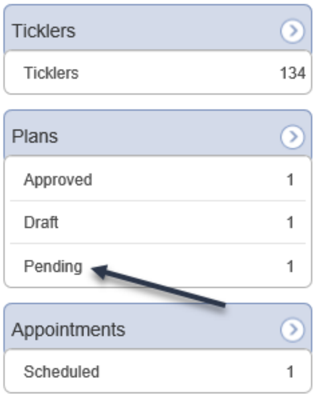
5. When finished, click **File > Save and Close Notes**



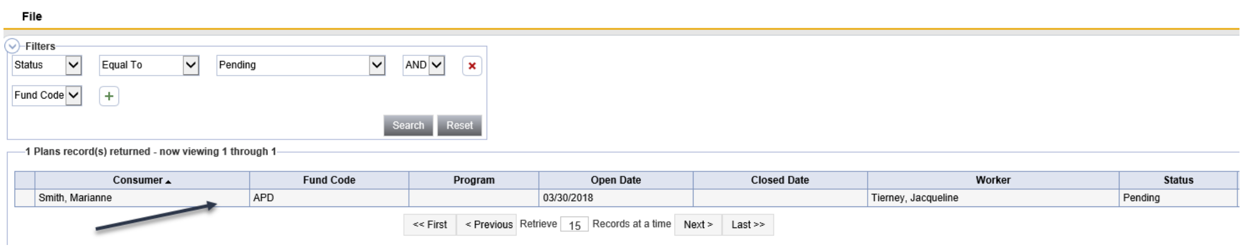
6. The Region/State Staff will monitor their **My Dashboard** for new Pending Note records.

7. To do so, log into iConnect and set Role = Region Waiver Workstream Worker OR State Office Worker. Click **Go.**

8. Find the consumer’s Panel and click on the link for Notes with Status = Pending. Click on the **Pending** link to open the Notes Queue:

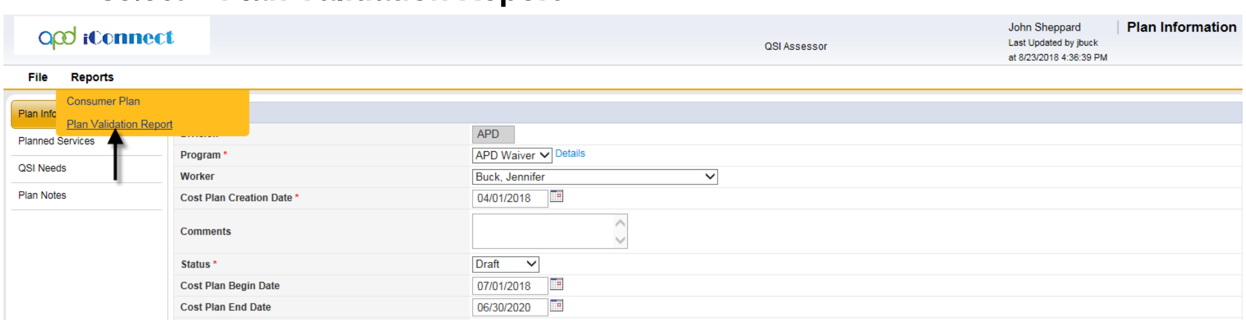


9. In the Notes Queue, open the Note record with Note Type = Cost Plan and Note Subtype = Plan Validation Review



10. Review the contents of the Note to understand the issues identified in the consumer's Plan.

11. If needed, view the Plan Validation Report. Navigate to the consumer's record and click on **Plans** tab **>** select the Plan to open. From the **Reports** menu in the toolbar select > **Plan Validation Report**.



12. The Region/State staff will document the request or other details as appended text to the Cost Plan Review Note.

13. Navigate to the Notes tab of the Consumer Record. Select the Note record with Note Type = Cost Plan and Note Subtype = Plan Validation Review to Open.

14. Update the following fields:
    a. Notes = Append Notes with details

b. Status = Complete. Keep Status Pending if expecting a response from the recipient.
c. Note Recipient = Search for and select the Waiver Support Coordinator.

15. From the **File** menu > **select Save and Close Notes**.

16. The WSC will monitor his/her **My Dashboard** for new Note records and address issues as noted.

Plan Validation

1. After adding all Providers/Services to the consumer's Cost Plan and/or edits to the Planned Services, *validate* the Cost Plan by clicking **File > Save and Validate Plan**:

> **Key Point**
> Make sure a Program is selected on the Plan Information page, otherwise plan validation option will not be visible.

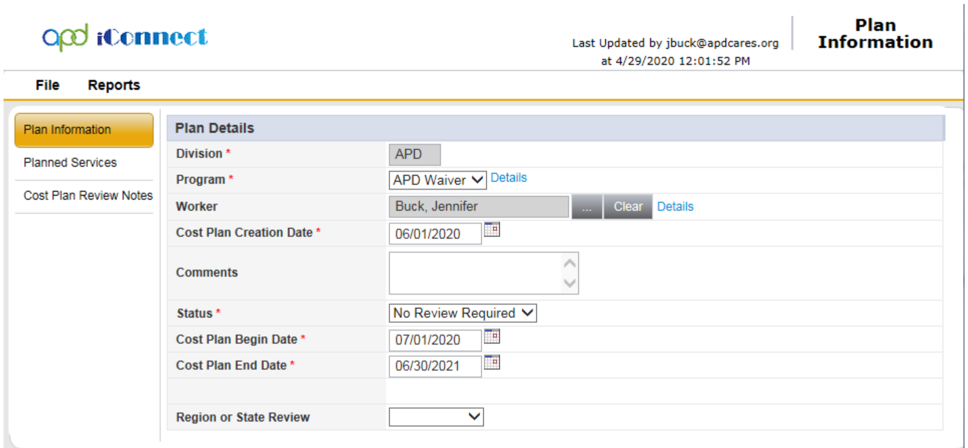
2. The system will automatically apply relevant business rules to validate that the plan complies with all requirements and regulations

Plan Passes Validation

1. If the Plan Passes Validation the system will display a message will be displayed indicating Plan has passed validation. Click OK.

2. On the **Plan Information** page, the WSC will change the Plan Status from Draft to No Review Required.

3. The Region or State Review field on the Plan Information page can remain blank.



4. If these are new Planned Services, the **Create Authorizations** menu option will appear on the **Planned Services** tab. Proceed to section Create Authorizations.

5. If these are changes made to existing Planned Services that are linked to existing authorizations, the Update Authorizations menu option will appear on the Planned Services tab. Proceed to section Update Authorizations

Plan Fails Validation

1. If the Plan Fails Validation the system will return a message indicating that issues were identified.

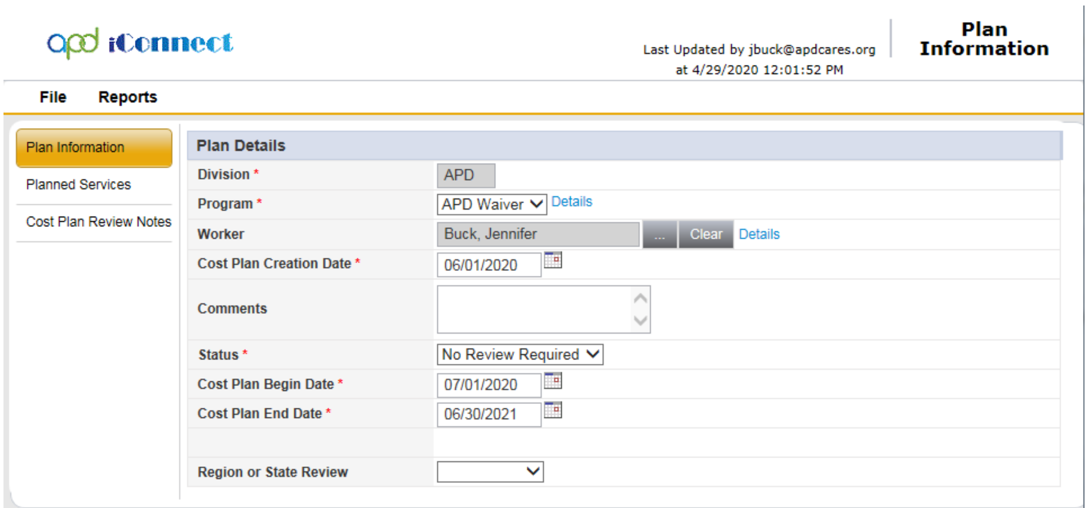
2. If the Plan Failed Validation, identify issues with the Plan. Click **View Issues > Okay.**
   a. A Report will appear that identifies issues that caused the Plan to fail Validation
   b. The WSC will correct all services that failed validation that do not require Region or State Office review.
   c. When finished, click **Save and Validate Plan** again to verify all services that originally failed validation are now resolved. The Plan will either pass Validation or require Region and/or State Office review.

3. If the Plan now passes Validation, and Region nor State Office review is required, the WSC will update the following fields:
   a. On the **Planned Services** subpage, the WSC will update the **Planned Service Status** from Proposed to Approved for each planned service.
   b. On the **Plan Information** page, the WSC will change the **Plan Status** from Draft to No Review Required.

   c. Region or State Review is left blank.

d. On the Plan Information page, Select **Save Plan.**

e. Proceed to section Create Authorizations.



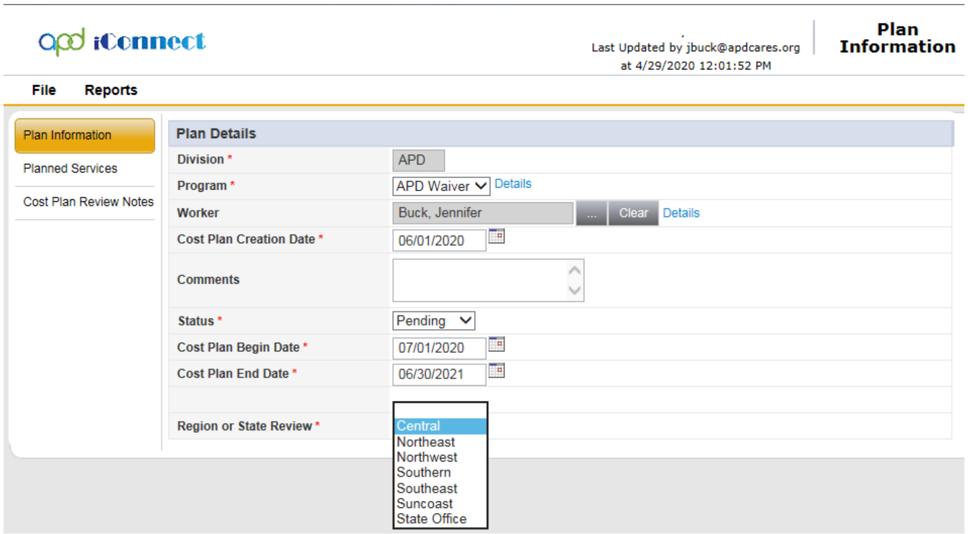
4. If the Plan fails validation for Region Review, the WSC will update the following fields on the Plan Information page:
    a. Change the **Worker** from the WSC to the Region reviewer, to route this plan to the Region reviewer's My Dashboard > Consumer Plans Queue for review.

    b. Change the **Plan Status** from Draft to Pending.

    c. Region or State Review: Select the region that will be completing the review. In addition to routing this plan to the Region reviewer, it will also be routed to a generic pending plans queue where it can be reviewed my more than one regional reviewer, in case back up is needed.

5. Click **File** > **Save and Close Plan**.

6. Proceed to section Region Review.



7. If the Plan fails validation for Region AND State Office review, the Region review will be completed first, then routed to the State for review.

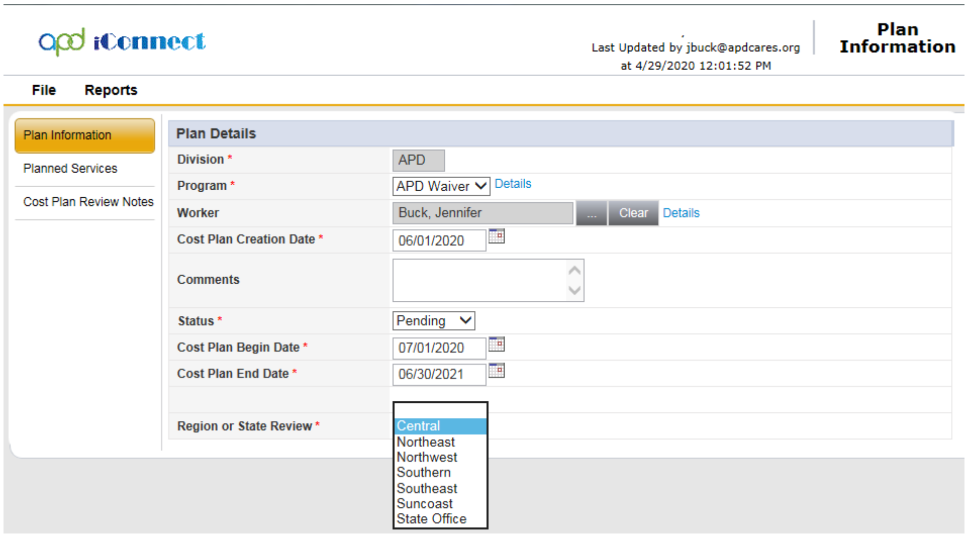
8. The WSC will update the following fields on the Plan Information page:
   a. Change the **Worker** from the WSC to the Region reviewer, to route this plan to the Region reviewer's My Dashboard > Consumer Plans Queue for review.

   b. Change the **Plan Status** from Draft to Pending.

   c. Region or State Review: Select the region that will be completing the review. In addition to routing this plan to the Region reviewer, it will also be routed to a generic pending plans queue where it can be reviewed my more than one regional reviewer, in case back up is needed.

9. Click **File** > **Save and Close Plan**.

10. Proceed to section [Region Review.](#)



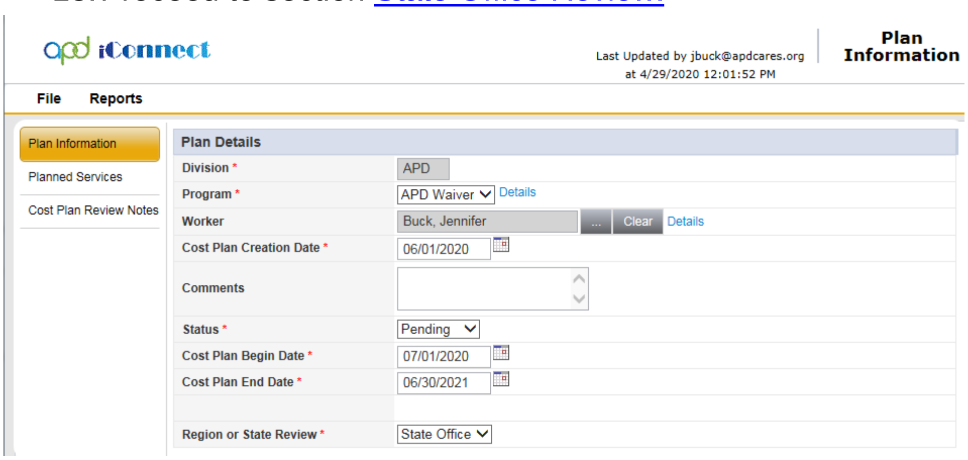
11. If the Plan fails validation for State Office review the WSC will update the following fields on the Plan Information page:
    a. Change the **Worker** from the WSC to the State Office reviewer, to route this plan to the State Office reviewer's My Dashboard > Consumer Plans Queue for review.

    b. Change the **Plan Status** from Draft to Pending.

    c. Region or State Review: Select State Office who will be completing the review. In addition to routing this plan to the State Office reviewer, it will also be routed to a generic pending plans queue where it can be reviewed my more than one State Office reviewer, in case back up is needed.

12. Click **File** > **Save and Close Plan**.

13. Proceed to section State Office Review.



Region Review

1. The plan failed has failed validation and requires Region review for one or more services.

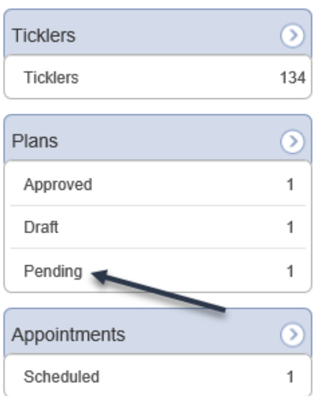
2. The WSC has assigned the Region reviewer as the worker on the Plan Information page and the status of the plan is pending.

3. The WSC has also specified the region completing the review which allows more than the assigned Region reviewer access to review this plan, in case back up is needed.

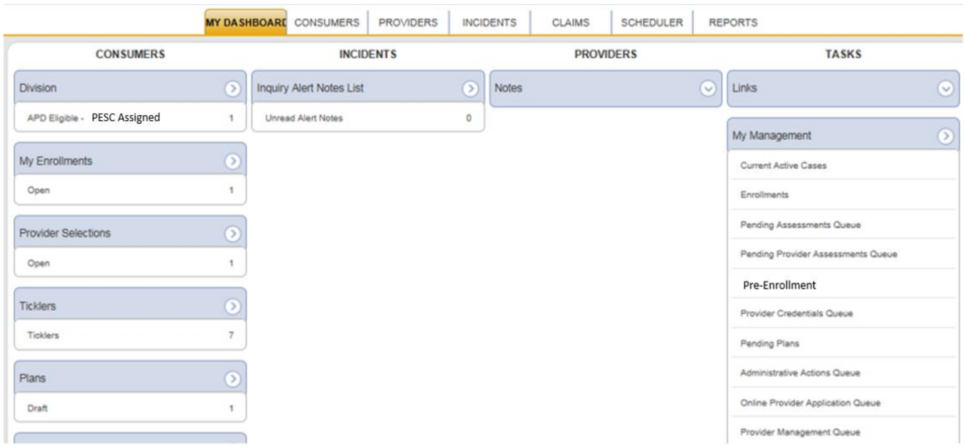
4. The Region Reviewer will monitor his/her **My Dashboard** for new Pending Plans.

5. To do so, log into iConnect and Set Role = Region Waiver Workstream Worker. Click **Go**.

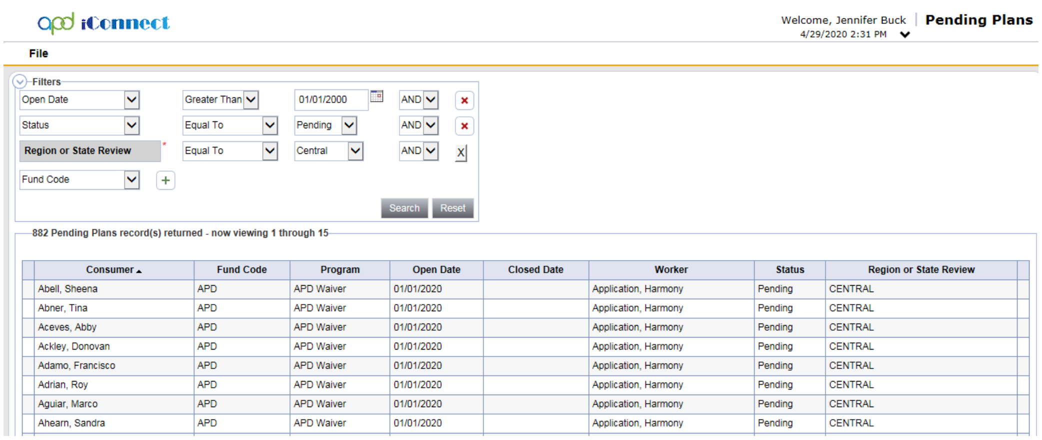
6. Find the consumer's Panel and click on the link for Plans with Status = Pending. Click on the **Pending** link to open the Plans queue. Skip to step 9.



7. To monitor all plans that require review by region, from **My Dashboard**, Under the Tasks panel, select **My Management**, then **Pending Plans**.

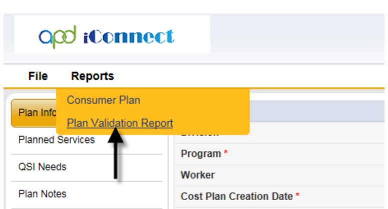


8. The Pending Plans queue defaults to display plans with a status of Pending and requires the reviewer to select a Region search filter. Select Search to display the plans that require review for the selected region.



9. From the Plans queue, select the plan to open the Plan Information page.

10. View the Plan Validation Report. In the **Plan** Record > from the **Reports** menu in the toolbar select > **Plan Validation Report**.



11. The Report opens in a new window. View the most current validation and validation history.

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Plan Validation Report

Consumer:	Violet Sheppard	**Program:**	APD Waiver
Case No:	10172	**Plan Start Date:**	7/1/19
Division:	APD	**Plan End Date:**	6/30/20

Current Validation Results

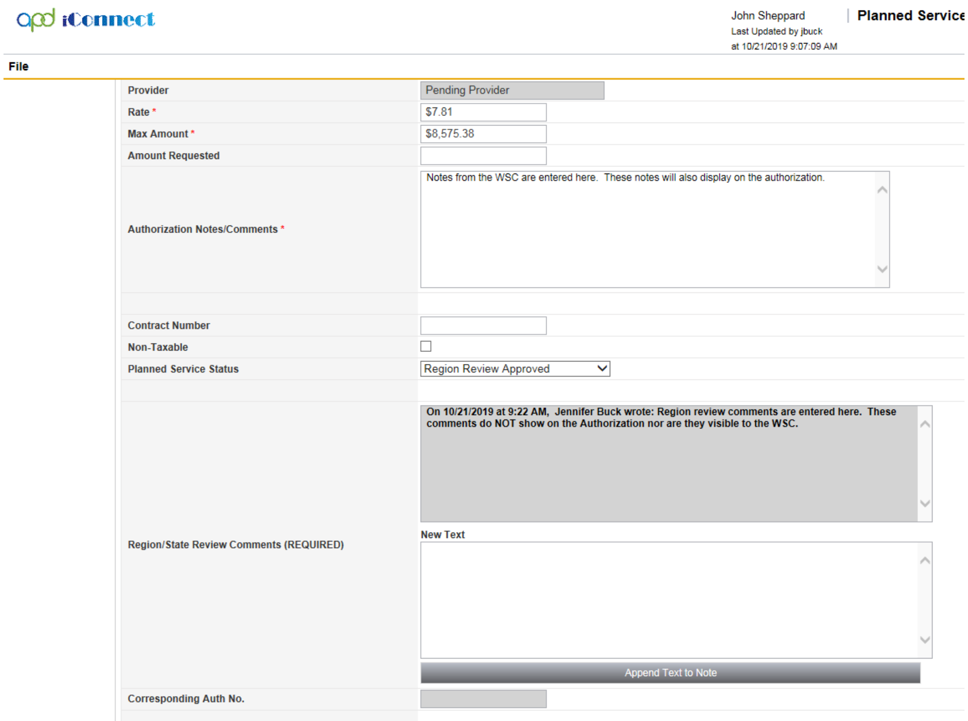
Service	Proposed	Problem(s)
n/a	n/a	• All initial plans require Regional review. • This consumer does not have a consumers budget linked.
(4270) Support Coordination	Units Per: 1.00 Units of Measure: Month - Round Up Total Units: 12.0000 Total Cost: $1,784.28	• The planned services are not allowed to be prior dates.

Validation History

Validation Date Time	User	Action	Reason
3/7/19 10:41 AM	Jennifer Buck	Failed - View Report	

12. Complete the Region review for each Planned Service that failed Validation and requires Region review.
    a. If the service is approved, change the **Planned Service Status** = Region Review Approved.
    b. If the service is partially approved, edit the planned service details to decrease the max amount. Change the **Planned Service Status** = Region Review Partially Approved
    c. If the service is Denied, change the **Planned Service Status** = Region Review Denied. The Region Reviewer will send a Note to the WSC with details of the Denied services and the WSC will Delete the denied planned services from the Plan. Proceed to section Services Not Approved.

13. Enter a supporting comment in the **Region/State Office review Comments (REQUIRED)** field. Select **Append Text to Note.**



14. Enter any comments that need to display on the authorization into the **Authorization Notes/Comments** field, in addition to the existing comments from the WSC.

15. Click **File** > **Save and Close Planned Service**.

16. The reviewer will complete this process for all planned services that require region review.

17. When the Region review is complete, and if there are no services that require State Office review, route the plan back to the WSC. The Region reviewer will update the following fields on the **Plan Information** Page:
    a. Change the **Worker** from the Region Reviewer to the WSC, to route this plan to the WSC's My Dashboard > Consumer Plans Queue for review.

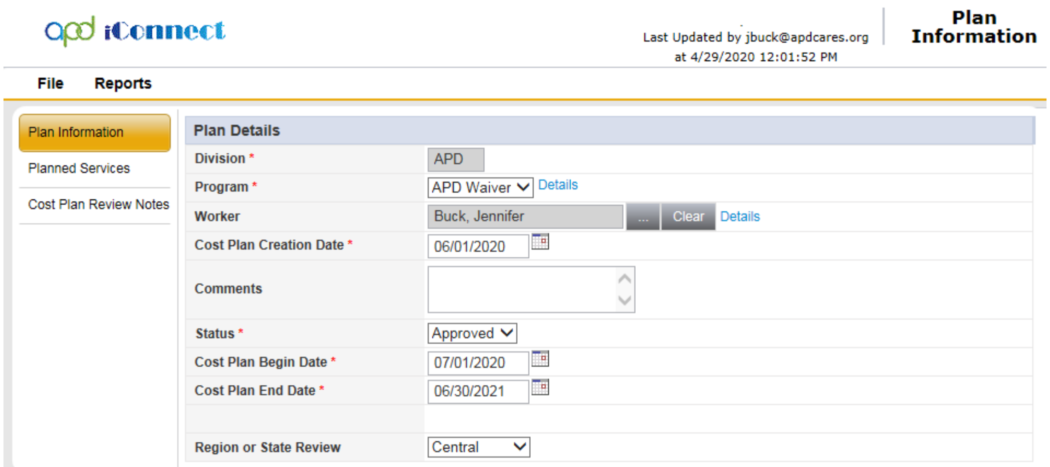
    b. Change the **Plan Status** from Pending to Approved. When the Plan Status = Approved, the plan is read only but authorizations can still be created for plans that pass validation.
    NOTE: The overall cost plan is approved, but there may be some planned services in the cost plan that were partially approved and therefore reduced or denied.

    c. Region or State Review: can remain as is. No changes are needed.

18. On the **Plan Information** Page, select **File** > **Save and Validate Plan.**

19. The Plan will pass validation if no services were denied. Proceed to section Create Authorizations.

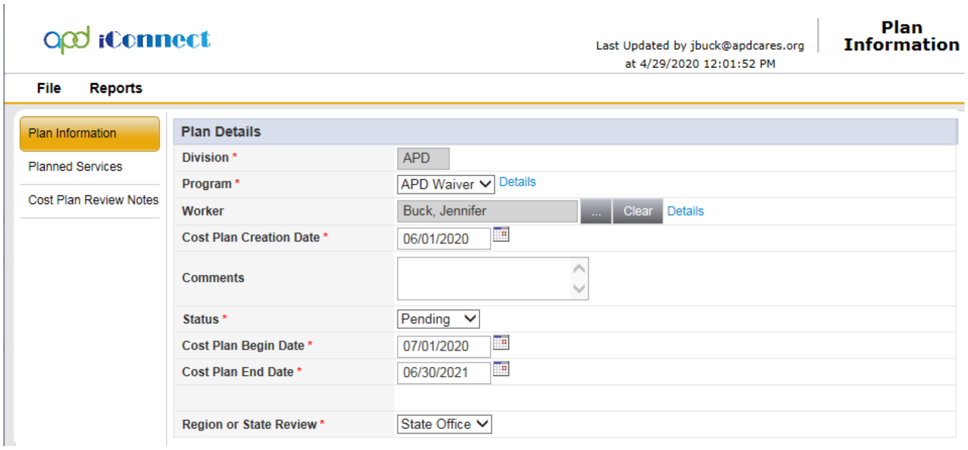
20. The Plan will not pass validation if services were denied. The WSC will delete the denied planned service before the plan will pass validation. Proceed to section Services Not Approved.



21. If there are services that require State Office review, route the plan to State Office reviewer. The Region reviewer updates the following fields on the Plan Information page:
    a. Change the **Worker** from the Region reviewer to the WSC.
    b. Keep the **Plan Status** as Pending.
    c. Region or State Review: change to State Office

22. Click **File** > **Save and Close Plan**

23. Proceed to section State Office review.



State Office Review

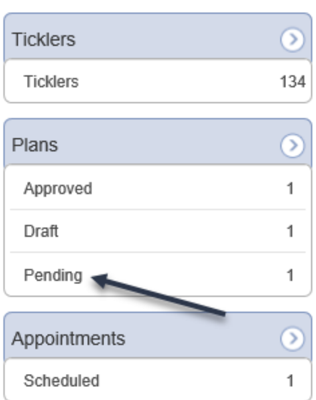
1. The plan failed has validation and requires State Office review for one or more services. The WSC or the Region Reviewer has Updated the APD waiver Plan with Status = Pending and Region or State Review = State Office.

2. The State Office reviewer will monitor his/her **My Dashboard** for new Pending Plans.

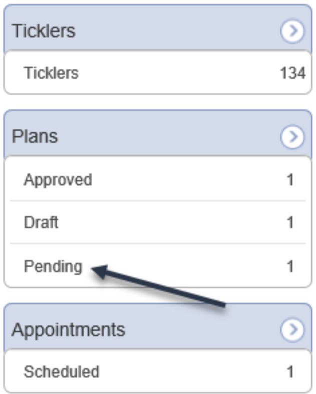
3. To do so, log into iConnect and Set Role = State Office Process Owner. Click **Go**.

4. Find the consumer's Panel and click on the link for Plans with Status = Pending. Click on the **Pending** link to open the Plans queue.

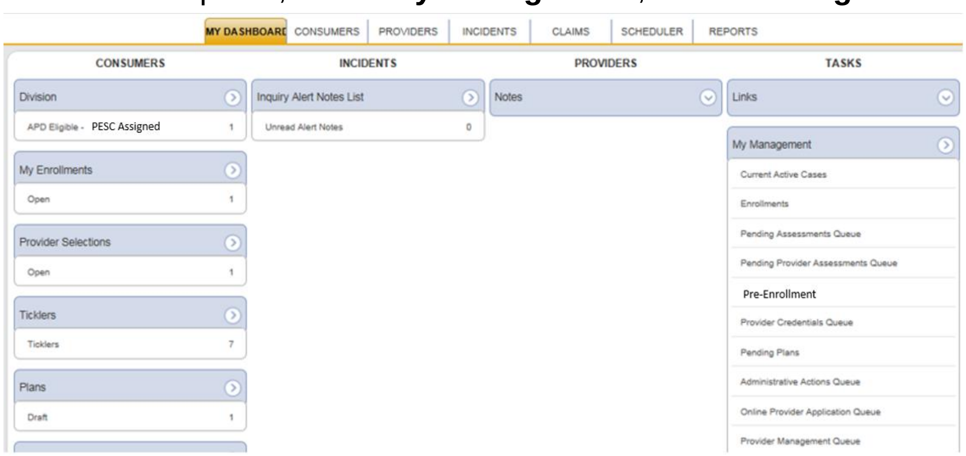
    a. If there are none, proceed to step 6, locating all plans waiting for State Office review.



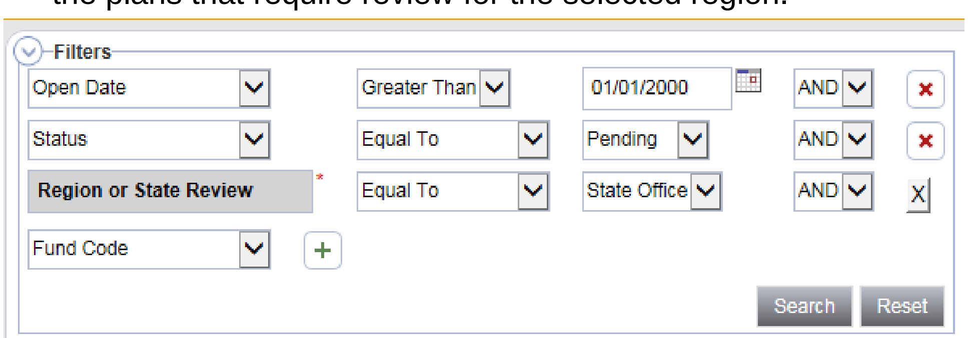
5. Find the consumer's Panel and click on the link for Plans with Status = Pending. Click on the **Pending** link to open the Plans queue. Skip to step 8.



6. To monitor all plans that require State Office review, from **My Dashboard**, Under the Tasks panel, select **My Management**, then **Pending Plans**.



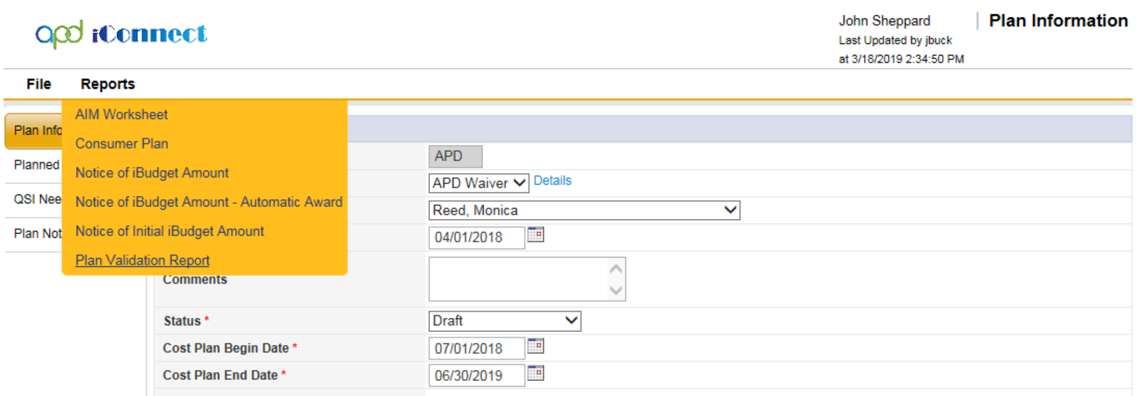
7. The Pending Plans queue defaults to display plans with a status of Pending and requires the reviewer to select a State Office search filter. Select Search to display the plans that require review for the selected region.



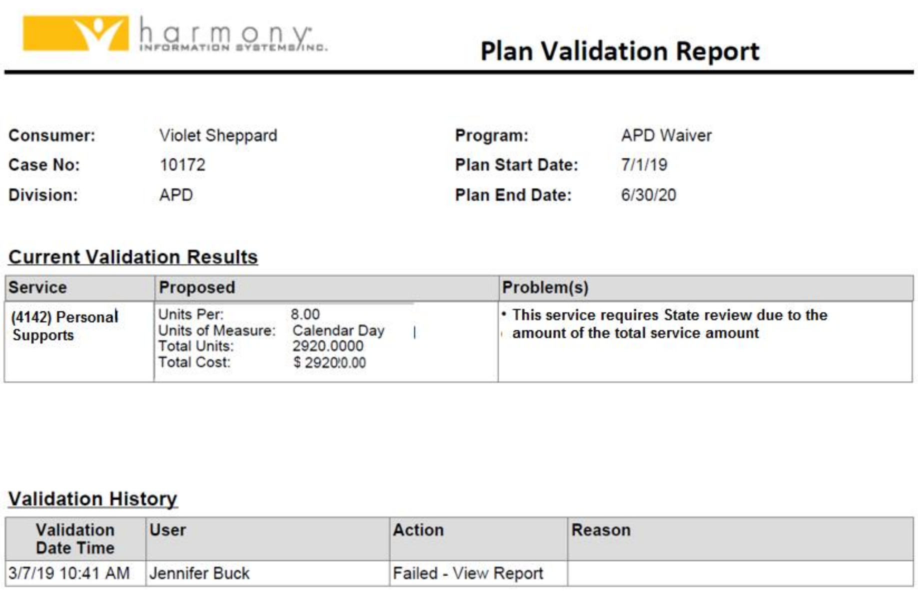
8. From the Plans queue, select the plan to open the Plan Information page.

9. In the Plans queue, open the Plan Record.

10. View the Plan Validation Report. In the **Plan** Record > from the **Reports** menu in the toolbar select > **Plan Validation Report**.



11. The Report opens in a new window. View the most current validation and validation history.



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Plan Validation Report

Consumer:	Violet Sheppard	**Program:**	APD Waiver
Case No:	10172	**Plan Start Date:**	7/1/19
Division:	APD	**Plan End Date:**	6/30/20

Current Validation Results

Service	Proposed	Problem(s)
(4142) Personal Supports	Units Per: 8.00 Units of Measure: Calendar Day Total Units: 2920.0000 Total Cost: $ 29200.00	• This service requires State review due to the amount of the total service amount

Validation History

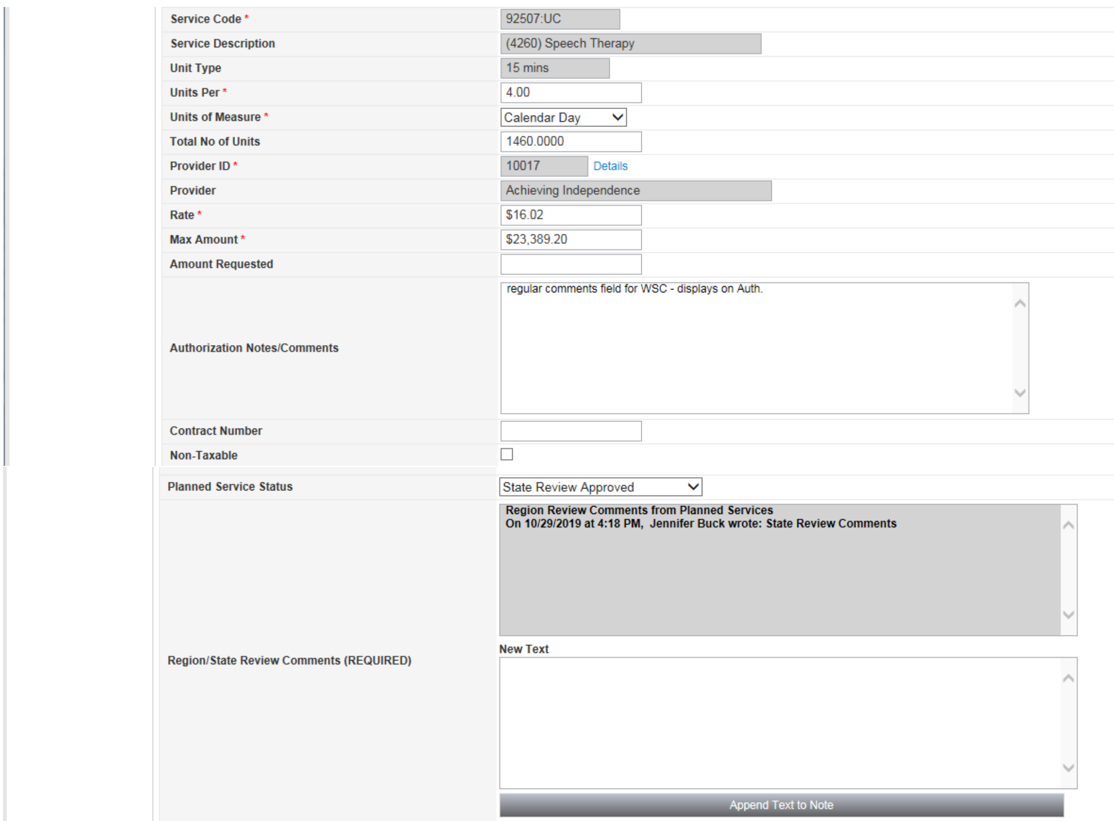
Validation Date Time	User	Action	Reason
3/7/19 10:41 AM	Jennifer Buck	Failed - View Report	

12. Complete the State Office review for each Planned Service that failed Validation and requires State Office review.
    a. If the service is approved, change the **Planned Service Status** = State Office review Approved.
    b. Enter supporting comments in the **Region/State Office review Comments** field. Select **Append Text to Note**.

c. Enter any comments that need to display on the authorization into the Comments field, in addition to the existing comments from the WSC and/or Region.

d. If the service is partially approved, edit the planned service details to decrease the max amount. Change the **Planned Service Status** = State Office review Partially Approved.

e. Enter supporting comments in the **Region/State Office review Comments** field. Select **Append Text to Note**.



Service Code *	92507:UC
Service Description	(4260) Speech Therapy
Unit Type	15 mins
Units Per *	4.00
Units of Measure *	Calendar Day
Total No of Units	1460.0000
Provider ID *	10017 Details
Provider	Achieving Independence
Rate *	$16.02
Max Amount *	$23,389.20
Amount Requested	
Authorization Notes/Comments	regular comments field for WSC - displays on Auth.
Contract Number	
Non-Taxable	
Planned Service Status	State Review Approved
Region/State Review Comments (REQUIRED)	Region Review Comments from Planned Services On 10/29/2019 at 4:18 PM, Jennifer Buck wrote: State Review Comments New Text Append Text to Note

a. If the service is Denied, change the **Planned Service Status** = State Office review Denied. The State Office reviewer will send a Note to the WSC with details of the Denied services and the WSC will Delete the denied planned services from the Plan.

13. Click **File** > **Save and Close Planned Service**.

14. The reviewer will complete this process for all planned services that require State Office review.

15. When the State Office review is complete for all services that require State Office review, the State Office reviewer will route the plan back to the WSC.

16. The State office reviewer will update the following fields on the **Plan Information** Page:
    a. Change the **Worker** from the State Office reviewer to the WSC, to route this plan to the WSC's My Dashboard > Consumer Plans Queue for review.

    b. Change the **Plan Status** from Pending to Approved. When the Plan Status = Approved, the plan is read only but authorizations can still be created for plans that pass validation.

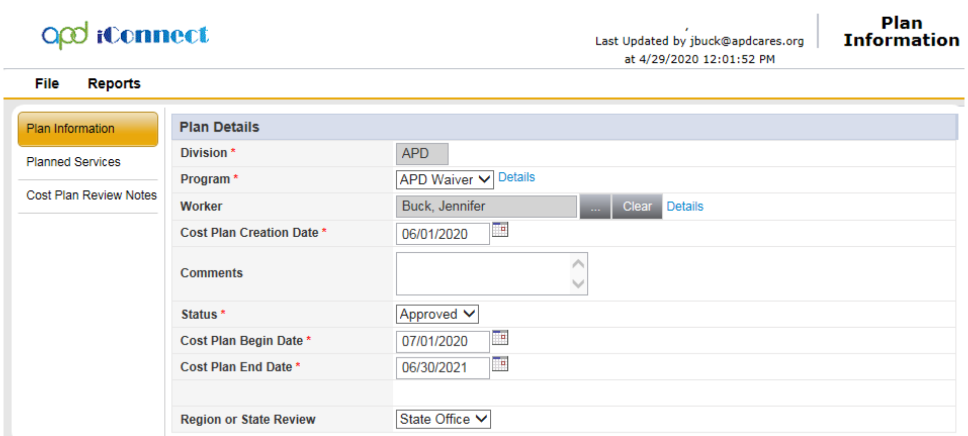
       NOTE: The overall cost plan is approved, but there may be some planned services in the cost plan that were partially approved and therefore reduced or denied.

    c. Region or State Review: can remain as is. No changes needed.

17. On the **Plan Information** Page, select **File** > **Save and Validate Plan.**

18. The Plan will pass validation if no services were denied. Proceed to section Create Authorizations.

19. The Plan will not pass validation if services were denied. The WSC will delete the denied planned service before the plan will pass validation. Proceed to section Services Not Approved.



Services Not Approved

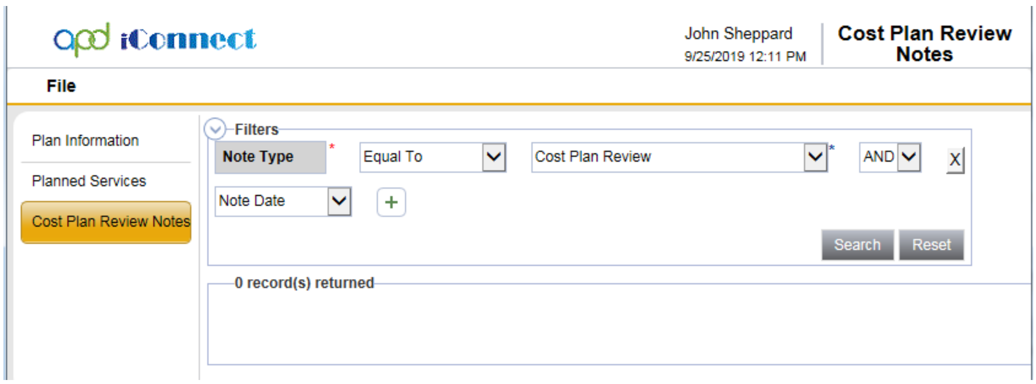
1. The WSC has submitted a plan for Region and/or State Office review and one or more planned services in the plan has been Denied.

2. The Region or State Office reviewer has changed the Planned Service Status for the service not approved to Region or State Office review Denied.

3. The Region or State Office reviewer will notify the WSC of the denied services via a Note and the WSC will delete the planned service from the plan so Plan Validation will pass, and authorizations can be created for the remaining approved services on the plan.

4. The Region or State Office reviewer will navigate to the consumer's record, click on **Plans** > select the **Plan** record to open the Plan Information subpage. Select the **Cost Plan Review Notes** subpage.

5. From the **File** menu > select **Add Note**:

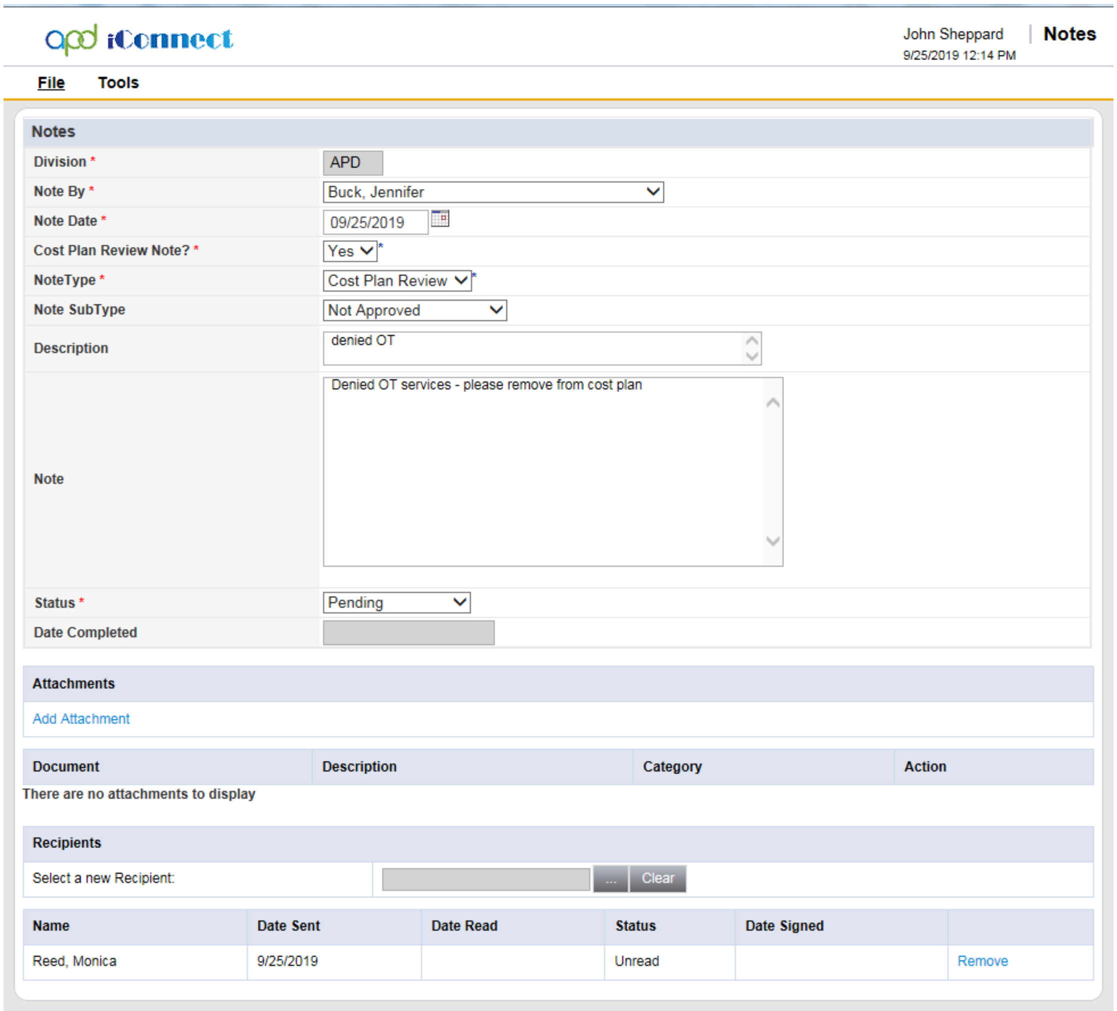


6. In the new Note record, update the following fields:
   h. Division = APD
   i. Note By = defaults to self
   j. Note Date = defaults to today
   k. Cost Plan Review Note = Yes
   l. Note Type = Cost Plan Review
   m. Note Subtype = Not Approved
   n. Note = Explain why Plan is not approved
   o. Status = Complete or Pending if a response has been requested from the WSC.
   p. Route the Note to the appropriate WSC/Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

      In the event the full cost plan is not approved, route the Note to the appropriate Region staff.

      The Region Staff will issue a notice and check if the Consumer exercises Due Process.

7. When finished, click **File > Save and Close Notes.**



8. The WSC will monitor My Dashboard for incoming Notes and review the Cost Plan Review > Not Approved Note.

9. The WSC will navigate to the consumer's record and delete the denied planned services from the cost plan.

10. Proceed to section Remove Planned Services.

11. When the full cost plan is not approved, The Region Staff will monitor My Dashboard for incoming Notes. After reviewing the note, the regional staff issue a notice and check if the Consumer exercises Due Process.

12. To issue the notice, from the consumer's **Demographics** tab, click on the **Word Merge** menu and generate the appropriate notice.

13. In the Word Merge preview screen, click **Open Document** to open the letter in Microsoft Word. Edit and print the document. Then save it to your computer.

14. Back in the Word Merge preview screen, click **Upload and Save to Note** > select the appropriate document to attach to the Note record. In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Cost Plan Review
    c. Note Subtype = Not Approved
    d. Status = Complete

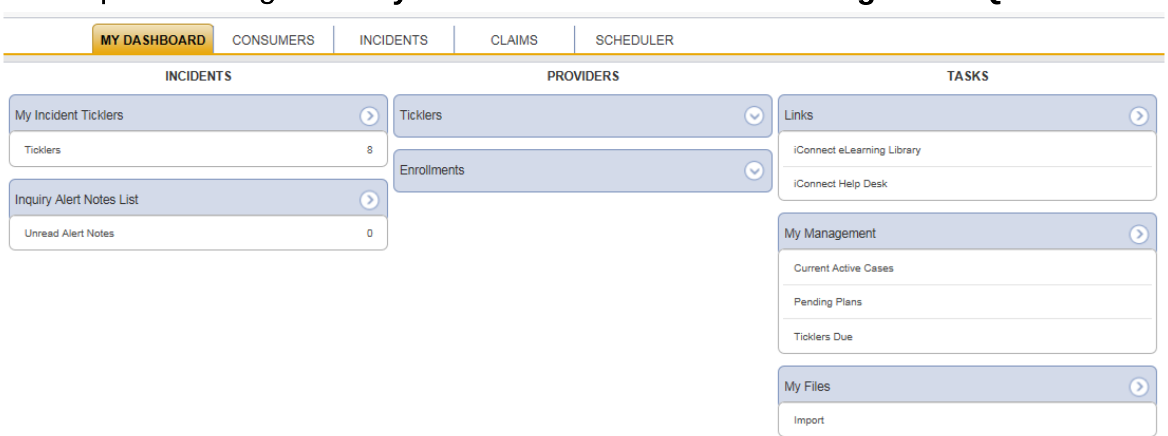
15. When finished, click **File > Save and Close Note**

Create Authorizations

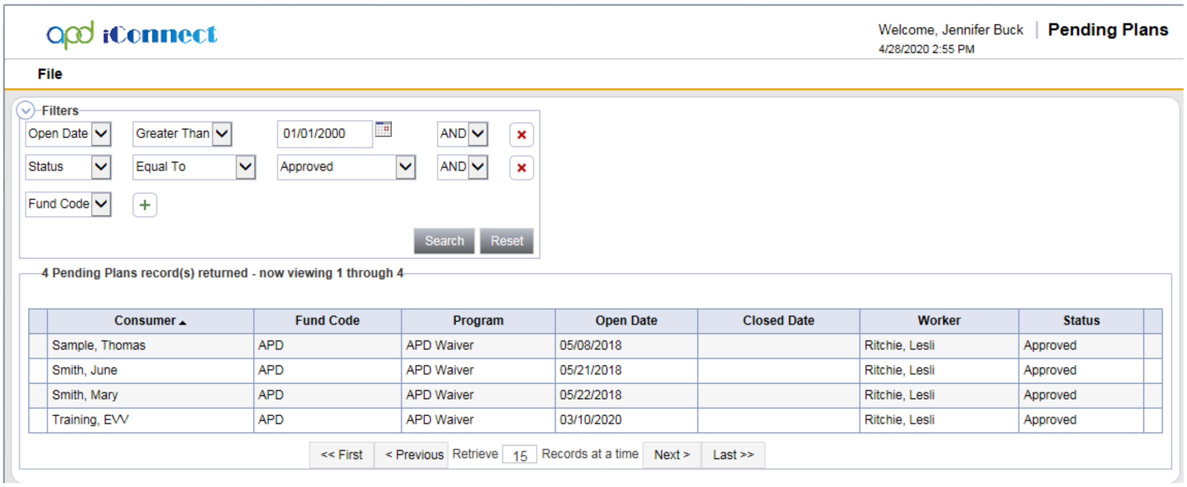
1. Once the Planned services have passed Plan validation or have been reviewed by the Region or State Office reviewer and approved, the Create Authorization option will be visible to the user. The WSC will create the authorizations.

2. If the plan passed validation and did not require Region or State Office review, skip to step 6.

3. The WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



4. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans.

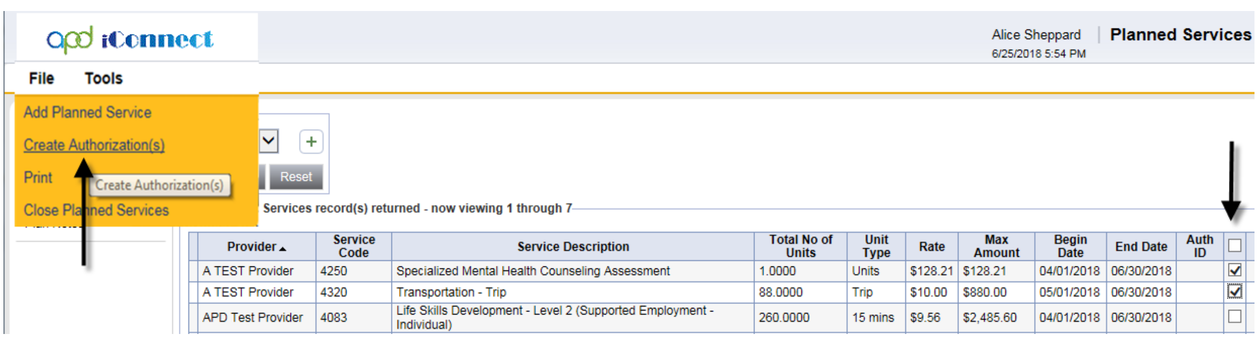


5. Select one of the plans from the queue. The Plan Information page displays.

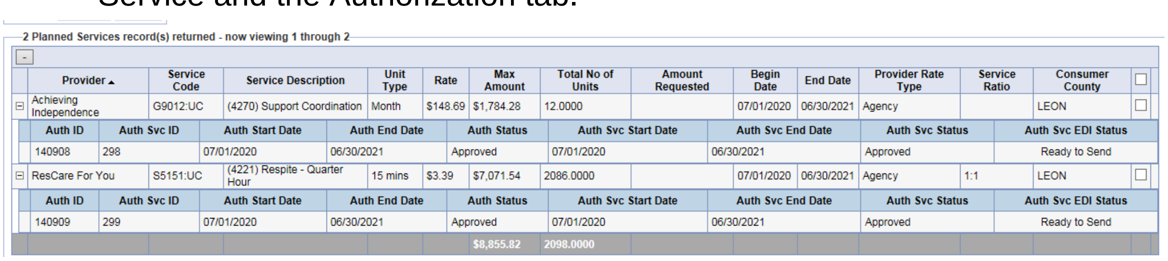
6. Click the **Planned Services** subpage.

7. Add a check next to each **Planned Service** that has been validated and is ready to be pushed to an Authorization.

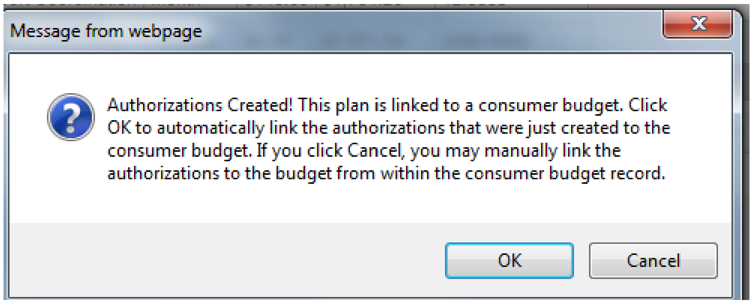
8. Click **File** > Create Authorizations.



9. The message Authorization Created will display if operation was successful and an Auth ID will be assigned. The details of the Authorization are visible on the Planned Service and the Authorization tab.



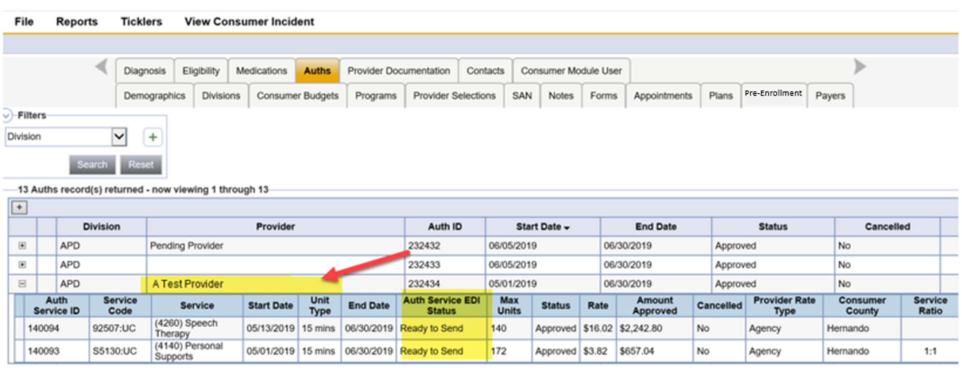
10. The message also describes the plan is linked to a budget and the application will automatically link these authorizations to the budget.



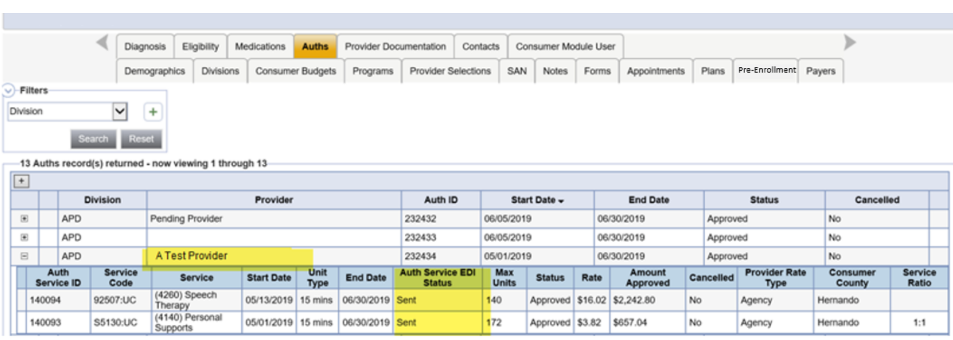
Authorization Interface

1. Navigate to the **Authorization** tab to view your newly created Auth.

2. Once you locate your Auth, click on the expansion row that shows the auth information & view the **Auth EDI Status = Ready to Send**

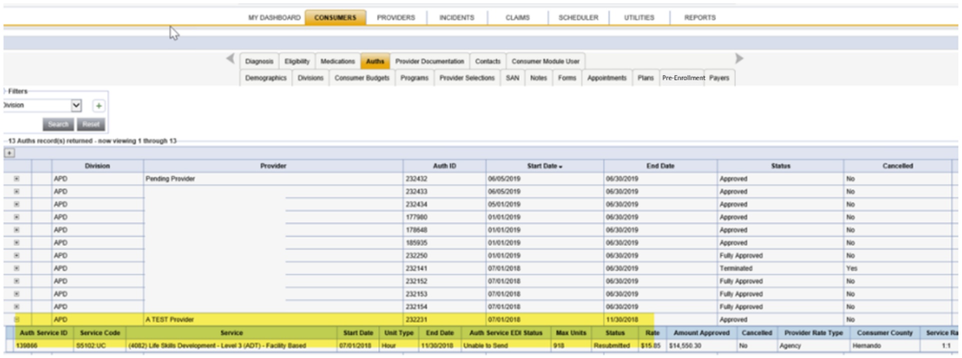


3. The Authorization interfaces are scheduled to run at least daily. The **Auth Service EDI Status** is updated.



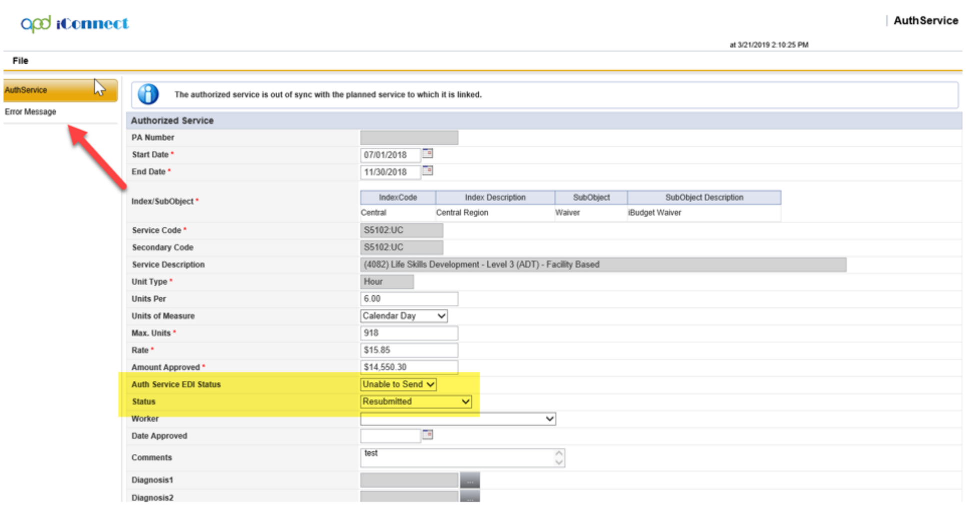
4. When the **Auth response** comes back from **FMMIS**, the system again updates the **Auth Status**, **Auth Service Status** and **Auth Service EDI Status**.

5. If there was an issue with sending the Auth to **FMMIS,** the **Auth Service EDI Status** will be updated to **Unable to Send.**

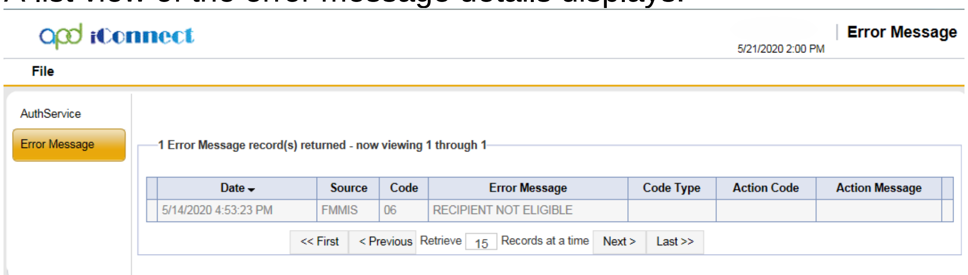


6. **Reasons an Auth is unable to send:**
   - Waiver Consumer Medicaid ID is blank
   - Max amount cannot be 0.00
   - Unit cost cannot be 0.00
   - Waiver Consumer does not have Active Medicaid Eligibility record
   - Provider ID not Active

7. For authorizations that are rejected or unable to send, the reason is visible on the **Error Message** subpage on the Auth Service details page.

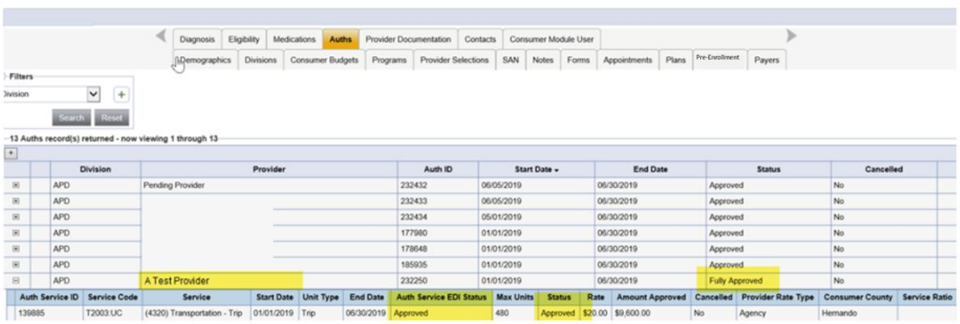


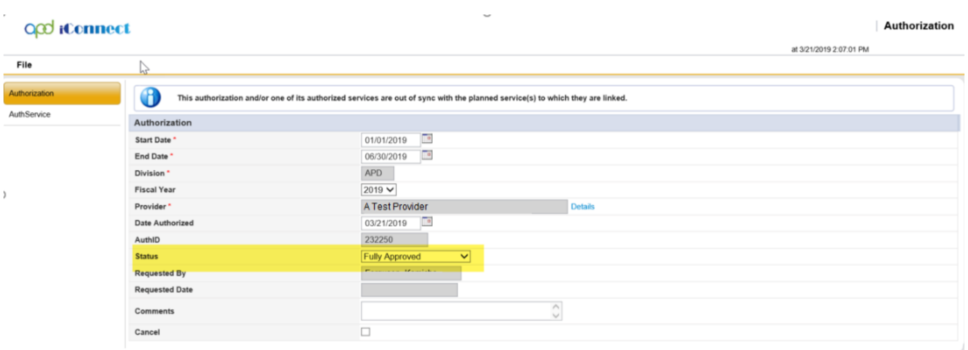
8. A list view of the error message details displays.

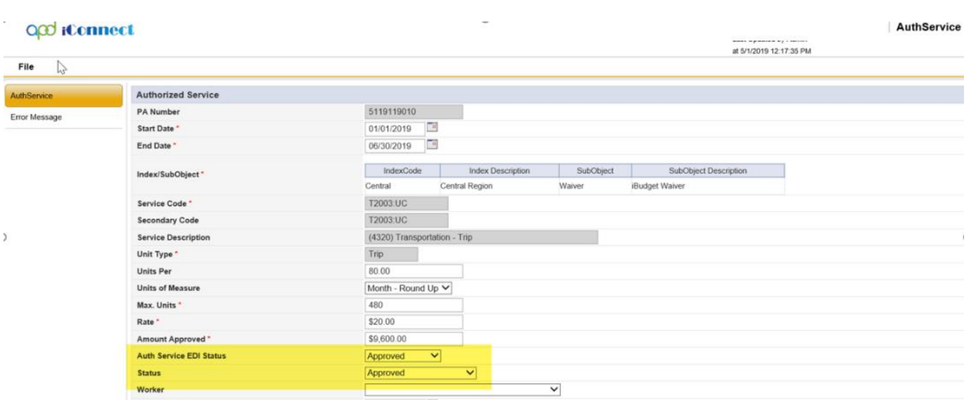


Authorization Service Approved

1. Example of an **Approved Auth**





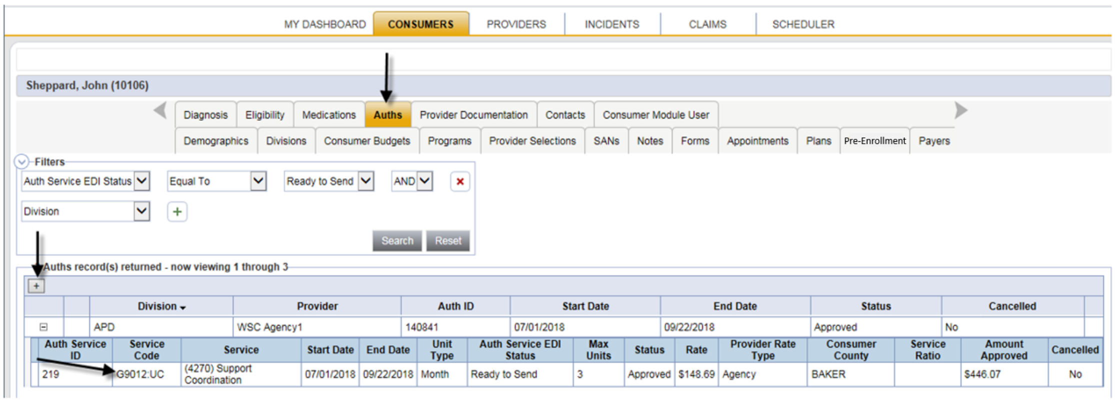


Print the Authorization

1. To print the authorization, navigate to the Authorizations tab.

2. Locate the Authorization and select the + link to display the AuthService detail.

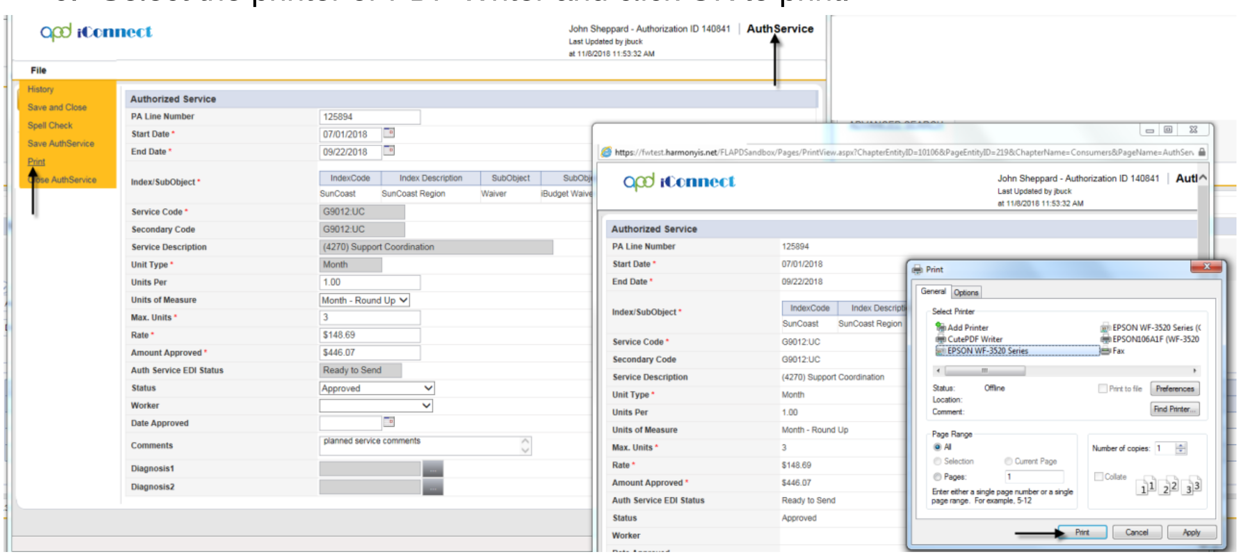
3. Select the authorized Service.



4. From the toolbar, click File > Print.

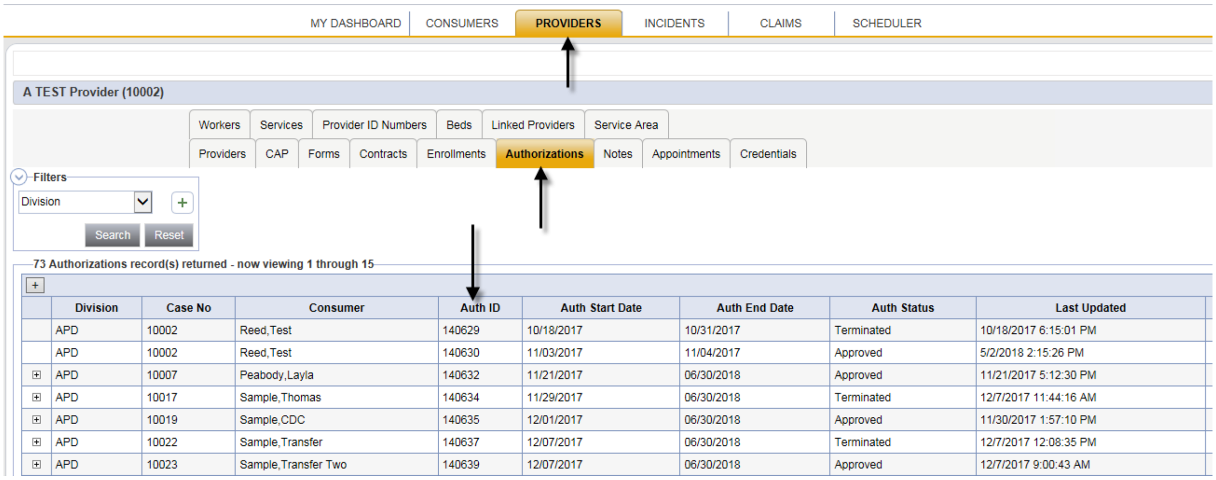
5. A separate window opens and a print dialog window.

6. Select the printer or PDF Writer and click OK to print.



7. The Auth Service detail page can now be closed.

8. When the service providers are live in iConnect, they will be able to log into iConnect and view the authorizations associated to their provider record.



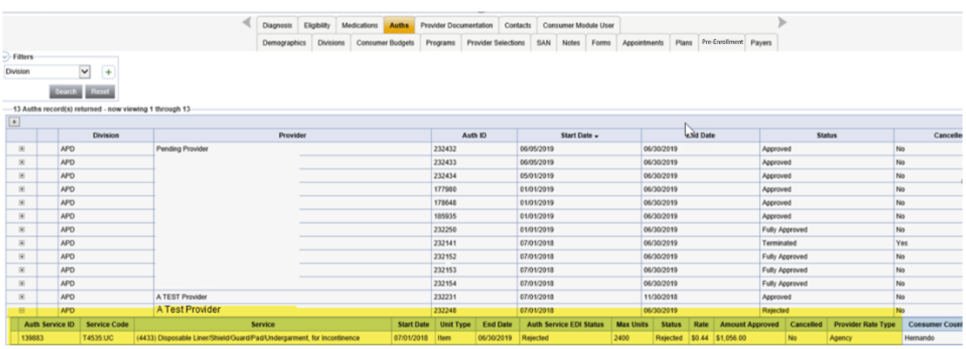
Authorization Service Rejected

1. FMMIS may reject all or some of the services on an authorization. If all services on the authorization are rejected the FMMIS Auth interface will change the Auth Status to Rejected.

2. If one or more services on the authorization are rejected but at least one is approved, the FMMIS Auth interface will change the Auth Status to Partially Approved.

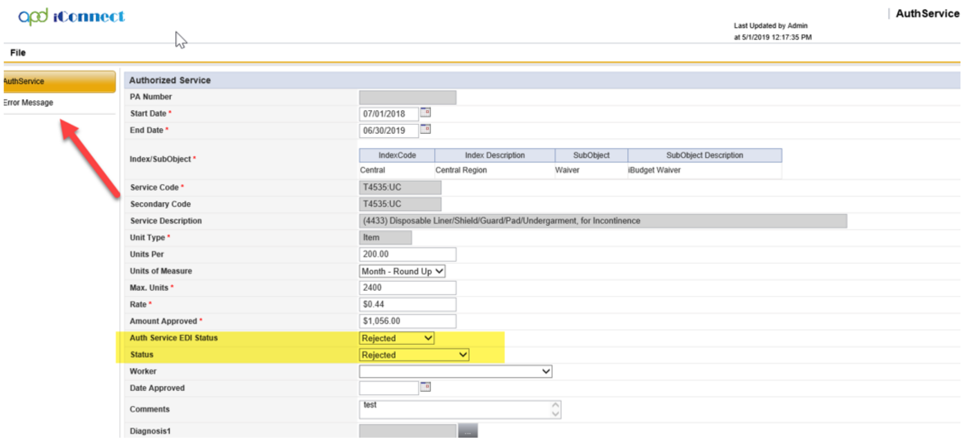
3. The next steps the WSC take depends on the reason for the rejection.

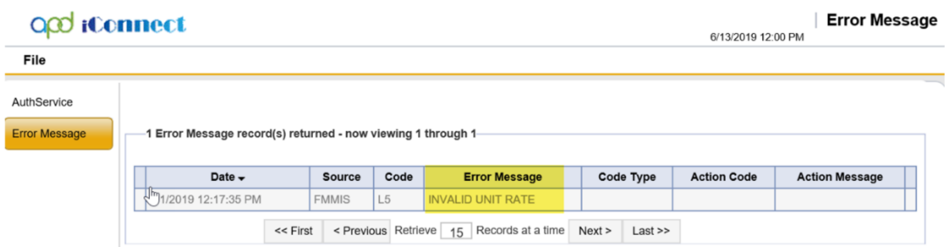
4. The reason for the rejection is visible on the Authorization. Navigate to the Authorization tab and selected the rejected authorization.



5. The Authorization details page displays. Select the Auth Service subpage. The Auth Services list view displays.

6. Select the Auth Service. The Auth Services Details page displays. Click the **Error Message** subpage to view the Error Message from FMMIS.





Do Not Correct the Rejection

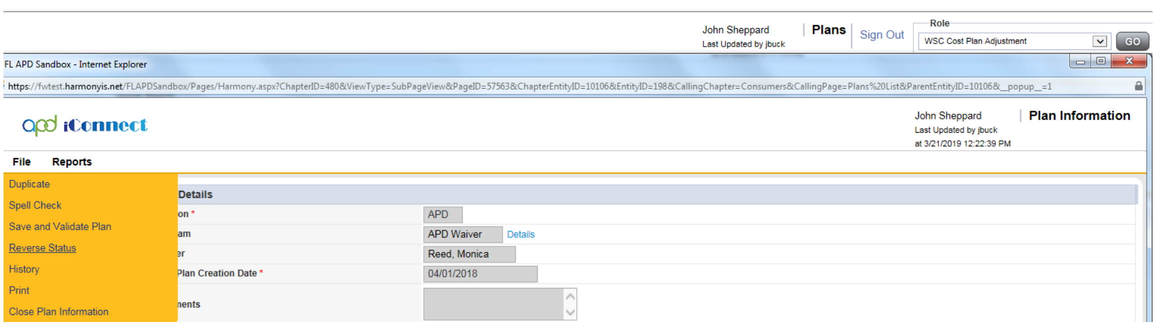
1. If the WSC will not correct the rejection, then the planned service and associated auth service will be zeroed out.

2. The plan has already been validated and reviewed by the Region and/or State, the plan status is approved, and the plan is read only. The WSC will need to reverse the status of the plan before updating the service.

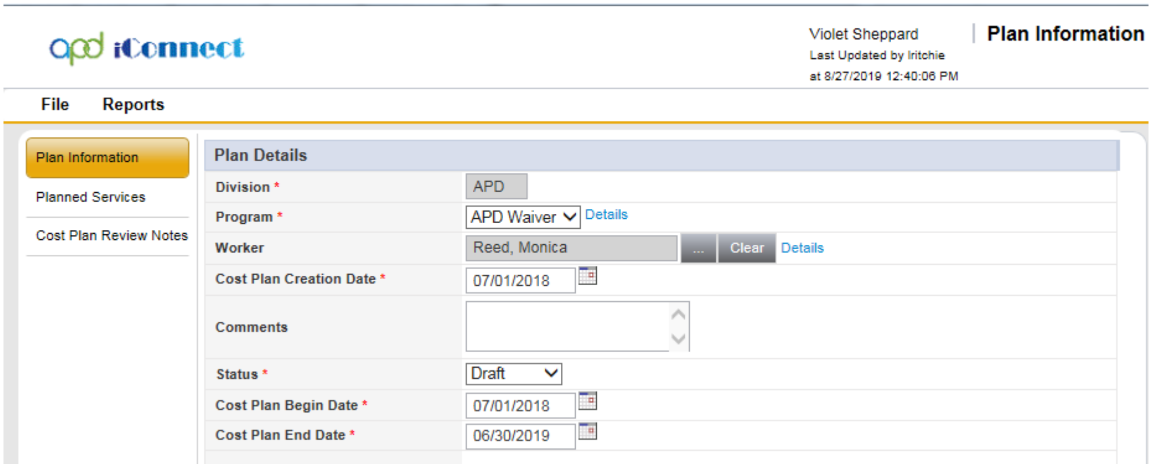
3. To do so, the WSC must use the WSC Cost Plan Adjustment Role.

4. Select the APD waiver Plan record with status = Approved. The Plan Information Page displays.

5. Click **File** > **Reverse Status**.



6. The record is now editable, and the **Plan Status** equals Draft.



7. Click **File** > **Save Plan**.

8. Click the **Planned Services** subpage.

9. Select the planned service that needs to be changed to open the details page. Update the following fields:
   a. Total No of Units = change to 0 which will change Max Amount to $0.
   b. Planned Service Status = Do Not Change.

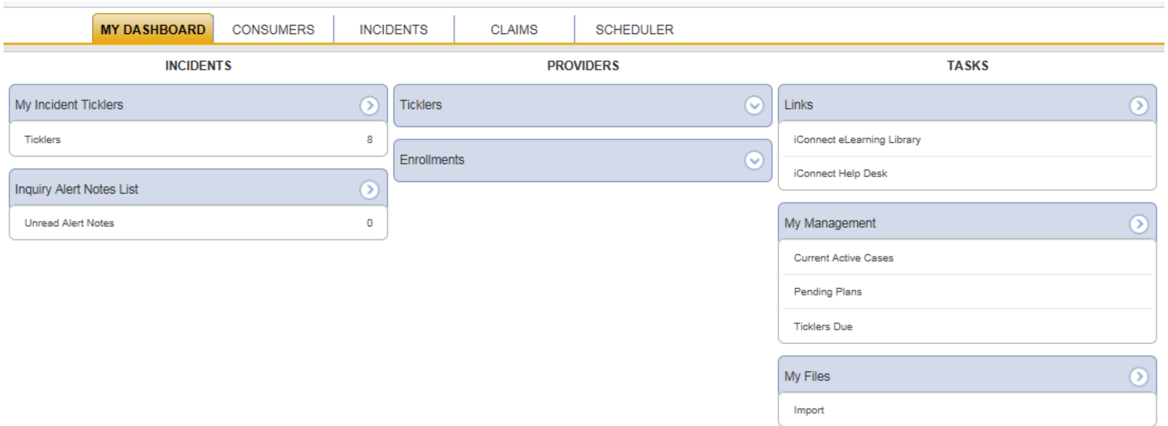
10. When finished, select **File > Save and Close Planned Service.**

11. Complete Plan Validation. The edited planned service must pass plan validation.

12. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 16.

13. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

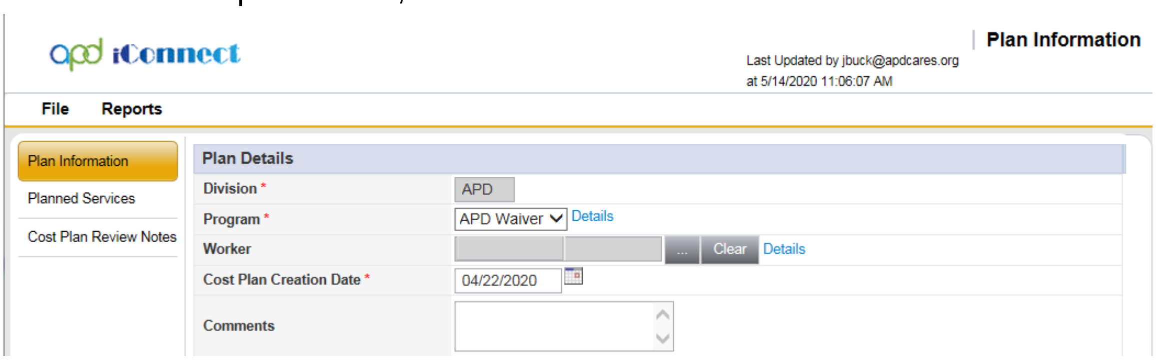
14. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



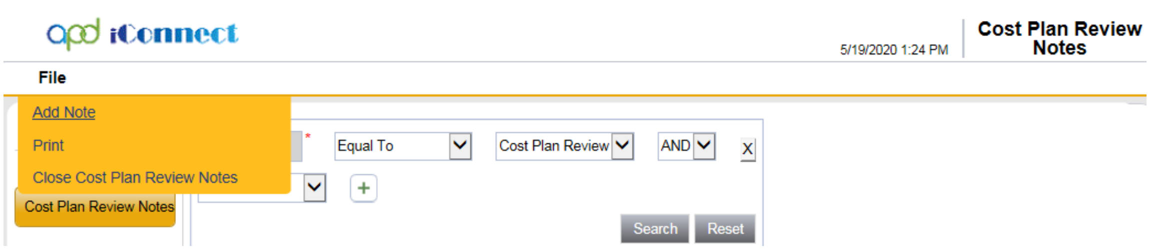
15. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

16. The WSC will add a Note assigned to the Region Worker notifying them to manually update the auth service so the dollars from the rejected authorization are credited back to the consumer's budget.

17. From the plan record, the WSC will select the **Cost Plan Review Notes** subpage.



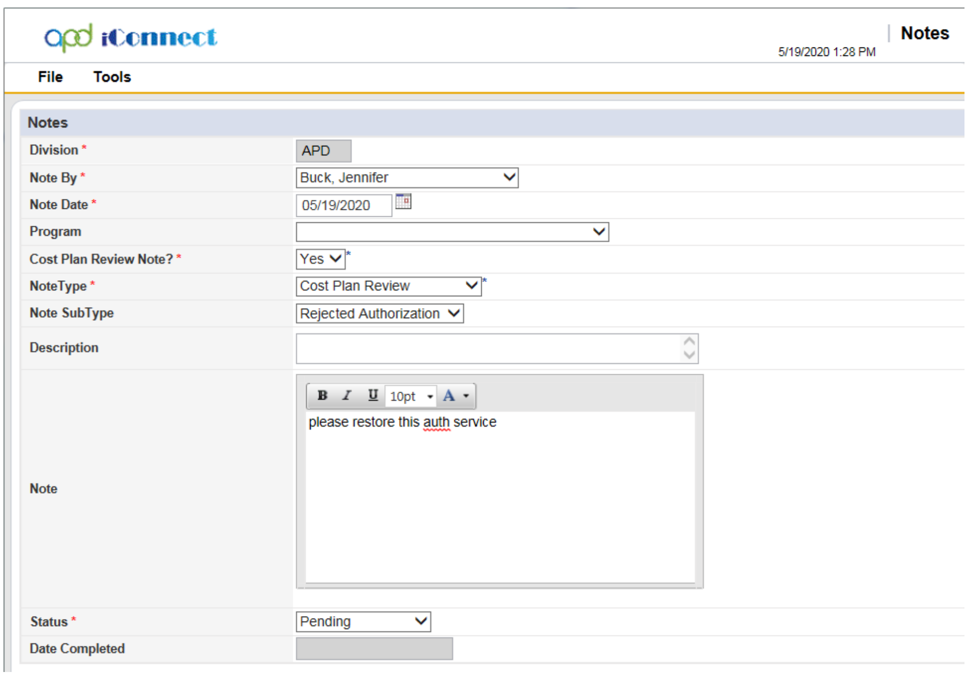
18. From the **File** menu, select **Add Note**.



19. In the new Note record, update the following fields:

a. Division = APD
b. Note By = defaults to self
c. Note Date = defaults to today
d. Cost Plan Review Note = Yes
e. Note Type = Cost Plan Review
f. Note Subtype = Rejected Authorization
g. Note = Describe the request
h. Status = Pending
i. Route the Note to the appropriate Region Waiver Worker or Lead by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

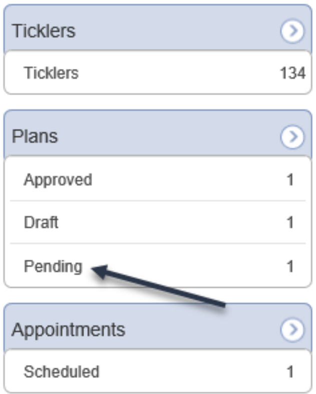
20. When finished, click **File > Save and Close Notes**



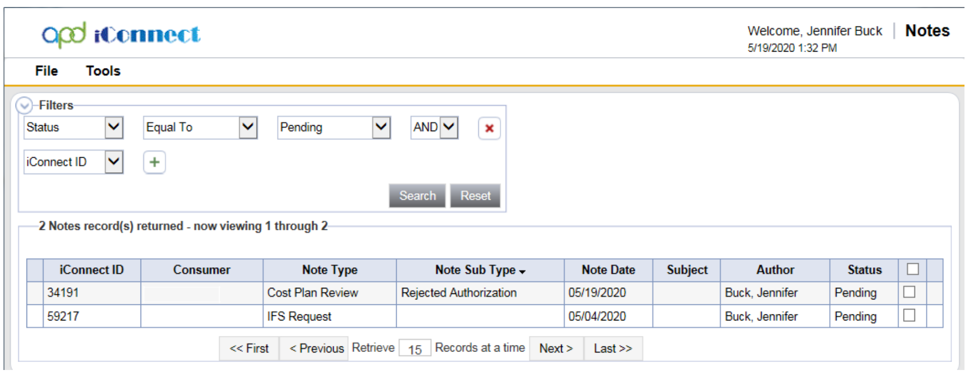
21. The Region staff will monitor their **My Dashboard** for new Pending Note records.

22. To do so, log into iConnect and set Role = Region Waiver Workstream Worker OR Region Waiver Workstream Lead. Click **Go.**

23. Find the consumer's Panel and click on the link for Notes with Status = Pending. Click on the **Pending** link to open the Notes Queue:



24. In the Notes Queue, open the Note record with Note Type = Cost Plan Review and Note Subtype = Rejected Authorization



25. Review the contents of the Note to understand the request then close the note.

26. Navigate to the consumer record and select the **Auths** tab.

27. Select the authorization and then the auth service that needs to be updated. The Auth Service Details page displays. Update the following fields:
    a. Max Units = change to zero which changes the Amount Approved to zero.
    b. Auth Service EDI = remains Rejected
    c. Auth Service Status = remains Rejected.

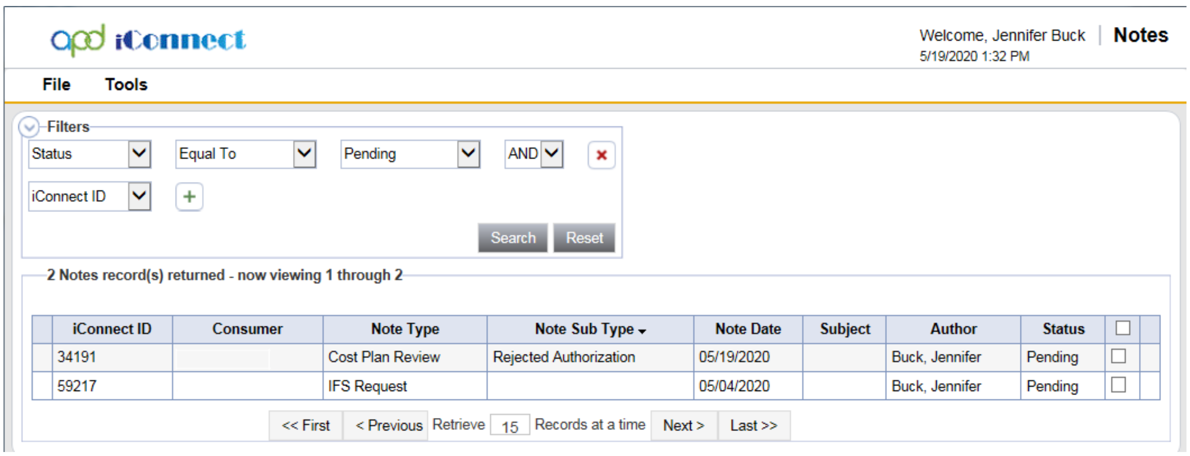
28. From the **File** menu, select **Save and Close.**

29. The authorization is updated manually instead of using the Update Auth functionality from the Planned Service page. This is because you do NOT want the rejected

auth service to be sent to FMMIS again. FMMIS has already rejected this auth service, the WSC chose not to correct it. The Auth statuses will remain Rejected.

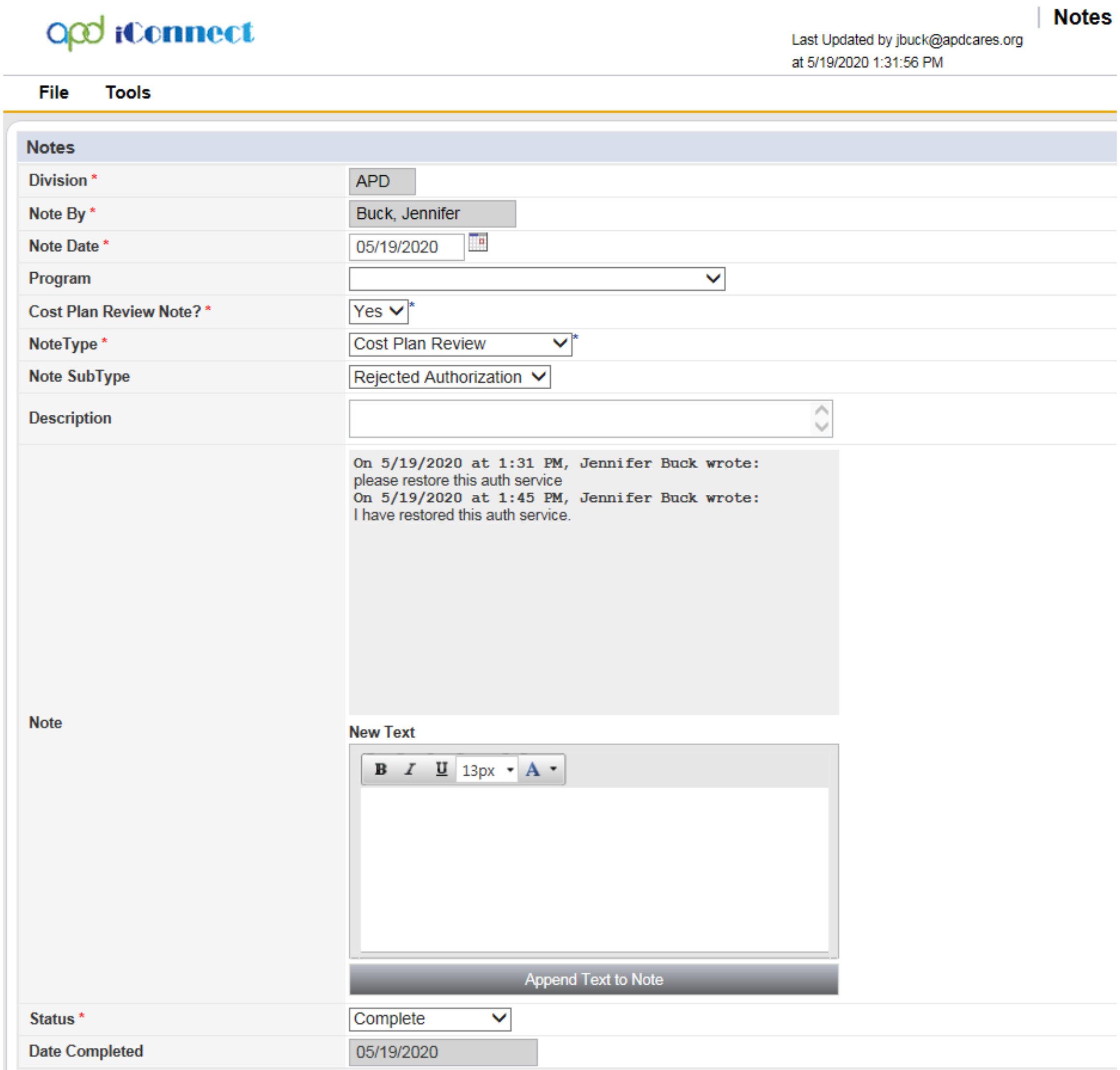
30. The authorization will remain linked to the budget. When the auth service amount is updated, the application automatically updates the amount unauthorized on the consumer budget. This is when the dollars are credited back to the consumer's budget.

31. Notify the WSC the auth service has been updated by updating the Cost Plan Review note. From the Cost Plan Review Notes subpage in the plan record, select the Cost Plan Review Note with SubType = Rejected Authorization.



32. The Note Details page displays. Update the following fields.
    a. Note = describe the update that was completed and select Append Text to Note.
    b. Status = Complete
    c. Route the Note to the WSC by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

33. From the **File** menu, select **Save and Close Note**.



34. The WSC will monitor My Dashboard for incoming notes and notification the update is complete, but no further action is needed. The planned service and the auth service are both updated.

Update the Planned Service to Correct the Rejection

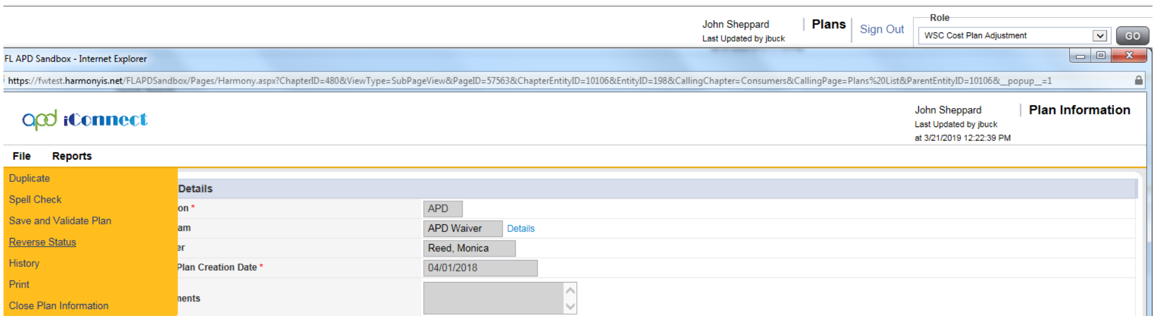
1. If the planned service needs to be updated to correct the rejection, the WSC will update the planned service, the updated plan must pass validation, and then the authorization will be updated.

2. The plan has already been validated and reviewed by the Region and/or State, the plan status is approved, and the plan is read only. The WSC will need to reverse the status of the plan before updating the service.

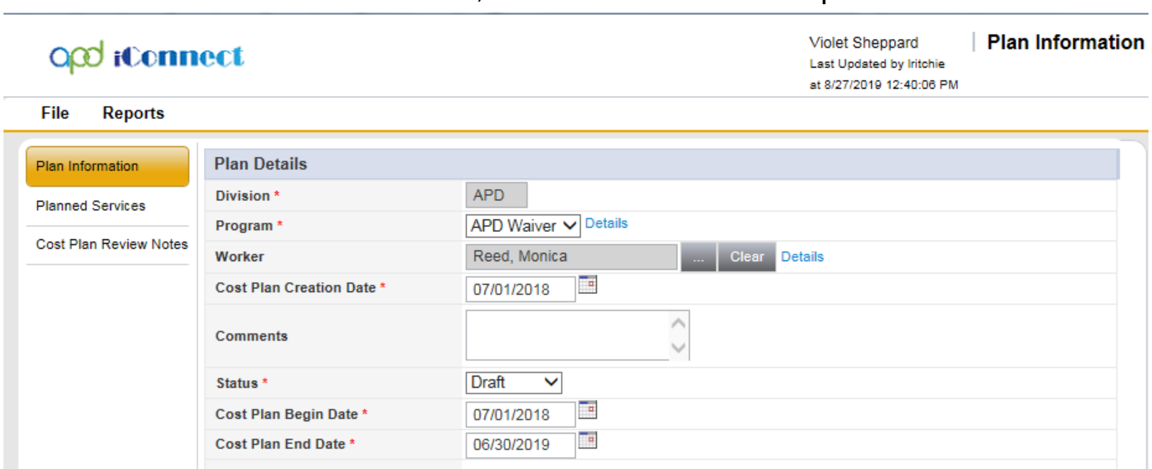
3. To do so, the WSC must use the WSC Cost Plan Adjustment Role.

4. Select the APD waiver Plan record with status = Approved. The Plan Information Page displays.

5. Click **File** > **Reverse Status**.



6. The record is now editable, and the **Plan Status** equals Draft.



7. Click **File** > **Save Plan.**

8. Click the **Planned Services** subpage.

9. Select the planned service that needs to be updated to display the Planned Service Details page. Update the following fields:
   a. This varies depending on the rejection reason
   b. Planned Service Status = Do Not Change.

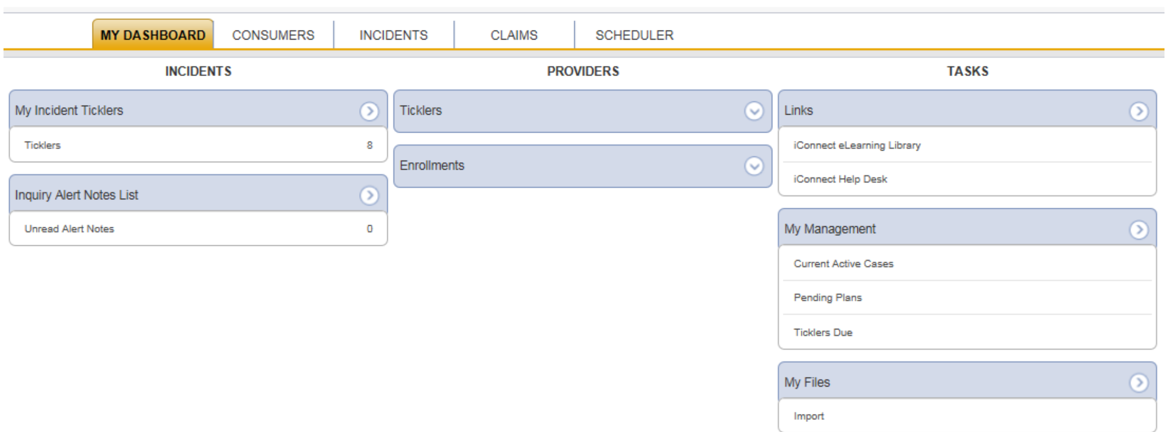
10. When finished, select **File > Save and Close Planned Service.**

11. Complete Plan Validation. The edited planned service must pass plan validation.

12. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 16.

13. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

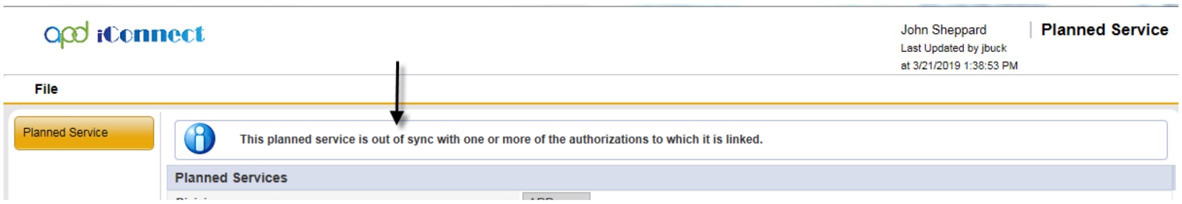
14. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



15. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

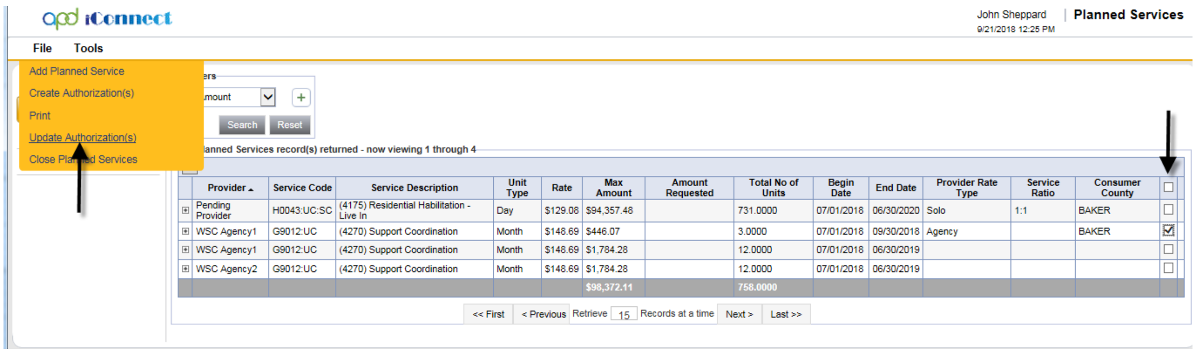
16. Navigate to the Planned Services subpage.

17. Once the edited planned service has passed validation, the changes must also be made to the authorization using the **Update Authorization** functionality in iConnect. On the planned services details page, a message will display to the user until this update is completed.



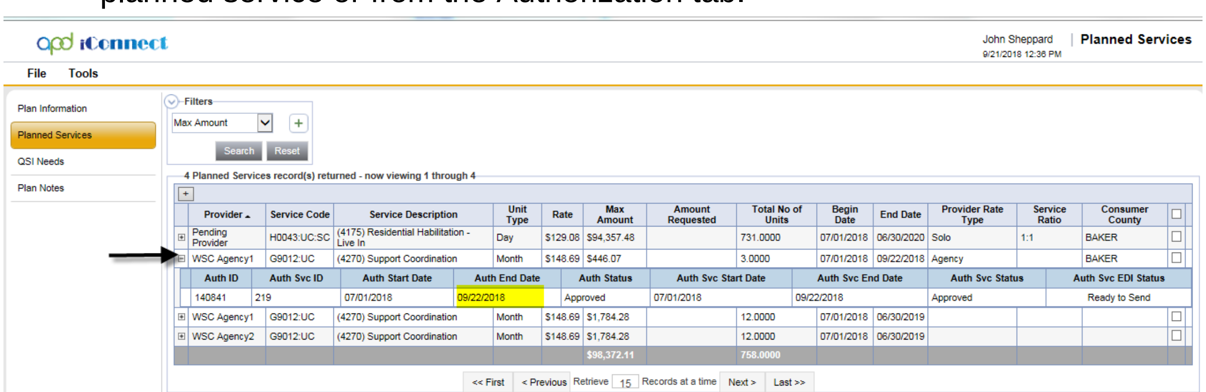
18. Click the checkbox next to the planned service that was updated.

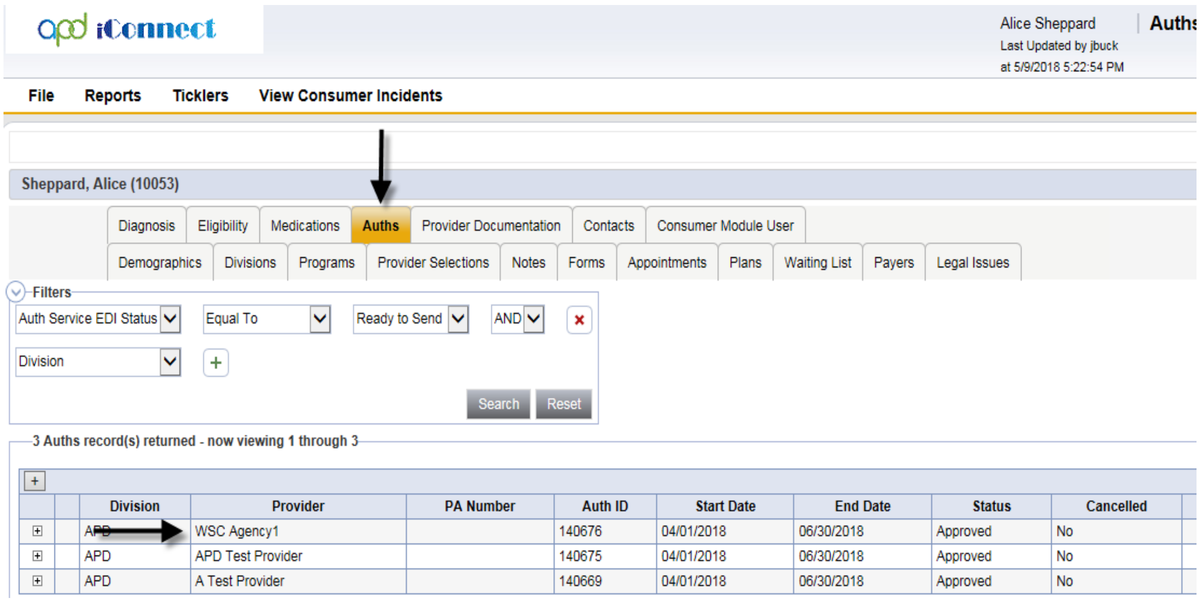
19. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.



20. The application automatically updates the authorization that is linked to the budget.

21. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.





22. The Update Authorization functionality in iConnect will reset the Auth Svs EDI Status back to Ready to Send so the updates will be sent to FMMIS via the authorization interface. Proceed to Authorization Interface section.

Update the Consumer or Provider Record to Correct the Rejection (i.e. invalid Provider ID)

1. To correct a rejection by updating data on the consumer's or provider's record, the WSC will work with the appropriate parties for the corrections to be made. Once complete, the WSC will trigger the authorization to be sent back to FMMIS for approval, using the Update Auth functionality on the plan record.

2. The WSC is notified the corrections to the consumer and/or provider record have been made.

3. Navigate to the consumer record and select the Plans tab.

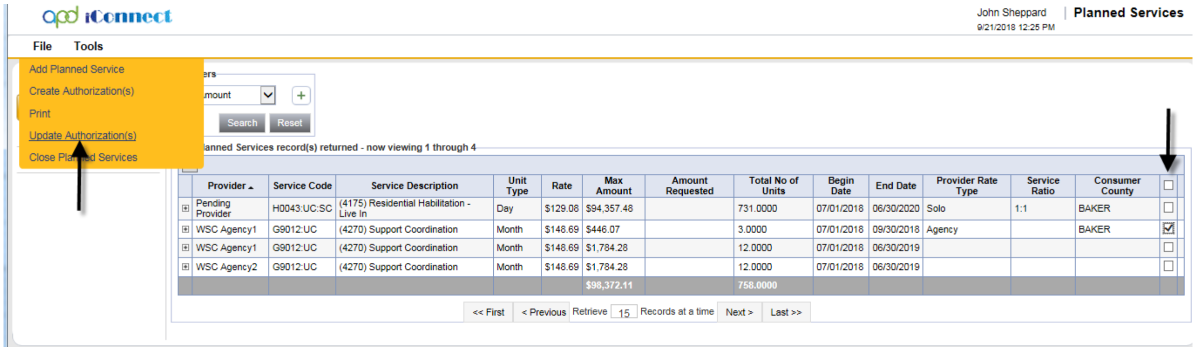
4. Select the approved plan to display the Plan Information page.

5. The WSC does not make any changes to the plan record.

6. Select the Planned Services subpage.

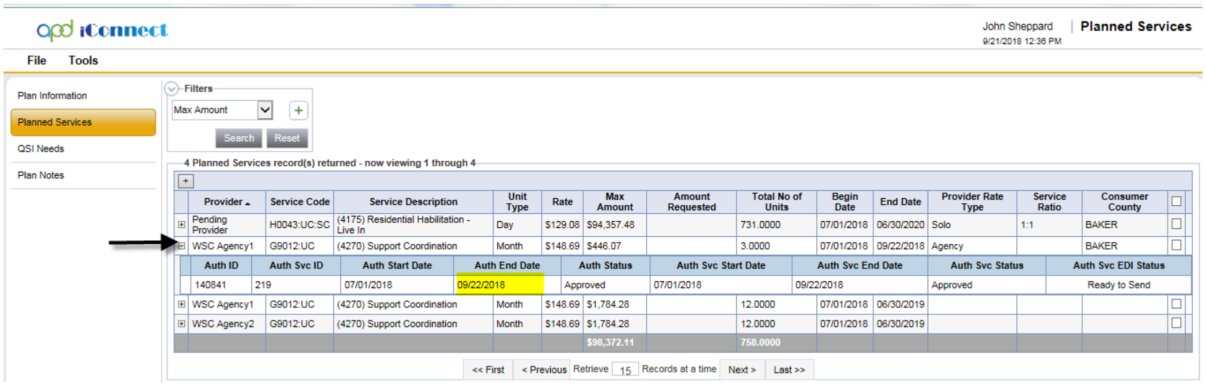
7. Click the checkbox next to the planned service that needs to be resent to FMMIS.

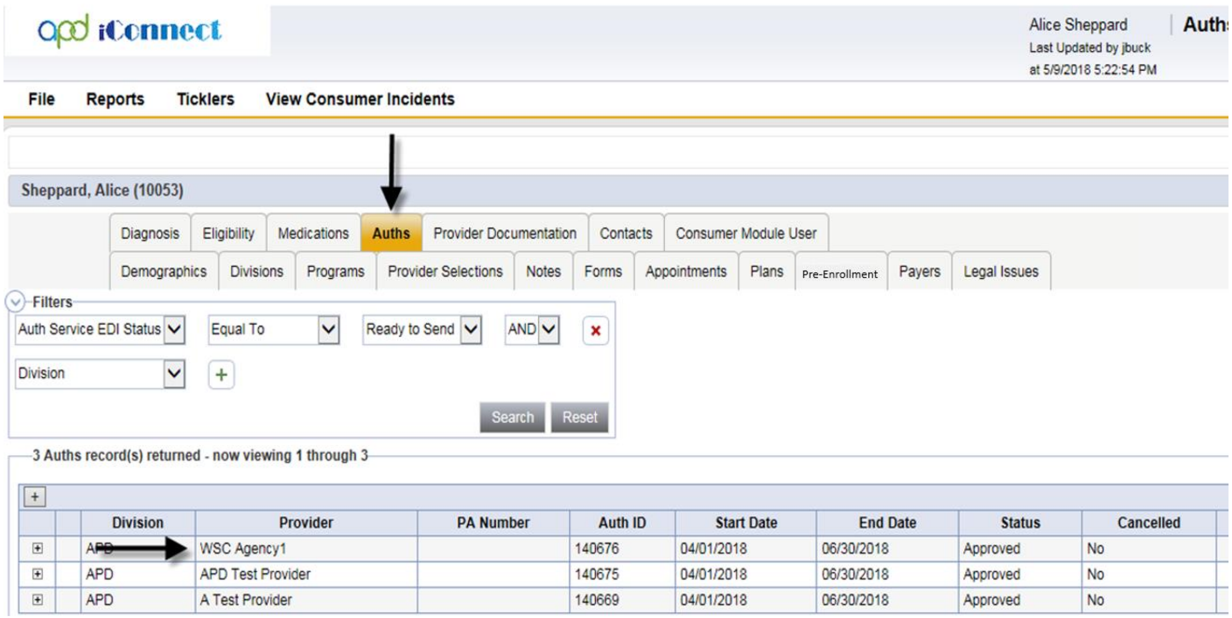
8. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated.



9. Because no changes were made to the planned service, no changes are made to the authorization that is linked to the budget and the dollars are still deducted from the budget.

10. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.





11. The Update Authorization functionality in iConnect will reset the Auth Svs EDI Status back to Ready to Send so the updates will be sent to FMMIS via the authorization interface. Proceed to [Authorization Service Approved section.](#)

Add New Service to an Approved Plan

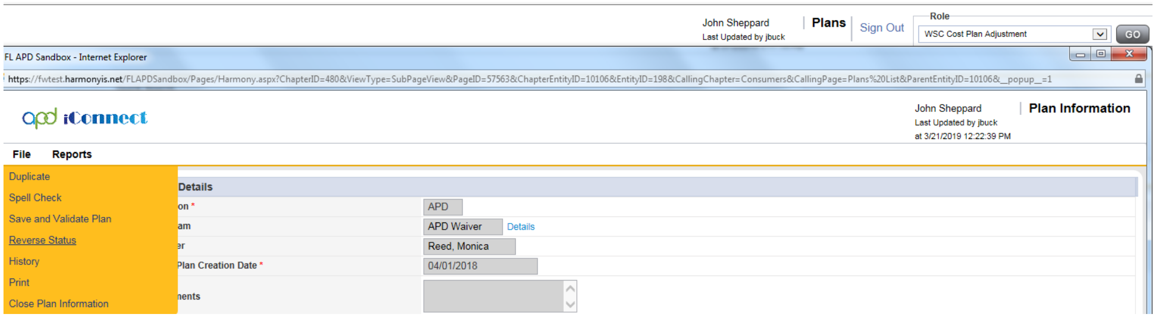
1. To add a new service to an approved plan, the user must add a new planned service, relink the plan to the budget, and pass validation.

2. The plan has already been validated and reviewed by the Region and/or State, the plan status is approved, and the plan is read only. The WSC will need to Reverse the Status of the plan before adding a new service.

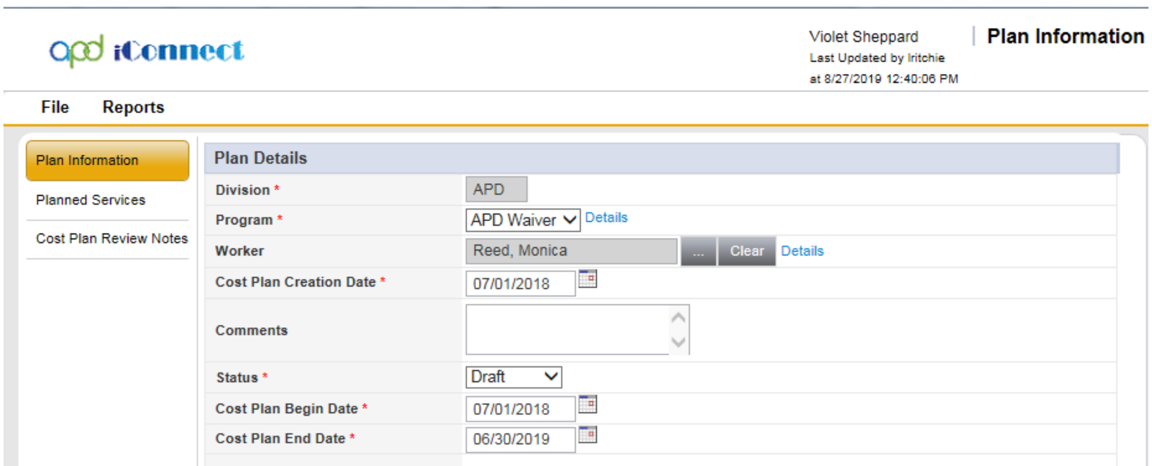
3. To do so, the WSC must use the WSC Cost Plan Adjustment Role.

4. Select the APD waiver Plan record with status = Approved. The Plan Information Page displays.

5. Click **File** > **Reverse Status**.



6. The record is now editable, and the **Plan Status** equals Draft.

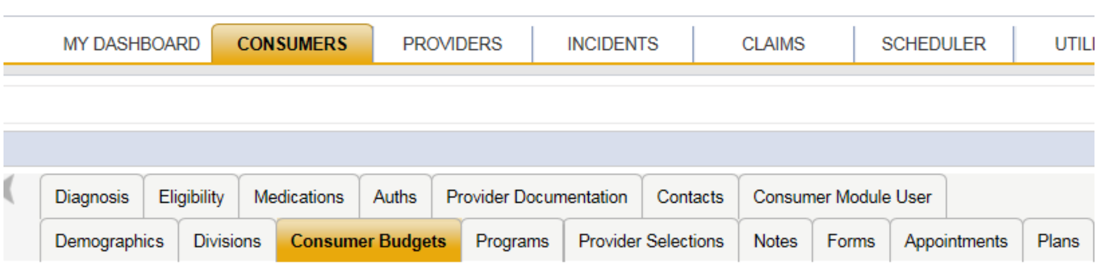


7. Click **File** > **Save Plan**.

8. Click the **Planned Services** subpage.

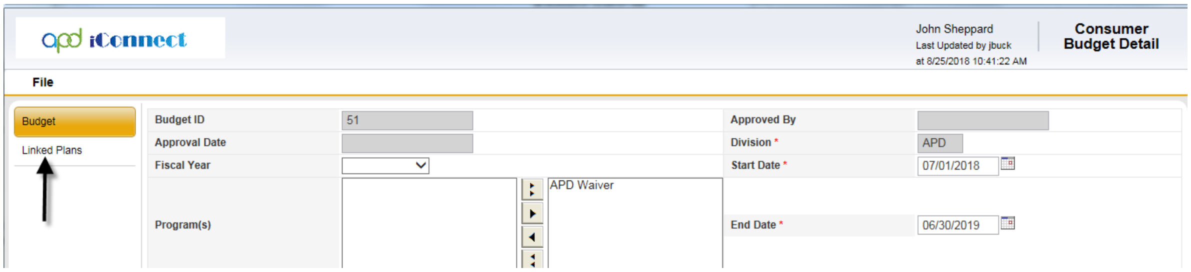
9. Proceed to [Add Planned Services section]() to add the new service.

10. Once the planned service has been added, navigate to the Consumer Budget tab to relink the updated plan to the budget.

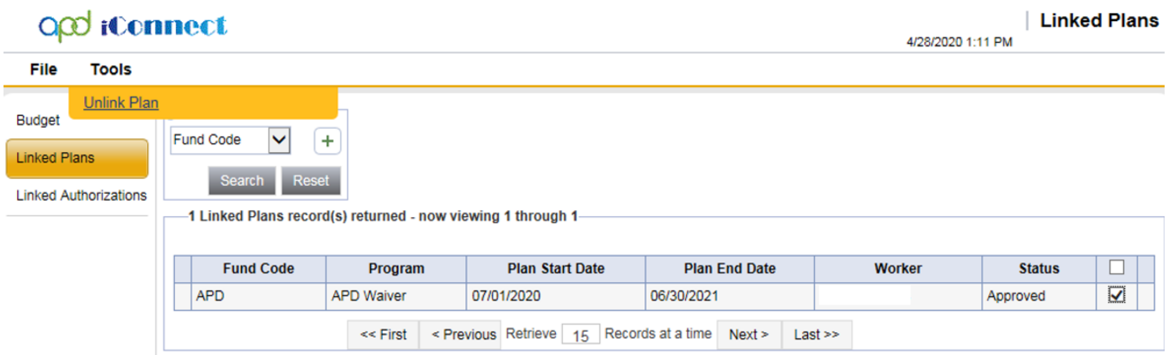


11. Select the current fiscal year's budget record. The Consumer Budget details page displays.

12. Select the **Linked Plans** subpage.

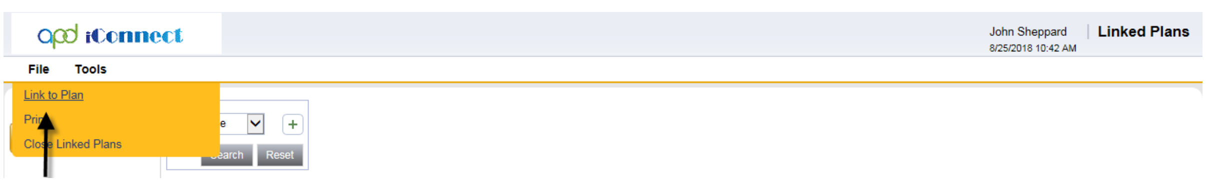


13. Select the **checkbox** next to the current fiscal year's plan. From the **Tools** menu, select **Unlink Plan**.

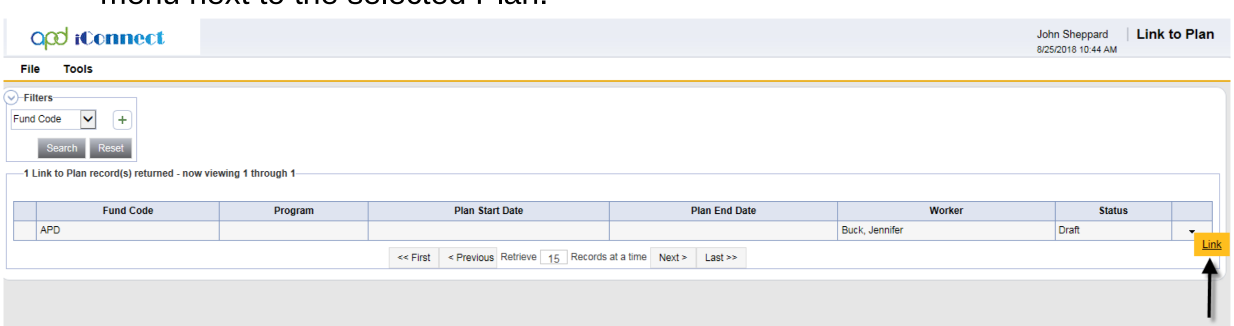


14. Unlink successful notification displays. Now, relink the plan.

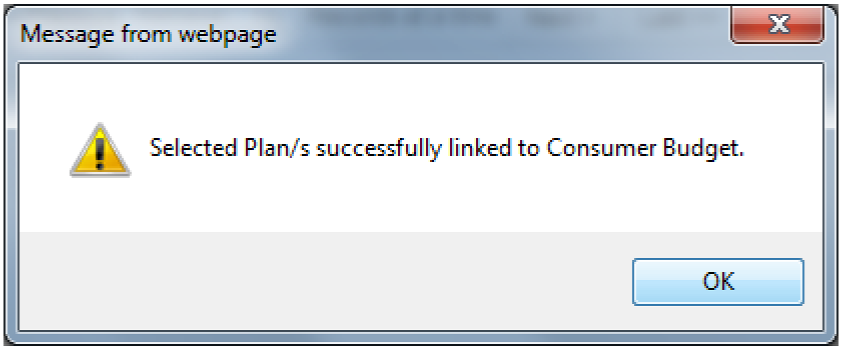
15. From the **File** menu > Select **Link to Plan**



16. A list of existing Plan records is displayed. Select the Link option from the flyout menu next to the selected Plan.



17. Link successful notification displays. Click OK. Close the Link to Plan window.



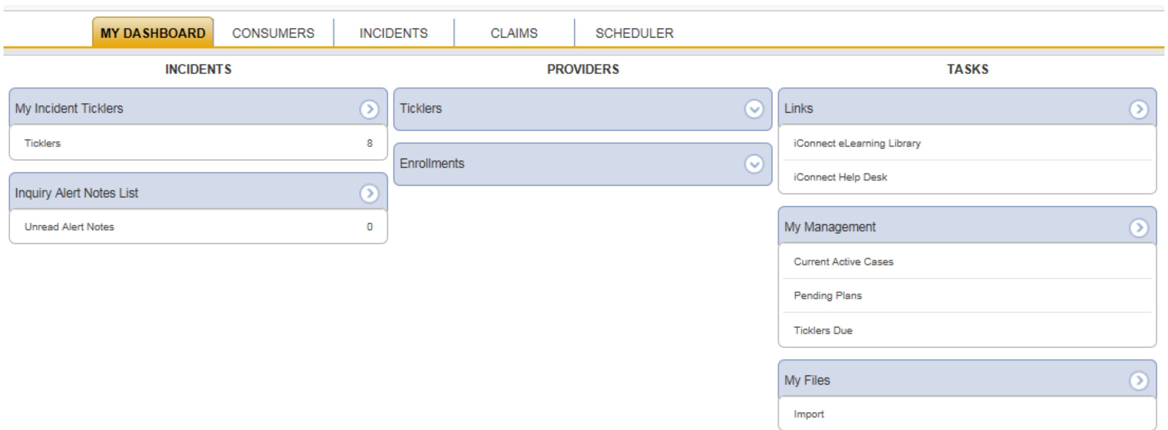
18. The Linked Plans subpage now displays the Plan record that was just re-linked.

19. Return to the plan record that includes the new service that was added. Complete Plan Validation. The edited planned service must pass plan validation.

20. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 24.

21. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

22. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



23. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

24. Once the plan passes validation, the WSC will create the authorization. Proceed to the Create Authorization section.

25. The application will automatically link the new authorization to the budget.

26. The application will automatically include the new authorization in the next FMMIS auth interface file. Proceed to Authorization Interface section.

Update Services on an Approved Plan

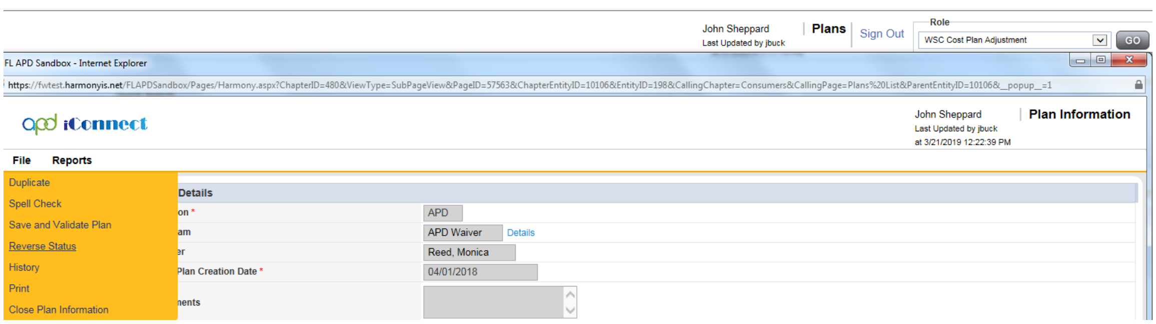
1. To update an authorization, the user must first update the planned service, pass validation, and then update the authorization.

2. The plan has already been validated and reviewed by the Region and/or State, the plan status is approved, and the plan is read only. The WSC will need to Reverse the Status of the plan before adding a new service.

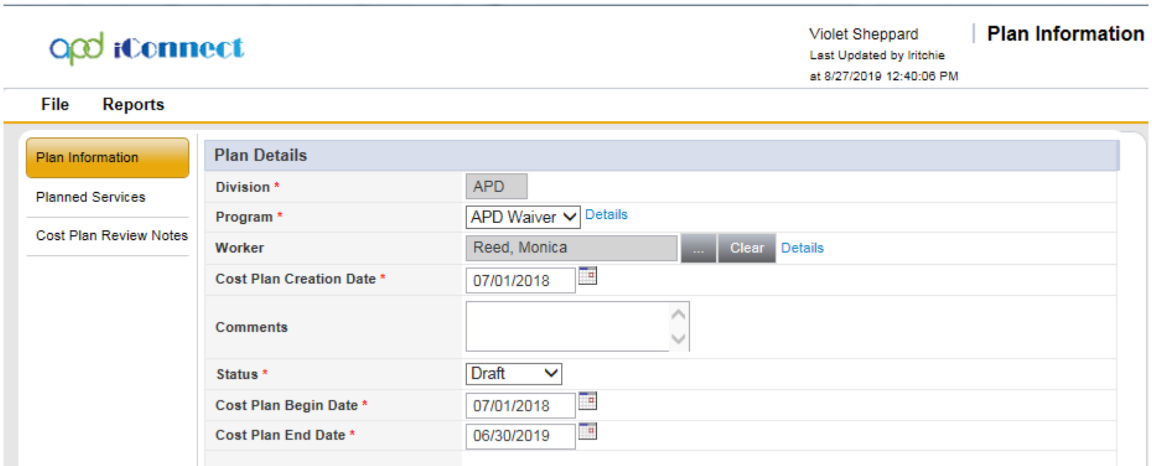
3. To do so, the WSC must use the WSC Cost Plan Adjustment Role.

4. Select the APD waiver Plan record with status = Approved. The Plan Information Page displays.

5. Click **File** > **Reverse Status**.



6. The record is now editable, and the **Plan Status** equals Draft.



7. Click **File** > **Save Plan**.

8. Click the **Planned Services** subpage.

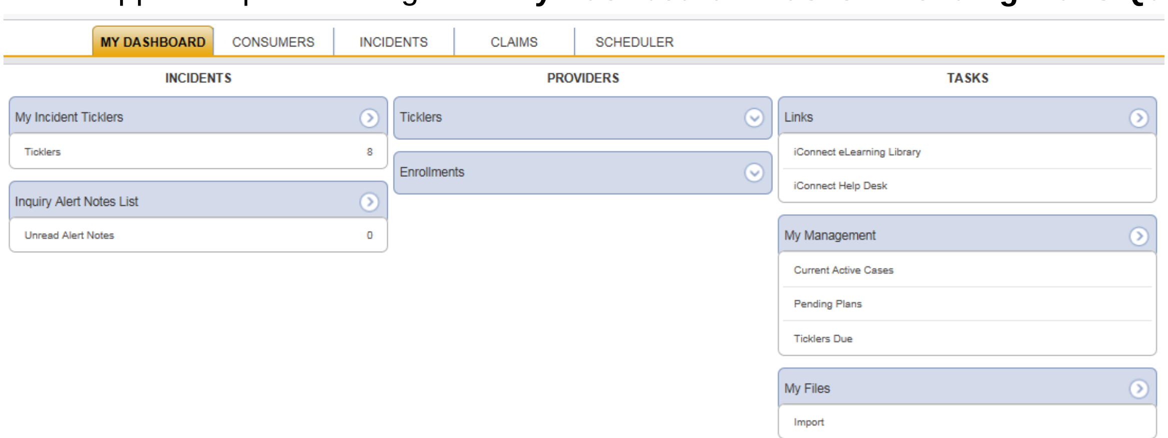
9. Proceed to Edit Planned Services section to update the service details.

10. Complete Plan Validation. The edited planned service must pass plan validation.

11. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 15.

12. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

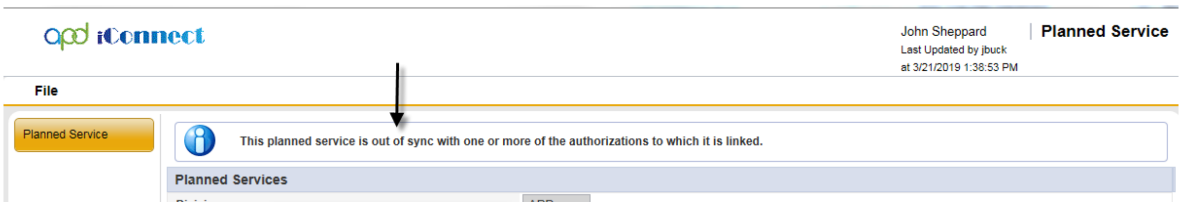
13. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



14. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

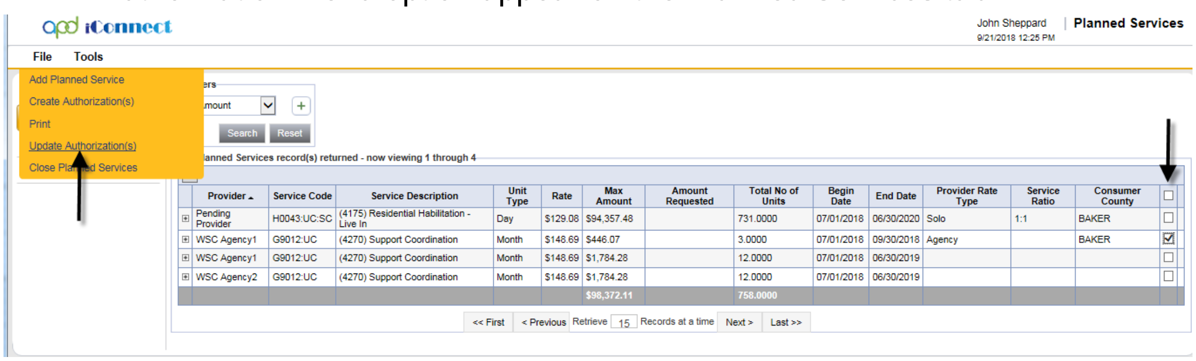
15. Navigate to the Planned Services subpage.

16. Once the edited planned service has passed validation, the changes must also be made to the authorization using the **Update Authorization** functionality in iConnect. On the planned services details page, a message will display to the user until this update is completed.



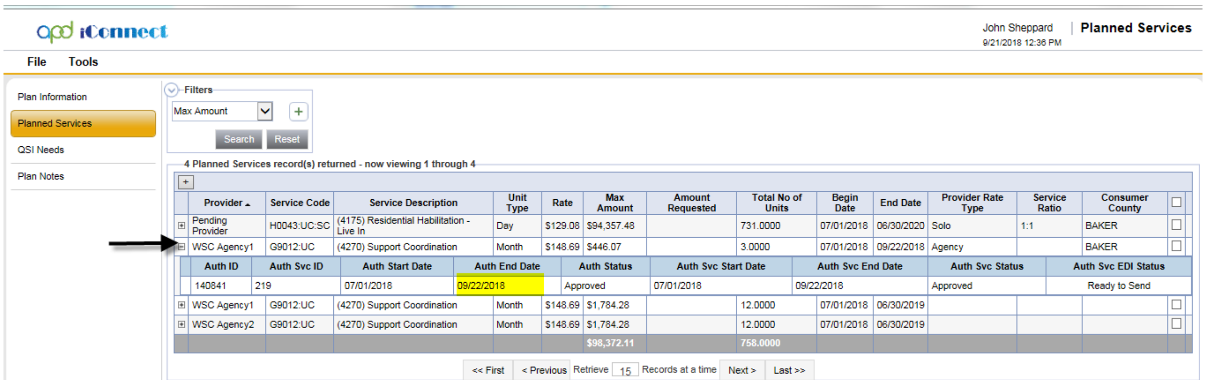
17. Click the checkbox next to the planned service that was updated.

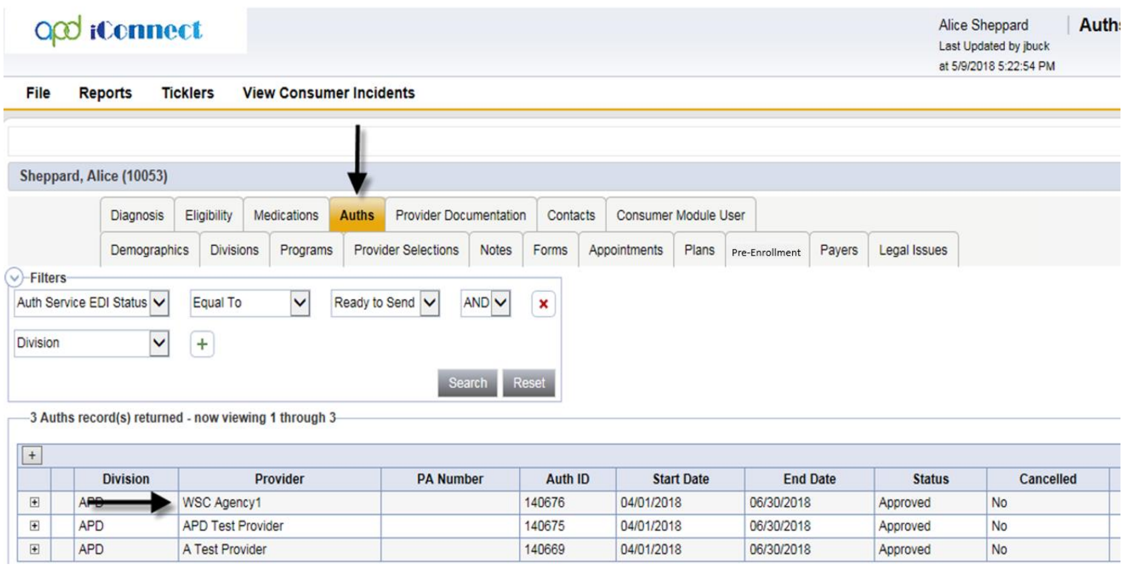
18. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.



19. The application automatically updates the authorization that is linked to the budget.

20. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.





21. The Update Authorization functionality in iConnect will reset the Auth Svs EDI Status back to Ready to Send so the updates will be sent to FMMIS via the authorization interface. Proceed to Authorization Interface section.

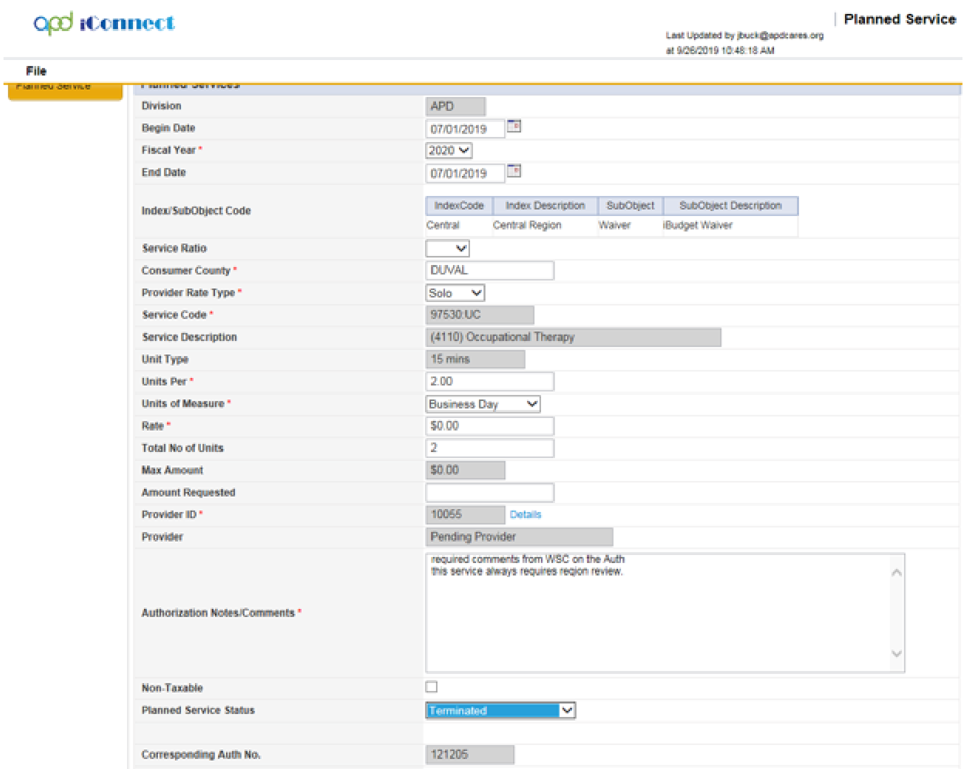
Cancel Auth Services

An Auth service can be cancelled only when there has been nothing billed against the consumer's budget. The WSC will check the FMMIS portal and/or iConnect for any claims for the consumer that fall within the budget year. If none exist, in iConnect, the WSC will begin the process by 'zeroing out' the planned service then pushing the update to the associated authorization. The application will automatically send the cancellation request in the FMMIS interface. When the cancellation is approved, FMMIS Auth interface changes the status to Terminated and the Amount Approved for is changed to $0.00, which is when the consumer's budget is credited back the dollars of the cancelled auth service. When the cancellation is rejected, the FMMIS Auth interface will change the auth statuses to Rejected. The Amount Approved is not changed. Because the Amount Approved is not changed, the dollars are still deducted from the budget.

1. To request an authorization cancellation, using the **WSC Cost Plan Adjustment** Role, navigate to the Plans tab of the consumer record and open the plan with the authorization to be cancelled.

2. From the **File** menu > Select **Reverse Status**. This will make the planned service editable. The status defaults to Draft.

3. Select the **Planned Service** subpage. For each auth service you wish to cancel, select the associated planned service to display the Planned Service details page. Update the following fields:
    a. Total Number of Units = 0 which will change Max Amount to $0
    Cannot change Rate to $0 because will trigger plan validation rule
    b. Authorization Notes/Comments: explain why the authorization is being cancelled.
    c. Planned Service Status = Terminated



4. From the **File** menu > select **Save and Close Planned Service.**

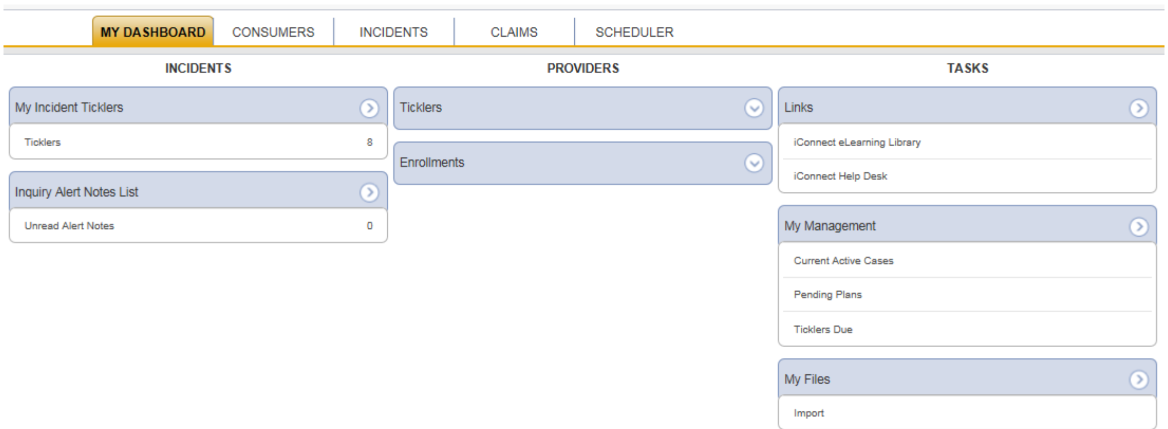
5. Complete Plan Validation. The edited planned service must pass plan validation.

6. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 11.

7. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.) Region or State involvement in the authorization cancellation process is recommended to verify there have been no claims billed against this authorization before sending the cancellation to FMMIS.

8. Following the review, the reviewer will change the status of the Terminated Planned service to Region or State Office review Approved and the Plan Status = Approved and re-validate the plan.

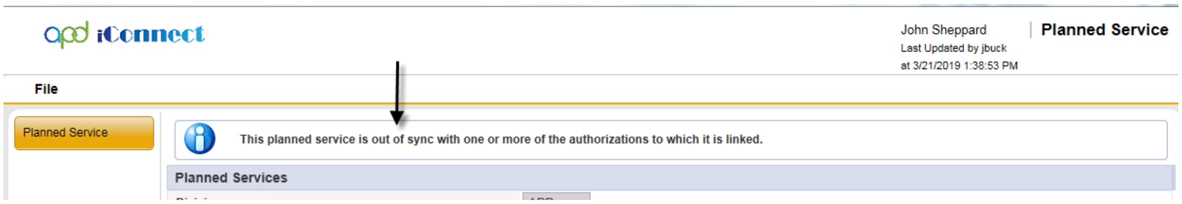
9. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



10. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

11. Navigate to the Planned Services subpage.

12. Once the updated plan has passed validation, the authorization needs to be updated by using the **Update Authorization** functionality in iConnect. On the planned services details page, the message below will display to the user until this update is completed.

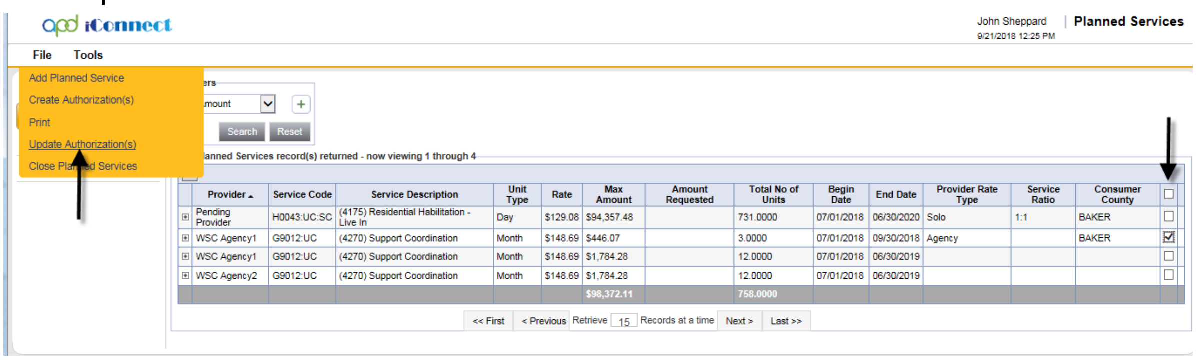


13. Navigate to the Planned Services subpage.

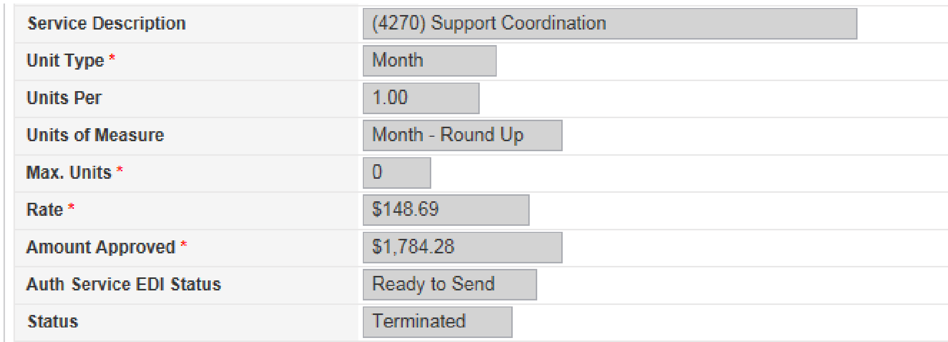
14. Click the checkbox next to the planned service that was updated.

15. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.

16. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.



17. The Update Authorization functionality will automatically update the following on the associated auth service:
    a. Amount Approved = No change. This will not be changed until the cancellation is approved by FMMIS.
    b. Auth Status = Terminated
    c. Auth Service Status = Terminated
    d. Auth Service EDI Status = Ready to Send.
    e. The status changes will trigger the cancellation to be sent to FMMIS.

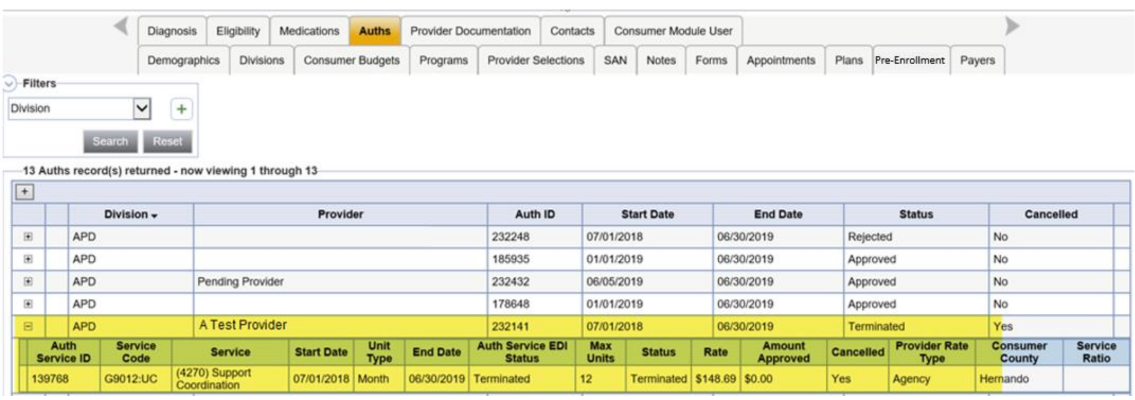


Service Description	(4270) Support Coordination
Unit Type *	Month
Units Per	1.00
Units of Measure	Month - Round Up
Max. Units *	0
Rate *	$148.69
Amount Approved *	$1,784.28
Auth Service EDI Status	Ready to Send
Status	Terminated

18. Current FMMIS Auth Interface Logic will send the X transaction code to FMMIS for cancelled authorization requests. The WSC must wait approximately 24 hours until the interface has processed and FMMIS has sent a response.

Cancellation Approved

1. When the cancellation is approved, the FMMIS Auth interface will change the authorization statuses to Terminated.

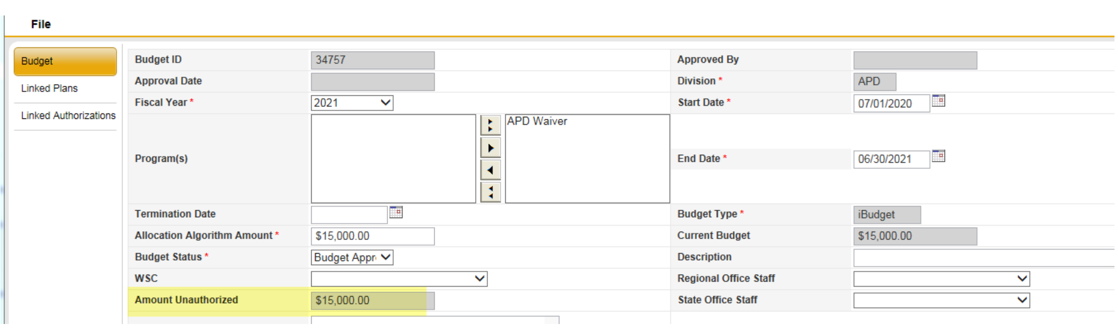


Division	Provider	Auth ID	Start Date	End Date	Status	Cancelled
APD		232248	07/01/2018	06/30/2019	Rejected	No
APD		185935	01/01/2019	06/30/2019	Approved	No
APD	Pending Provider	232432	06/05/2019	06/30/2019	Approved	No
APD		178648	01/01/2019	06/30/2019	Approved	No
APD	A Test Provider	232141	07/01/2018	06/30/2019	Terminated	Yes

Auth Service ID	Service Code	Service	Start Date	Unit Type	End Date	Auth Service EDI Status	Max Units	Status	Rate	Amount Approved	Cancelled	Provider Rate Type	Consumer County	Service Ratio
139768	G9012:UC	(4270) Support Coordination	07/01/2018	Month	06/30/2019	Terminated	12	Terminated	$148.69	$0.00	Yes	Agency	Hernando	

2. The Amount Approved for each approved cancelled auth service is also changed to $0.00.

3. The money that was originally designated will be added back to the Amount Unauthorized.

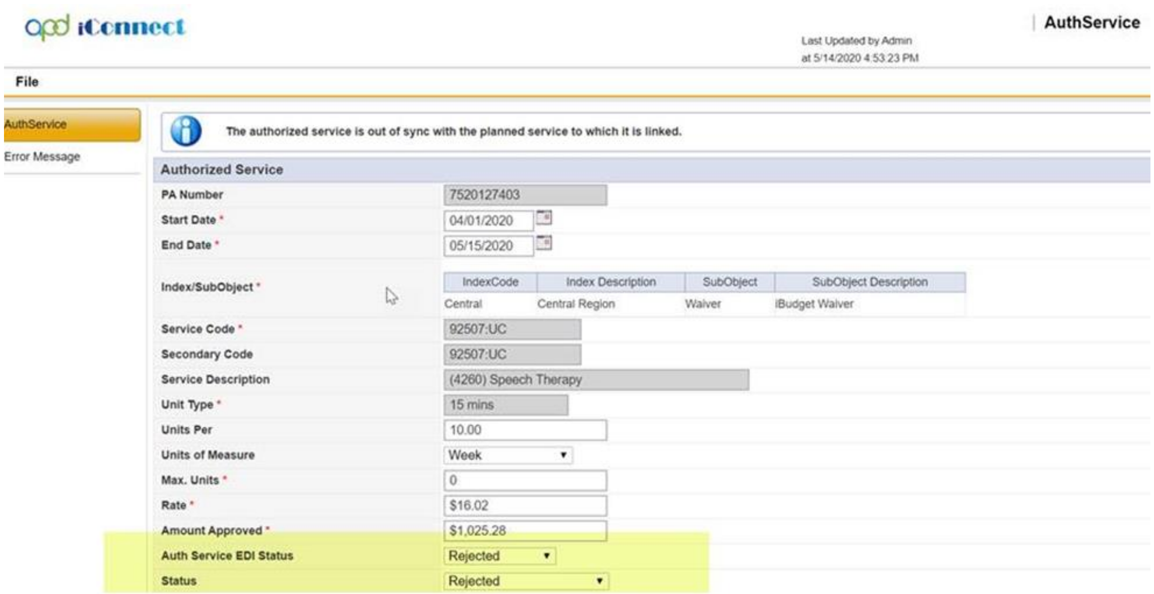


Budget ID	34757	Approved By	
Approval Date		Division *	APD
Fiscal Year *	2021	Start Date *	07/01/2020
Program(s)	APD Waiver	End Date *	06/30/2021
Termination Date		Budget Type *	iBudget
Allocation Algorithm Amount *	$15,000.00	Current Budget	$15,000.00
Budget Status *	Budget Appr	Description	
WSC		Regional Office Staff	
Amount Unauthorized	$15,000.00	State Office Staff	

4. The authorization remains linked to the budget, visible on the Linked Authorizations subpage.

Cancellation Rejected

1. When the cancellation is rejected, the FMMIS Auth interface will change the Auth statuses to 'Rejected' and make the record editable again.



2. The Amount Approved is not changed.

3. Because the Amount Approved is not changed, the dollars are still deducted from the budget. The authorization remains linked to the budget.

4. The next steps the WSC take depends on the reason for the rejection.

Rejection: Paid Claims Exist

1. If the cancellation was rejected because paid claims exists, the WSC will contact the provider with request to void the claims. The provider will inform the WSC after the claim has been voided.

2. The WSC will update the authorization from the plan record.

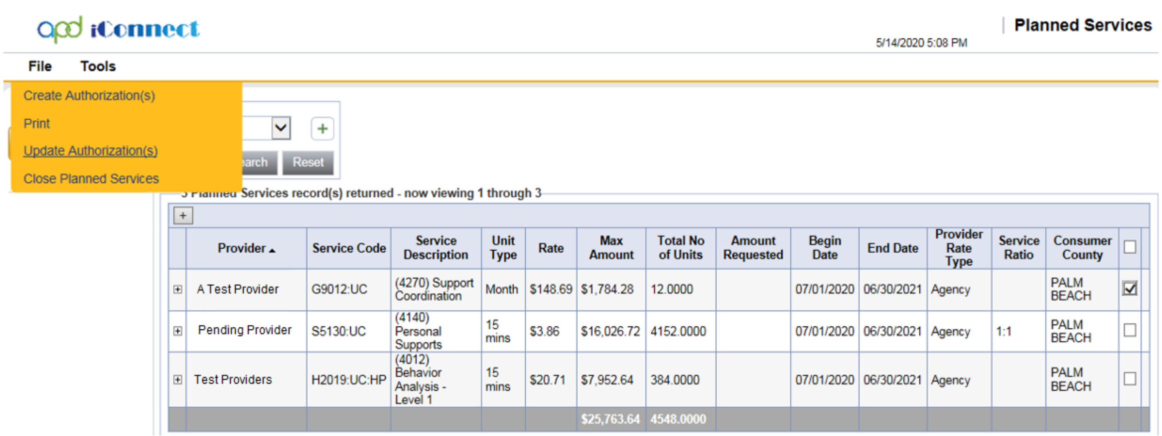
3. Using the WSC role, the WSC will navigate to the consumer record and select the Plans tab.

4. Select the approved plan. The Plan Information page displays. You do not need to reverse the status of the plan because you are not making any changes to the plan or planned services.

5. The trigger to resend the authorization to FMMIS is located on the Planned Services subpage. Select the Planned services subpage.

6. Put a **checkbox** next to the service that needs to be resent to FMMIS.

7. From the **File** menu, select **Update Auth**.



8. The success notification message displays. Click **OK**.

9. The Auth Service EDI Status changes to Ready to Send and will be included in the next FMMIS Auth interface file.

10. Proceed to [Cancellation Approved section.](#)

Rejection: Invalid Begin Date

1. If the cancellation was rejected because of an invalid begin date, the WSC will correct the rejection by updating the planned service.

2. Using the WSC Cost Plan Adjustment role, the WSC will navigate to the consumer record and select the Plans tab.

3. Select the approved plan. The Plan Information page displays.

4. From the **File** menu, select **Reverse Status**.

5. The Plan status changes from Approved to Draft.

6. Select the Planned services subpage.

7. Select the service that needs to be updated. The Planned Services details page displays. Update the following fields:
    a. Start Date = change the start date to a valid begin date
    b. Planned Service Status = Do not change.

19. From the File menu, select Save and Close Planned Services.

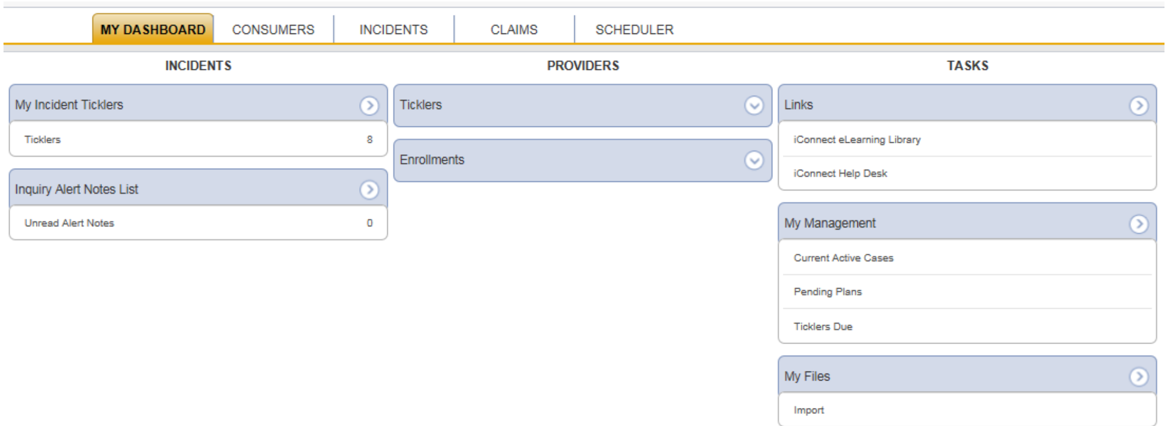
20. Complete Plan Validation. The edited planned service must pass plan validation.

21. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 26.

22. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

23. Following the review, the reviewer will change the status of the Terminated Planned service to Region or State Office review Approved and the Plan Status = Approved and re-validate the plan.

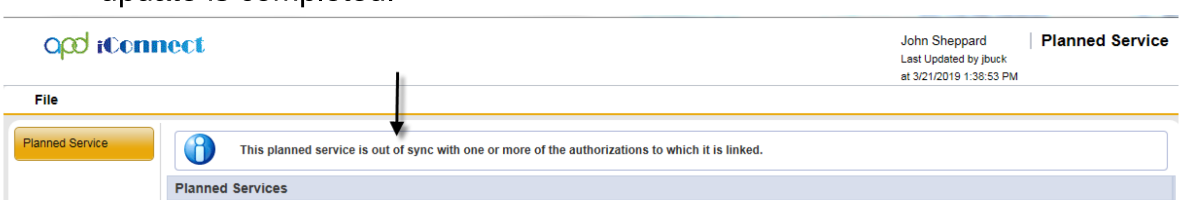
24. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



25. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

26. Navigate to the Planned Services subpage.

27. Once the updated plan has passed validation, the authorization needs to be updated by using the **Update Authorization** functionality in iConnect. On the planned services details page, the message below will display to the user until this update is completed.

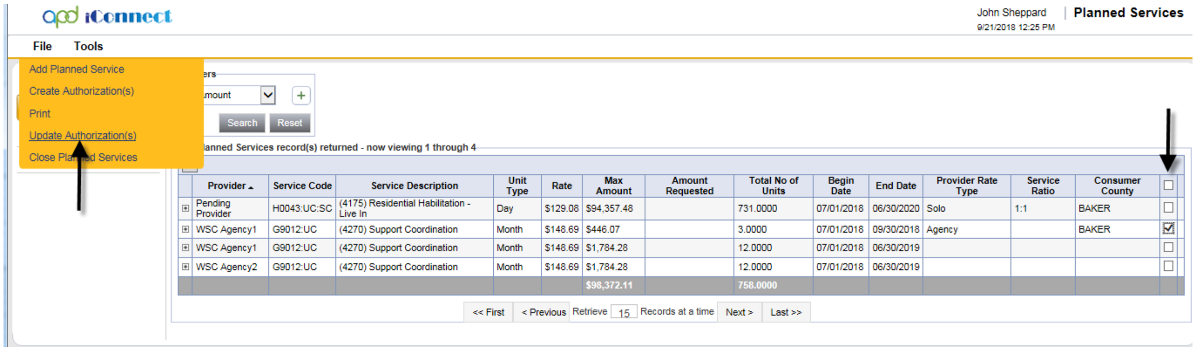


28. Navigate to the Planned Services subpage.

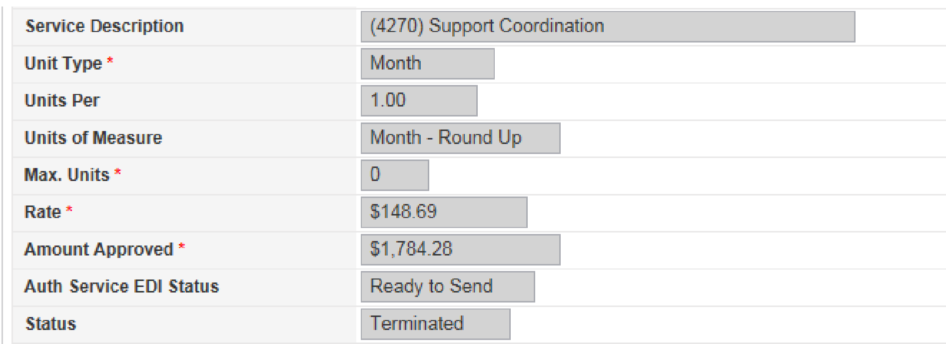
29. Click the checkbox next to the planned service that was updated.

30. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.

31. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.



32. The Update Authorization functionality will automatically update the following on the associated auth service:
    a. Amount Approved = No change. This will not be changed until the cancellation is approved by FMMIS.
    b. Auth Status = Terminated
    c. Auth Service Status = Terminated
    d. Auth Service EDI Status = Ready to Send.
    e. The status changes will trigger the cancellation to be sent to FMMIS.



Service Description	(4270) Support Coordination
Unit Type *	Month
Units Per	1.00
Units of Measure	Month - Round Up
Max. Units *	0
Rate *	$148.69
Amount Approved *	$1,784.28
Auth Service EDI Status	Ready to Send
Status	Terminated

33. Current FMMIS Auth Interface Logic will send the X transaction code to FMMIS for cancelled authorization requests. The WSC must wait approximately 24 hours until the interface has processed and FMMIS has sent a response. Proceed to Cancellation Approved section.

Rejection: Cancelled in Error

1. If the cancellation was sent in error and rejected, the WSC will return the planned service back to its original state.

2. Since the cancellation was never approved, the dollars are still deducted from the budget.

3. The WSC can see the original planned service information from the authorization service details page or the history record on the planned service page.

4. Using the WSC Cost Plan Adjustment role, the WSC will navigate to the consumer record and select the Plans tab.

5. Select the approved plan. The Plan Information page displays.

6. From the **File** menu, select **Reverse Status**.

7. The Plan status changes from Approved to Draft.

8. Select the Planned services subpage.

9. Select the service that needs to be updated. The Planned Services details page displays. Update the following fields:
   a. Total No of Units = 0. Change back to the original number.
   b. Max Amount = 0. Updates automatically to the original amount.
   c. Comments = Terminated. Update to Termination sent in error.
   d. Planned Service Status = Terminated or Region Review Approved. Change Terminated to Approved. Do not change if Status = Region Review Approved.

10. From the File menu, select Save and Close Planned Services.

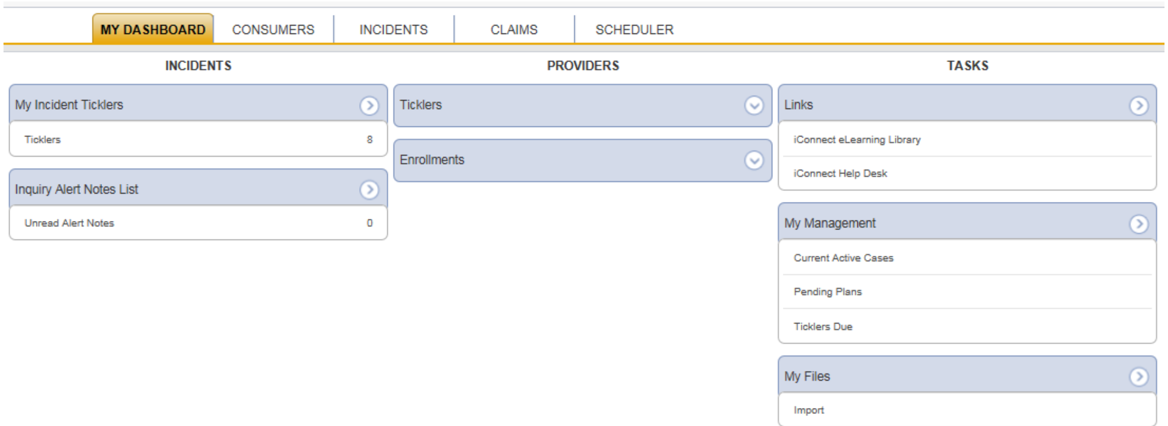
11. Complete Plan Validation. The edited planned service must pass plan validation.

12. If the plan passes validation and does not require review, the WSC will change the Plan Status to No Review required, then save the Plan record. Skip to step 17.

13. If the plan fails validation for Region or State Office review, the review must be completed, and the plan approved. (see the Region Review or State Office review sections for more details.)

14. Following the review, the reviewer will not need to make any changes to the Planned Service status. The reviewer will change the Plan Status = Approved and re-validate the plan.

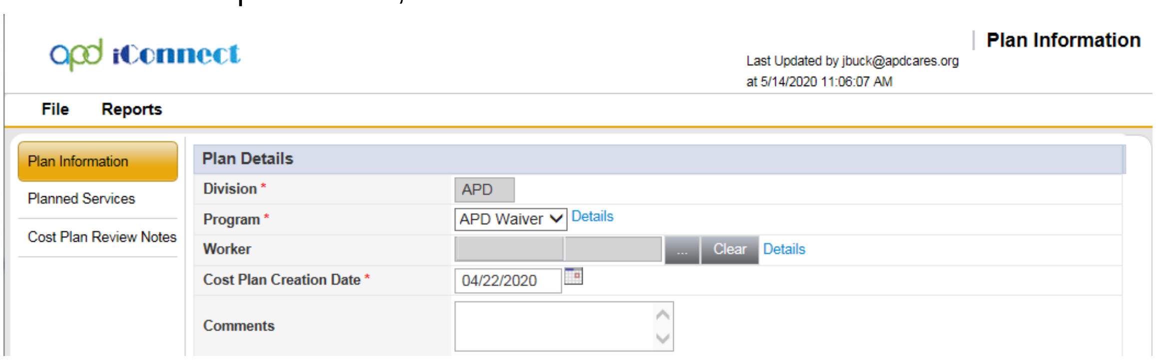
15. Then the WSC will monitor the Pending Plans queue on My Dashboard for approved plans. Navigate to **My Dashboard** > **Tasks** > **Pending Plans Queue**.



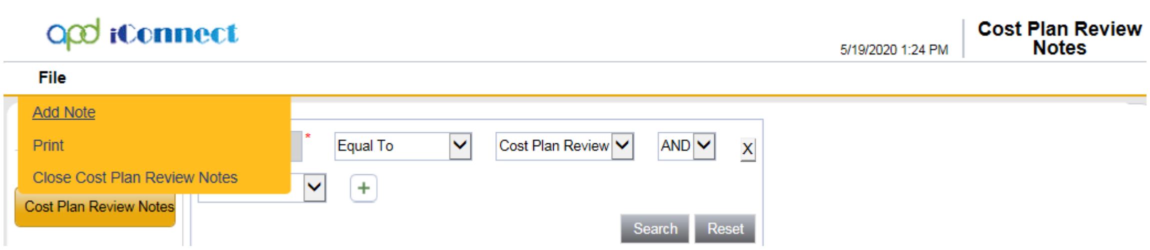
16. Filter the pending plans queue for those with status equal to Approved, and possibly additional date filters to display only recent plans. Select a plan to display the Plan Information page.

22. The WSC will add a Note assigned to the Region Worker notifying them to restore the auth service.

23. From the plan record, the WSC will select the Cost Plan Review Notes subpage.

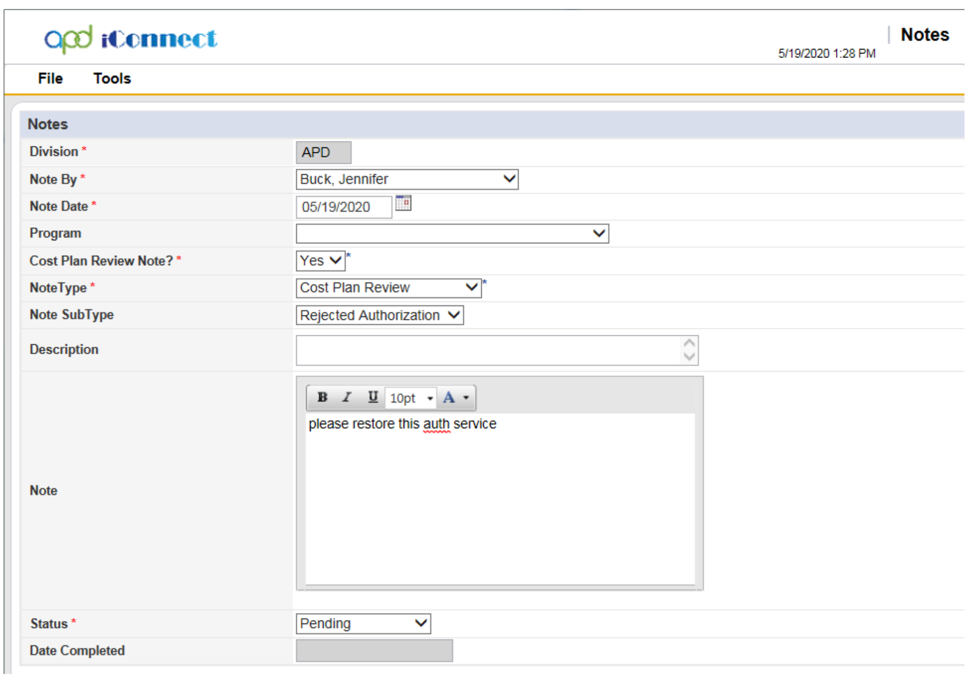


24. From the **File** menu, select **Add Note**.



25. In the new Note record, update the following fields:
    a. Division = APD
    b. Note By = defaults to self
    c. Note Date = defaults to today
    d. Cost Plan Review Note = Yes
    e. Note Type = Cost Plan Review
    f. Note Subtype = Rejected Authorization
    g. Note = Describe the request
    h. Status = Pending
    i. Route the Note to the appropriate Region Waiver Worker or Lead by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

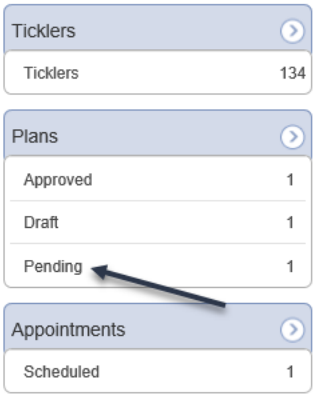
26. When finished, click **File > Save and Close Notes**



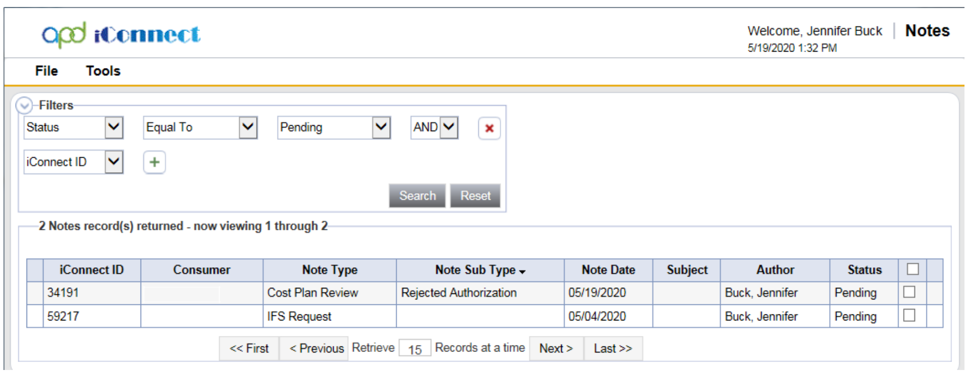
27. The Region staff will monitor their **My Dashboard** for new Pending Note records.

28. To do so, log into iConnect and set Role = Region Waiver Workstream Worker OR Region Waiver Workstream Lead. Click **Go.**

29. Find the consumer's Panel and click on the link for Notes with Status = Pending. Click on the **Pending** link to open the Notes Queue:



30. In the Notes Queue, open the Note record with Note Type = Cost Plan Review and Note Subtype = Rejected Authorization



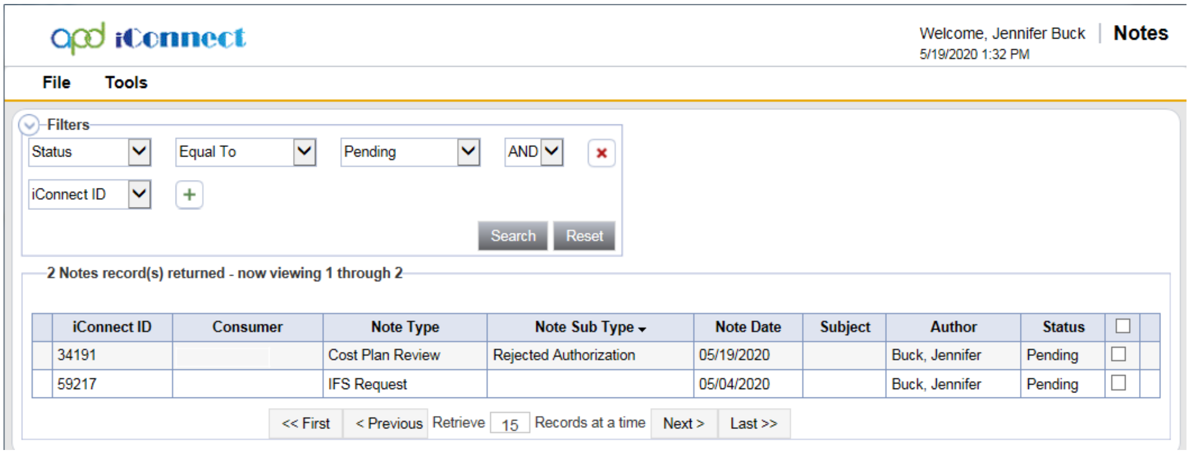
31. Review the contents of the Note to understand the request then close the note.

32. Navigate to the consumer record and select the **Auths** tab.

33. Select the authorization and then the auth service that needs to be updated. The Auth Service Details page displays. Update the following fields:
    a. Max Units changed from zero back to the original amount.
    b. Amount approved = no changes
    c. Auth Service Status = changed to Restored
    d. Auth Service EDI = remains Rejected. When the record is saved, this will update to Approved.

34. From the **File** menu, select **Save and Close.**

35. Notify the WSC the auth service has been updated by updating the Cost Plan Review note. From the Cost Plan Review Notes subpage in the plan record, select the Cost Plan Review Note with SubType = Rejected Authorization.



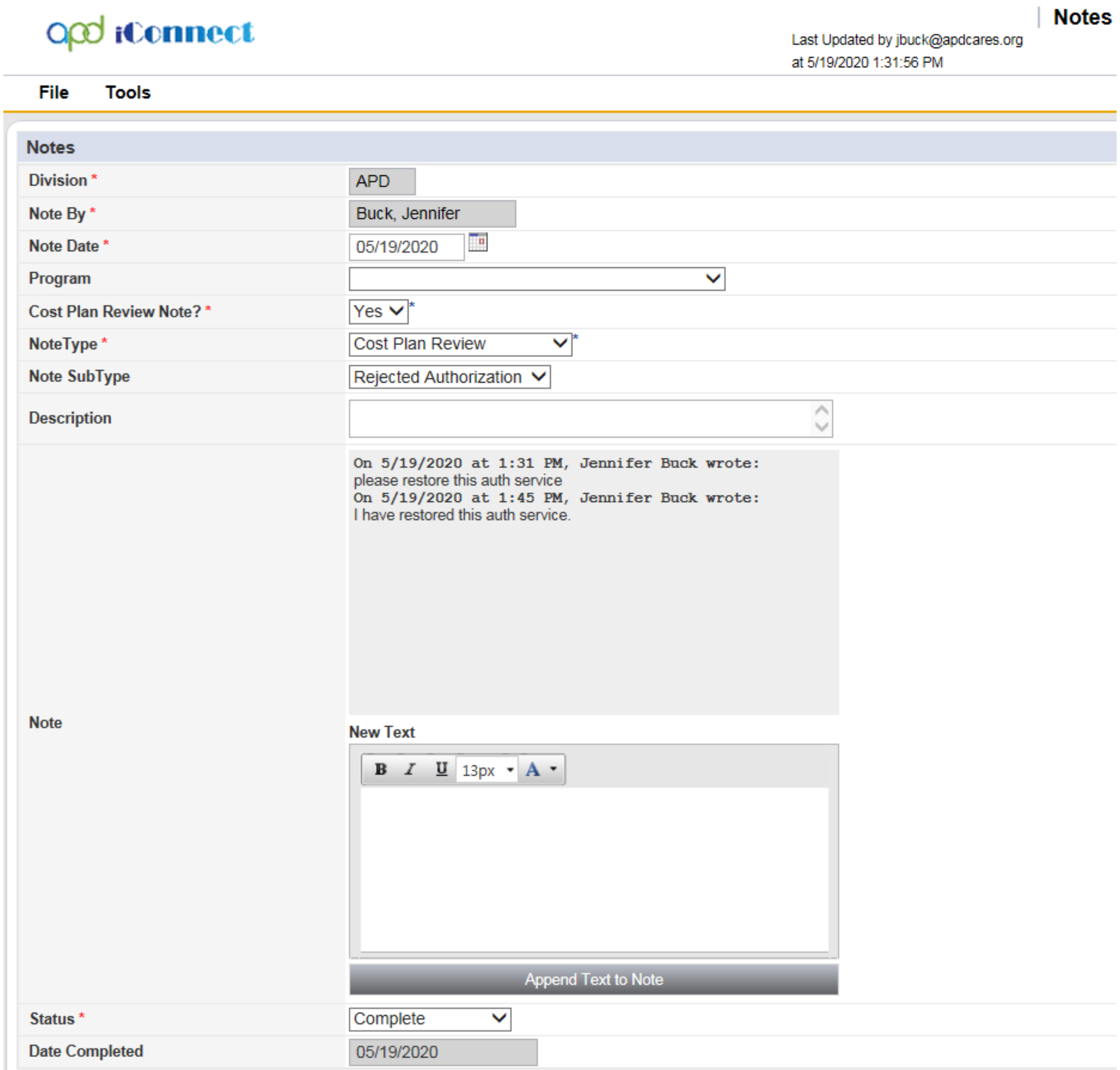
36. The Note Details page displays. Update the following fields.

    a. Note = describe the update that was completed and select Append Text to Note.

    b. Status = Complete

    c. Route the Note to the WSC by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

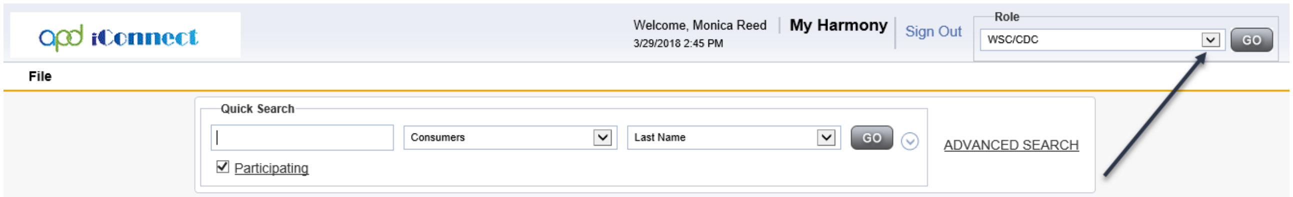
37. From the **File** menu, select **Save and Close Note**.



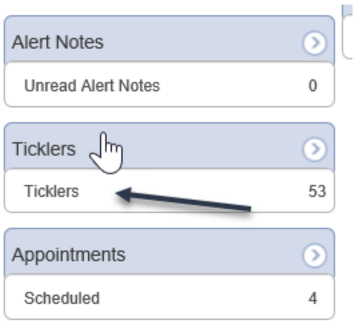
38. The WSC will monitor My Dashboard for incoming notes and notification the update is complete.

Complete the Cost Plan

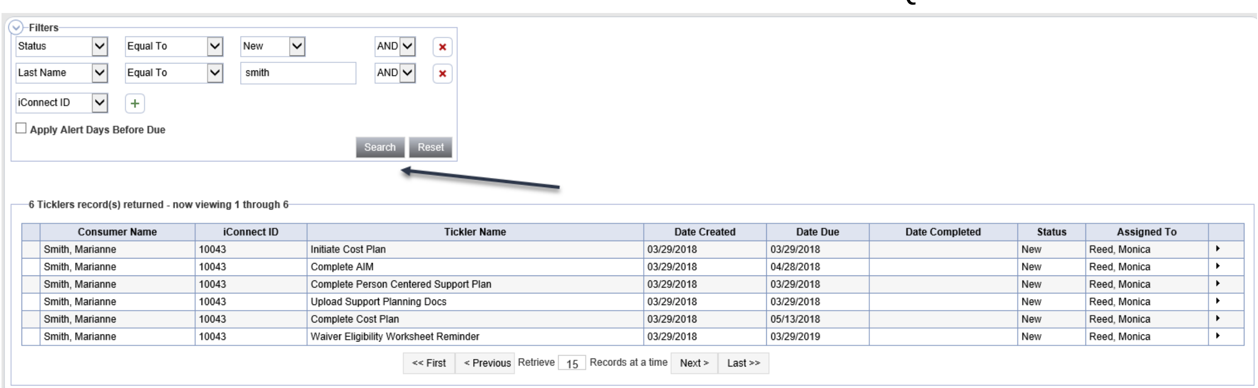
1. Upon enrolling the Consumer into the APD waiver Program (see Chapter on Standard APD Enrollment), a Workflow Wizard triggered the Initiate Cost Plan tickler, due immediately. A second tickler is also triggered to Complete the Cost Plan 45 days later.
2. To complete the Tickler, log into iConnect and set Role = WSC/CDC. Click **Go.**



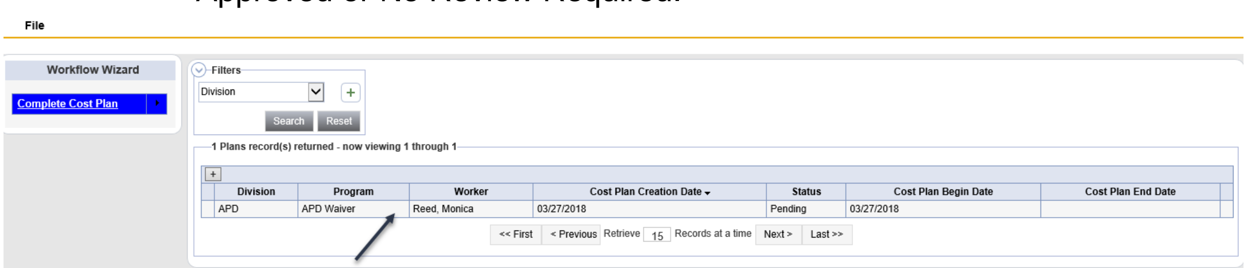
3. On the **My Dashboard**, find the Consumers section and scroll down to the Ticklers Panel. Click on **Ticklers** to open the Tickler Queue:



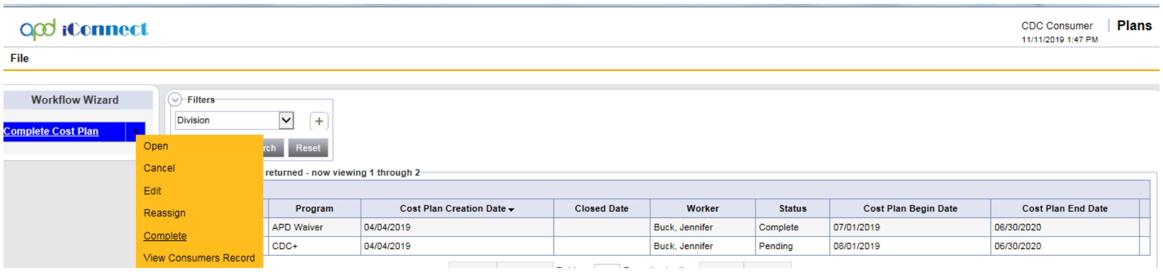
4. Use the multi variable search to narrow down the Tickler Queue. Click **Search**:



5. In the Tickler Queue, click the Tickler called Complete Cost Plan to Open it.
    a. The consumer’s Plans List View grid will open. Verify the Status of the Plan = Approved or No Review Required.



6. When finished, mark the tickler as complete. From the open tickler window, hover over the arrow next to the Tickler and click **Complete**.



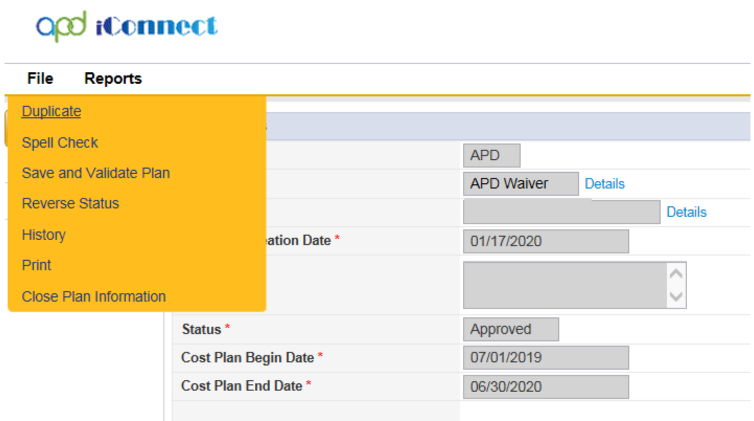
Duplicating the Cost Plan

The Waiver Support Coordinator will create a new cost plan for each consumer for each fiscal year. iConnect has a Duplicate functionality that the WSC will use.

1. Navigate to the consumer record and select the Plans tab.

2. Select the existing APD waiver plan to open it.

3. Click **File**> **Duplicate** to duplicate the Plan.



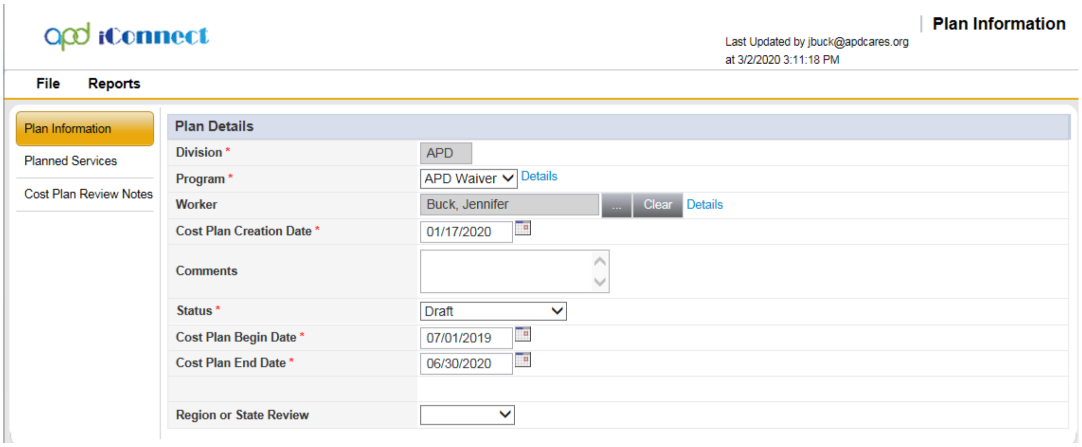
4. The duplicate Plan record will automatically open.

5. In the new plan, update the following fields:
   a. Select today's date as the Cost Plan Creation Date.
   b. Select APD waiver as the Program if the individual is enrolled on the iBudget waiver.
   c. Select CDC+ when the consumer is enrolled in CDC+.
   d. When the individual receives IFS-funded services, you will select Non-waiver. This will be and only when an individual has immediate health and safety needs that cannot be addressed with their waiver services, or in cases in which

individuals receive in-home subsidies, or receive monthly bus passes through IFS.

e. Division, Worker, and status have default values that do not need to be changed.

f. Enter the cost plan Begin and End Dates.



6. When finished, click **File > Save Plan**

7. In the new plan, click on the **Planned Services** tab, and then click into each existing Planned Service.

8. Update each planned service to reflect the consumers' needs for the next fiscal year.
    a. When a consumer changes programs from iBudget to CDC or CDC to iBudget, the WSC must end all planned services using the date directly prior to the new program enrollment date and reduce total number of units accordingly.
    b. The WSC would then create new planned services for the remainder of the fiscal year; select correct provider for iBudget or generic CDC provider for consumers enrolling on CDC and enter the prorated number of units needed for the reminder of the fiscal year.
    c. Consumers who are enrolling on CDC must create planned service screens and cannot leave the funds as unencumbered for the monthly budget to be accurately calculated.

9. When finished, click **File > Save Planned Service.**

10. Proceed to Plan Validation.

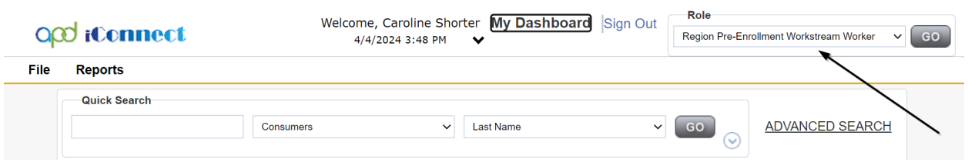
Chapter 12 | Non-Standard APD Waiver Enrollments

Introduction

There are various methods to initiate an enrollment into the APD iBudget Waiver. Amongst those methods are non-standard types of enrollments such as Crisis, Transition from ICF/SNF, CBC Pre-Enrollment, Military Family, and/or Phelan McDermid Syndrome. These enrollments often warrant a more expeditious process to accommodate the Consumers 'need(s). There are independent perquisite processes relative to each entry. The Non-Standard Waiver Enrollments and their respective perquisite processes are outlined in this Chapter. Upon completion of the respective prerequisites, the user will continue the process of Waiver Enrollment.

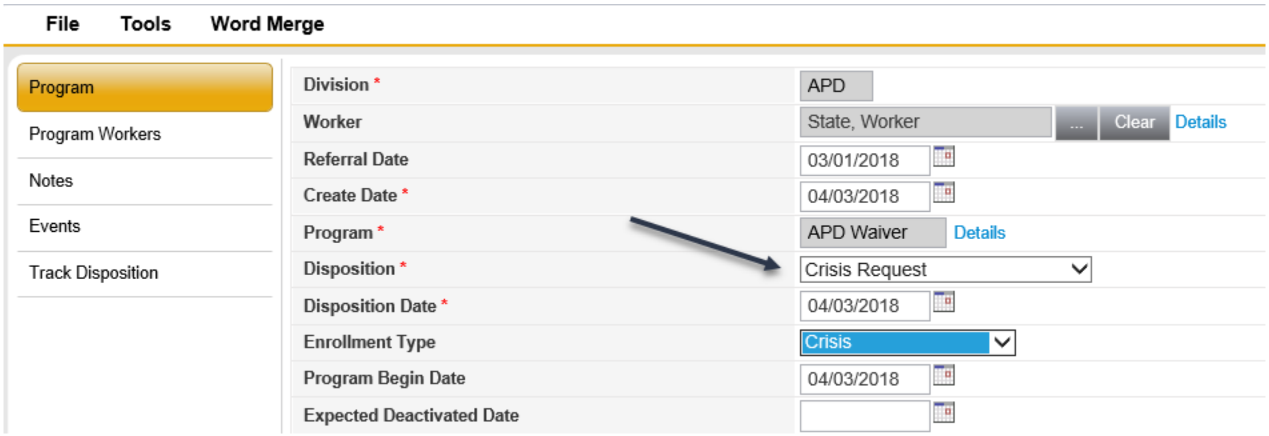
APD Waiver Enrollment – Crisis

1. To begin, the Pre-Enrollment Support Coordinator will log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



2. To begin the crisis, request process, navigate to the consumer's record and click on the **Programs** tab and click **File > Add Program**.
3. On the new Program record, update the following fields:
   a. Division = Defaults to APD
   b. Worker = search for and Select the Pre-Enrollment Workstream Lead
   c. Program = APD waiver
   d. Disposition = Crisis Request
   e. Disposition Date = the date the Agency first became aware of the potential crisis and must be entered the same day the request was made
   f. Enrollment Type = Crisis
   g. Program Begin Date = Update as appropriate

4. When finished, click **File > Save and Close Program**



5. Upon saving the APD waiver Program record with Disposition = Crisis Request and Enrollment Type = Crisis, a Workflow Wizard will trigger with the following Ticklers, all due immediately:

   Assigned to the Primary Worker (Program) Pre-Enrollment Workstream Lead:

   a. Initiate or Verify QSI, Primary Worker (Program) *Assigned to Pre-Enrollment Workstream Lead,* Due Immediately
   b. Verify Allocation Algorithm Amount (via EZ iBudget), *Assigned to* Primary Worker (Program) *Pre-Enrollment Workstream Lead,* Due Immediately

   Assigned to Self (Pre-Enrollment Support Coordinator):

   c. Complete Crisis Identification Tool

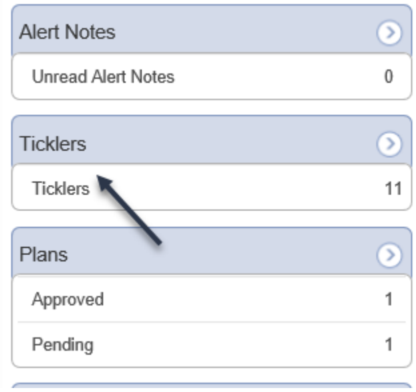
   Assigned to the Primary Worker (Division) Pre-Enrollment Support Coordinator

   d. Note to ABA/MCM as indicated by crisis situation to complete their portion
   e. Notify ROM to Review Case for possible home visit
   f. Verify Eligibility for APD
   g. Verify Consumer is not enrolled in another Waiver
   h. Complete LOC
   i. Convene Crisis Committee

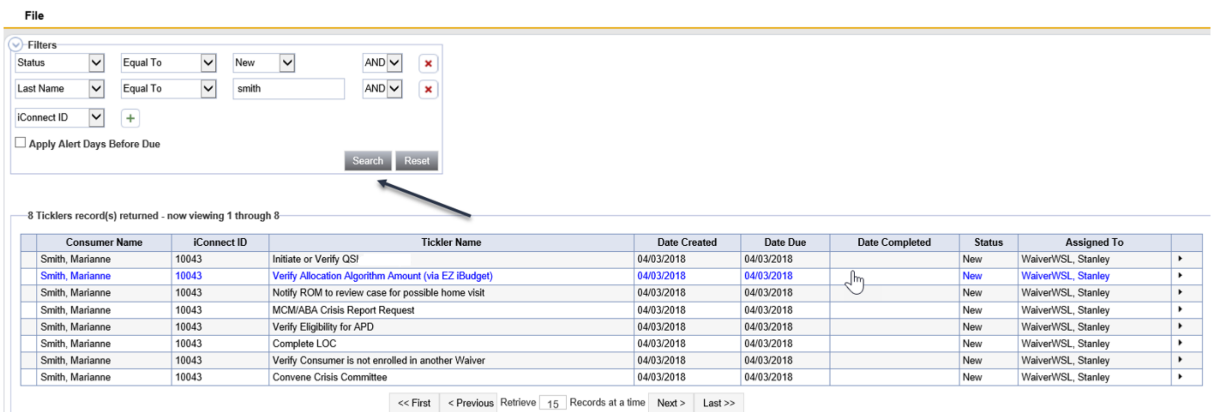
6. The Pre-Enrollment Workstream Lead will monitor their **My Dashboard** for Ticklers related to Crisis. To begin, log into iConnect and set Role = Pre-Enrollment Workstream Lead. Click **Go.**

7. To access the Crisis Ticklers, the Pre-Enrollment Workstream Lead will locate the Consumers Section and scroll down to the **Ticklers** Panel.

8. Click on the **Ticklers Due** link to access the Tickler Queue:



   a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**



Consumer Name	iConnect ID	Tickler Name	Date Created	Date Due	Date Completed	Status	Assigned To
Smith, Marianne	10043	Initiate or Verify QSI	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Verify Allocation Algorithm Amount (via EZ iBudget)	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Notify ROM to review case for possible home visit	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	MCM/ABA Crisis Report Request	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Verify Eligibility for APD	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Complete LOC	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Verify Consumer is not enrolled in another Waiver	04/03/2018	04/03/2018		New	WaiverWSL, Stanley
Smith, Marianne	10043	Convene Crisis Committee	04/03/2018	04/03/2018		New	WaiverWSL, Stanley

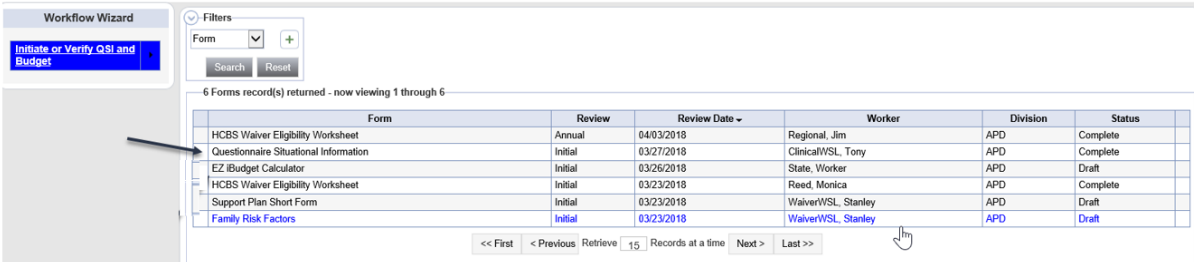
Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

9. In the search results, click to open the Tickler called Initiate or Verify QSI

10. The consumer's Forms List View Grid will open.

11. In the Forms List View grid, open the most recent QSI Assessment to review results. If these forms have not yet been completed, refer to the process outlined in the Chapter on QSI Assessment to complete these forms.



12. When finished, click **File > Close Forms** and **File > Close Workflow Wizard**

13. Hover over the arrow next to the Tickler to click **Complete**

14. Back in the Tickler Queue, click to open the Tickler called Verify Allocation Algorithm Amount (via EZ iBudget)

15. The consumer's Forms List View Grid will open.

16. In the Forms List View grid, open the most recent EZ iBudget to review the Allocation Algorithm Amount

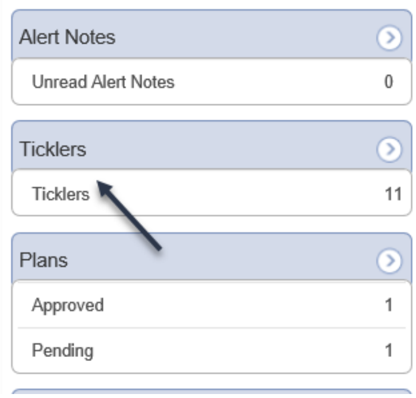
17. When finished, click **File > Close Forms** and **File > Close Workflow Wizard**

18. Hover over the arrow next to the Tickler to click **Complete**

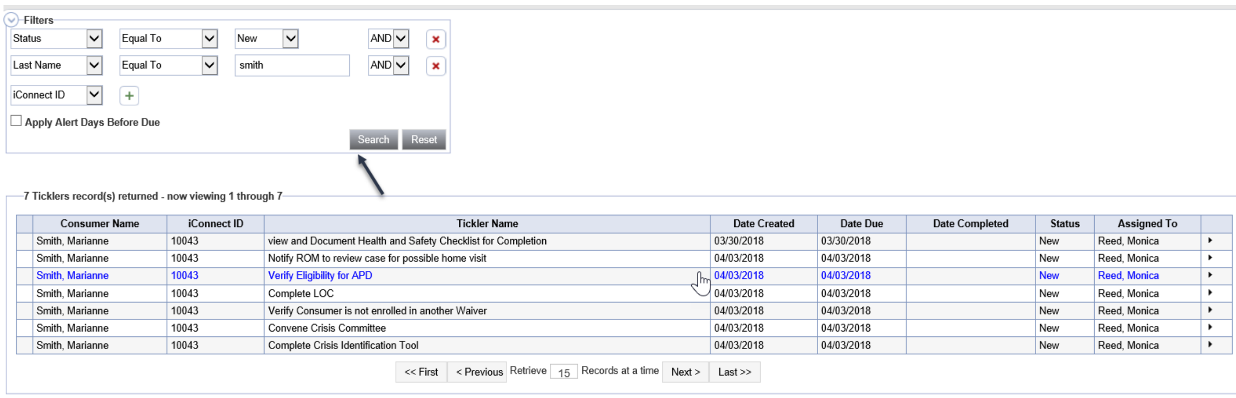
Assigned to the Primary Worker (Division) Pre-Enrollment Support Coordinator:

19. The Pre-Enrollment Support Coordinator will monitor their **My Dashboard** for the remaining Crisis Ticklers. To do so, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

20. Click on the **Ticklers Due** link to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**



Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

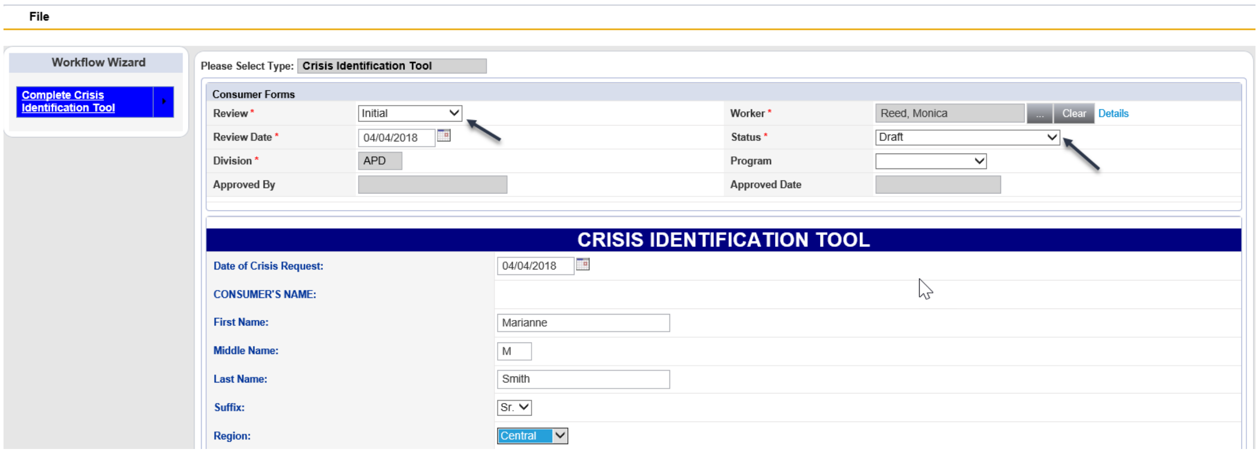
21. In the search results, click to open the Tickler called Complete Crisis Identification Tool to open it.

22. A new Crisis Identification Tool form will open.

23. Complete all relevant sections of the Crisis Identification Tool.

24. In the header, update Review = Initial and Status = Draft

25. When finished, click **File > Save Forms** and **File > Close Workflow Wizard**

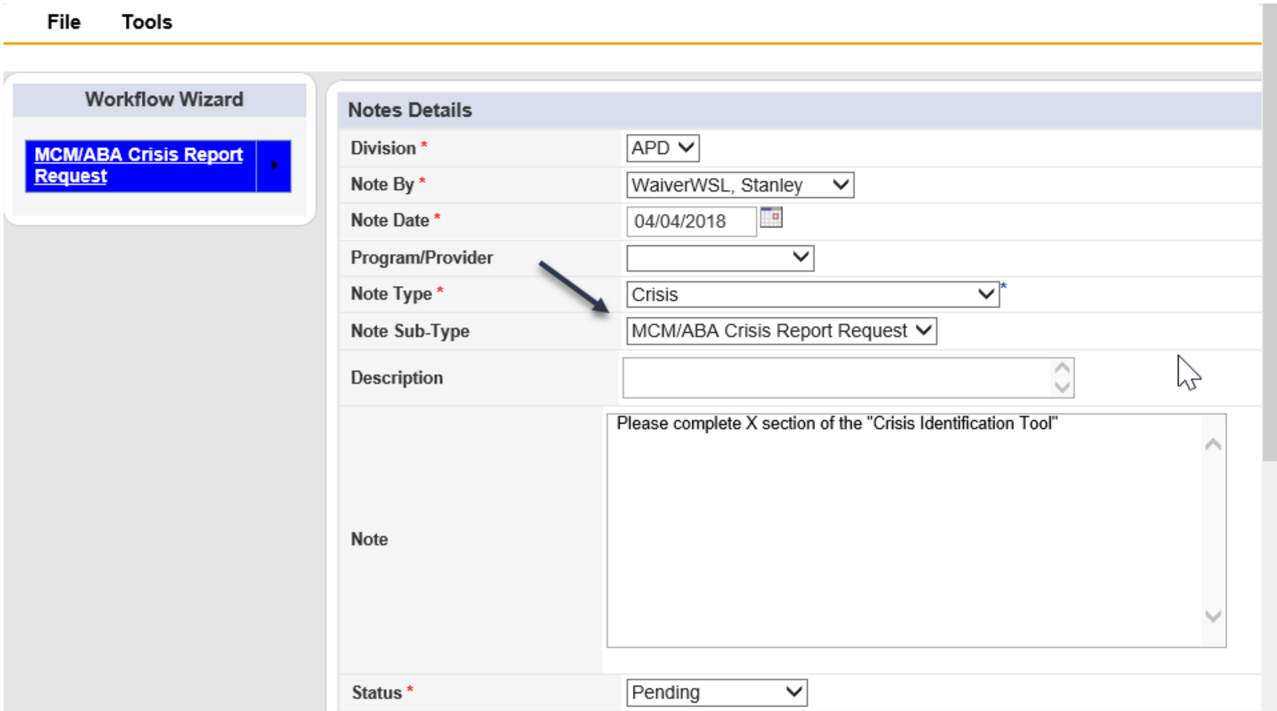


26. In the Tickler Queue, select the Tickler called MCM/ABA Crisis Report Request to open it

27. A new Consumer Note record will open. In the Note, update the following fields:
    a. Division = APD
    b. Note Type = Crisis
    c. Note Subtype = MCM/ABA Crisis Report Request
    d. Note = Detail the request to complete sections of the Crisis Identification Tool
    e. Status = Pending
    f. Route the Note record to the MCM or the ABA by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

28. When finished, click **File > Save Notes** and **File > Close Workflow Wizard**

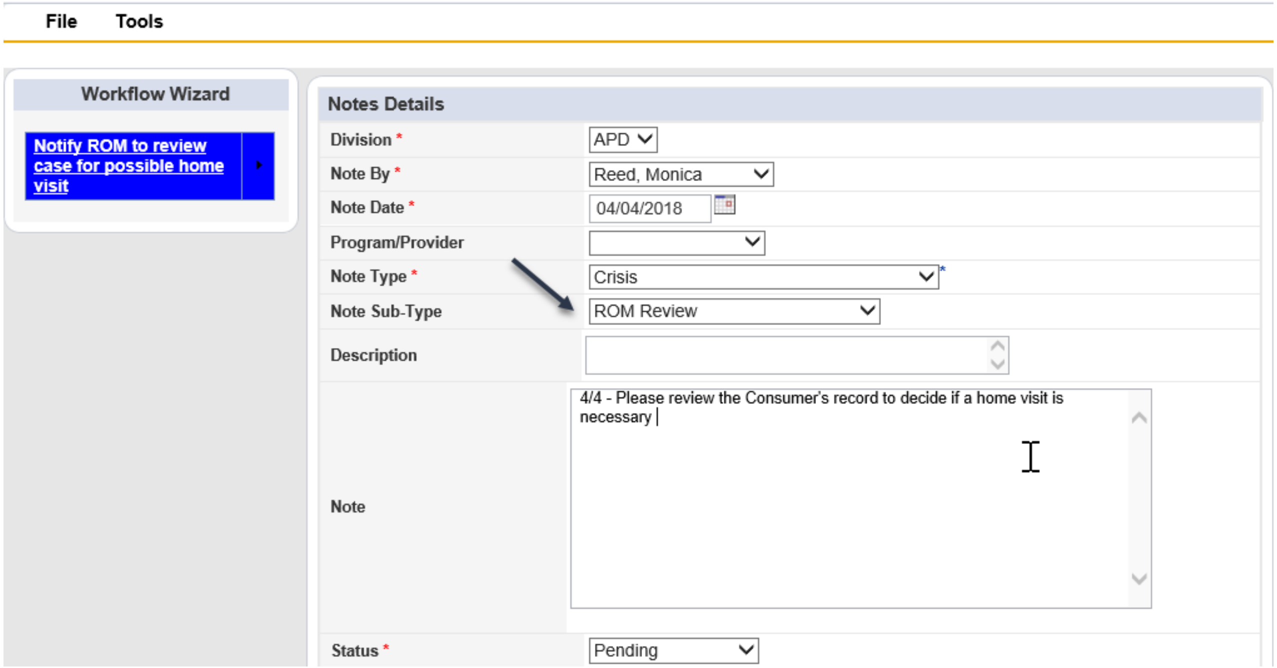
29. The MCM will proceed to the next section, MCM Crisis Report Request.



30. Back in the Tickler Queue, click to open the Tickler called Notify ROM to Review Case for possible home visit

31. A new Consumer Note record will open. Update the following fields:
    a. Division = APD
    b. Plan = Crisis
    c. Note Subtype = ROM Review
    d. Note = Detail the request to review the case for a possible home visit
    e. Route the Note to the ROM by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.
    f. Status = Pending

32. When finished, click **File > Save Notes** and **File > Close Workflow Wizard**



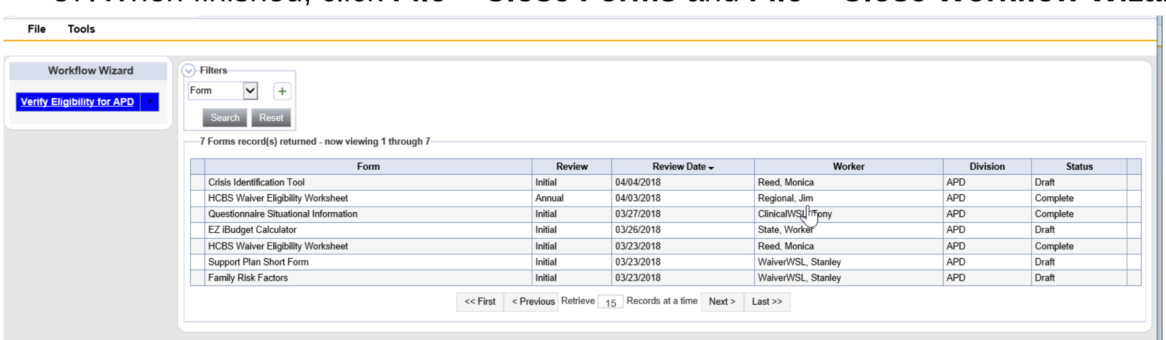
33. Back in the Tickler Queue, click to open the Tickler called Verify Eligibility for APD.

34. The consumer's Forms List View Grid will open

35. In the Forms List View Grid, click to open and review all relevant Forms to verify if the Consumer is eligible for APD

36. If the Consumer is not APD eligible, proceed to Chapter 2 – Application Review

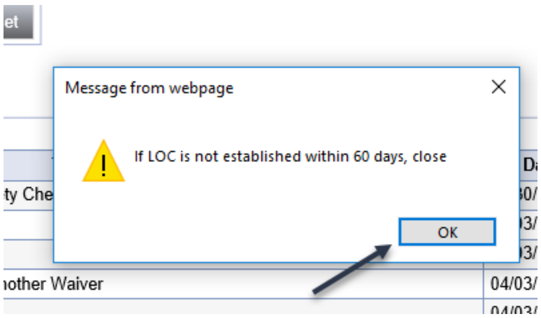
37. When finished, click **File > Close Forms** and **File > Close Workflow Wizard**



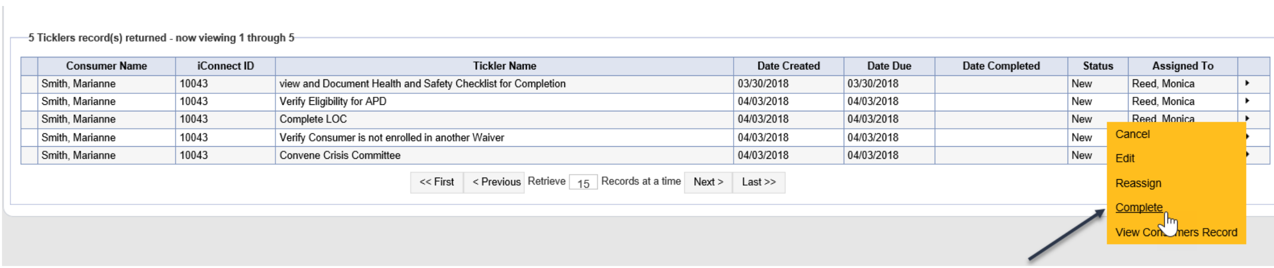
38. Back in the Tickler Queue, click to open the Tickler called Complete LOC

39. Upon doing so, a Message Tickler will open that says If LOC is not established within 60 Days, close Case

40. To complete LOC, proceed to [Chapter 7|Level of Care.]



41. When finished, hover over the arrow next to the Tickler to click **Complete.**

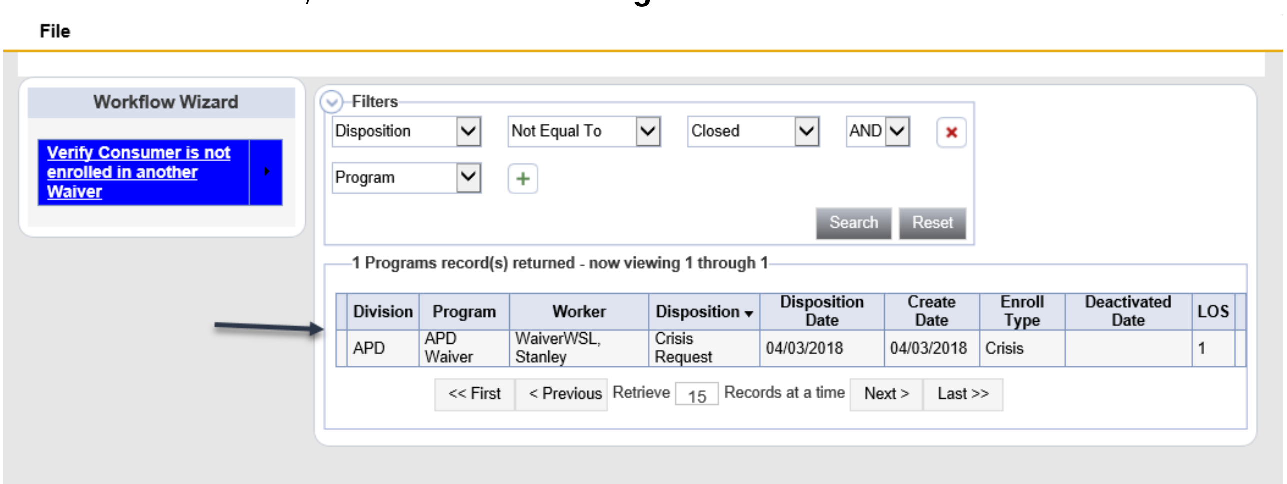


42. Back in the Tickler Queue, click to open the Tickler called Verify Consumer is not enrolled in another Waiver.

43. Upon doing so, the consumer's Program List View Grid will open.

44. In the consumer's Program List View Grid, ensure that the Consumer does not have any other active Waiver Program enrollment records.

45. When finished, click **File > Close Programs** and **File > Close Workflow Wizard.**



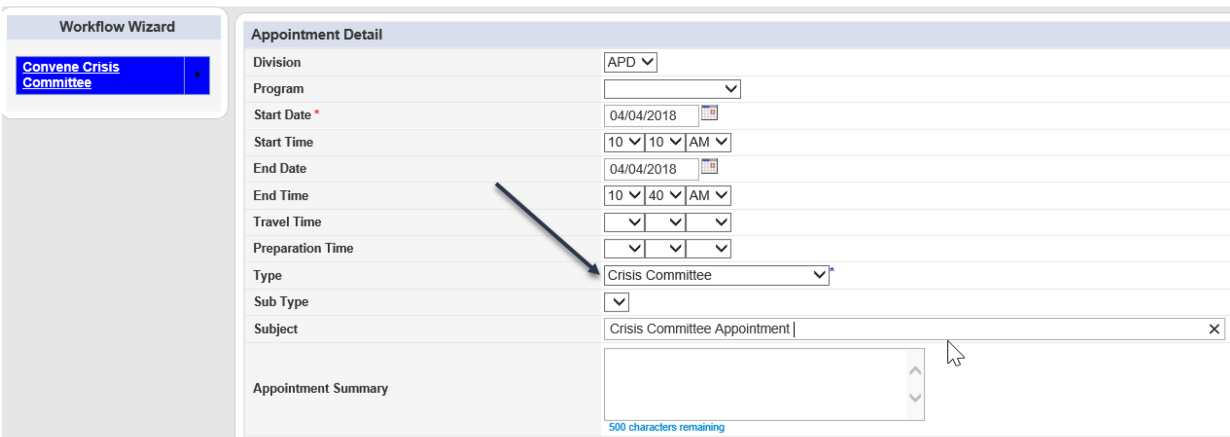
46. Hover over the arrow next to the Tickler to click **Complete.**

47. Back in the Tickler Queue, click to open the Tickler called Convene Crisis Committee.

48. Upon doing so, the consumer's Appointment List View Grid will open allowing the user to add a new Appointment record.

49. In the Appointment List View Grid, click **File > Add Appointment.** Set Type = Crisis Committee.

50. When finished, click **File > Save Appointment** and **File > Close Workflow Wizard.**

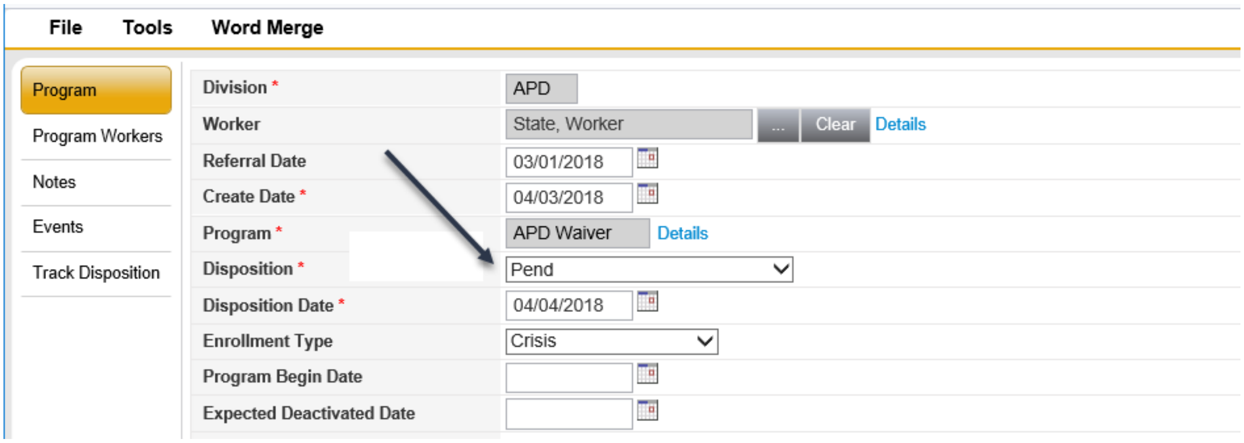


51. If the Consumer is APD Eligible but there is not enough information to determine if the Consumer is in crisis, update the consumer's APD waiver Program record accordingly.

52. To do so, navigate to the consumer's record and click on the **Programs** tab and open the consumer's APD waiver Program record. Update the following fields:
    a. Enrollment Type = Crisis
    b. Disposition = Pend

53. When finished, click **File > Save and Close Programs.**

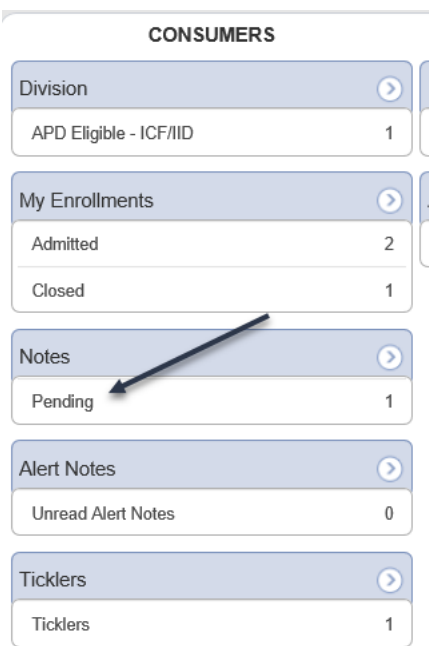
54. Continue to gather information to make determination if Consumer is in crisis.



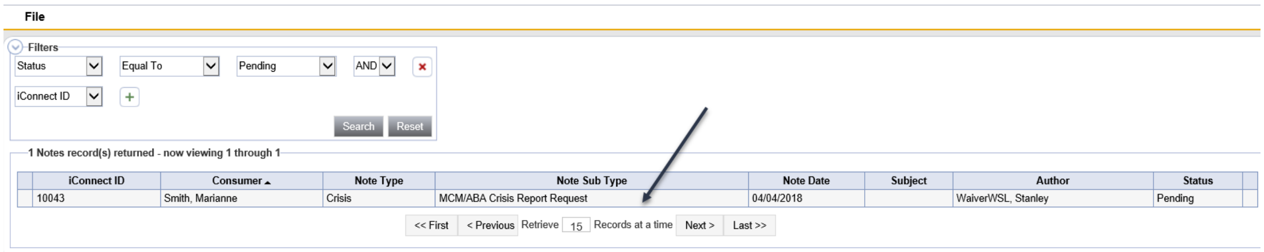
MCM Crisis Report Request

1. The MCM/ABA will monitor their **My Dashboard** for Pending Notes related to MCM Crisis Report Requests. To do so, log into iConnect and set Role = Clinical Workstream Worker Role. Click **Go.**

2. On the **My Dashboard**, find the Consumers Section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue:



3. Use the multi variable search to find the Note with Note Type = Crisis and Note Subtype = MCM/ABA Crisis Report Request



4. Review the contents of the Note.

5. Navigate to the consumer's record and click on the **Forms** tab.

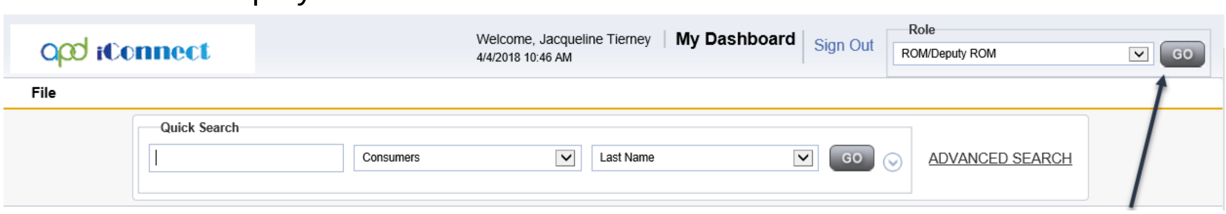
6. In the List view grid, locate the existing **Crisis Identification Tool.** Click to Open.

7. Complete all relevant sections of the Form and set Status = Draft

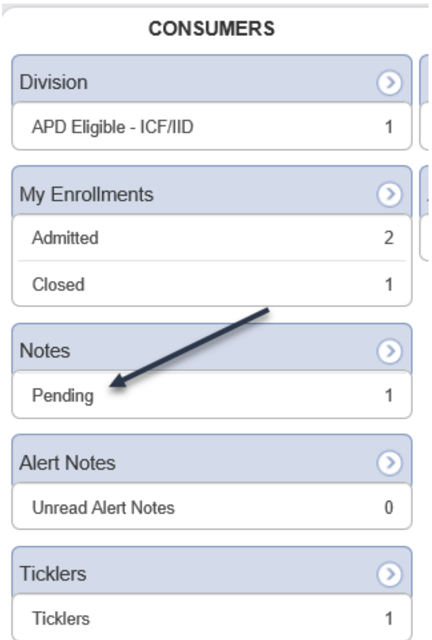
8. When finished, click **File > Save and Close Forms**

ROM Review - Crisis

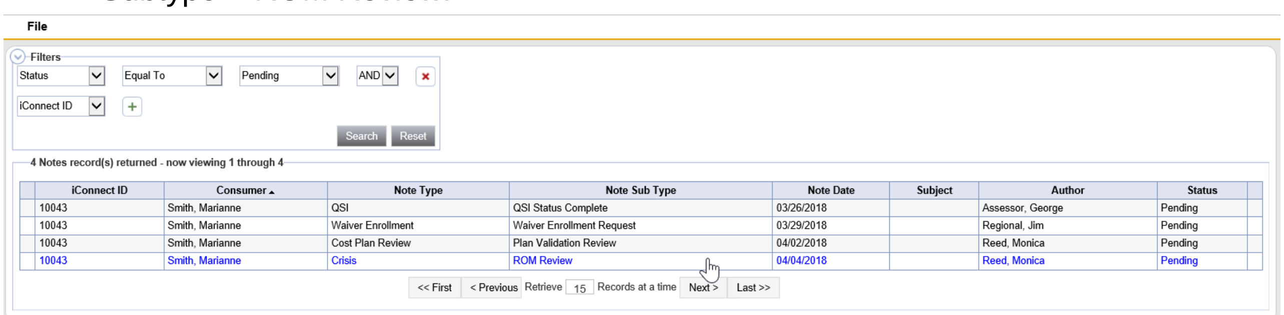
1. The Region Operations Manager (ROM) will also monitor their **My Dashboard** for Pending Notes related to crisis committee. To begin, log into iConnect and set Role = ROM/Deputy ROM. Click **Go.**



2. On the **My Dashboard**, find the Consumers Section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue:



3. Use the multi variable search to find the Note with Note Type = Crisis and Note Subtype = ROM Review:



4. Review the contents of the Note.

5. Navigate to the consumer's record and review all relevant tabs to determine if a Home Visit is required.

6. Return to the Notes tab. Select the Note Type = Crisis and Sub Type = ROM Review to open the Note.

7. Append Text to the note with details about the Home Visit.

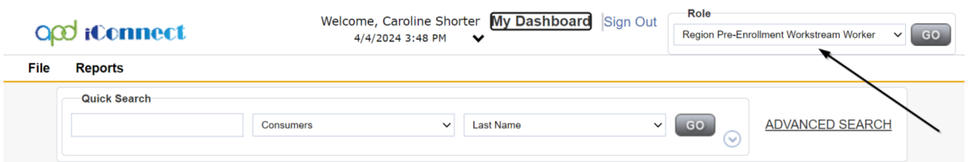
8. Search for and select the Pre-Enrollment Support Coordinator as a Note recipient as needed.

9. The note will stay in Pending status (editable) until Complete. When complete, change the Note Status = Complete.

Crisis Committee Process

1. The Crisis Committee will convene and decide if the Consumer is in Crisis.

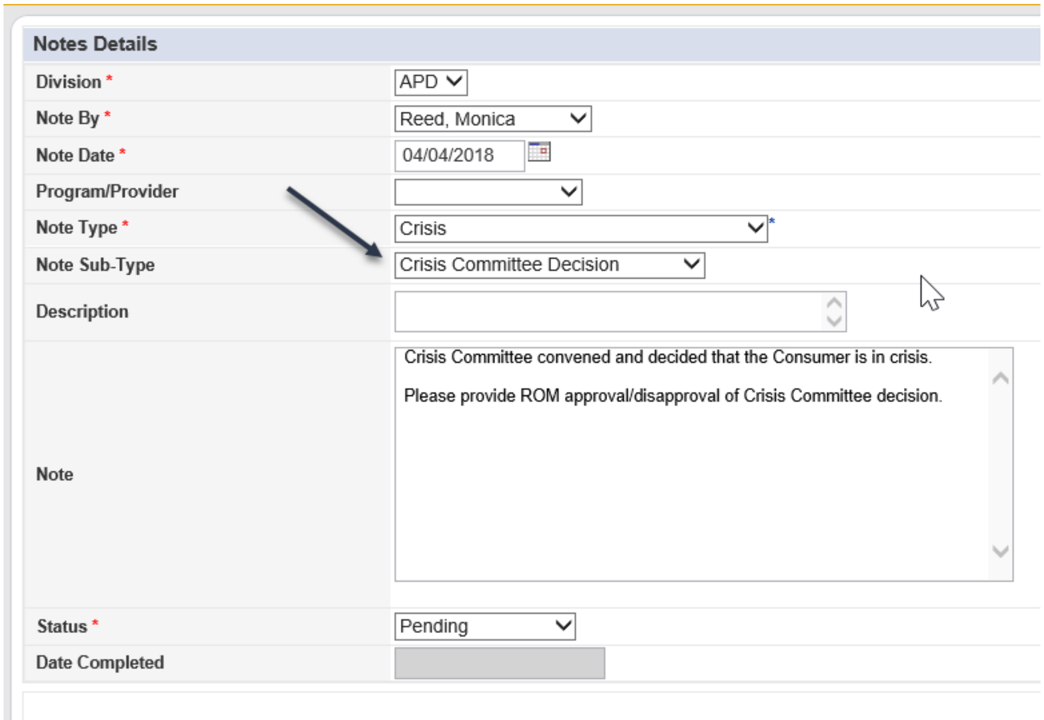
2. To begin, the Pre-Enrollment Support Coordinator will log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



3. The Pre-Enrollment Support Coordinator will record the Crisis Committee's decision in a Consumer Note record. To do so, navigate to the consumer's record and click **Notes > File > Add Note**.

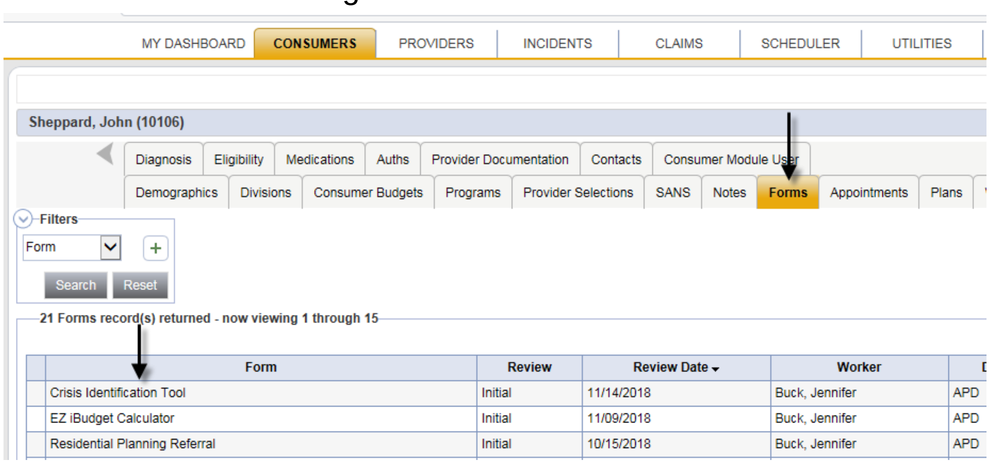
4. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Crisis
   c. Note Subtype = Crisis Committee Decision
   d. Note = Detail request for ROM approval
   e. Status = Pending
   f. Route the Note record to the ROM by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

5. When finished, click **File > Save and Close Note**



6. The Pre-Enrollment Support Coordinator will also mark the Crisis Identification Tool form as complete. To do so, navigate to the **Forms** Tab.

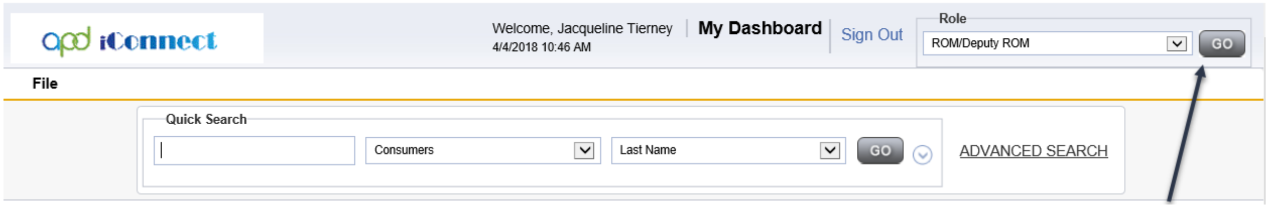
7. Select the existing **Crisis Identification Tool** form.



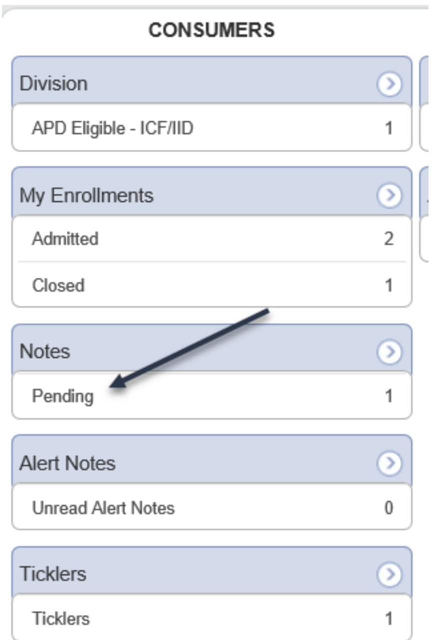
8. In the header, change the **Status** = Complete. This makes the form read only.

9. Click **File** > **Save and Close Forms.**

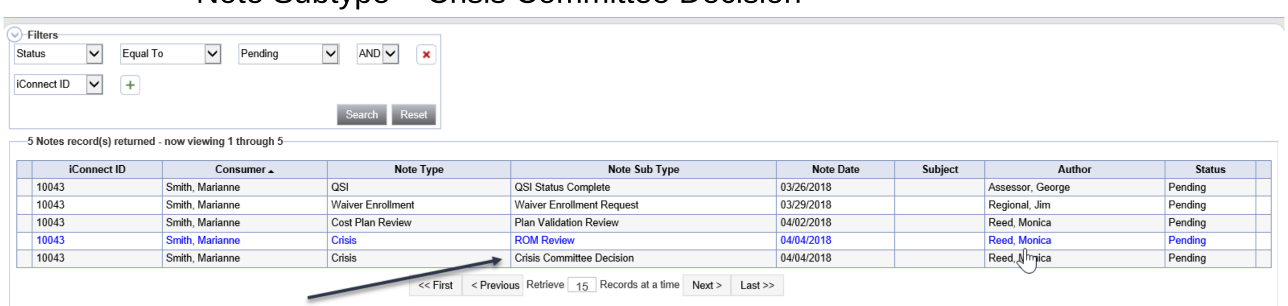
10. The Region Operations Manager (ROM) will also monitor their **My Dashboard** for Pending Notes related to Crisis Committee Decisions. To begin, log into iConnect and set Role = ROM/Deputy ROM. Click **Go.**



11. On the **My Dashboard**, find the Consumers Section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue:



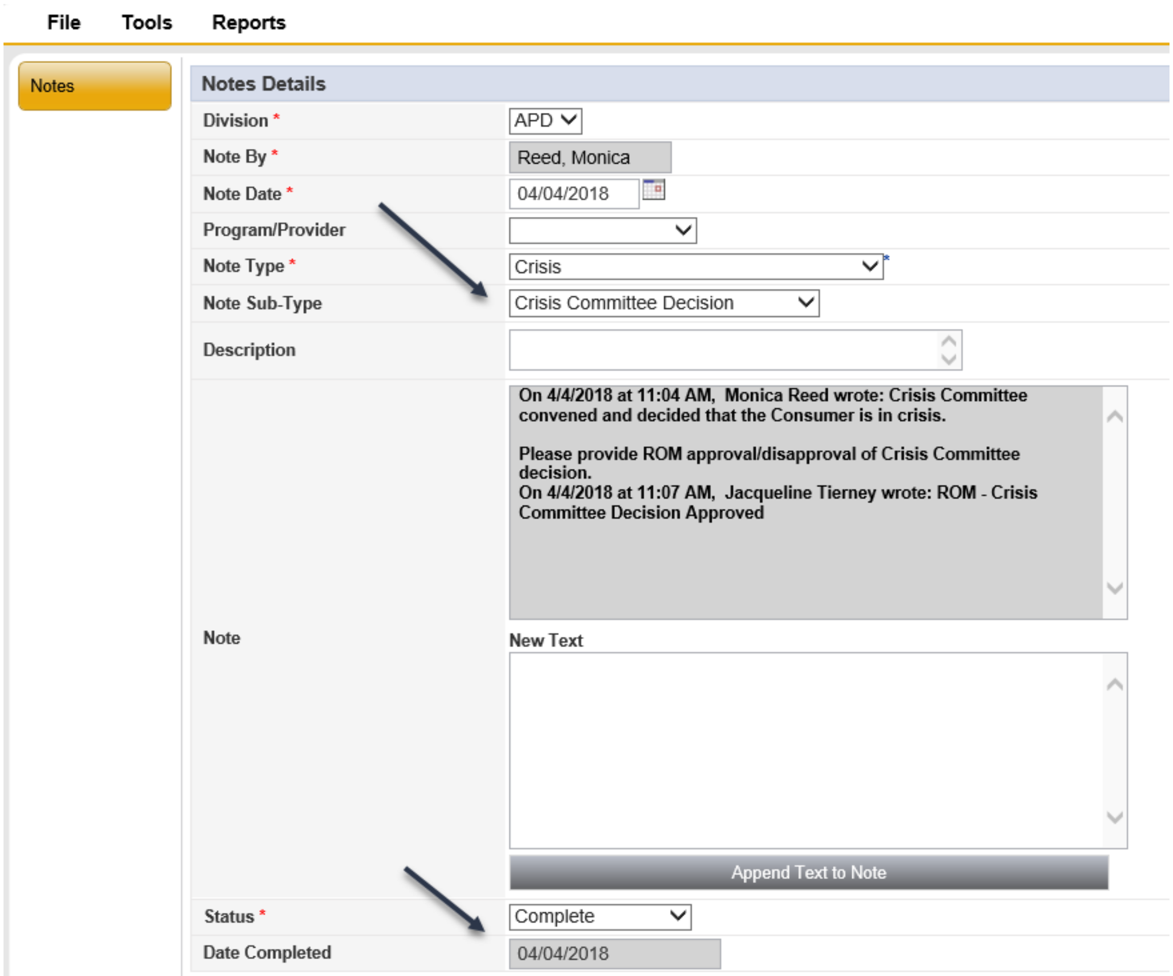
a. Use the multi variable search to find the Note with Note Type = Crisis and Note Subtype = Crisis Committee Decision



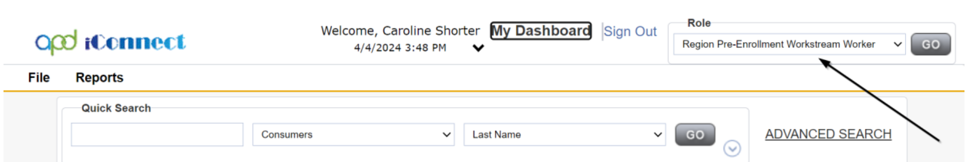
12. Review the contents of the Note. Update the following fields:
    a. Note: Denote the approval/disapproval of the Crisis Committee's Decision.
    b. Status = Complete

c. Route the Note back to the appropriate Pre-Enrollment Support Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

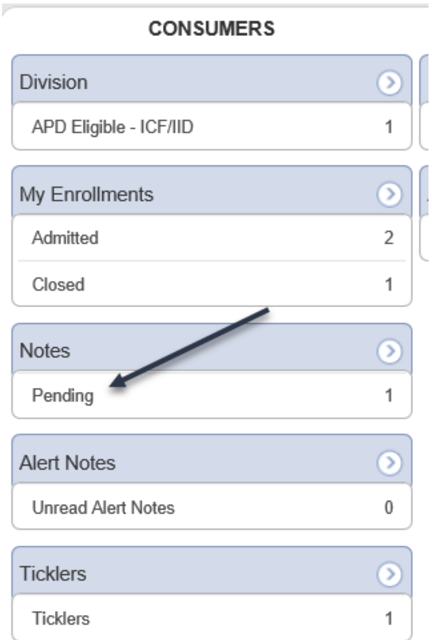
13. When finished, click **File > Save and Close Notes**



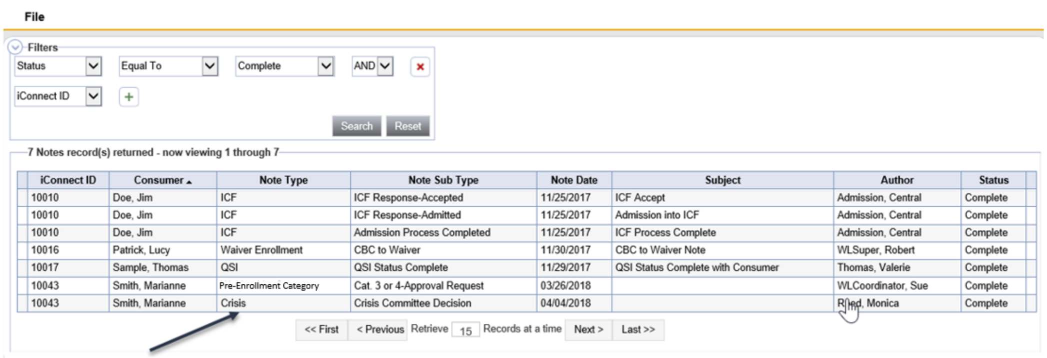
14. The Pre-Enrollment Coordinator will monitor their **My Dashboard** for Complete Notes related to the Crisis Committee Decision approval or disapproval. To do so, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



15. On the **My Dashboard**, find the Consumers Section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue:



a. Use the multi variable search to find the Note with Note Type = Crisis and Note Subtype = Crisis Committee Decision



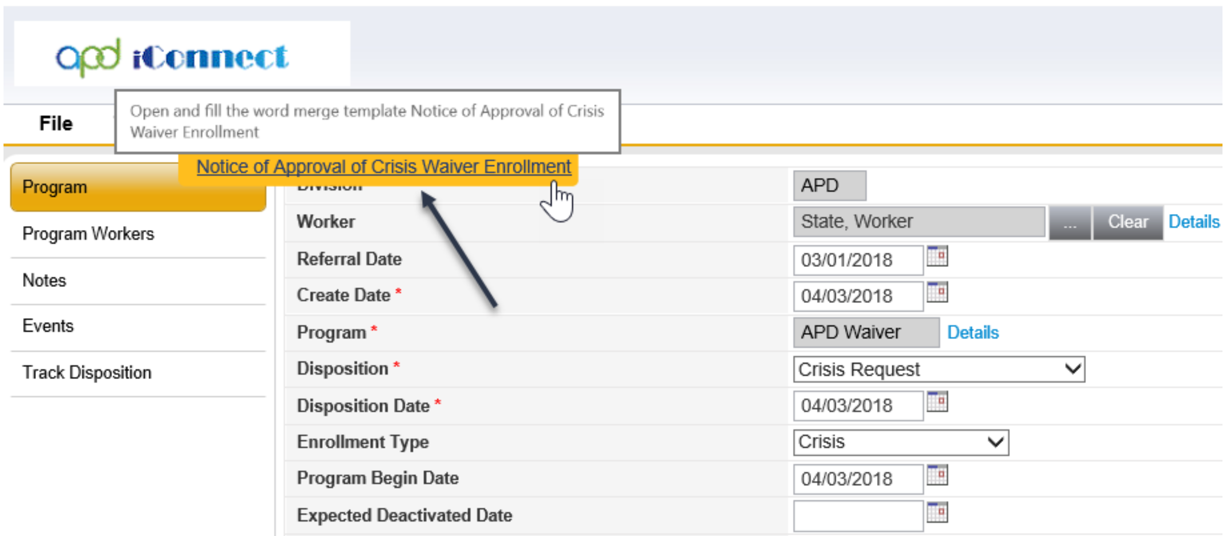
16. Review the contents of the Note to view the ROM's approval or disapproval of the Crisis Committee's decision:
    a. If the Consumer is in Crisis, proceed below.
    b. If the Consumer is NOT in Crisis, proceed to the Section below called Crisis Committee Concludes Consumer Not in Crisis

Crisis Committee Concludes Consumer in Crisis

Remember!

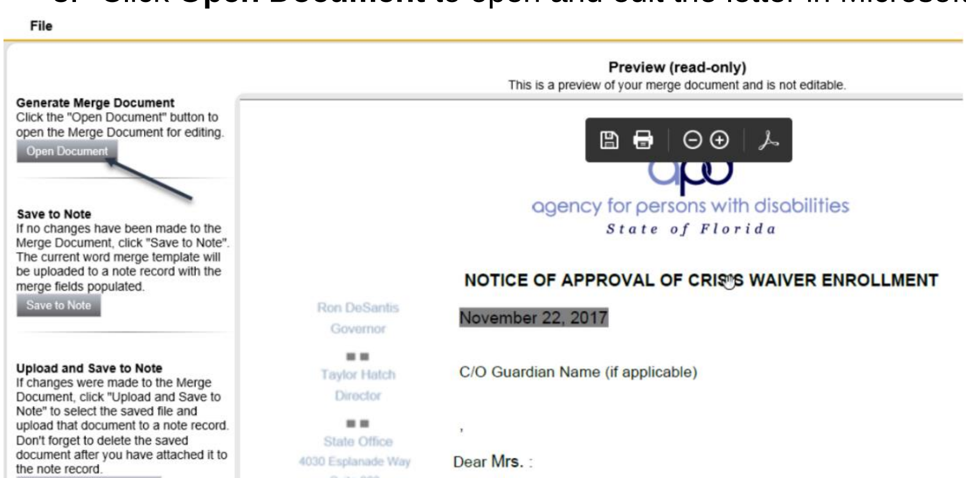
If the Consumer is on the Pre-Enrollment and is now in Crisis, he/she will be removed from the Pre-Enrollment after the crisis is approved and the enrollment is completed by the State Office. This occurs via system automation when the APD waiver Program enrollment record disposition is changed to Enrolled.

1. If the Crisis Committee and ROM agree that the Consumer is in Crisis and is eligible for Crisis Waiver enrollment, the Pre-Enrollment Support Coordinator will navigate to the consumer's record and click on **Programs >** click to open the appropriate Program record > **Word Merge** and select the **Notice of Approval of CWE**



2. The Notice of Approval of Crisis Waiver Enrollment letter will open in the Word Merge preview screen.

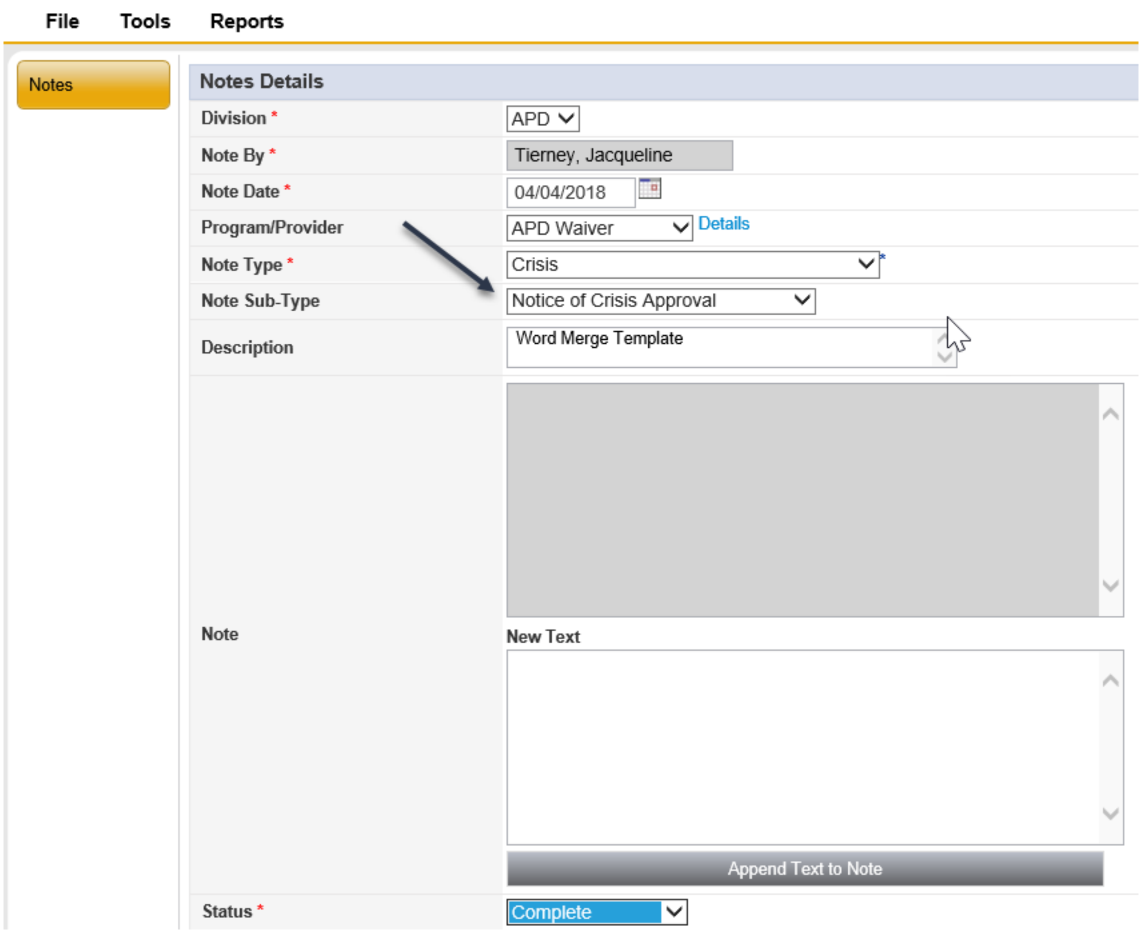
3. Click **Open Document** to open and edit the letter in Microsoft word.



4. When finished, print and mail the letter to the Consumer, and save the letter to your desktop

5. Back in the Word Merge preview screen, click **Upload and Save to Note.** In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Crisis
    c. Note Subtype = Notice of Crisis Approval
    d. Status = Complete

6. When finished, click **File > Save and Close Notes**

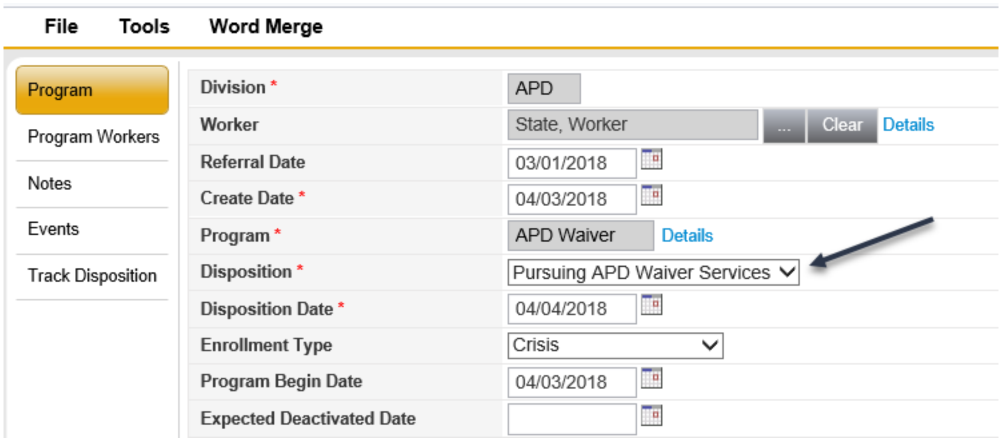


7. Then, click on the consumer's **Demographics** tab > **Word Merge** to generate these letters. Follow the process outlined above to edit the documents in Microsoft Word, print and mail them to the Consumer, and upload them to Consumer Note records.
    a. Waiver Support Coordination Selection Packet
    b. WSC Selection Form

8. Navigate to the consumer's record and click on the **Programs** tab and click on the APD waiver Program record.

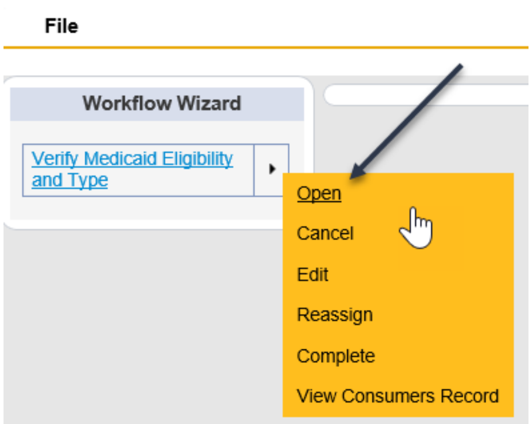
9. Update the following fields:
    a. Program = APD waiver
    b. Disposition = Pursuing APD waiver Services
    c. Enrollment Type = Crisis
    d. Program Begin Date = Update as appropriate

10. When finished, click **File > Save and Close Programs**



11. Upon saving the Program record, a Workflow Wizard with the following Ticklers:
    a. Verify Medicaid Eligibility and Type - *Assigned to Pre-Enrollment Support Coordinator,* Due Immediately

12. Click to open the Tickler called Verify Medicaid Eligibility and Type



13. The consumer's Pay List View Grid will open. Confirm that the Consumer has a Medicaid Payer record

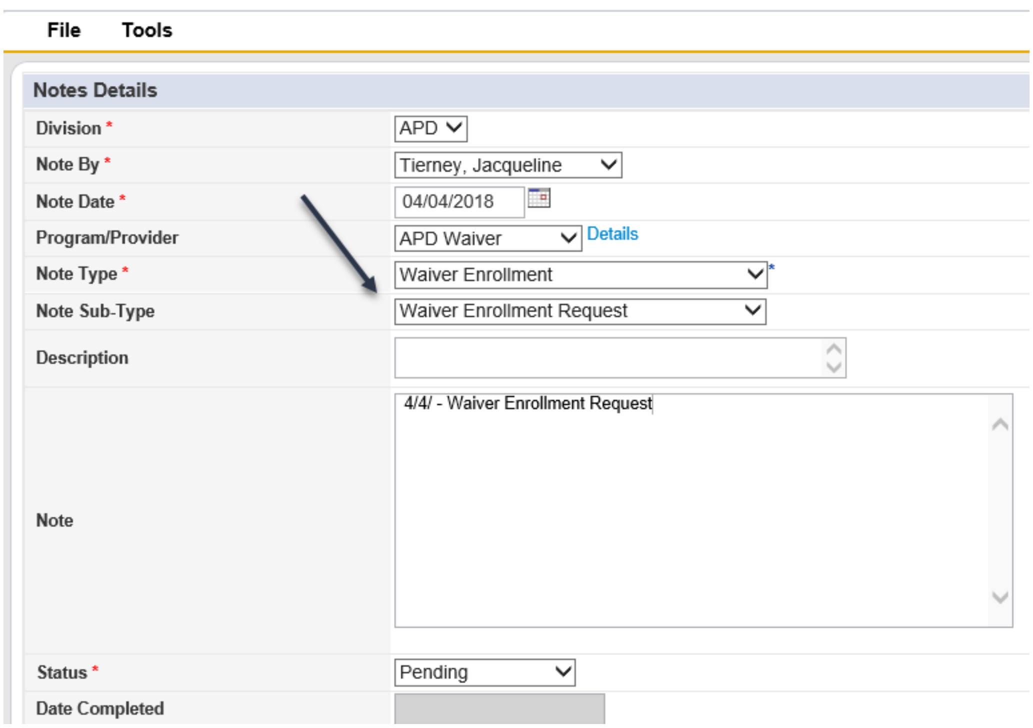
14. When finished, hover over the arrow next the Tickler to click **Complete**

15. Click **File > Close Workflow Wizard**

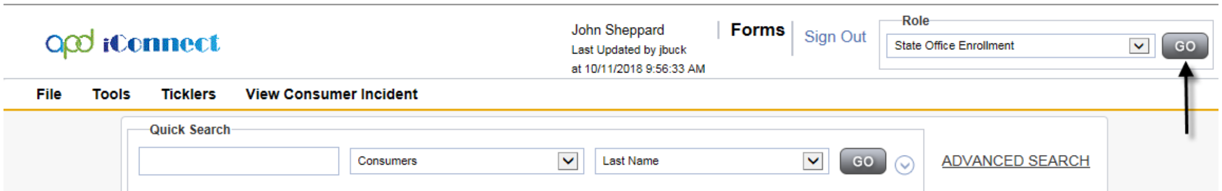
16. If the Consumer is Medicaid eligible, send a Waiver Enrollment Approval Request to the State Office Worker. To do so, navigate to the consumer's record and click **Notes > File > Add Note:**

17. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = Waiver Enrollment Request
    d. Note = Include details of Waiver enrollment
    e. Status = Pending
    f. Route the Note record to the State Office Worker by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

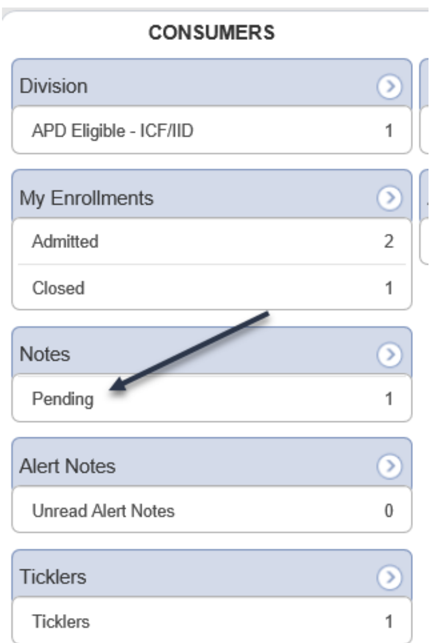
18. When finished, click **File > Save and Close Note**



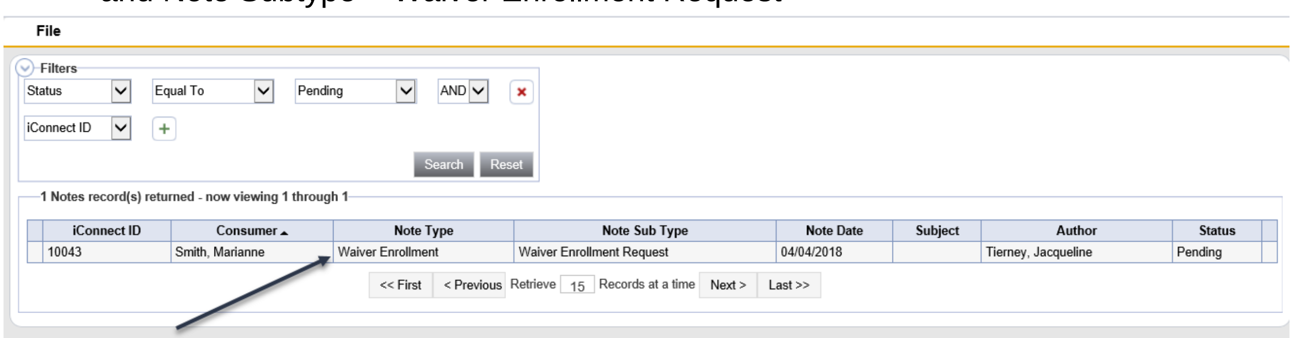
19. The State Office Worker will monitor their **My Dashboard** for Pending Notes related to Waiver Enrollment. To do so, log into iConnect and set Role = State Office Enrollment. Click **Go.**



20. On the **My Dashboard**, find the Consumers Section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue:

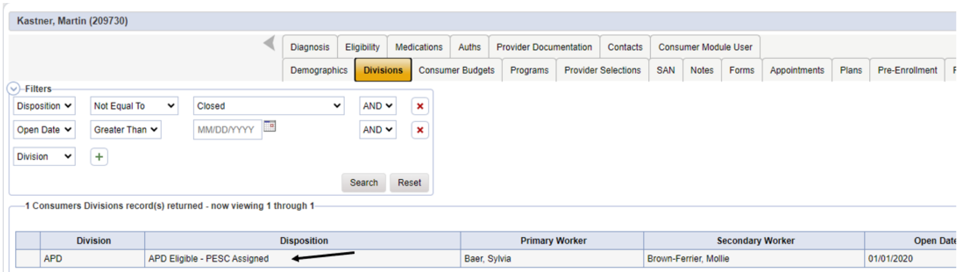


21. Use the multi variable search to find the Note with Note Type = Waiver Enrollment and Note Subtype = Waiver Enrollment Request



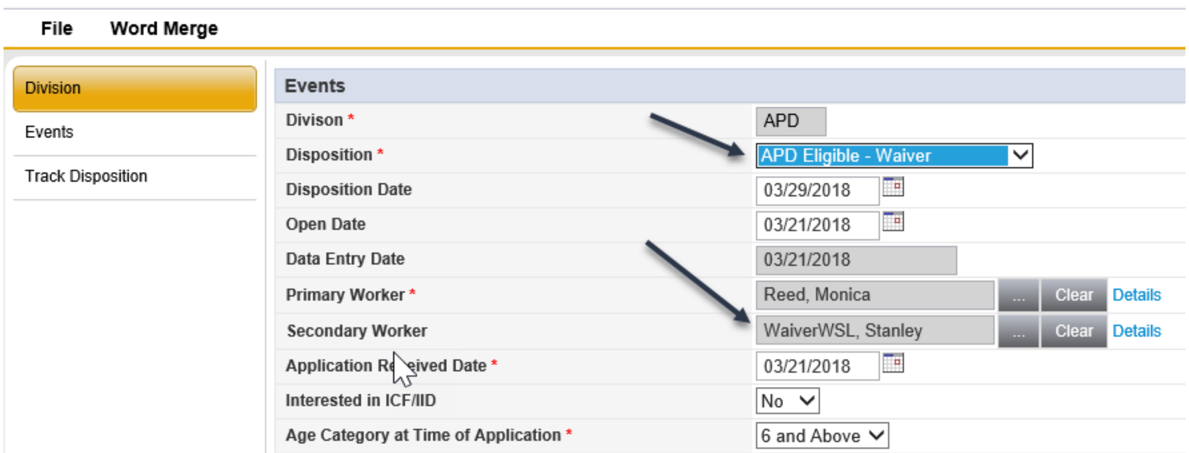
22. In the Notes Queue, open the Note record with Note Type = Waiver Enrollment and Note Subtype = Waiver Enrollment Request. Review the contents of the Note and then click **File > Close Notes.**

23. Navigate consumer's record and click on the **Divisions** tab. In the Divisions List View Grid, open the consumer's APD Division record:



24. In the APD Division record, update the following fields:
    a. Primary Worker = Waiver Support Coordinator (or designated regional worker if the Consumer has not yet selected a WSC)
    b. Secondary Worker = Waiver Workstream Lead
    c. Disposition = APD Eligible – Waiver

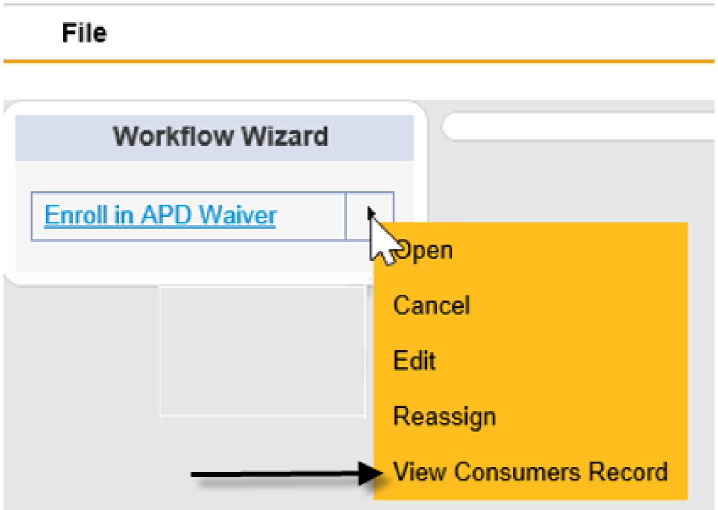
25. When finished, click **File > Save and Close Division**



26. Upon saving the APD Division record with Disposition = APD Eligible - Waiver, a Workflow Wizard triggers with the following Tickler:
    a. Enroll in APD waiver - *Assigned to the State Office Worker,* Due Immediately

27. Select the tickler to open. A message tickler displays: Create/Update the APD waiver Program Record with Disposition = Enrolled.

28. Hover over the arrow next to the Tickler called Enroll in APD waiver to and click **View consumer's Record:**

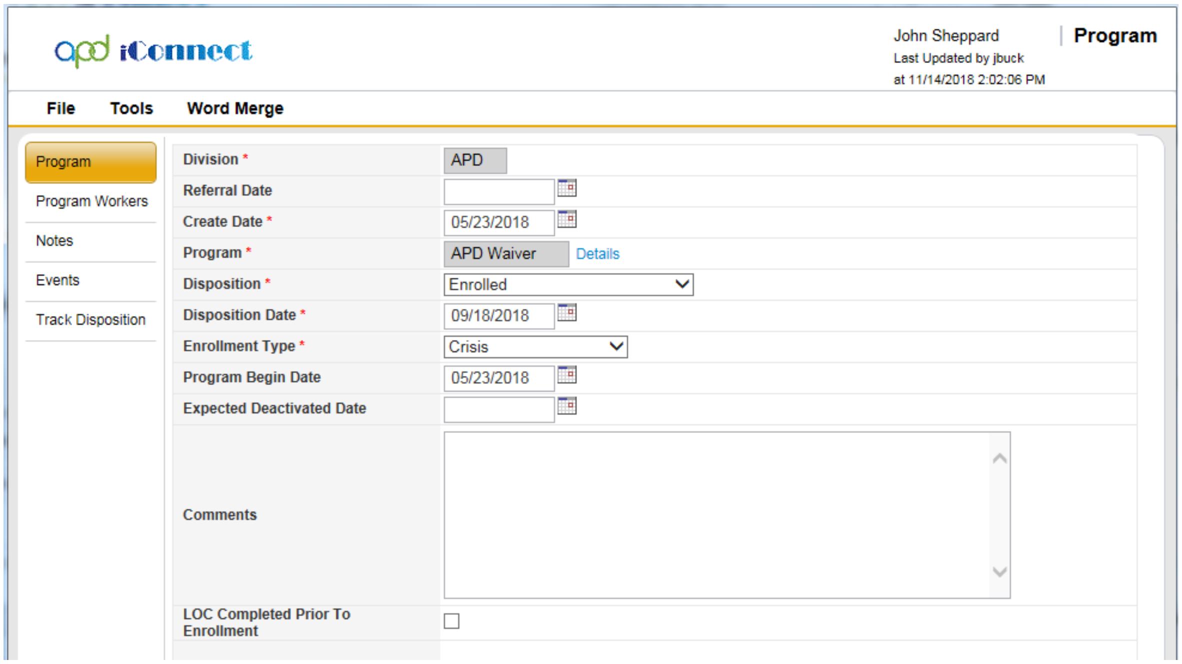


29. The consumer record opens in a new window.

30. Select the Programs the locate the APD waiver program record and click to Open. Update the following fields:
    a. Program = APD waiver
    b. Disposition = Enrolled
    c. Enrollment Type = Crisis

       NOTE: The Enrolment type can vary depending on the type of enrollment: Crisis, ICF/IDD, etc.
    d. Primary Worker on the Division tab = Waiver Support Coordinator
    e. Program Begin Date = update as appropriate

31. When finished, click **File > Save and Close Program.**



32. Return to the Open Workflow Wizard window. From the tickler flyout menu select Complete.

33. Also, upon saving the Program record, a Workflow Wizard triggers with six Ticklers assigned to the Waiver Support Coordinator and will be outlined in the section on [Cost Plans. and Support Plan](#)
    a. Initiate Cost Plan - *Assigned to WSC,* Due Immediately
    b. Complete Person-Centered Support Plan - *Assigned to WSC,* Due Immediately
    c. Complete Amount Implementation Meeting - *Assigned to WSC,* Due Immediately
    d. Upload Support Planning Collateral Documents to Note - *Assigned to WSC,* Due Immediately
    e. Complete Cost Plan - *Assigned to WSC,* Due in 45 Days
    f. Eligibility Worksheet Reminder - *Assigned to WSC,* Due in 45 Days

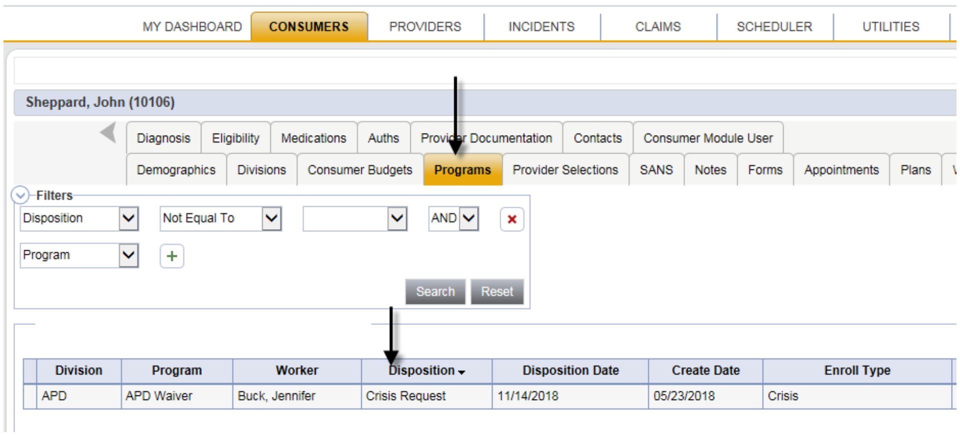
34. If the Consumer is NOT Medicaid eligible, initiate the process to help the Consumer to become Medicaid eligible

35. If the Consumer will never be Medicaid eligible, navigate to the consumer's record, click **Programs** > click to open the APD Program Enrollment record.
36. Update the following fields:
    a. Enrollment Type = Crisis
    b. Disposition = Withdrawn

37. When finished, click **File > Save and Close Programs**

Crisis Committee Concludes Consumer Not in Crisis

1. If the Crisis Committee and ROM agree that the Consumer is NOT Crisis and is not eligible for Crisis Waiver enrollment, the Pre-Enrollment Support coordinator will navigate to the consumer's record and click on **Programs** and open the consumer's APD waiver program record with Disposition = Crisis Request.



2. Click **Word Merge** and generate the **Notice of Denial of CWE** letter

3. The Notice of Denial of CWE letter will open in the Word Merge preview screen.

4. Click **Open Document** to open and edit the letter in Microsoft word.

5. When finished, print and mail the letter to the Consumer, and save the letter to your desktop

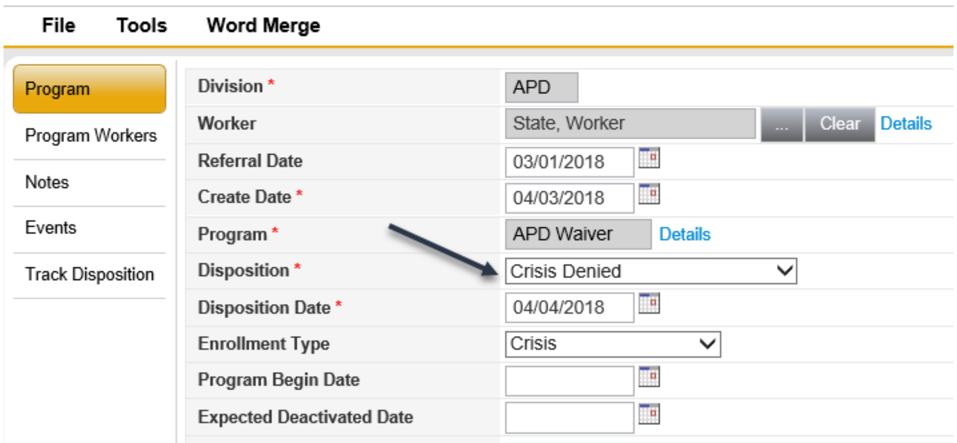
6. Back in the Word Merge preview screen, click **Upload and Save to Note.** In the new Consumer Note record, update the following fields:
   a. Division = APD
   b. Note Type = Crisis
   c. Note Subtype = Notice of Crisis Denial
   d. Status = Complete

7. When finished, click **File > Save and Close Notes**

8. Navigate to the consumer's record and click on the **Programs** tab and click on the APD waiver Program record.

9. Update the following fields:
   a. Program = APD waiver
   b. Disposition = Crisis Denied
   c. Enrollment Type = Crisis

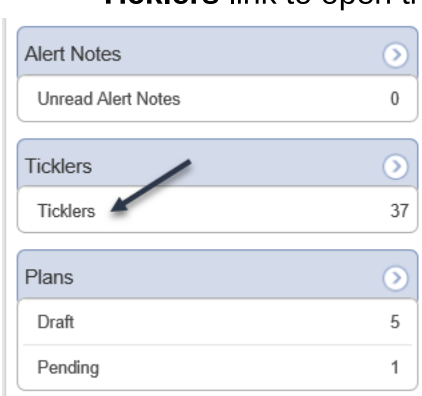
10. When finished, click **File > Save and Close Programs**



11. Upon saving the program record, a Workflow Wizard will trigger with the following Ticklers:
    a. Close Crisis Waiver Request Program - *Assigned to Pre-Enrollment Support Coordinator,* Due in 35 days after date the Program Disposition changed to Crisis Denied

12. The Pre-Enrollment Support Coordinator can access this Tickler via the **My Dashboard**.

13. Find the Consumers Section and scroll down to the Ticklers Panel. Click on the **Ticklers** link to open the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

Tip

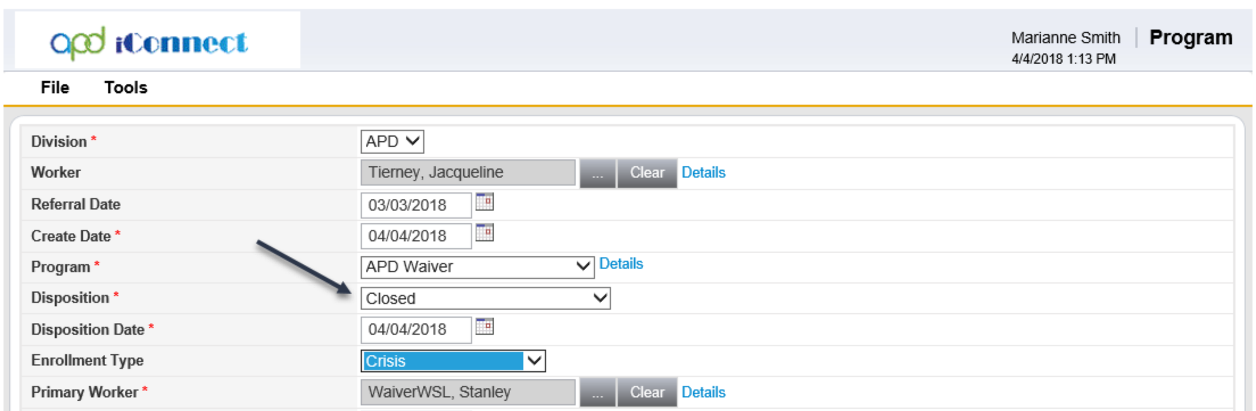
When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

14. In the search results, click to open the Tickler called Close Crisis Waiver Request Program.

15. Upon doing so, the consumer's Program List View Grid will open.

16. Click to open the APD waiver Program record and update Disposition = Closed. This will close the Crisis Request program enrollment record created by the Pre-Enrollment Support Coordinator to initiate the Crisis request process.

17. When finished, click **File > Save and Close Program.**



18. If the Consumer elects to exercise Due Process, proceed to [Chapter on Due Process.]

As Needed: Attach Supporting Documentation to a Note

If Supporting Documentation needs to be attached to the consumer's record in iConnect, the Pre-Enrollment Workstream Worker will upload attachments into iConnect using the Notes tab.

1. The Pre-Enrollment Workstream Worker will navigate to the consumer's record and click **Notes > File > Add Note.**
   a. In the new Note record, update the following fields:

i. Division = APD
ii. Note Type = Crisis
iii. Note Subtype = Additional Documents
iv. Note = Describe the attached documents
v. Status = Complete

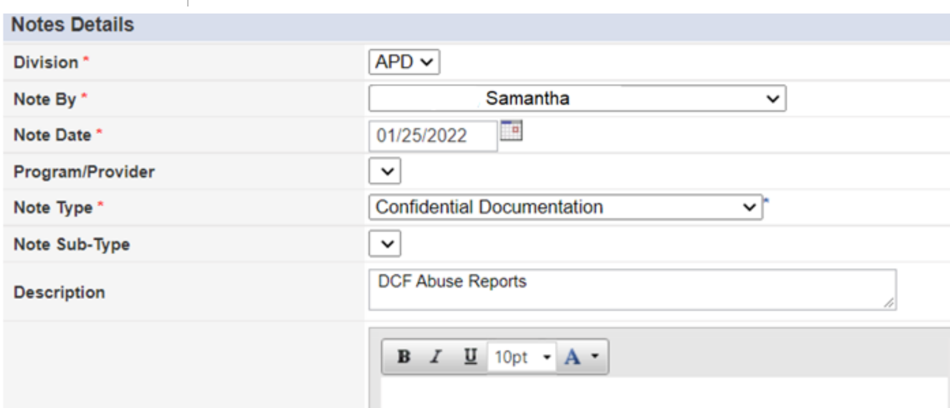
b. Attach the documents

Remember!!

If the Documentation that is being attached is Confidential, then use a separate note, updating the following fields:

c. Note Type = **Confidential Documentation**
d. Note Subtype = N/A

An example of Confidential Documentation is DCF Abuse Reports.



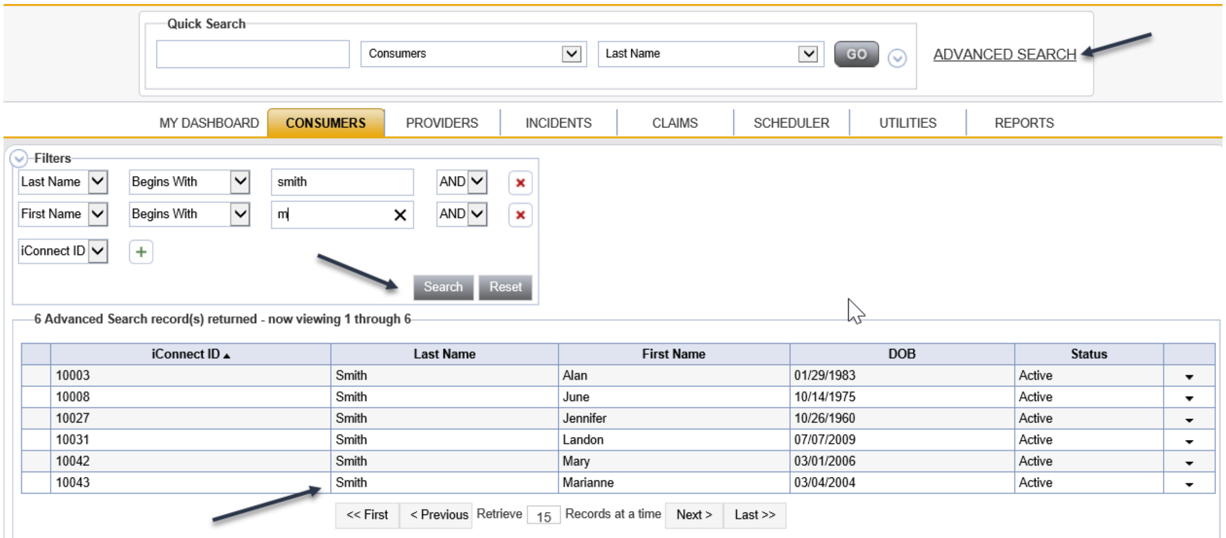
2. When finished, click **File > Save and Close Notes**

Forensic Discharge to APD waiver Enrollment – Crisis

1. Facilities will notify the State Office Forensic Coordinator of Consumers that require Waiver services upon discharge. These Consumers will enter the APD waiver via the Crisis Enrollment Process

2. The State Office Forensic Coordinator will begin by logging into iConnect and setting Role State Office Process Owner Then click **Go.**

3. Confirm if the Consumer is already an APD Consumer. To do so, click on the **Consumers** chapter and use the **Advanced Search** to search for the individual by First Name, Last Name, DOB, SSN, etc.



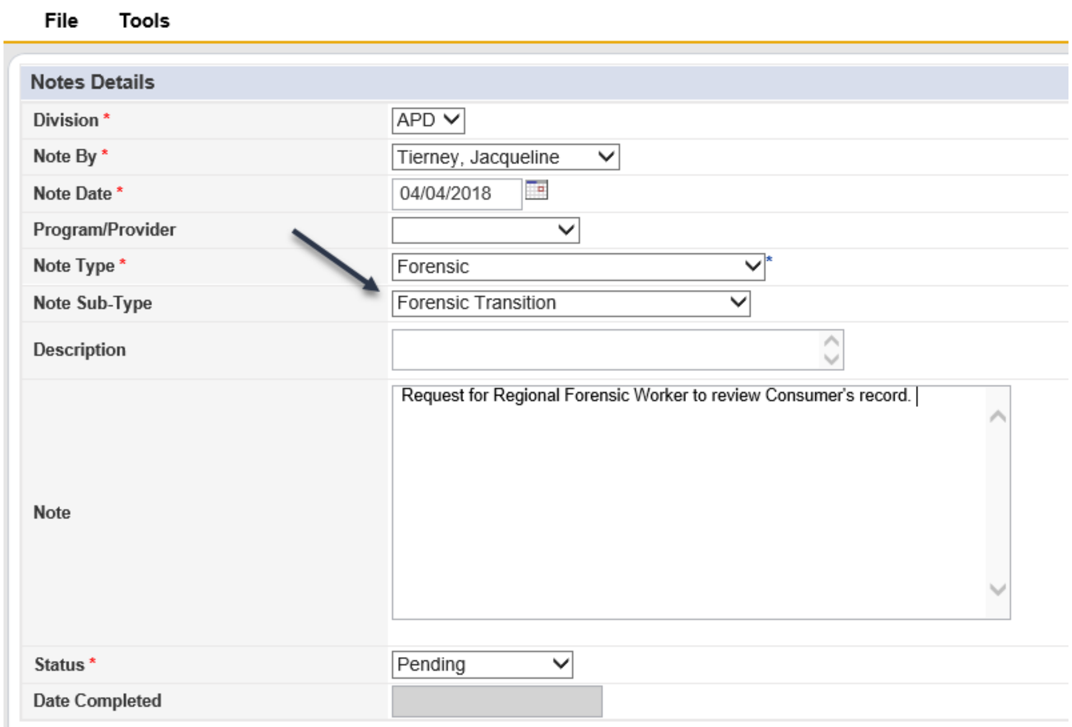
4. In the search results, verify if the Consumer has a matching record in the system and if the Consumer is open to APD:

If the Consumer has a record and is an APD Consumer:

5. If the search returns a matching result and that Consumer is already in APD, click on the match to open consumer's record and click **Notes > File > Add Note.**

6. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Forensic
    c. Note Subtype = Forensic Transition
    d. Status = Pending
    e. Attach any documents received from the Facility
    f. Route the Note to the appropriate Region Forensic Worker

7. When finished, click **File > Save and Close Notes**



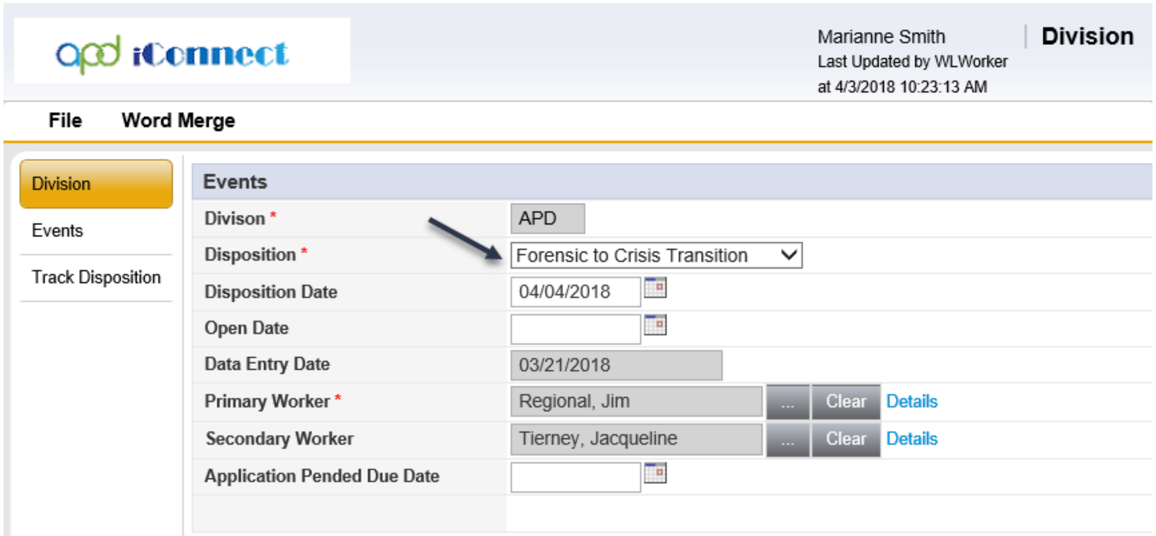
8. If all required documentation is complete, proceed to the Chapter on APD waiver Enrollment - Crisis.

If the Consumer has a record but is NOT an APD Consumer:

9. If the search returns a matching result and that Consumer is NOT already in APD, click on the match to open consumer's record and click **Divisions > File > Add Division.**

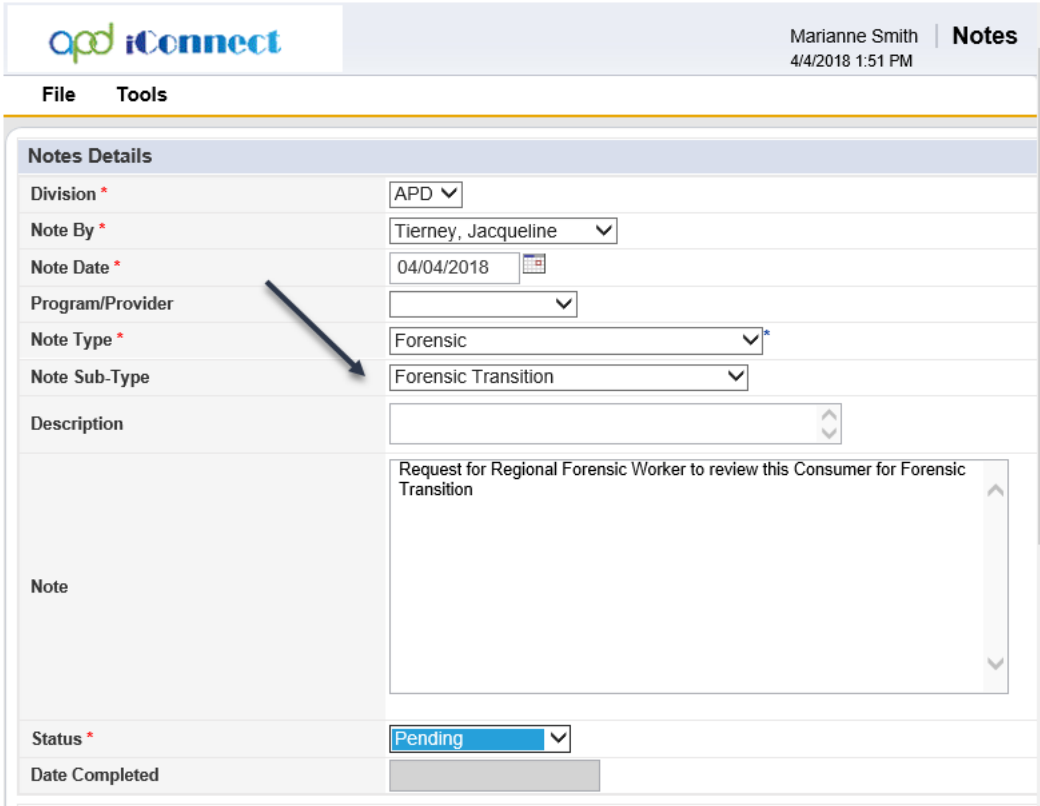
10. Update the following fields:
    a. Division = APD
    b. Disposition = Forensic to Crisis Transition
    c. Primary Worker = Region Pre-Enrollment Workstream Worker

11. When finished, click **File > Save and Close Division.**



12. Navigate to the consumer's record and click on **Notes > File > Add Note.** In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Forensic
    c. Note Subtype = Forensic Transition
    d. Status = Pending
    e. Attach any documents received from the Facility
    f. Route the Note to the appropriate Region Forensic Worker by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

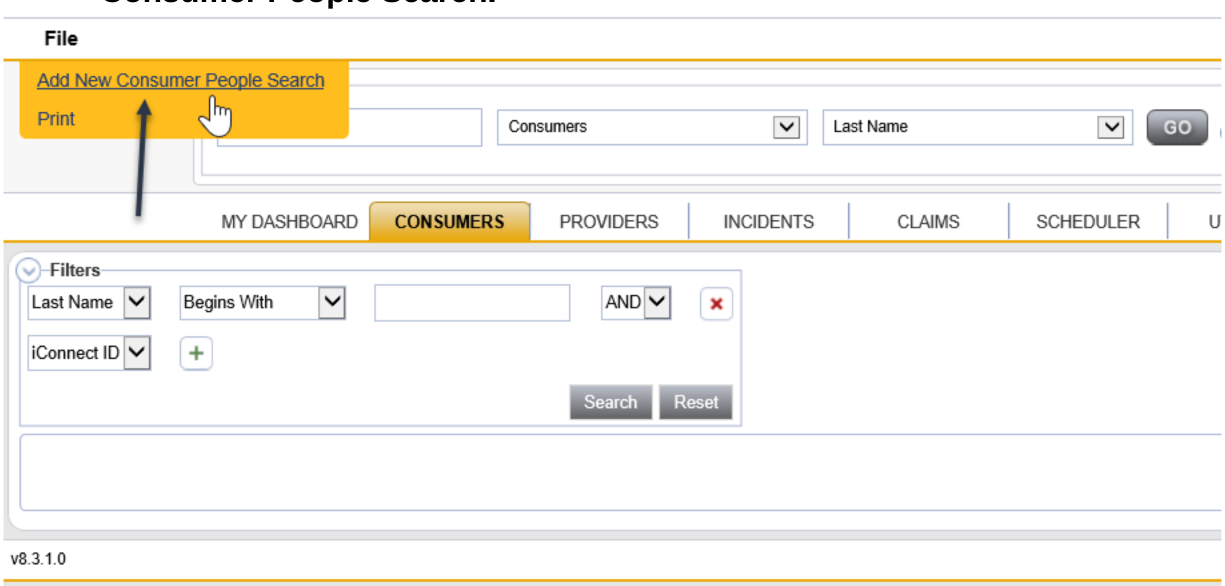
13. When finished, click **File > Save and Close Notes**



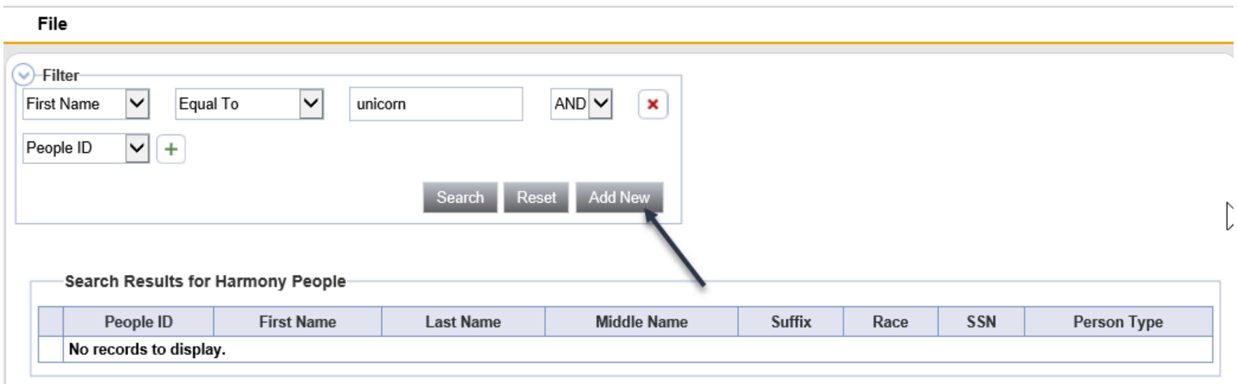
14. If all required documentation and the application process is complete, proceed to the [Chapter on Eligibility Determination] and then to the [Chapter APD waiver Enrollment - Crisis]

If the Consumer is not found in the Search:

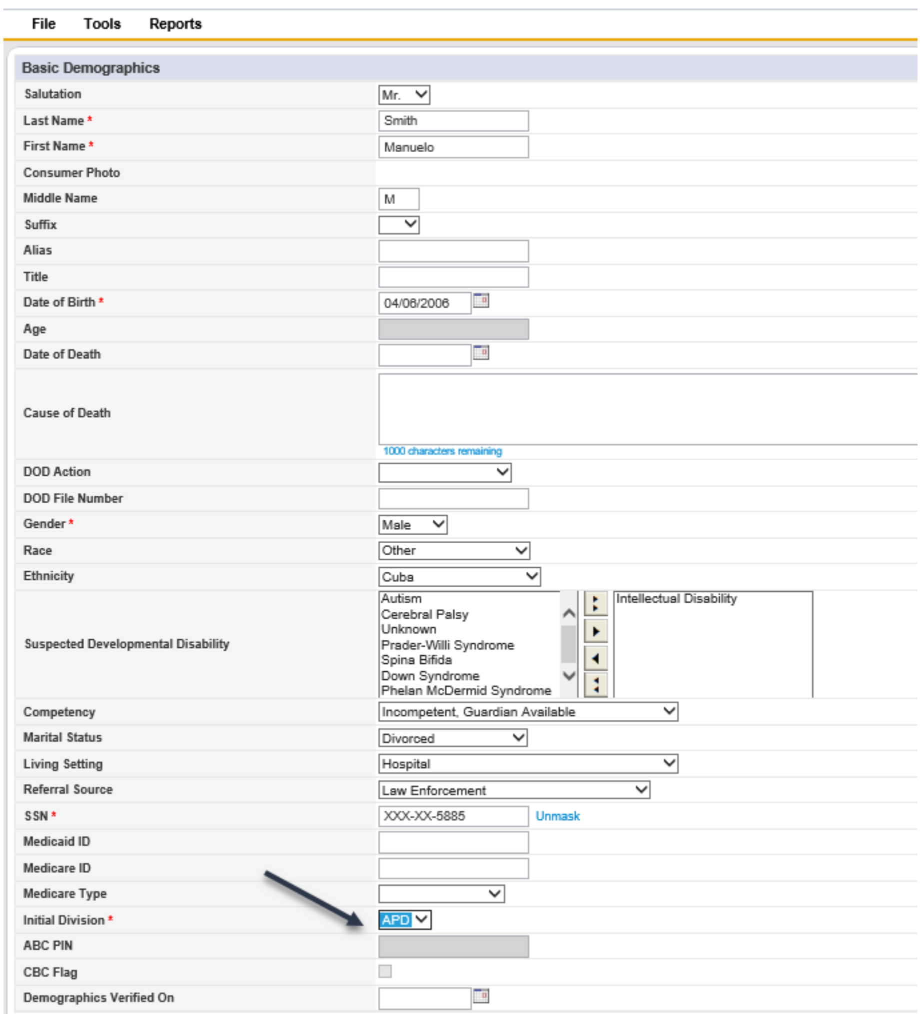
15. If the search results do not return a matching Consumer, click on **File > Add New Consumer People Search.**



16. Search for the Consumer and then click **Add New**



17. On the consumer's new record, update all Demographic fields and set Initial Division = APD

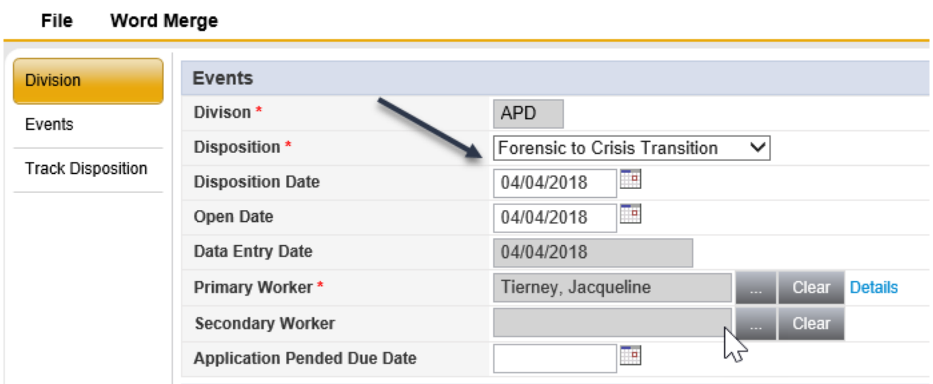


18. When finished, click **File > Save and Close Demographics**

19. Upon saving, the consumer's Division page will open with Division = APD.

20. Update the following fields:
    a. Disposition = Forensic to Crisis Transition

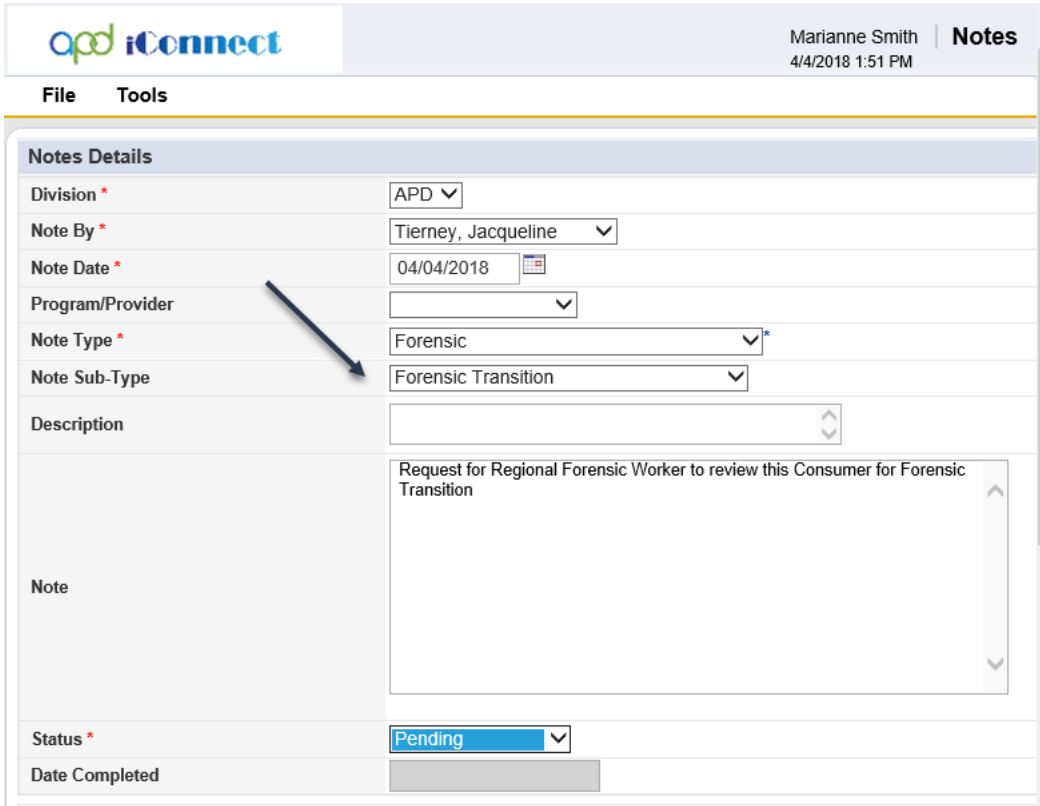
21. When finished, click **File > Save and Close Division**
    NOTE: The Application process needs to be completed to see if the Consumer meets eligibility criteria. If they are found to meet eligibility criteria, the forensic transition to crisis process would resume. However, if they are found ineligible, the notice of ineligibility needs to be sent and the due process time frames observed. If the applicant does not exercise due process, the facility would have to make alternative discharge arrangements, and proceed to closing the APD Division record.



22. Navigate to the consumer's record and click on **Notes > File > Add Note.**

23. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Forensic
    c. Note Subtype = Forensic Transition
    d. Status = Pending
    e. Attach any documents received from the Facility
    f. Route the Note to the appropriate Region Forensic Worker by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

24. When finished, click **File > Save and Close Notes**



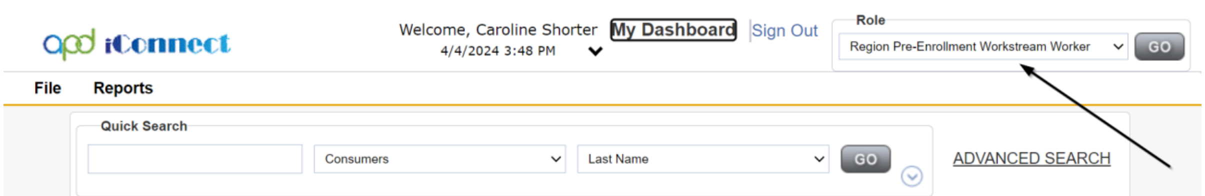
25. If all required documentation is complete, proceed to [APD waiver Enrollment - Crisis]

CBC Pre-Enrollment to Waiver

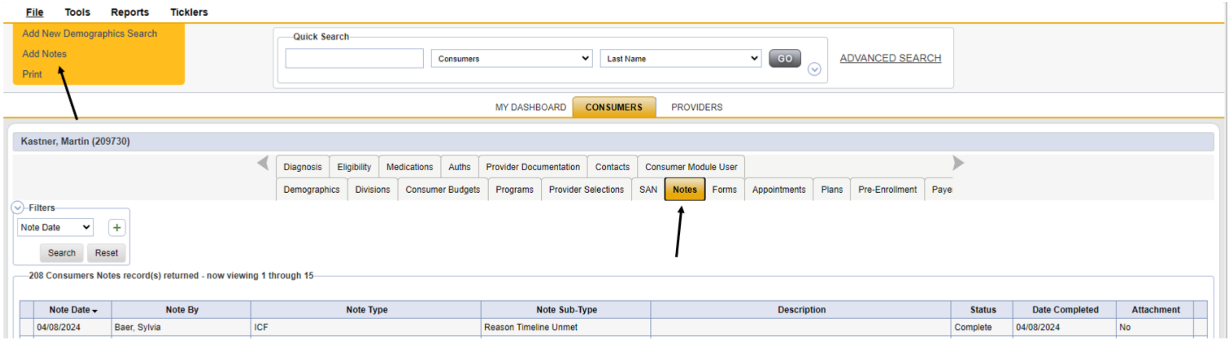
1. The process for moving a CBC Consumer from the Pre-Enrollment to Waiver begins with a Court Order for Permanency, adoption, reunification, permanent guardianship, or documentation that the Consumer is turning 18.

2. Once it is determined that the Consumer meets the criteria to come off the Pre-Enrollment, the CBC will notify the Region at least 90 days prior to achieving permanency or immediately upon receipt of a Court Order

3. To begin, the Pre-Enrollment Workstream Lead will log into iConnect and set Role = Region Pre-Enrollment Workstream Lead. Click **Go.**

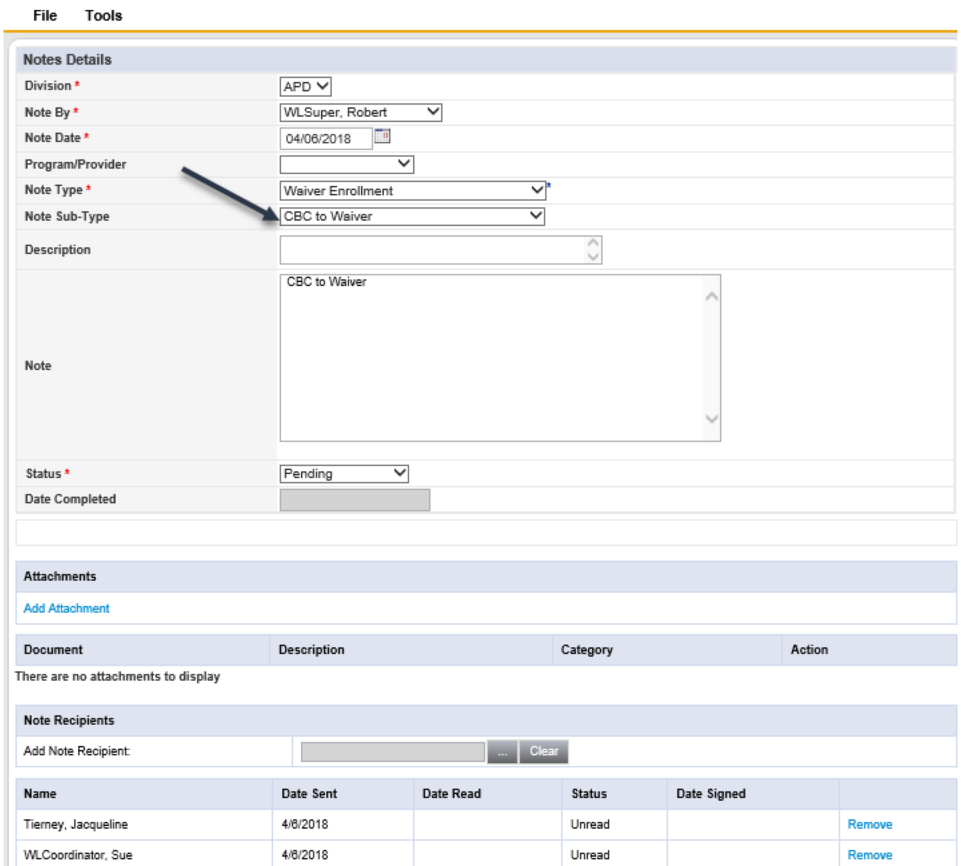


4. Navigate to the consumer's record and click **Notes > File > Add Note.**



5. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Enrollment
    c. Note Subtype = CBC to Waiver
    d. Status = Pending
    e. Attach all documentation including the Court order
    f. Route the Note record to the Pre-Enrollment Support Coordinator and the State Office Enrollment Coordinator by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

6. When finished, click **File > Save and Close Notes**

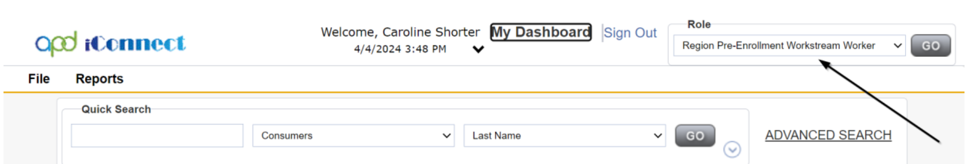


7. Proceed to the [Chapter on Pre-Enrollment processes] to proceed with the Waiver Enrollment Process

Military Family Application

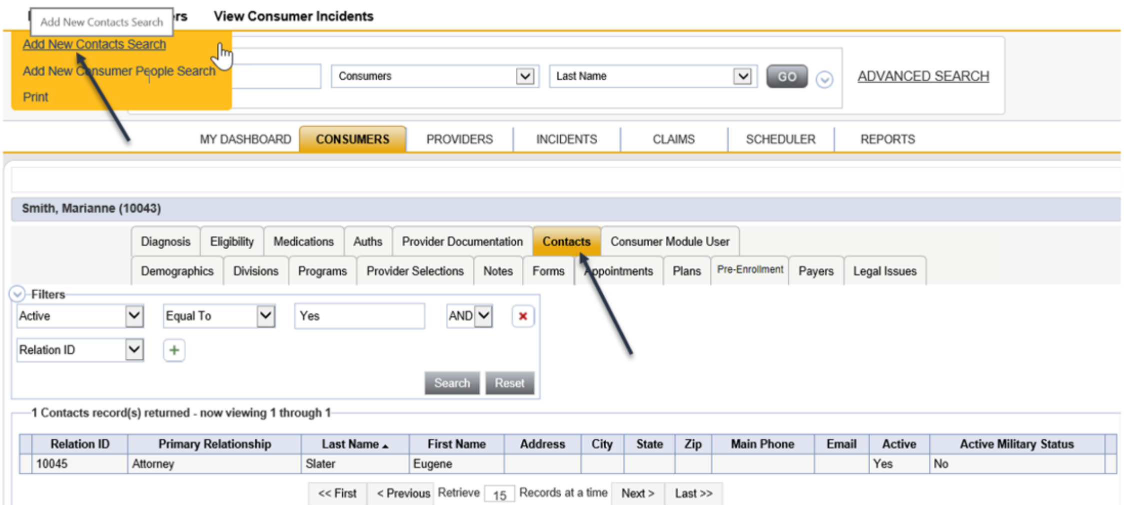
1. Upon receiving an application from a potential Military to Waiver Candidate, the Eligibility Determination Specialist will review the application and all collateral documents to ensure that the applicant is a dependent of an active duty military service member, and that the applicant received waiver services in the state that they moved from

2. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**

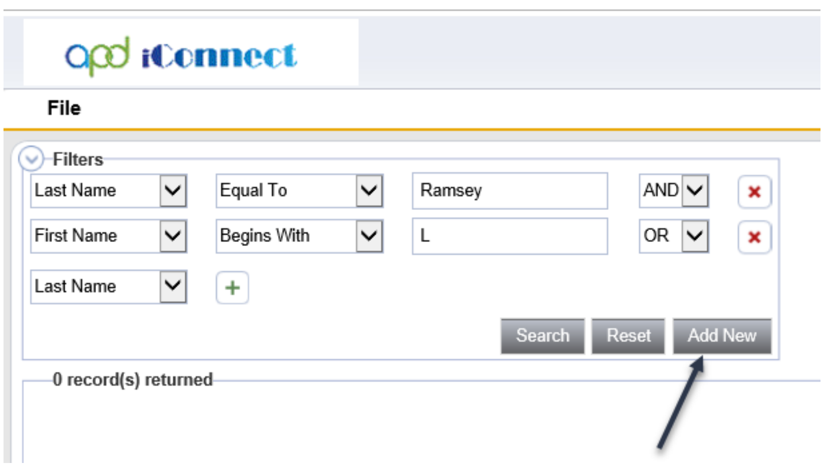


3. Create a Contact record for the applicant's Legal Representative.

4. To do so, navigate to the consumer's record and click **Contacts > File > Add New Contacts Search.** iConnect requires the user to first search the database for existing contact records before being able to add a new record.



a. Use the multi variable search to verify if the Legal Representative already has a record in iConnect. Click **Search**.



i. If the search returns a matching result, click on the matching record to add it as a Contact on the consumer's record

ii. If the search does not return a matching result, click Add New to create a new Contact on the consumer's record

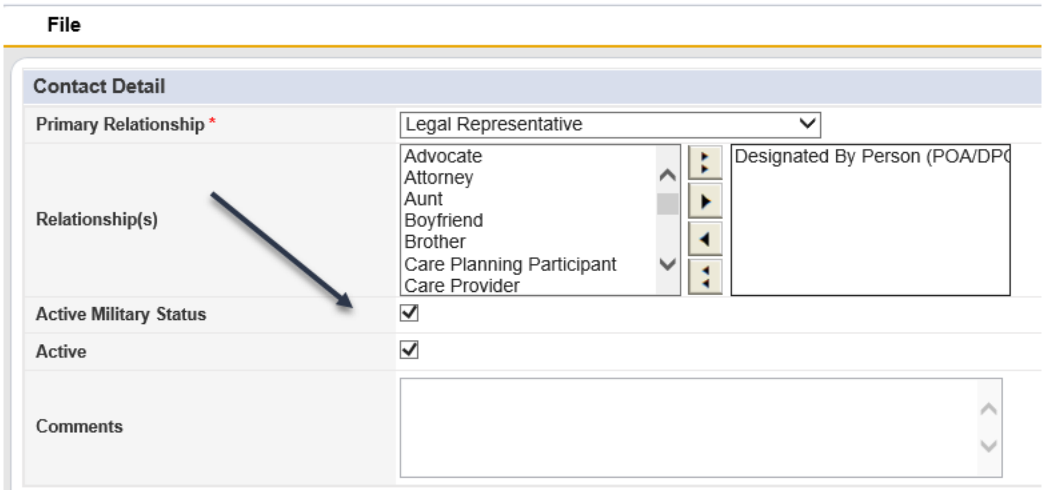
5. In the Legal Representative's Contact record, update the following fields:

a. Primary Relationship = select Legal Representative

b. Relationship(s) = select a value if multiple relationships exist

c. Active Military status = checked

d. Active = checked (this activates/inactivates the Contact record in iConnect)

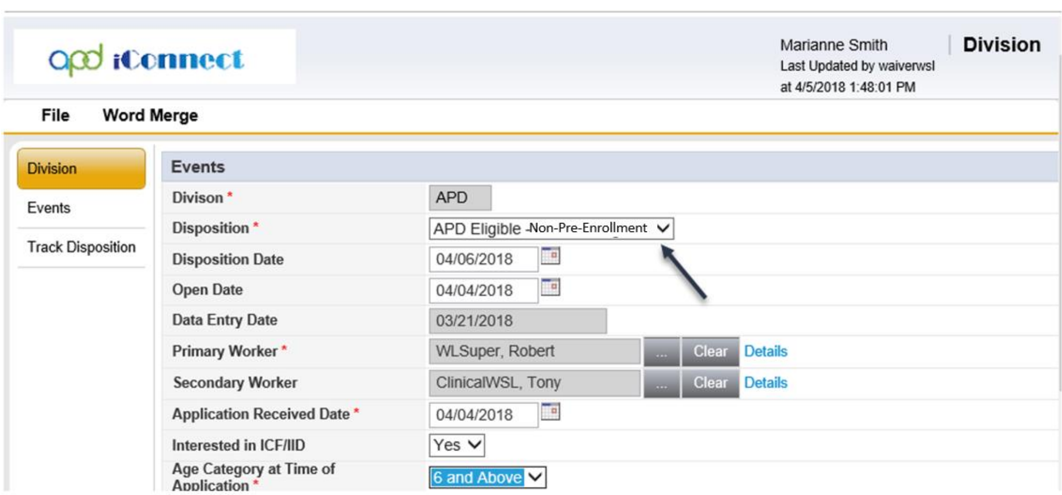


6. When finished, click **File > Save and Close Contacts.**

7. Update the consumer's Division record. To do so, navigate to the consumer's record and click on the **Divisions** tab > open the APD Division record.

8. Update the following fields:
   a. Disposition = APD Eligible – Bypass PE
   b. Primary Worker = Pre-Enrollment Workstream Lead
   c. Secondary Worker = Clinical Workstream Lead

9. When finished, click **File > Save and Close Division.**



10. Upon saving the APD Division record with Disposition = APD Eligible Bypass PE, a Workflow Wizard will trigger:
    a. Merge/Mail Applicable Notice – *Assigned to Eligibility Determination Specialist,* Due Immediately

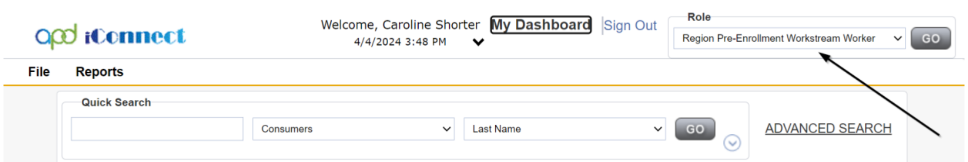
b. Assign Initial QSI – *Assigned to Clinical Work Stream Lead,* Due Immediately
c. Complete Family Risk Factor - *Assigned to Clinical Workstream Lead,* Due in 45 days
d. Complete Waiver Eligibility Worksheet – *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 Days
e. Complete Support Plan Short Form - *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 Days
f. Verify Mental Health Diagnosis - *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 Days

11. Proceed to Chapter 3 | Applicant Deemed Eligible and Bypasses Pre-Enrollment, to complete these enrollment ticklers.

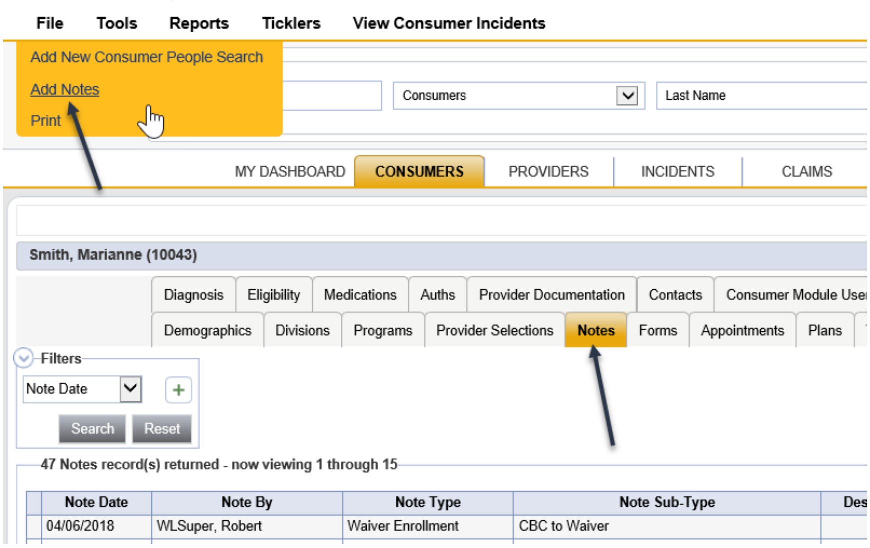
Phelan McDermid

1. Upon receiving an application from an applicant considered to have Phelan McDermid Syndrome, the Eligibility Determination Specialist will review the application to ensure that it includes documentation from an approved professional

2. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



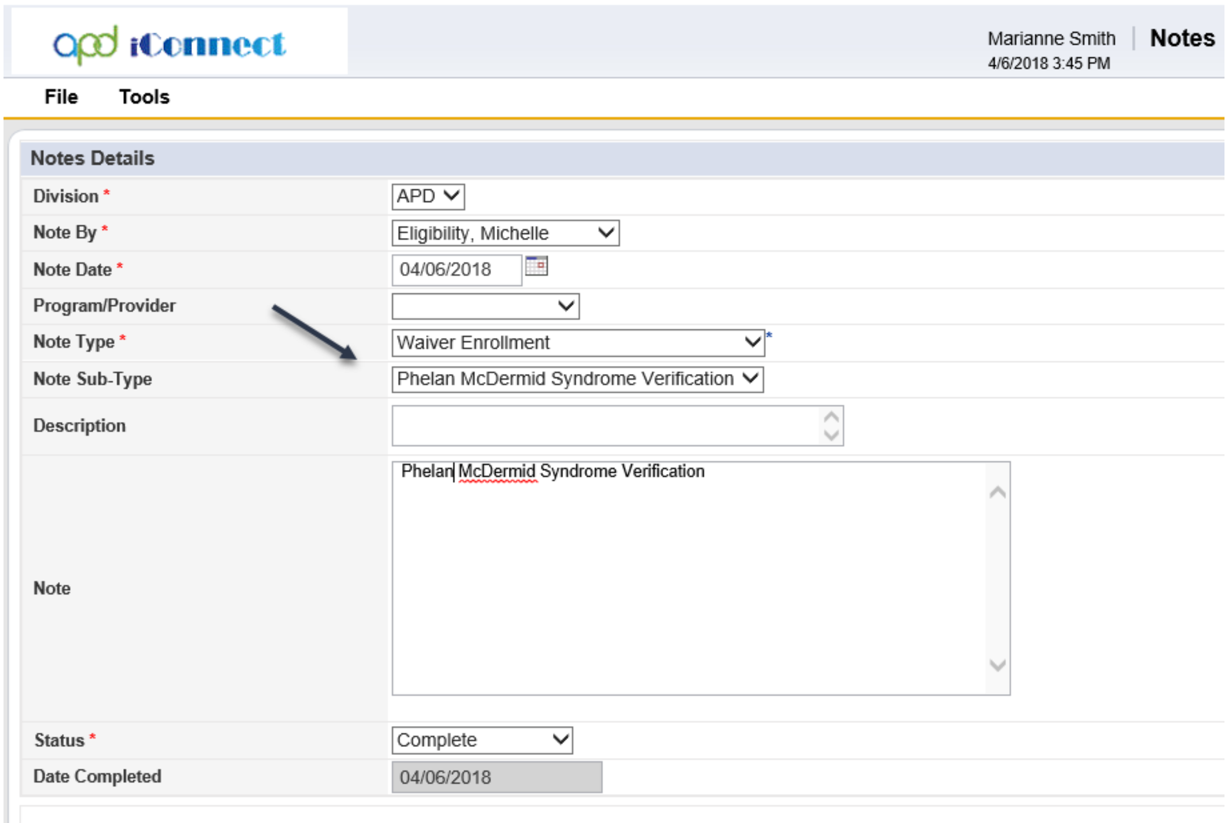
3. Navigate to the consumer's record and click **Notes > File > Add Note.**



4. In the new Note record, update the following fields:

a. Division = APD
b. Note Type = Waiver Enrollment
c. Note Subtype = Phelan McDermid Syndrome Verification
d. Status = Complete
e. Attach any supporting documentation

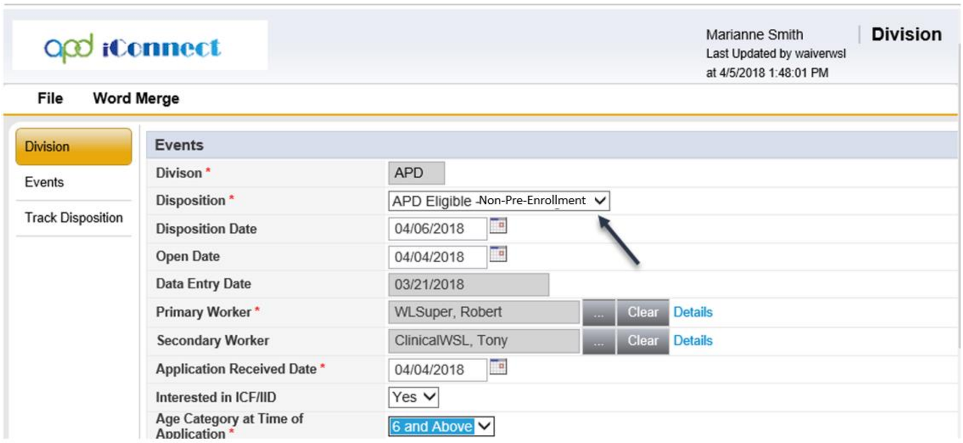
5. When finished, click **File > Save and Close Notes**



6. Update the consumer's Division record. To do so, navigate to the consumer's record and click on the **Divisions** tab > open the APD Division record.

7. Update the following fields:
   a. Disposition = APD Eligible - Non-Pre-Enrollment
   b. Primary Worker = Pre-Enrollment Workstream Lead
   c. Secondary Worker = Clinical Workstream Lead

8. When finished, click **File > Save and Close Division**



9. Upon saving the APD Division record with Disposition = APD Eligible Bypass PE, a Workflow Wizard will trigger:
    a. Merge/Mail Applicable Notice – *Assigned to Eligibility Determination Specialist,* Due Immediately
    b. Assign Initial QSI – *Assigned to Clinical Work Stream Lead,* Due Immediately
    c. Complete Family Risk Factor - *Assigned to Clinical Workstream Lead,* due in 45 days
    d. Complete Waiver Eligibility Worksheet – *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 Days
    e. Complete Support Plan Short Form - *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 Days
    f. Verify Mental Health Diagnosis - *Assigned to Pre-Enrollment Workstream Lead* – Due in 45 days

10. Proceed to Chapter 3 | Applicant Deemed Eligible and Bypasses Pre-Enrollment, to complete the Waiver Eligible Bypass PE Process

CDC+ Enrollment

1. A Consumer can express interest in the CDC+ Program. If the consumer's current Waiver Support Coordinator is not a CDC+ Consultant, the Consumer can contact the Region Office to obtain a list of CDC+ Consultants who are available. If the Consumer cannot direct their own services, the decision on who will act on their behalf as their CDC+ Representative will be made.

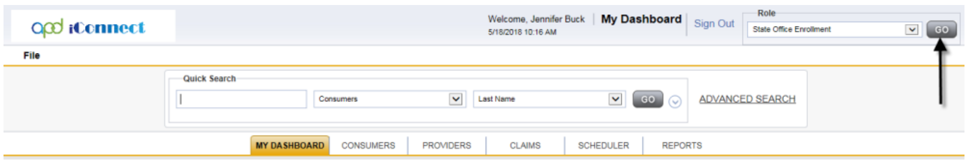
2. The Consumer or their Representative must take and pass the Readiness Review by 85% before completing and submitting the Application to enroll in CDC+.

3. Upon receiving the consumer's application, the CDC+ staff will review all application documentation for accuracy. The CDC+ Enrollment staff then enters application information into the CDC+ System (not iConnect).

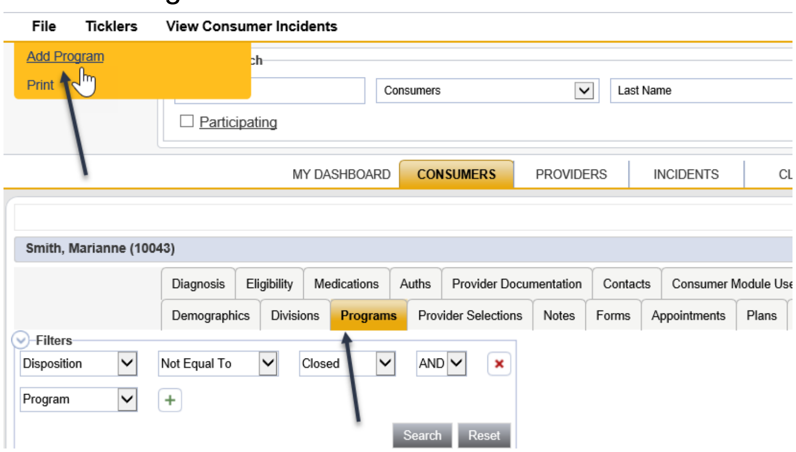
4. Upon submitting a new Start Purchasing Plan and all required documentation, the CDC+ staff will review the documentation and determine who will be enrolled each month.

CDC+ Program Enrollment

1. To enroll a Consumer in the CDC+ Program in iConnect, the CDC+ staff member will log in and set Role = State Office Enrollment. Click **Go.**

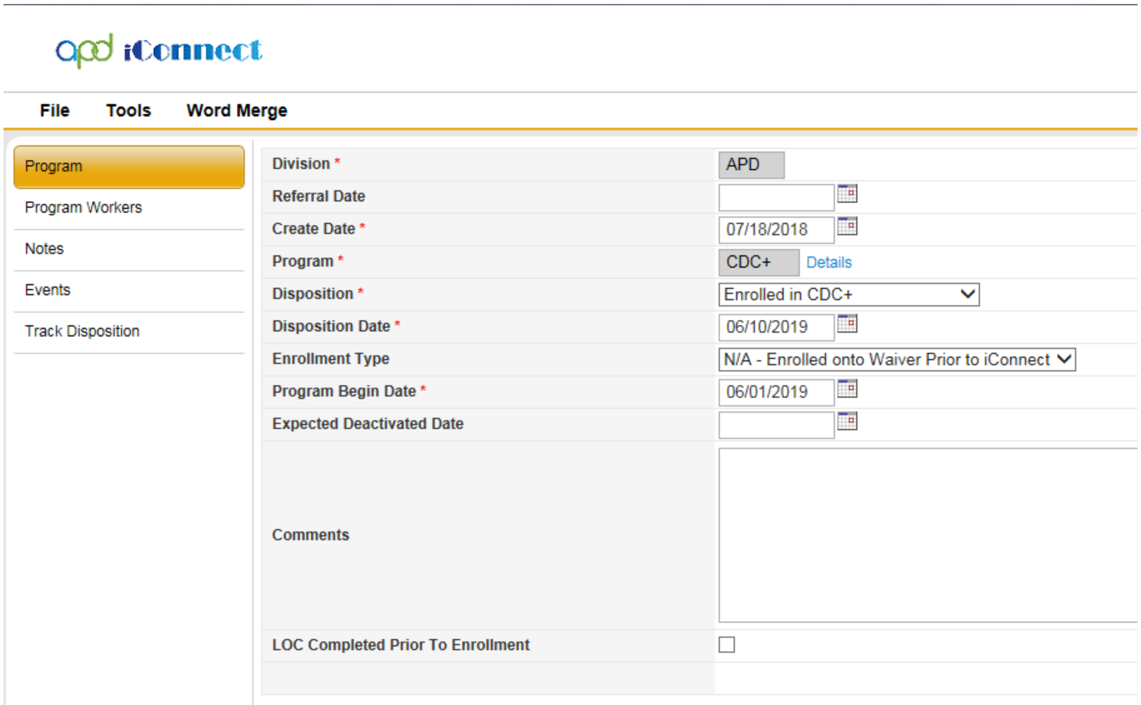


2. Navigate to the consumer's record and click on **Programs > File > Add Program.**



3. In the new Program record, update the following fields:
   a. Program = CDC+
   b. Disposition = Enrolled in CDC+
   c. Referral Date = Date that APD received notification of interest in CDC+
   d. Enrollment Type = leave blank. NA for CDC+
   e. Primary Worker = Waiver Support Coordinator (CDC+ Consultant)
   f. Program Begin Date = Projected effective date for CDC program to begin.

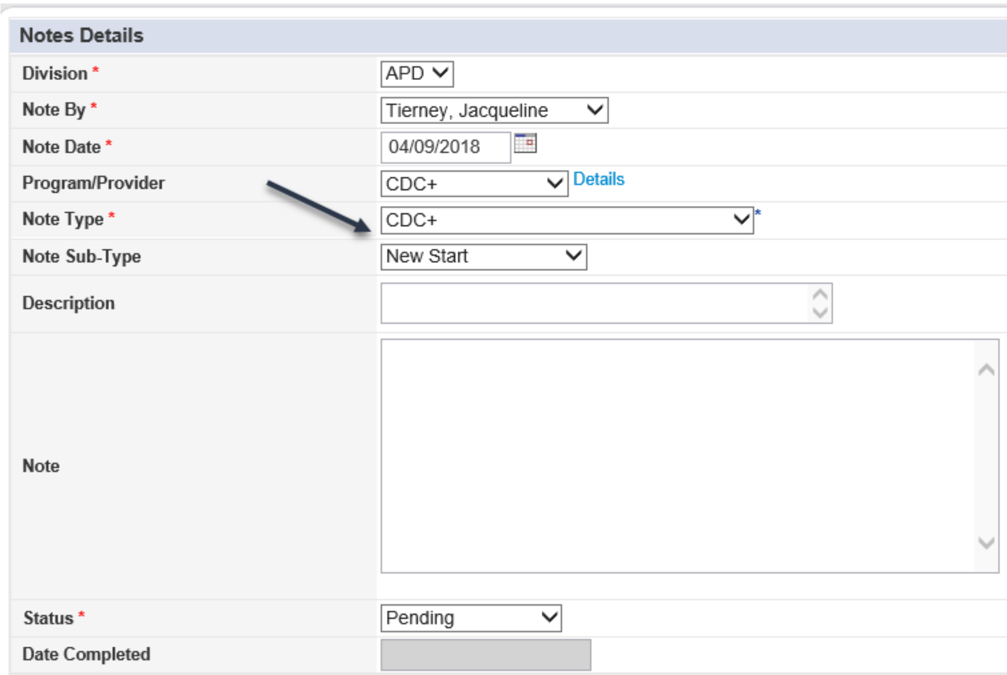
4. When finished, click **File > Save and Close Programs.**
   a. This consumer will now have one APD waiver Program record and one CDC+ program record.



5. Navigate to the consumer's record and click on **Notes > File > Add Note.**

6. In the new Note record, update the following fields:
   a. Division = APD
   b. Program = CDC+
   c. Note Type = CDC+
   d. Note Subtype = New Start
   e. Status = Pending
   f. Route the Note record to the CDC+ Consultant by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

7. When finished, click **File > Save and Close Notes**



End Date APD waiver Plan and Services

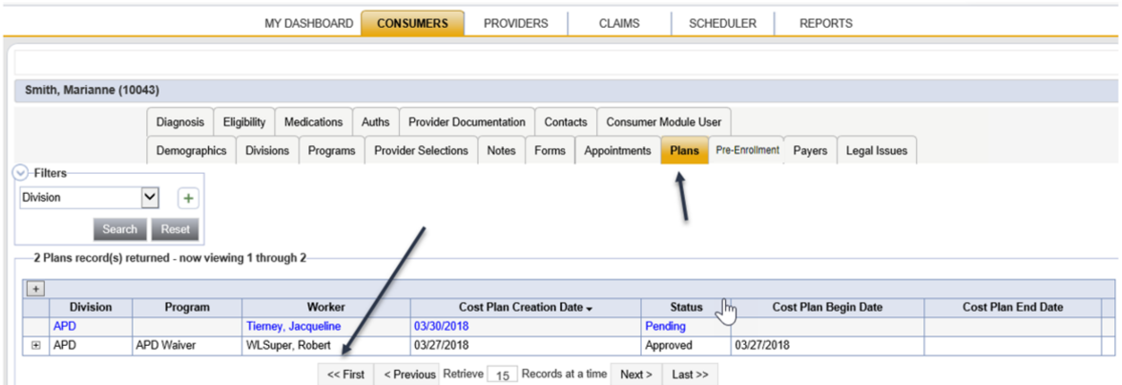
1. The CDC+ Consultant will monitor their **My Dashboard** for Note records related to CDC+. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**

2. On the **My Dashboard,** find the Consumers section and scroll down to the Notes Panel. Click on the **Pending** link to open the Notes Queue

3. In the Notes Queue, open the Note record with Note Type = CDC+ and Note Subtype = New Start and review the contents of the Note.

4. The CDC+ Consultant confirms what has been billed and what is yet to be billed on the APD waiver authorizations.

5. The CDC+ Consultant will update each planned service. On the consumer's record, click on the **Plans** tab > open the existing APD waiver Plan.

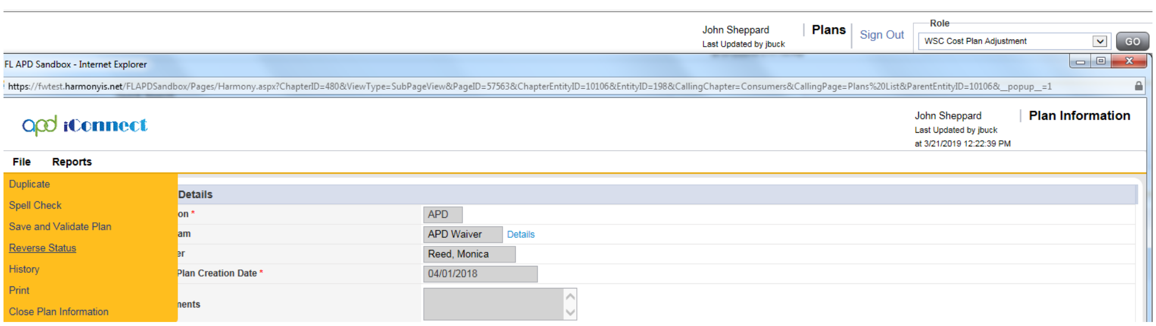


6. If the Plan has already been validated and reviewed by the Region and/or State, the Status will equal Approved or No Review Required and the Plan will be read only. The CDC+ Consultant will need to Reverse the Status of the Plan before editing the Planned Services and/or adding new.

7. To do so, the CDC+ Consultant must use the WSC Cost Plan Adjustment Role.

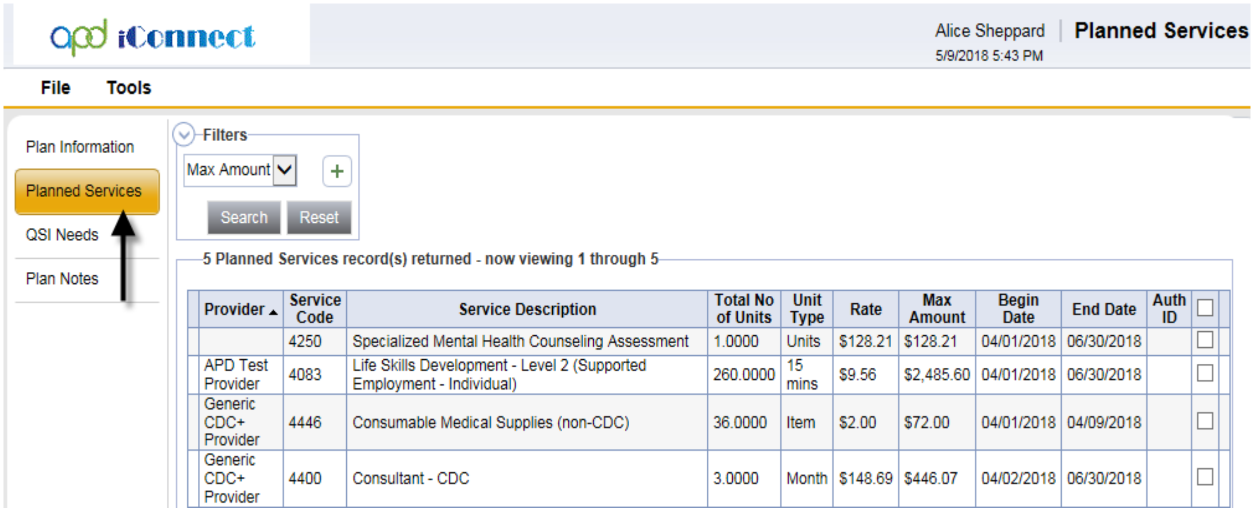
8. Select the APD waiver Plan record with status = Approved or No Review Required. The Plan Information Page displays.

9. Click **File** > **Reverse Status**.



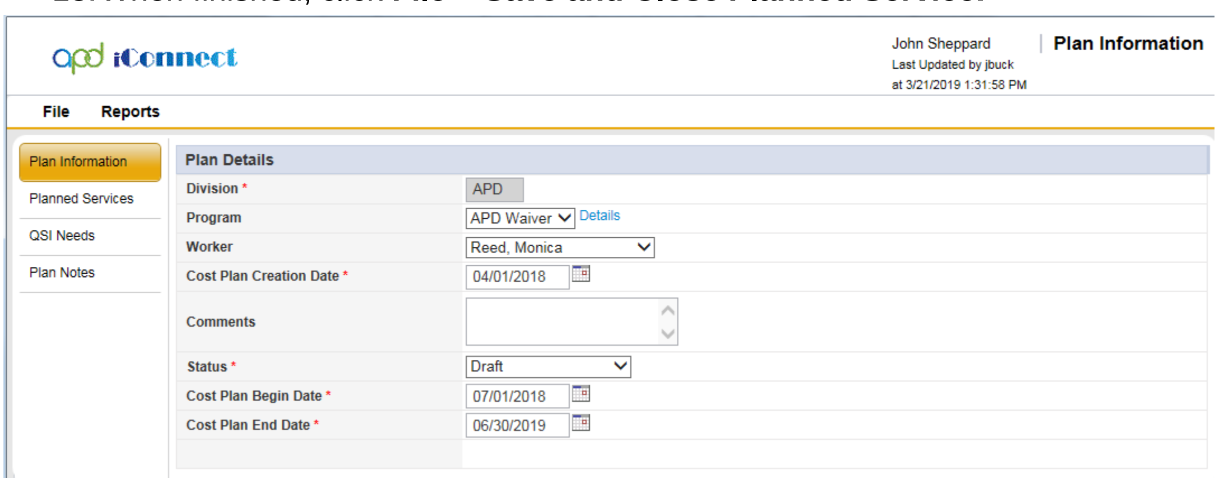
10. The record is now editable, and the **Plan Status** equals Draft.

11. Click the **Planned Services** subpage.



12. For each planned service, select to open the details page. Update the following fields:
    a. End Date = date before the CDC+ start date.
    b. Ensure there are adequate units left in the APD waiver planned service falling within the start date and the new end date that has been updated.
    c. Planned Service Status = do not change.

13. When finished, click **File > Save and Close Planned Service.**



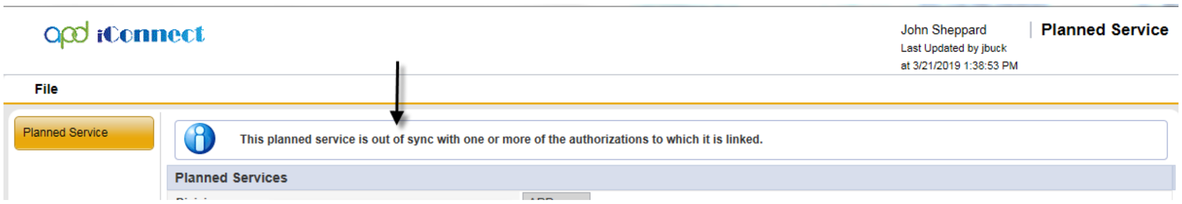
14. Select the **Plan Information** subpage. Update the following fields:
    a. Cost Plan End Date = date before the CDC+ start date.

15. Click **File** > **Save and Validate Plan**.

16. Complete Plan Validation.

17. Once the plan has passed validation, the changes must also be made to the authorization using the **Update Authorization** functionality in iConnect. This will end date authorizations and update the amount unauthorized on the budget details screen.

18. On the planned services details page, a message will display to the user until this update is completed.



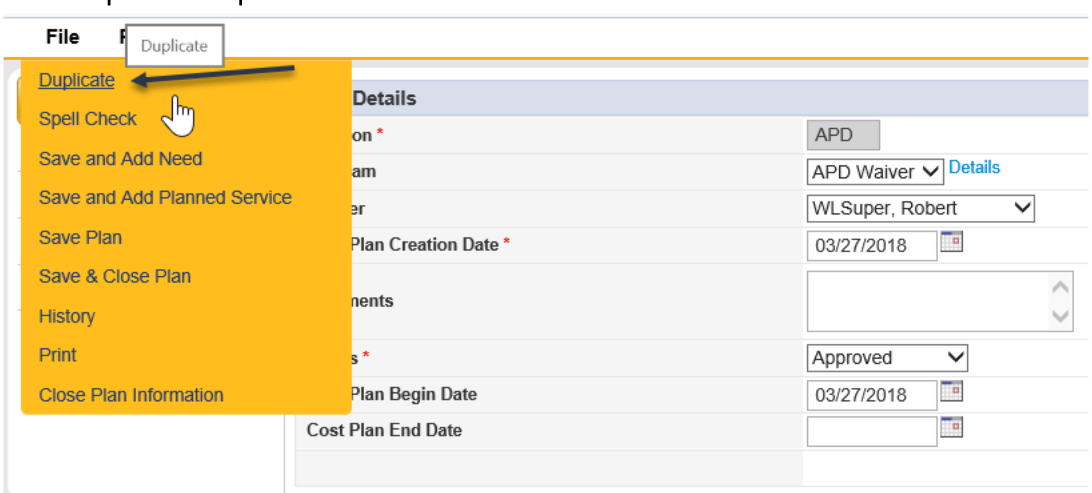
19. Navigate to the Planned Services subpage.

20. Click the checkbox next to the planned service that was updated.

21. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.

Create the CDC+ Plan and Services

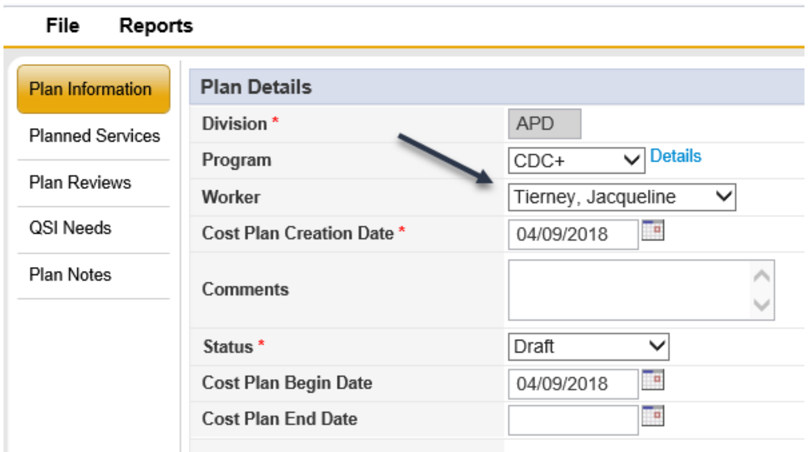
1. Create a new plan record to house the CDC+ services. To do so, in the existing APD waiver Plan, click **File** > **Duplicate** to duplicate the Plan. This copies the APD waiver plan and planned services.



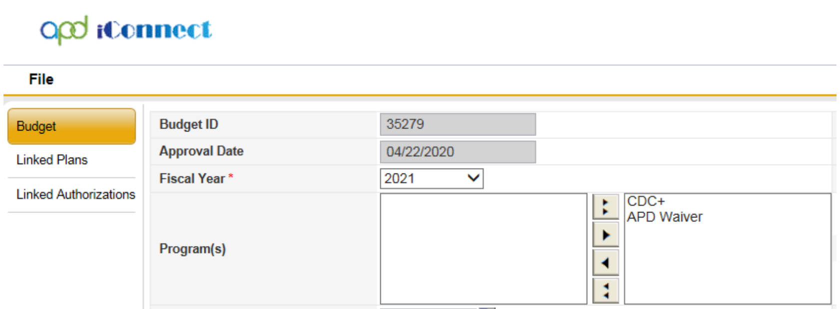
2. The new copied plan record will automatically open. Update the following fields:
   a. Program = CDC+

b. Cost Plan Begin Date = CDC+ program begin date
c. Cost Plan End Date = End of Fiscal Year
d. Status = Draft

3. When finished, click **File > Save Plan.**



4. The CDC+ Consultant will link the CDC+ Plan to the Budget. Navigate to the **Consumer Budget** tab. Open the current budget. Update the following fields:
   a. Program: APD Waiver is already selected. Make no changes to that. In addition, add CDC+.

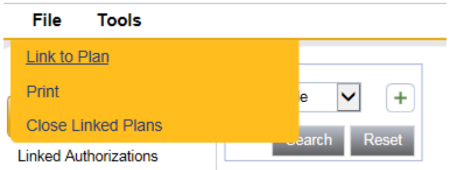


5. From the **File** menu, select **Save**.

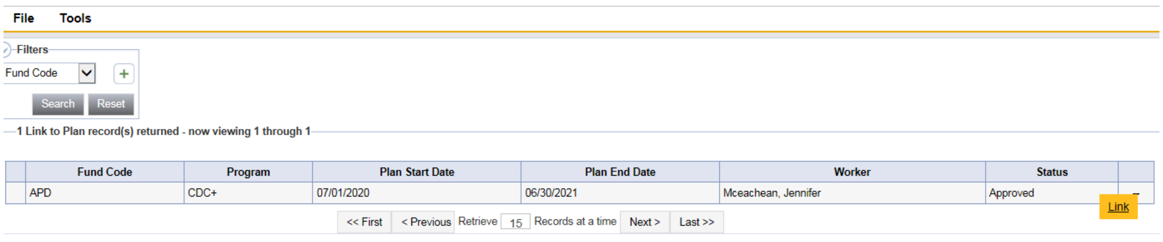
6. Select the **Linked Plans** subpage.

7. The APD waiver plan will be displayed. Make no changes to that.

8. From the File menu, select Link to Plan.



9. The Link to Plan window displays and the CDC+ plan is listed. Select the CDC+ plan for the same fiscal year by clicking on the carat at the end of the row and click **Link**.



10. The page refreshes and both plans are now linked to this budget. You can close the Linked Plans page.

11. Return to the CDC+ plan. If there are any planned services not being continued on the CDC+ plan, use the WSC Cost Plan Adjustment role to delete them. (i.e. – remove Res. Hab.) See the Remove Planned Services section.

12. Using the WSC/CDC+ role, update all other planned services. For each planned service, update the following fields:
    a. Start Date: the same as the cost plan begin date
    b. End Date: the same as the cost plan end date
    c. Index/SubObject Code = CDC+ ISO
    d. Unit of Measure = Year
    e. Units Per = Total units needed for a full year
    f. Provider ID = Generic CDC+ Provider for all services except CDC Consultant.

13. When finished, click **File > Save and Close Planned Service.**

14. If necessary, add any new planned services not included in the copied APD waiver plan. From the File menu, select Add Planned Services.

15. The Planned Service details page display. Update the following fields:
    a. Start Date: the same as the cost plan begin date

b. End Date: the same as the cost plan end date
c. Index/SubObject Code = CDC+ ISO
d. Unit of Measure = Year
e. Units Per = Total units needed for a full year
f. Provider ID = Generic CDC+ Provider for all services except CDC Consultant.

16. When finished, click **File > Save and Close Planned Service.**

17. In the CDC+ Plan, perform Plan Validation. Click the Plan Information subpage and proceed to the Plan Validation section of this manual.

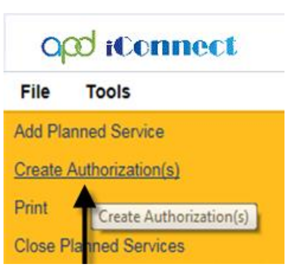
18. Once the plan has passed validation, authorizations for the CDC+ services will be created. When authorizations are created, the amount unauthorized on the budget details screen is updated.
19. Only the authorization for CDC Consultant services will be sent to AHCA via the FMMIS Authorization interface.

20. Once the Planned services have passed Plan validation or have been reviewed by the Region or State Office reviewer and approved, the Create Authorization option will be visible to the user. The WSC will create the authorizations.

21. Click the **Planned Services** subpage.

22. Add a check next to each **Planned Service** that has been validated and is ready to be pushed to an Authorization.

23. Click **File** > Create Authorizations.



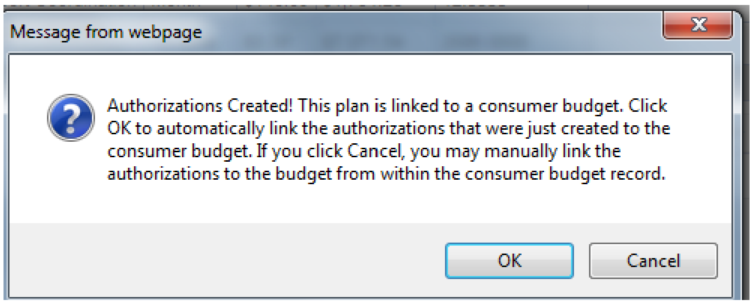
24. The message Authorization Created will display if it was successful and an Auth ID will be assigned. The details of the Authorization are visible on the Planned Service and the Authorization tab.

2 Planned Services record(s) returned - now viewing 1 through 2

Provider	Service Code	Service Description	Unit Type	Rate	Max Amount	Total No of Units	Amount Requested	Begin Date	End Date	Provider Rate Type	Service Ratio	Consumer County
Achieving Independence	G9012:UC	(4270) Support Coordination	Month	$148.69	$1,784.28	12.0000		07/01/2020	06/30/2021	Agency		LEON
ResCare For You	S5151:UC	(4221) Respite - Quarter Hour	15 mins	$3.39	$7,071.54	2086.0000		07/01/2020	06/30/2021	Agency	1:1	LEON
					$8,855.82	2098.0000						

Auth ID	Auth Svc ID	Auth Start Date	Auth End Date	Auth Status	Auth Svc Start Date	Auth Svc End Date	Auth Svc Status	Auth Svc EDI Status
140908	298	07/01/2020	06/30/2021	Approved	07/01/2020	06/30/2021	Approved	Ready to Send
140909	299	07/01/2020	06/30/2021	Approved	07/01/2020	06/30/2021	Approved	Ready to Send

25. The message also describes the plan is linked to a budget and the application will automatically link these authorizations to the budget.

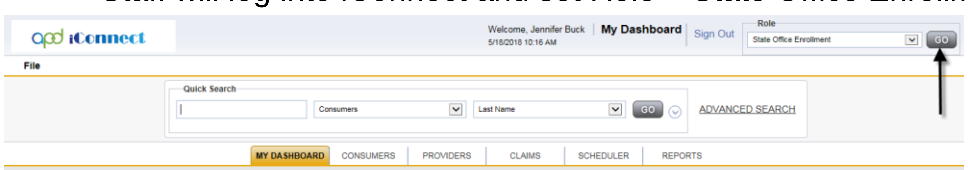


26. iConnect IT staff will pull the amount unauthorized from the budget details screen to get the Reserve Amount. This is used to prorate the anticipated budget in CDC+ system.

27. The rest of the workflow to manage CDC+ services is handled outside of iConnect in the CDC system.

Remove Consumer from CDC+ Program

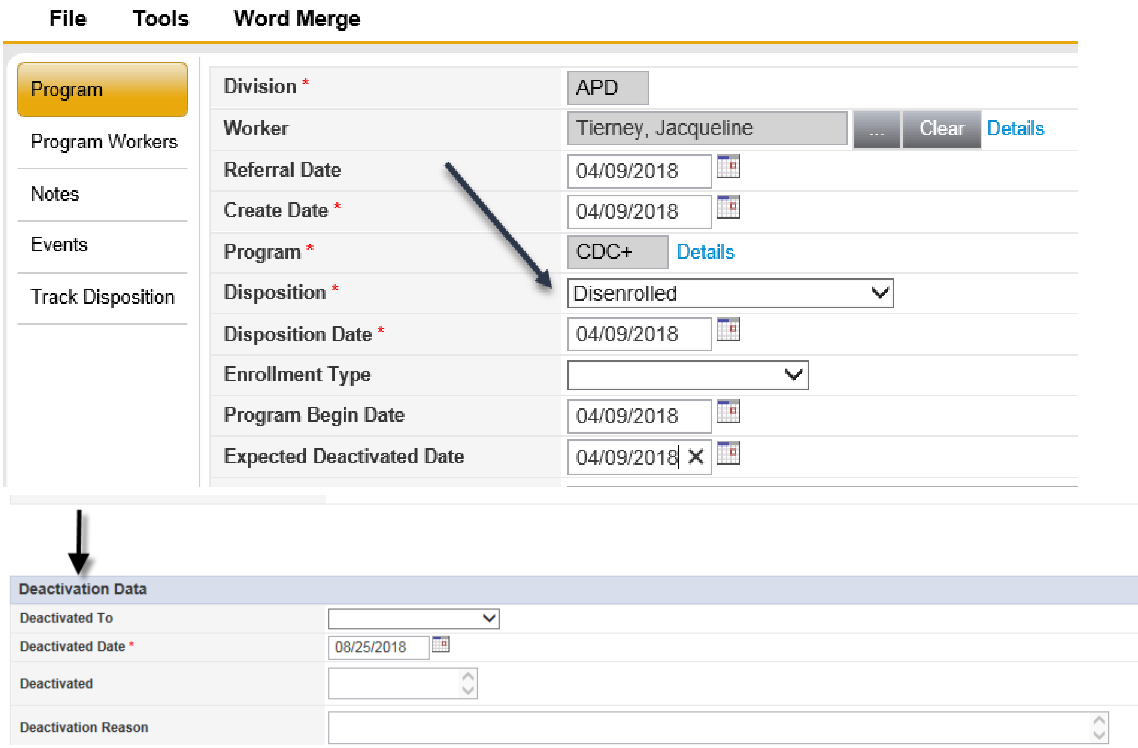
1. Should a Consumer no longer need to participate in the CDC+ Program, the CDC+ Staff will log into iConnect and set Role = State Office Enrollment. Click **Go.**



2. Navigate to the consumer's record and click on **Programs** tab > open the CDC+ Program Enrollment record.
   a. In the record, update the following fields:
      i. Disposition = Disenrolled
   b. The Deactivation Data section displays. Update the following fields:
      i. Deactivated To
      ii. Deactivated Date

iii. Deactivated: enter notes

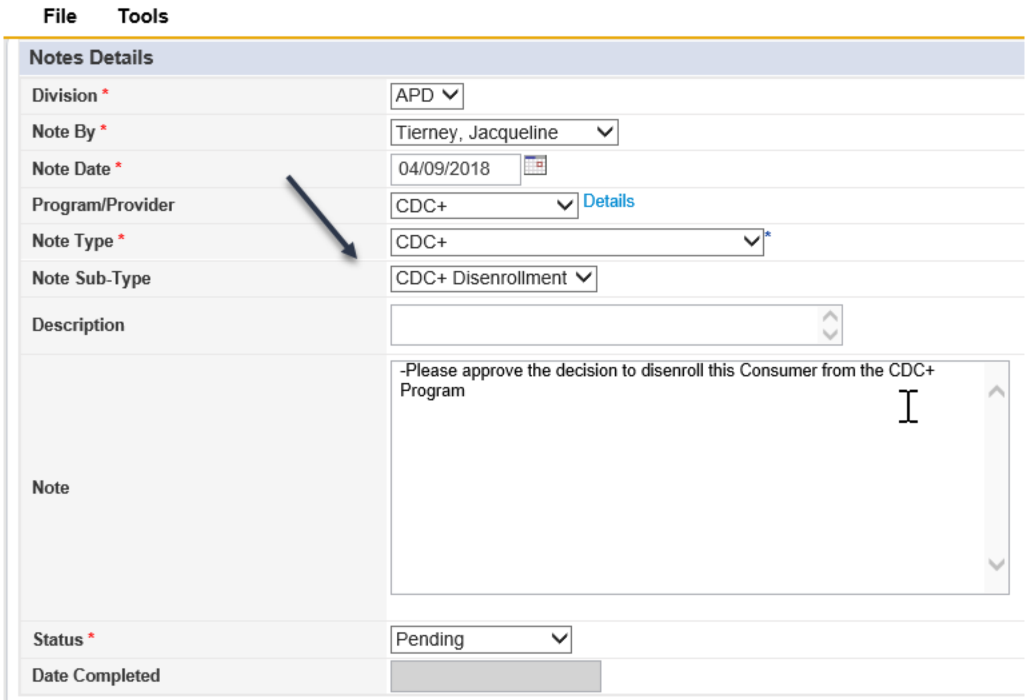
iv. Deactivation Reason



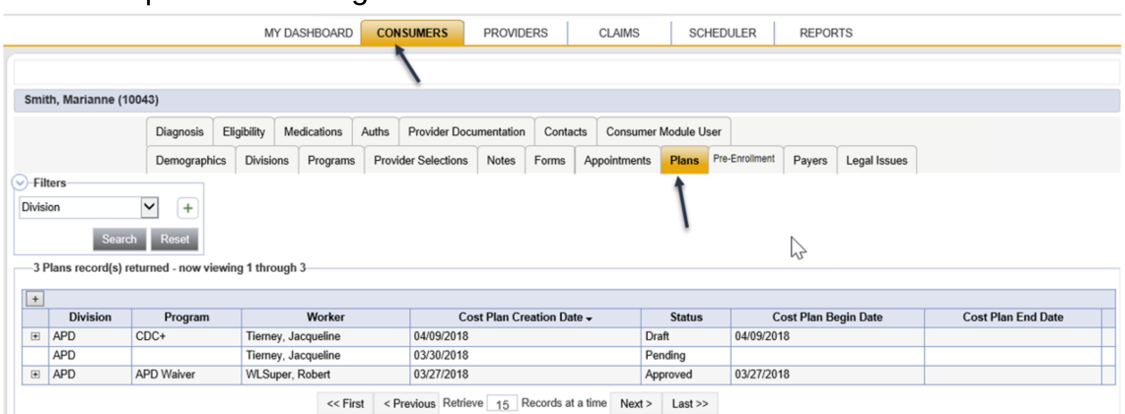
c. When finished, click **File > Save and Close Programs.**

3. Navigate to the consumer's record and click on **Notes > File > Add Note.** The Note details page displays. Update the following fields:
   a. Division = APD
   b. Note Type = CDC+
   c. Note Subtype = CDC+ Disenrollment
   d. Status = Pending
   e. Route the Note record to the WSC (CDC+ Consultant)

4. When finished, click **File > Save and Close Note.**

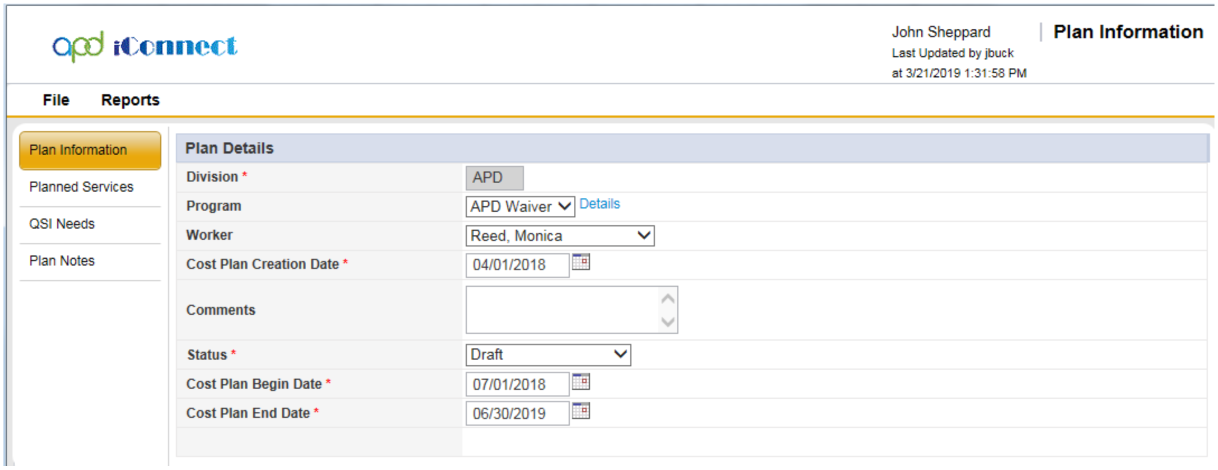


5. The CDC+ Consultant will navigate to the consumer's record, click on the **Plans** tab > open the existing CDC+ Plan:



6. In the CDC+ Plan, click on the **Planned Services** tab. For each planned service, select to open the details page. Update the following fields:
   a. End Date = the CDC+ end date.
   b. Planned Service Status = do not change.

7. When finished, click **File > Save and Close Planned Service.**



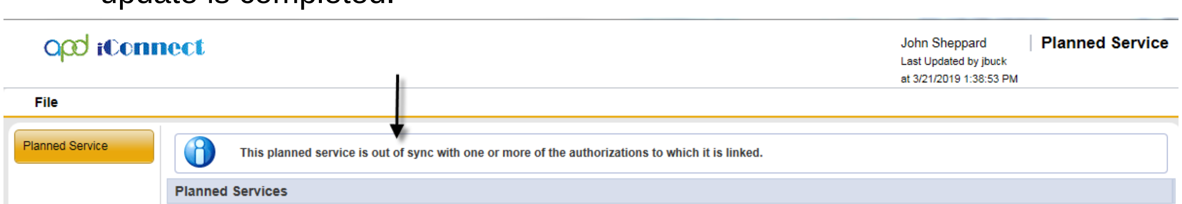
8. Select the **Plan Information** subpage. Update the following fields:
    a. Cost Plan End Date = the CDC+ end date.

9. Click **File** > **Save and Validate Plan**.

10. Complete [Plan Validation].

11. Once the plan has passed validation, the changes must also be made to the authorization using the **Update Authorization** functionality in iConnect. This will end date authorizations and update the amount unauthorized on the budget details screen.

12. On the planned services details page, a message will display to the user until this update is completed.



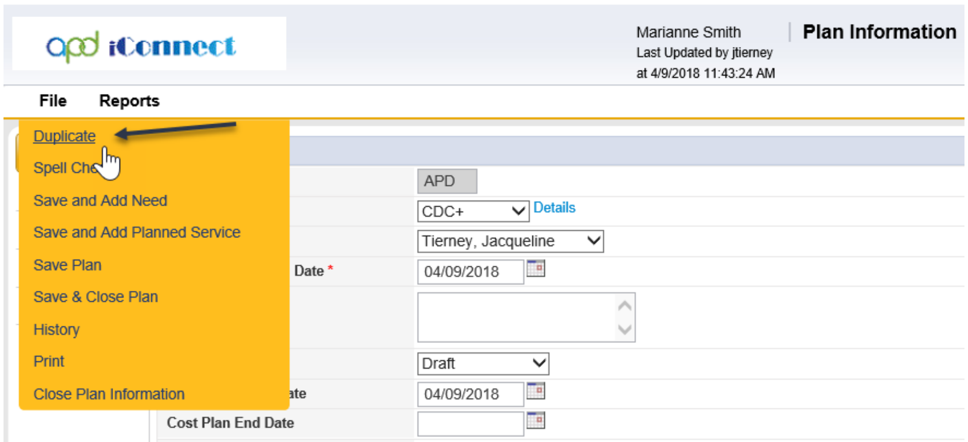
13. Navigate to the Planned Services subpage.

14. Click the checkbox next to the services that were updated.

15. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated. Only after passing Plan Validation, will the Update Authorization menu option appear on the Planned Services tab.

16. If the Consumer no longer needs APD services, proceed to the Chapter on Case Closure.

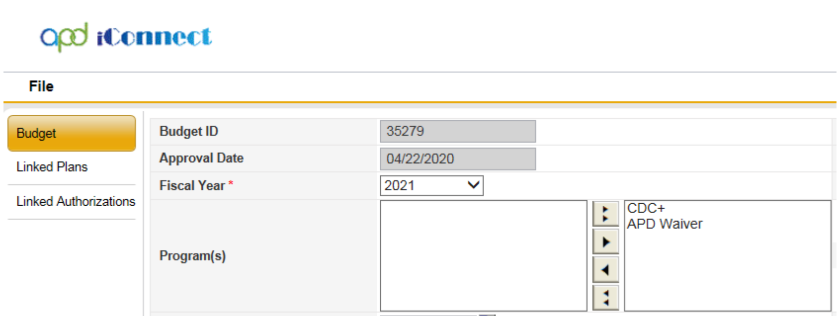
17. If the consumer will continue to receive APD services, the CDC+ Consultant will create a new plan record to house the APD waiver services. To do so, in the existing CDC+ plan, click **File** > **Duplicate** to duplicate the Plan. This copies the CDC+ plan and planned services.



18. The new copied plan record will automatically open. Update the following fields:
    a. Program = APD Waiver
    b. Cost Plan Begin Date = day after the CDC+ program end date
    c. Cost Plan End Date = End of Fiscal Year
    d. Status = Draft

19. When finished, click **File > Save Plan.**

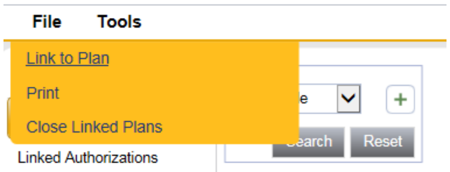
20. The CDC+ Consultant will link the APD waiver plan to the Budget. Navigate to the **Consumer Budget** tab. Open the current budget. Notice in the Program field, APD Waiver and CDC+ are already selected. Make no changes.



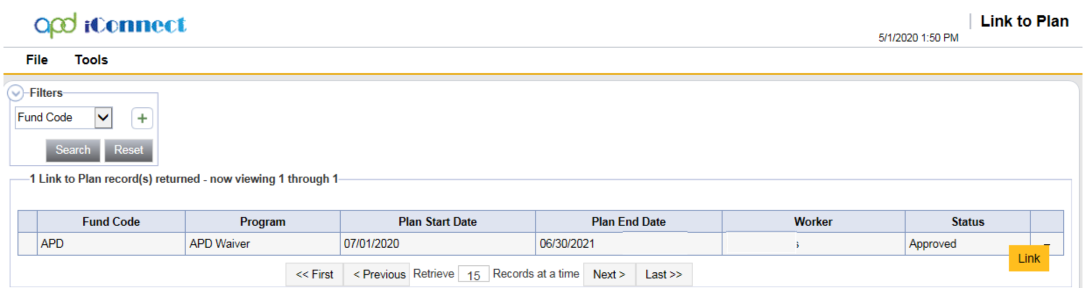
21. Select the **Linked Plans** subpage.

22. The original APD waiver plan and the CDC+ plan will be displayed. Make no changes.

23. From the **File** menu, select **Link to Plan**.



24. The Link to Plan window displays and the new APD waiver plan is listed. Select the APD waiver plan for the same fiscal year by clicking on the carat at the end of the row and click **Link**.



25. The page refreshes and all three plans are now linked to this budget. You can close the Linked Plans page.

26. Return to the new APD waiver plan. If there are any planned services not being continued on the APD waiver plan, use the WSC Cost Plan Adjustment role to delete them. See the Remove Planned Services section.

27. Using the WSC/CDC+ role, update all other planned services. For each planned service, update the following fields:
    a. Start Date: the same as the cost plan begin date
    b. End Date: the same as the cost plan end date
    c. Index/SubObject Code = Waiver ISO
    d. Unit of Measure = select based on the service selected
    e. Units Per = Total units needed for each unit of measure
    f. Provider ID = search for and select the waiver provider.

28. When finished, click **File > Save and Close Planned Service.**

29. If necessary, add any new planned services not included in the copied CDC+ plan. From the File menu, select Add Planned Services.

30. The Planned Service details page display. Update the following fields:
    a. Start Date: the same as the cost plan begin date
    b. End Date: the same as the cost plan end date
    c. Index/SubObject Code = Waiver ISO
    d. Unit of Measure = select based on the service selected
    e. Units Per = Total units needed for each unit of measure
    f. Provider ID = search for and select the waiver provider.

31. When finished, click **File > Save and Close Planned Service.**

32. In the new APD waiver plan, perform Plan Validation. Click the Plan Information subpage and proceed to the Plan Validation section of this manual.

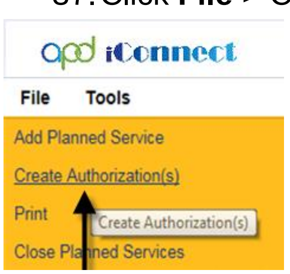
33. Once the plan has passed validation, authorizations for the APD waiver services will be created. When authorizations are created, the amount unauthorized on the budget details screen is updated.

34. Once the Planned services have passed plan validation or have been reviewed by the Region or State Office reviewer and approved, the Create Authorization option will be visible to the user. The WSC will create the authorizations.

35. Click the **Planned Services** subpage.

36. Add a check next to each **Planned Service** that has been validated and is ready to be pushed to an Authorization.

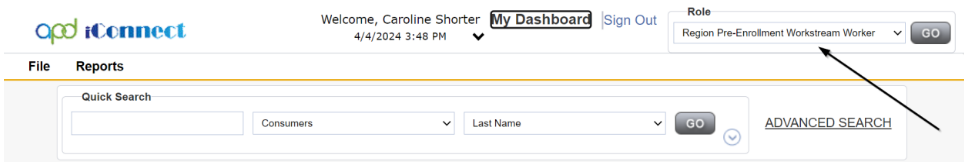
37. Click **File** > Create Authorizations.



38. The message Authorization Created will display if it was successful and an Auth ID will be assigned. The details of the Authorization are visible on the Planned Service and the Authorization tab.

Chapter 13 | Other Non-Waiver Eligible Settings – Admission

1. The Waiver Support Coordinator or Pre-Enrollment Support Coordinator will document the consumer's admission to a jail, nursing home, rehab center, hospital. To begin, log into iConnect and set Role = WSC/CDC or Region Pre-Enrollment Workstream Worker. Click **Go.**



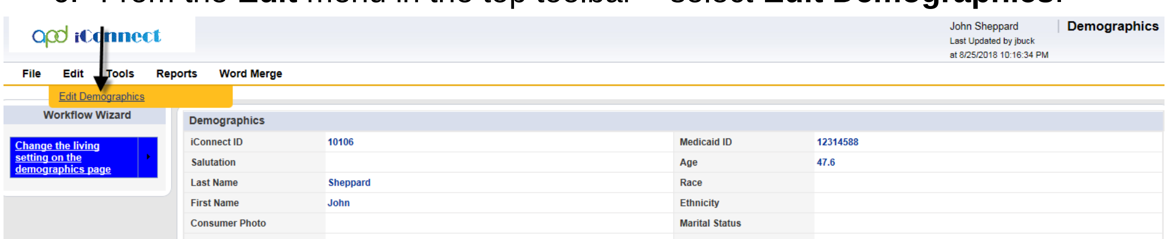
2. Navigate to the consumer's record and click on the Notes tab. Click **File** > Add **Note**.

3. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Facility Placement
   c. Note Subtype = Consumer Admitted
   d. Status = Alert
   e. Enter details about the facility placement
   f. Then click **File > Save and Close Notes**

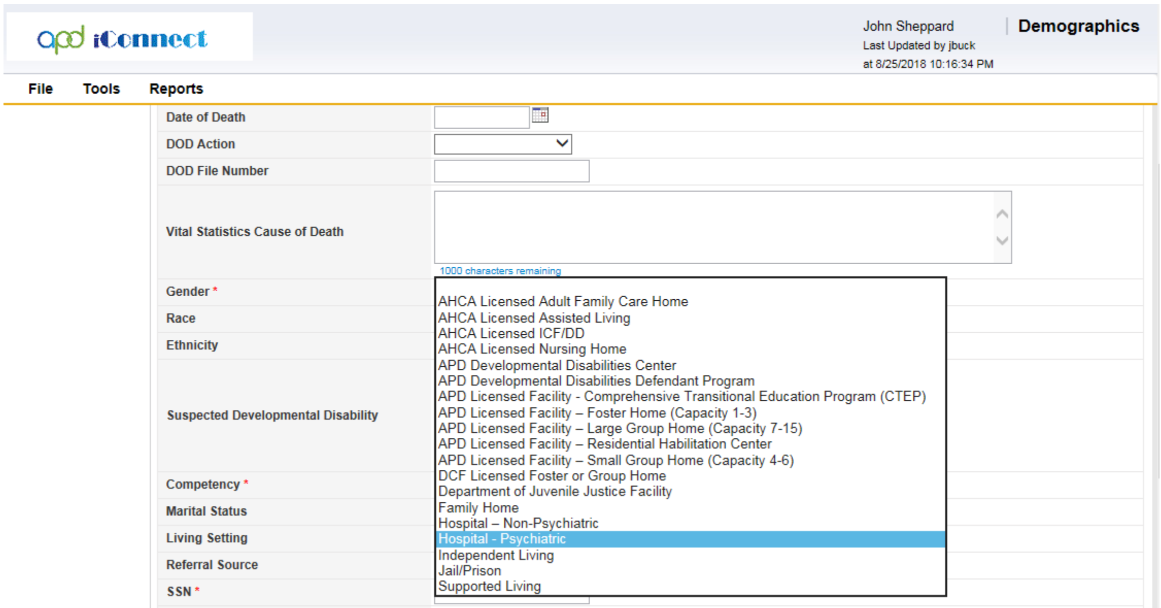
4. Saving a Note with Note Type = Facility Placement and Sub Type = Consumer Admitted, triggers a Workflow Wizard with two ticklers for the secondary worker on the Division record:
   a. Change the living setting on the demographics page (due immediately)
   b. Verify Consumer to Remain on Wavier (due in 60 days and visible via My Dashboard.

5. Click the Change the living setting on the demographics page tickler to open the demographics list view page.

6. From the **Edit** menu in the top toolbar > select **Edit Demographics**.



7. Update the following fields:
    a. Living Setting = select applicable value



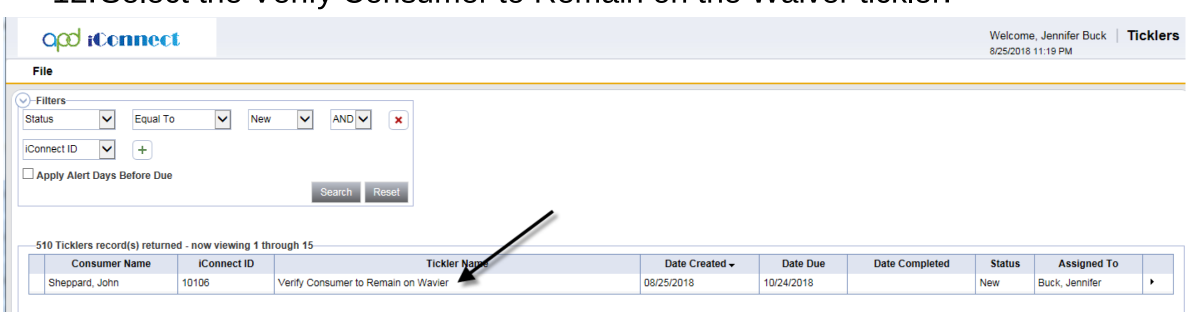
8. When complete, click **File** > **Save and Close Demographics.**

9. Return to the open Workflow Wizard window. From the tickler flyout menu > Select **Complete**.

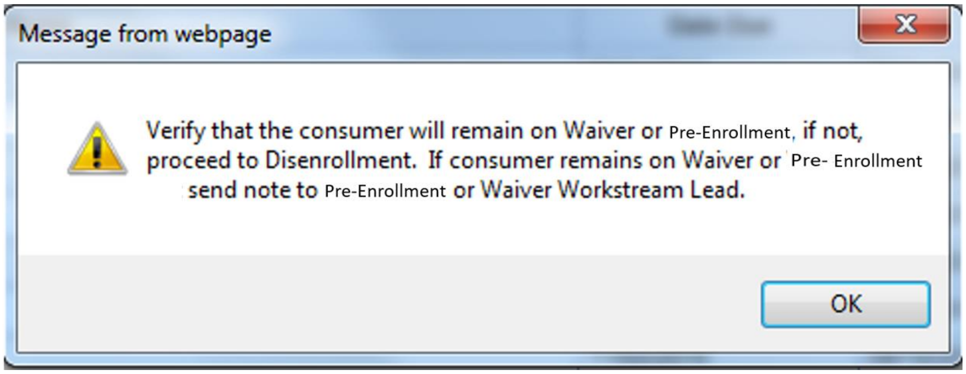
10. The Verify Consumer to Remain on the Waiver tickler will be visible via My Dashboard because it is not due for 60 days.

11. From My Dashboard > select Consumers > ticklers to open the Tickler queue.

12. Select the Verify Consumer to Remain on the Waiver tickler.



13. A message tickler displays: Verify that the consumer will remain on Waiver or Pre-Enrollment, if not, proceed to Disenrollment. If consumer remains on Waiver or Pre-Enrollment send note to Pre-Enrollment or Waiver Workstream Lead.



14. Navigate to the consumer's record to verify that the Consumer is Medicaid eligible and all other criteria have been met to enroll in the waiver.

15. If the consumer will not remain on the Pre-Enrollment or Waiver, proceed to the Waiver Disenrollment section.

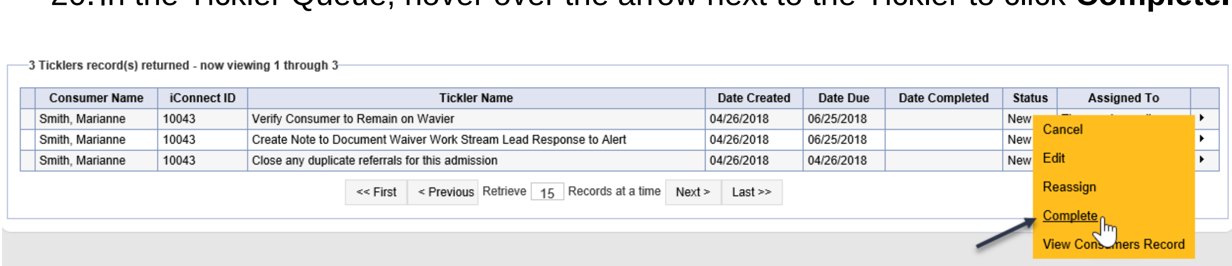
16. If the consumer will remain on the Pre-Enrollment or Waiver, send a note to the Pre-Enrollment or Waiver Workstream Worker.

17. Navigate to the consumer's record and click **Notes > File > Add Note.**

18. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Facility Placement
    c. Description = Remain on the Waiver
    d. Note = enter details
    e. Note Status = Complete
    f. Note Recipient – search for and select the Pre-Enrollment or Waiver Workstream worker.

19. When finished, click **File > Save and Close Notes**

20. In the Tickler Queue, hover over the arrow next to the Tickler to click **Complete.**



21. The Waiver Workstream Worker will view this note via My Dashboard > Consumers > Notes.

Chapter 14 | WSC Reassignment

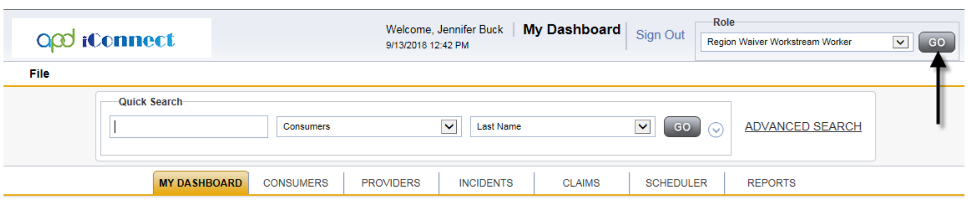
Introduction

In some instances, a change in the assigned Waiver Support Coordinator is warranted. These instances can be initiated by the Consumer, the WSC, or circumstances that generated a need for the change. This Chapter outlines the required steps to reassign WSCs for an individual Consumer or a group of Consumers.

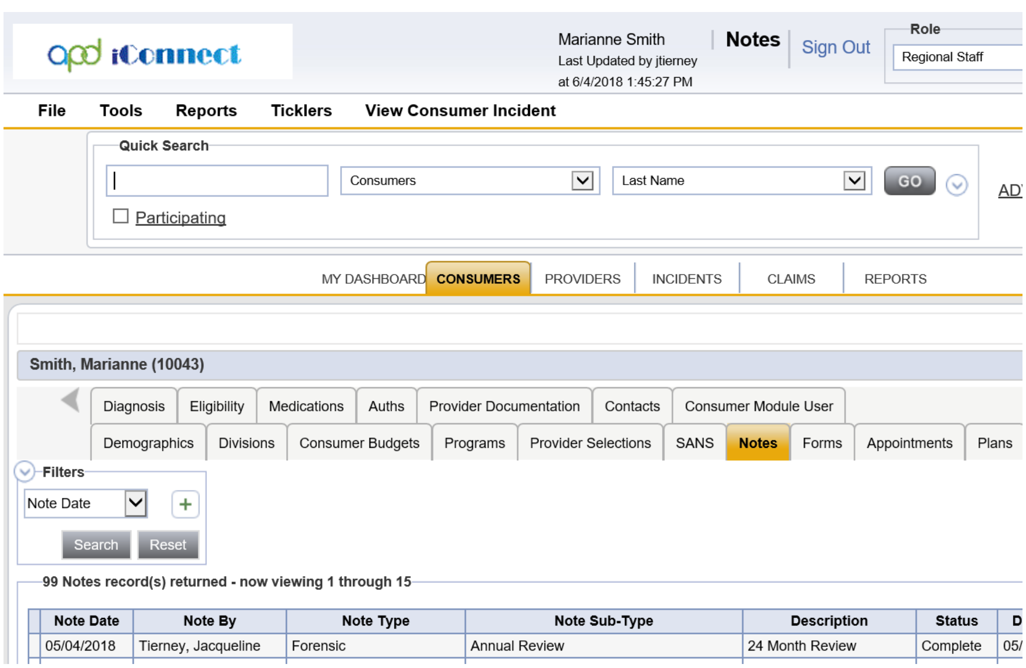
Reassignment Notification

Consumer notifies the local regional office of his/her desire to change Waiver Support Coordinators. Upon receiving a notification of a Consumers desire to change Waiver Support Coordinators, Region Staff initiate the process by adding a Note in iConnect.

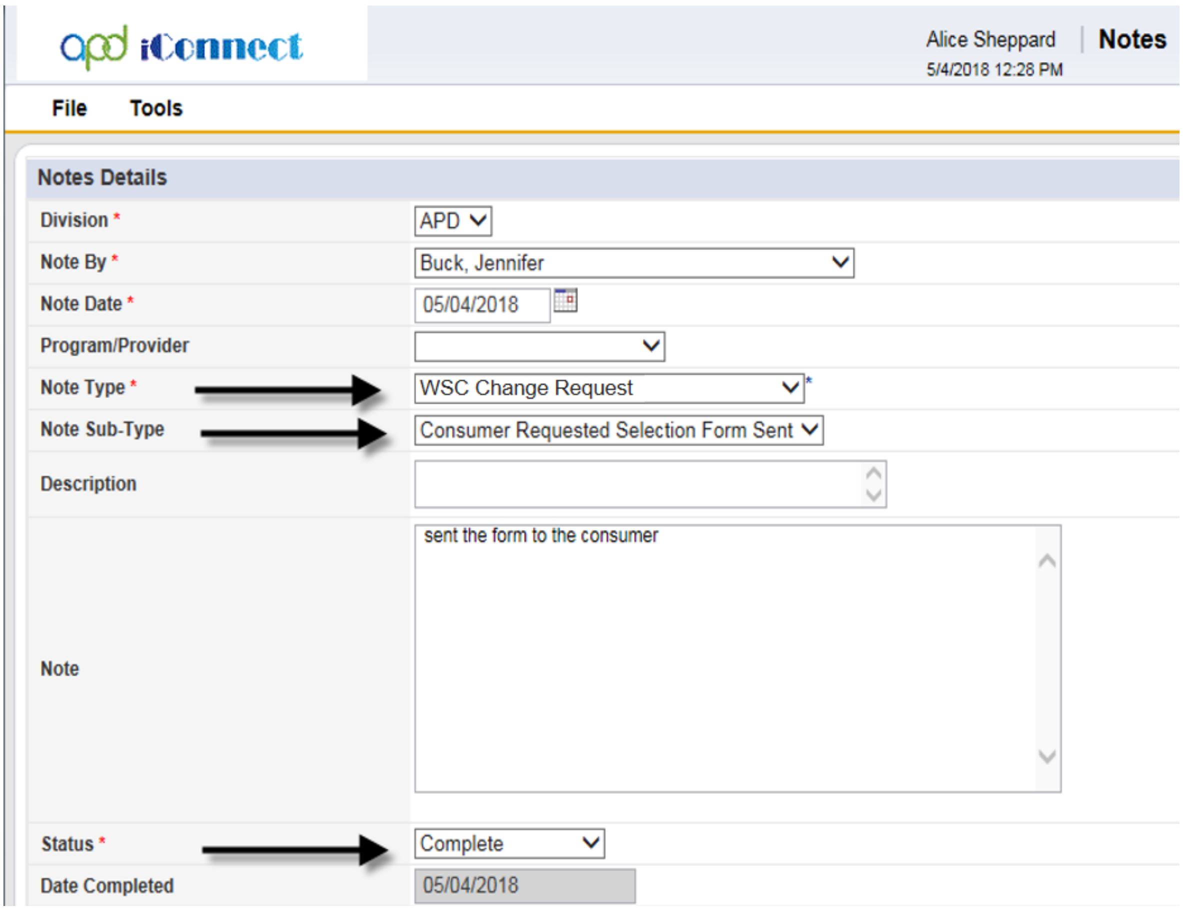
1. To begin, log into iConnect and set Role = Region Waiver Workstream Worker. Click **Go.**



2. Navigate to the Consumers record and click the **Notes** tab > click **File** > **Add Notes.**



3. The Note Details page is displayed. Update the following fields:
    a. Division = APD
    b. Note Type = WSC Change Request
       NOTE: WSC and Service Providers cannot see this Note Type
    c. Note Subtype = Consumer Requested Selection Form Sent
    d. Note recipient = click the **ellipsis** to search for and select Waiver Workstream Lead worker record.
    e. Status = Complete
    f. Attach all supporting documentation



4. Click **File** > **Save and Close Notes**

5. The WSC Selection Form and other supporting documents will be printed and mailed to the Consumer.

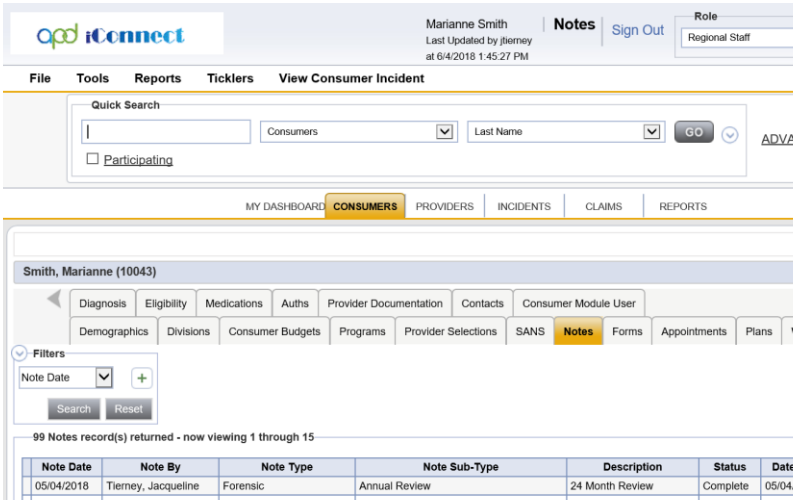
WSC Selection – New Agency/Provider

The Consumer notifies the local regional office of his/her newly selected Waiver Support Coordinator agency or solo provider. Upon receiving the notification, the Region Staff will add a Note in iConnect to begin the reassignment process.

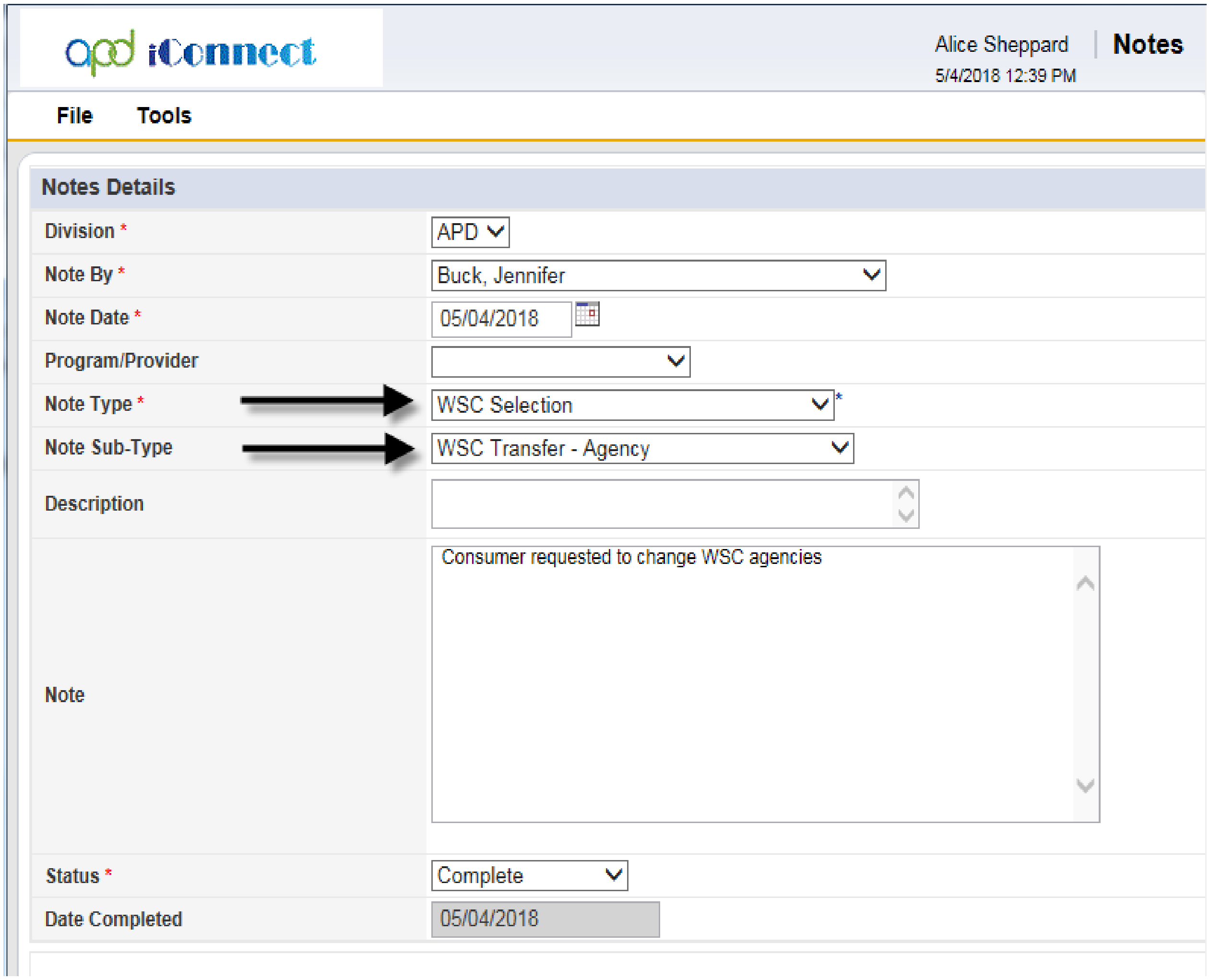
New WSC Selected - Add a Note

1. To begin, log into iConnect and set Role = Region Waiver Workstream Worker or Lead. Click **Go.**

2. Navigate to the Consumers record and click the **Notes** tab > click **File** > **Add Notes.**



3. The Note Details page is displayed. Update the following fields:
   a. Division = APD
   b. Note Type = WSC Selection
   c. Note Subtype = WSC Transfer – Agency
   d. Status = Complete
   e. Attach all supporting documentation



4. Click **File** > **Save and Close Notes**.

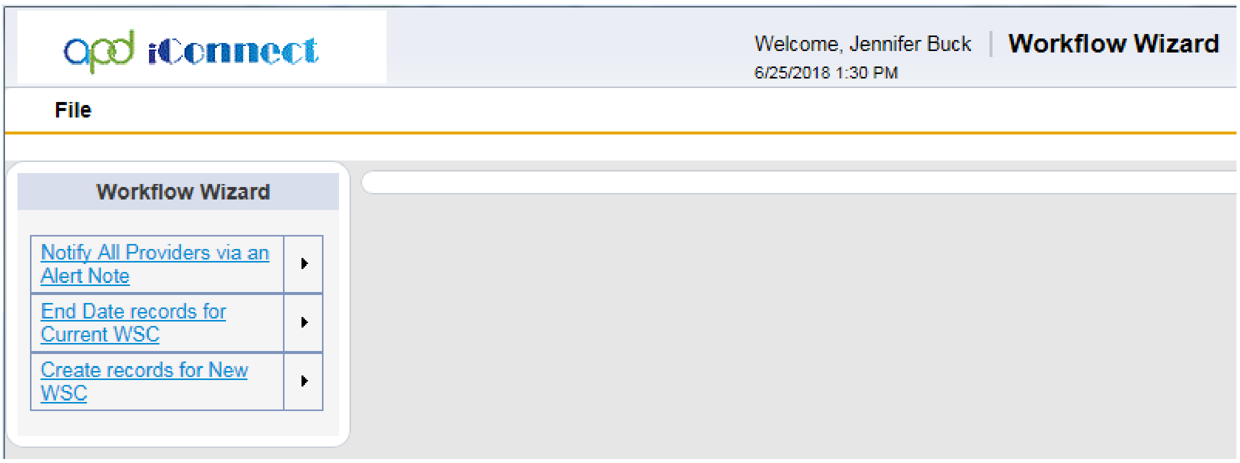
5. Upon saving the Note, a Workflow Wizard will trigger with the following Ticklers for the User.
    a. Notify all Providers via an Alert Note
    b. End date records for current WSC
    c. Create records for New WSC

6. The actions to take for each are listed in the following sections.

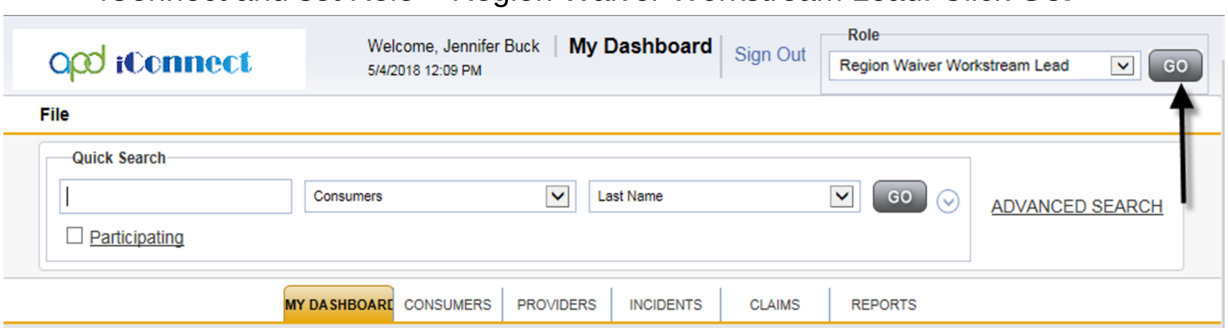
Notify All Providers via an Alert Note

The Consumer has notified the local regional office of his/her newly selected Waiver Support Coordinator and the Region Waiver Workstream Lead has created a Note in the section above to begin the reassignment process. This note triggers a Workflow Wizard with a tickler to Notify All Providers via and Alert Note.

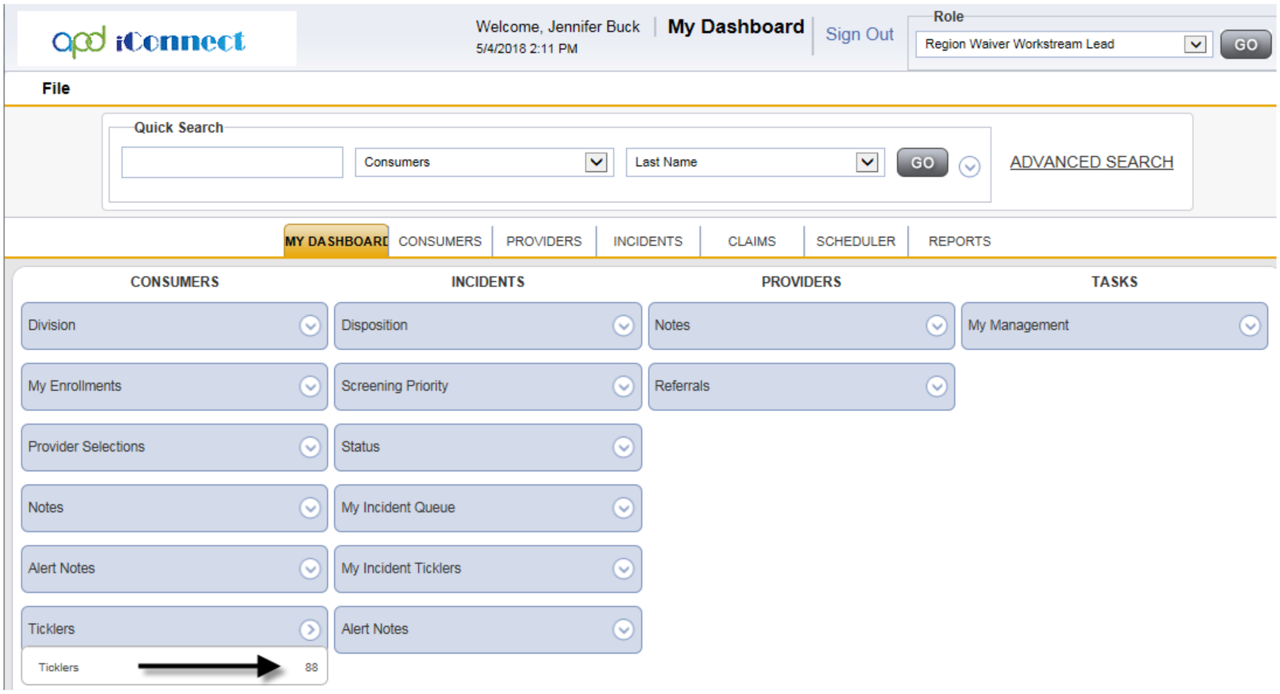
1. To begin, the user would have just saved the WSC Selection Note and triggered the Workflow Wizard. The ticklers are displayed in a new window. Click the tickler to Open it.



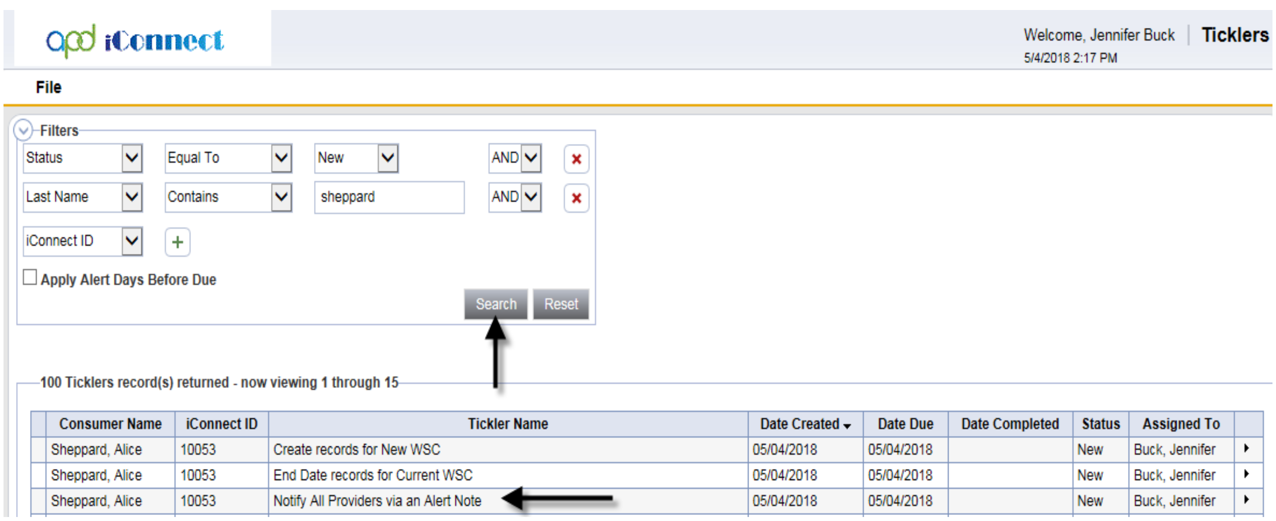
2. The ticklers are also visible via My Dashboard at any time. To begin log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**



3. Navigate to the My Dashboard and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue.



4. From here, user the multi variable search to find the Tickler. Click **Search**

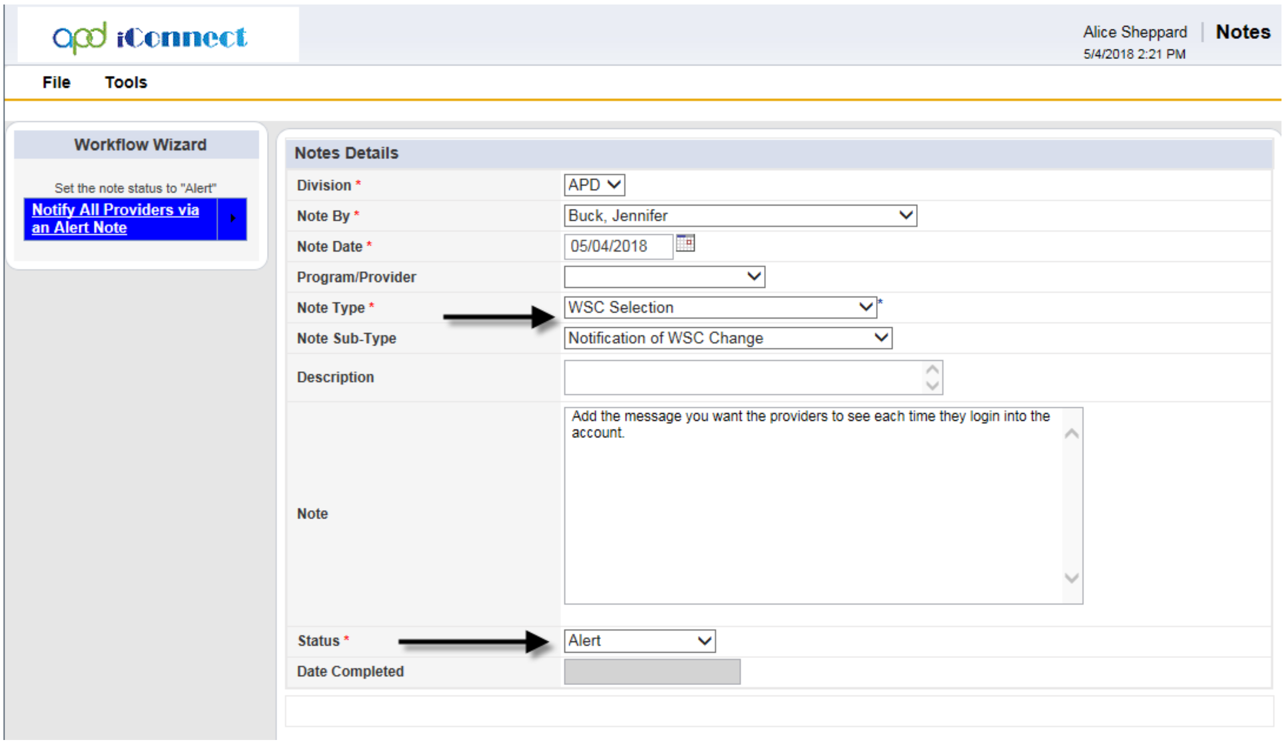


Tip

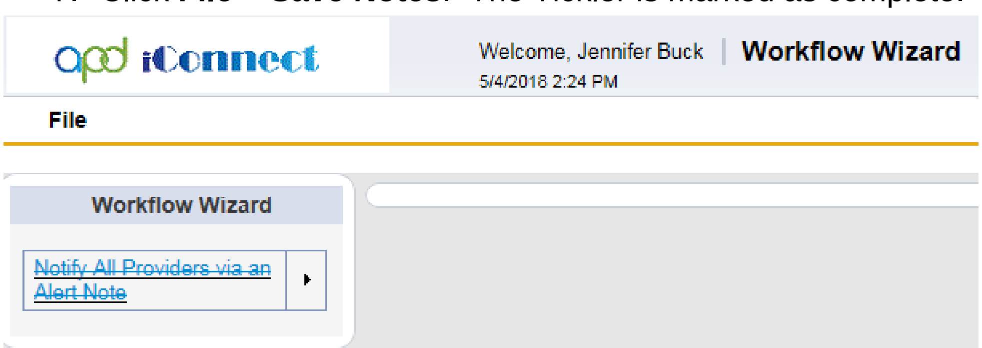
When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

5. Click the **Notify All Providers via an Alert Note** tickler to Open it. The Notes Detail page displays.

6. Update the following fields:
   a. Division = APD
   b. Note Type = WSC Selection
   c. Note Subtype = Notification of WSC Change
   d. Note = Add the message you want the providers to see each time they login into the account.
   e. Status = Alert



7. Click **File > Save Notes**. The Tickler is marked as complete.

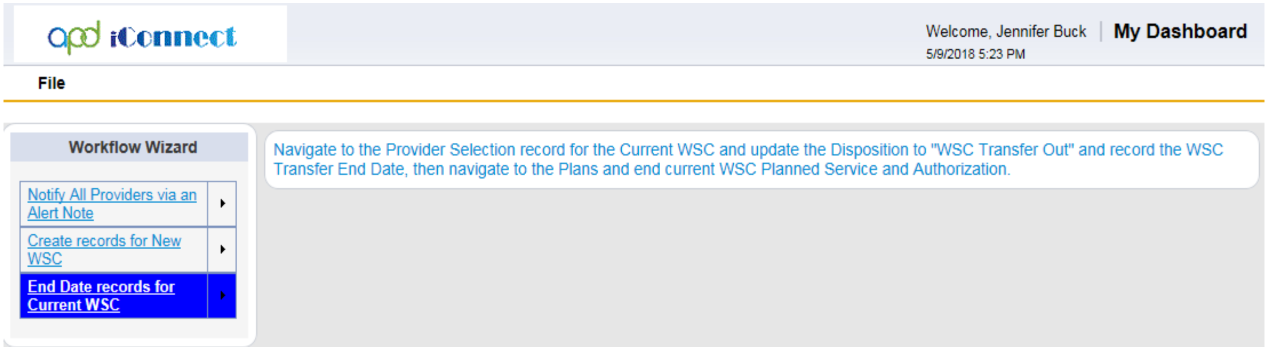


End Date Records for Current WSC

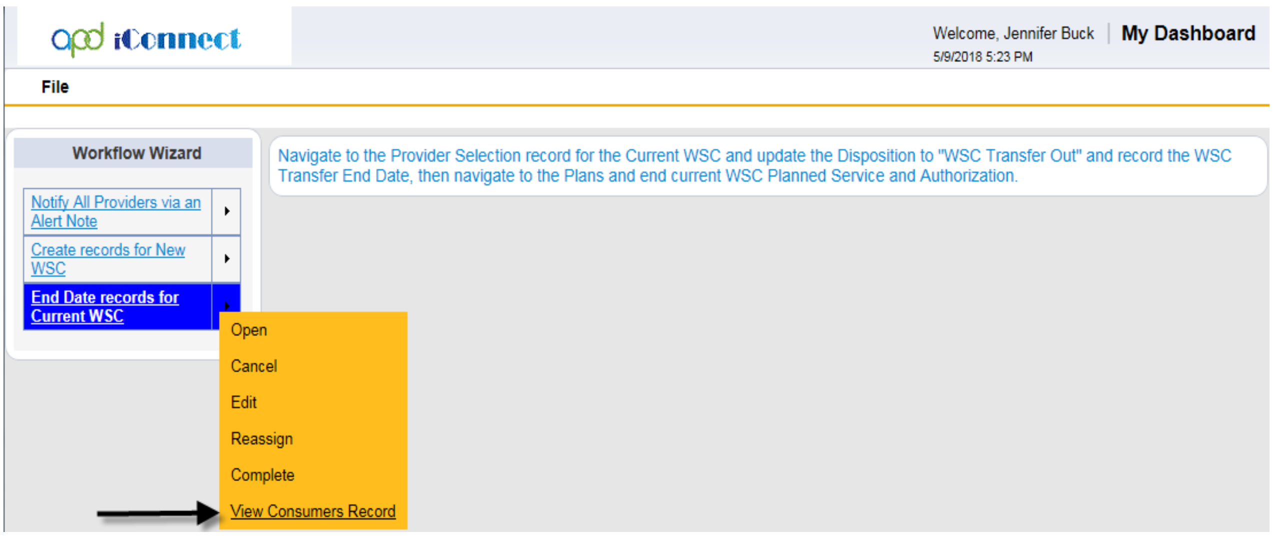
1. Return to the Workflow Wizard and find the Tickler called **End Date Records for Current WSC** tickler.

2. If the person receiving the tickler is not the Waiver Liaison assigned to the current WSC, hover over the arrow next to the Tickler to click **Reassign** to reassign it to the correct person.

3. Otherwise, click to open the Tickler. The following message displays:

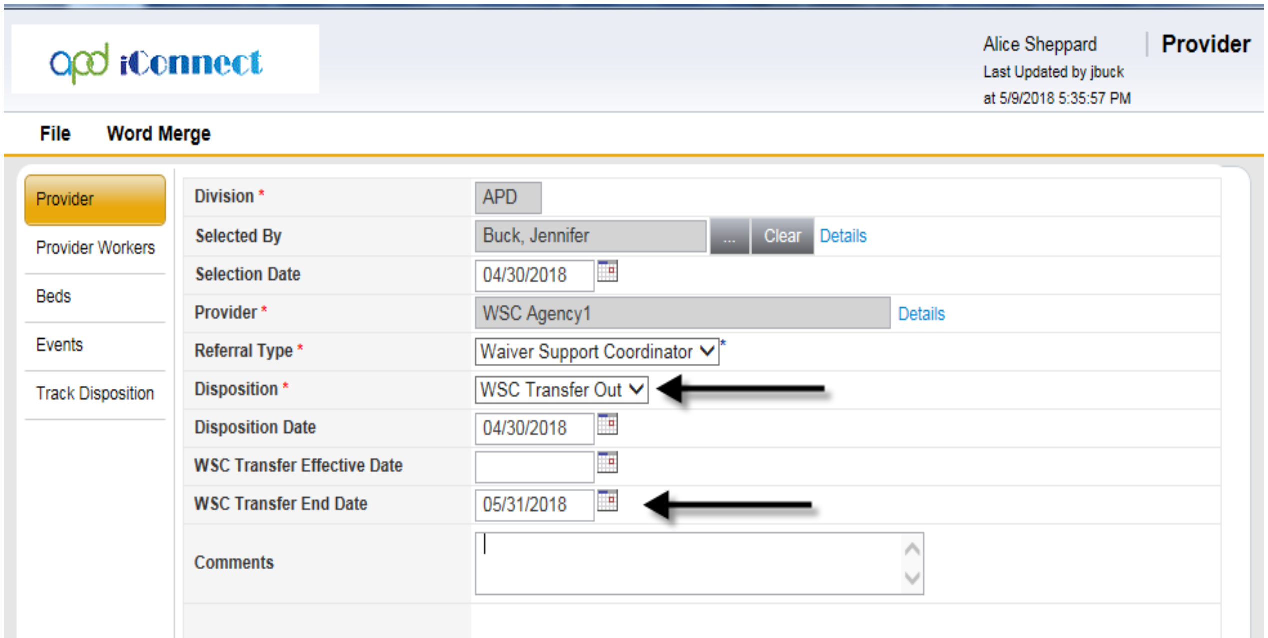


4. Users can click the **View Consumer Record** option from the tickler flyout menu to navigate quickly to the Consumer record from the tickler or can complete a quick Search to navigate to the consumer's record.



5. Click the **Provider Selection** tab. From the list view grid, select the applicable WSC Provider Agency record. The provider detail page displays.

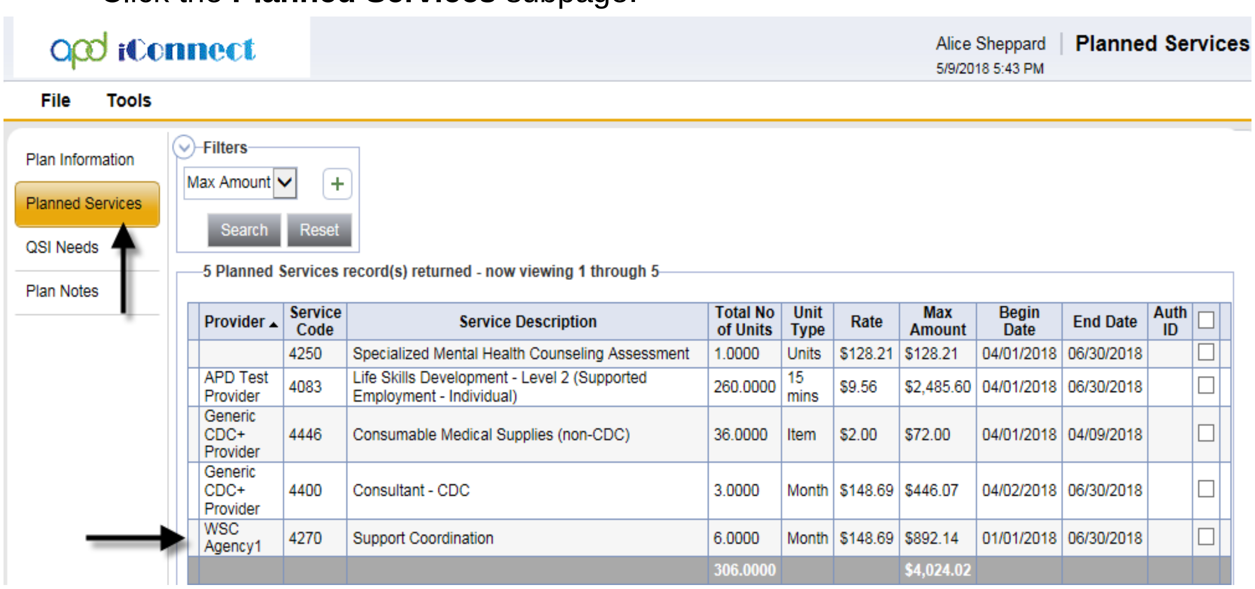
6. Update the following fields:
   a. Disposition = WSC Transfer Out
   b. Disposition Date = enter date the Disposition was changed
   c. WSC Transfer End Date = enter the end date (last day of the month)



7. Click **File** > **Save and Close Provider**

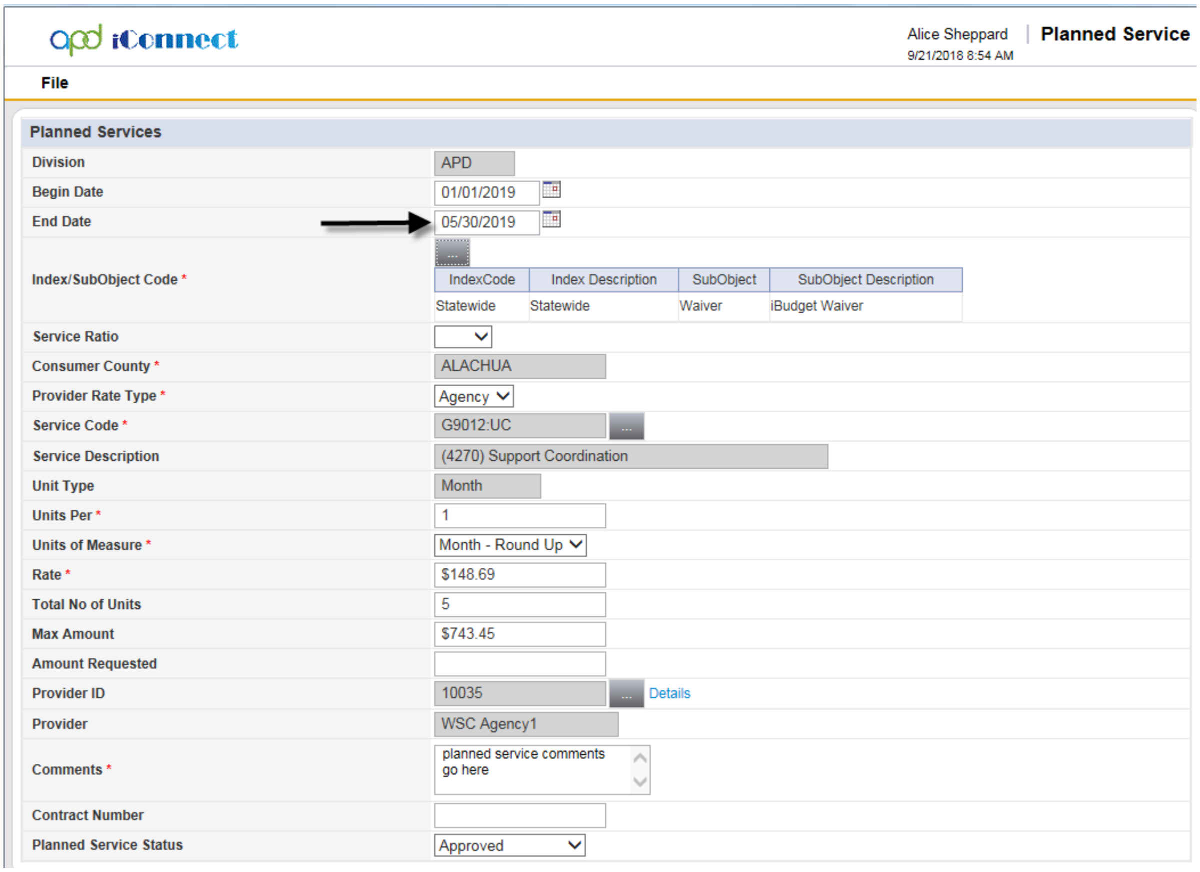
8. Continue with the second part of the message tickler, to end date the Current WSC Planned Service and Authorization.

9. Click the **Plan** tab. Select the APD waiver Plan to open the Plan Details page. Click the **Planned Services** subpage.



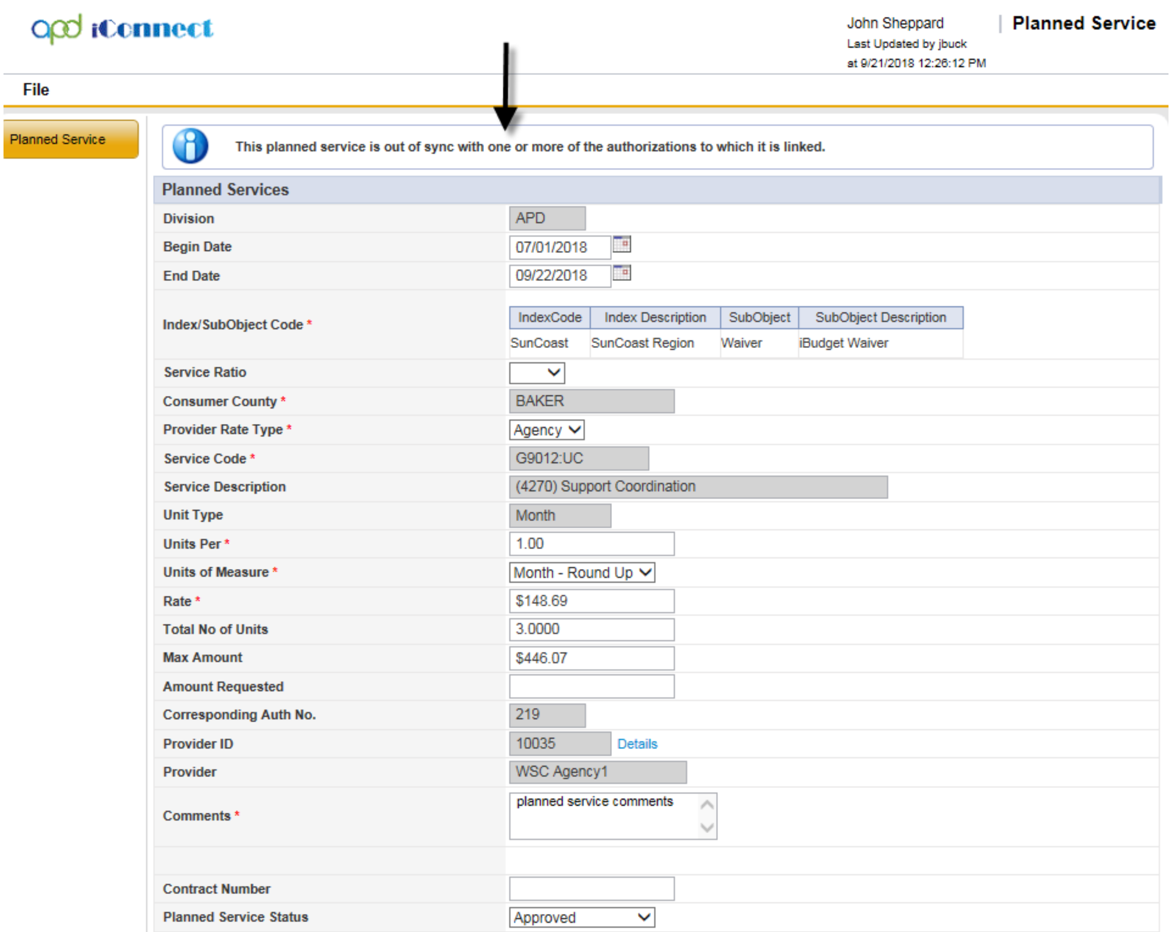
10. Select the Support Coordination planned service to open the details page.

11. Change the End Date. The page refreshes and the totals update.



12. Click **File** > **Save and Close Planned Service**.

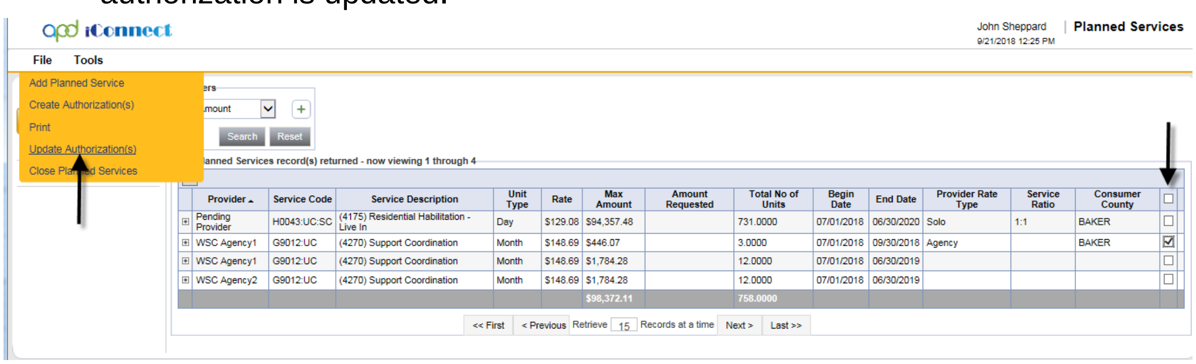
13. A notification displays for the user that the planned service is out of sync with the authorization. The changes to the planned service must also be made to the authorization.



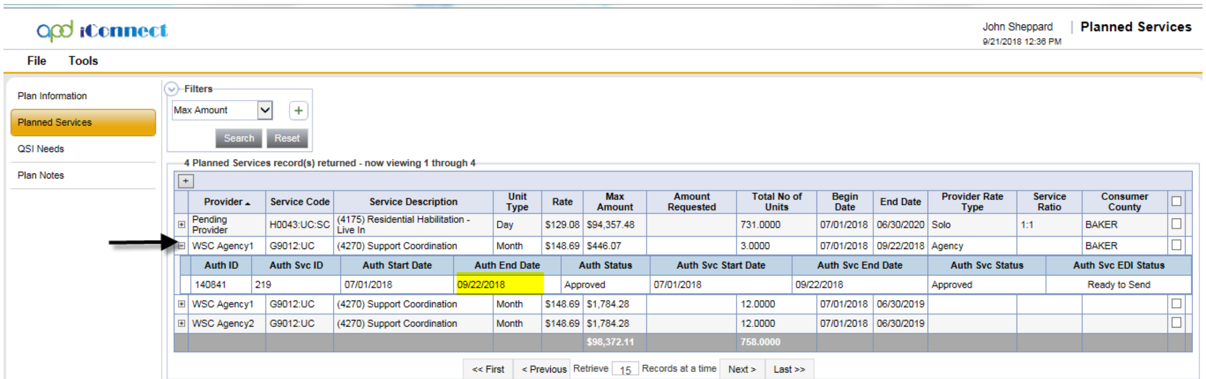
14. To do so, select the Planned Services subpage.

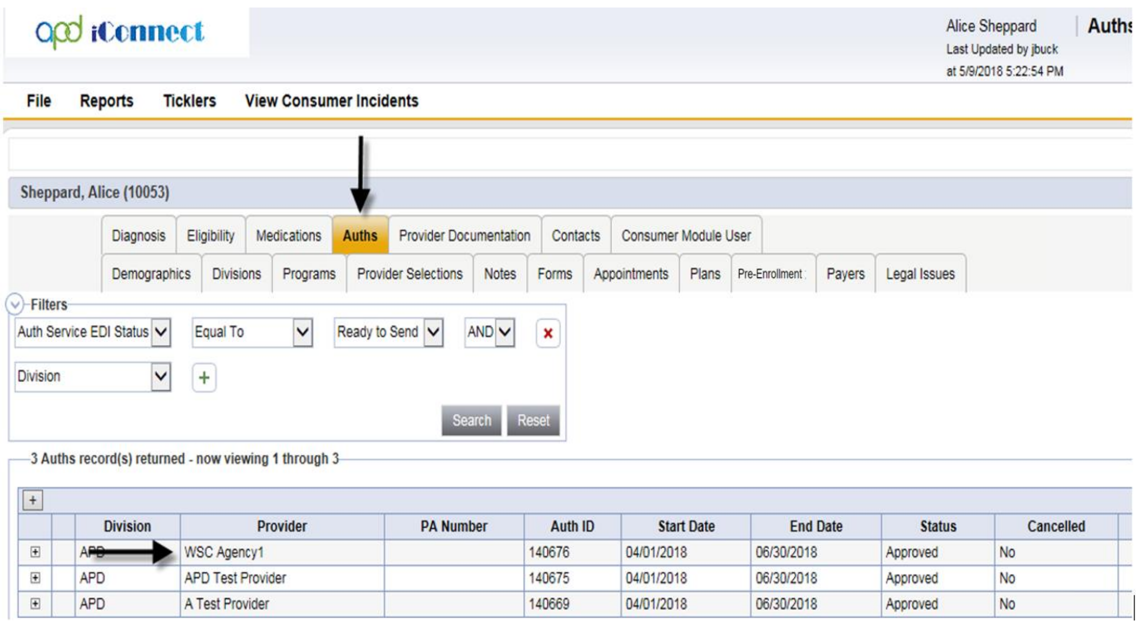
15. Click the checkbox next to the planned service that was updated.

16. Click **File** > **Update Authorization.** A success notification window displays, and the authorization is updated.

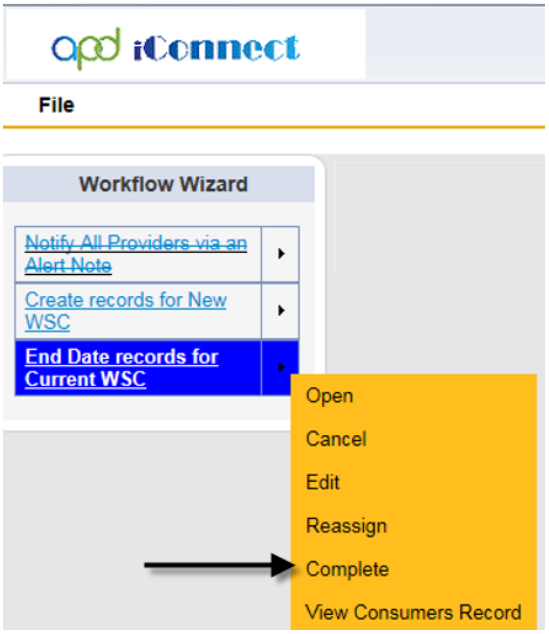


17. The authorization details can be viewed by selecting the + next to the edited planned service or from the Authorization tab.





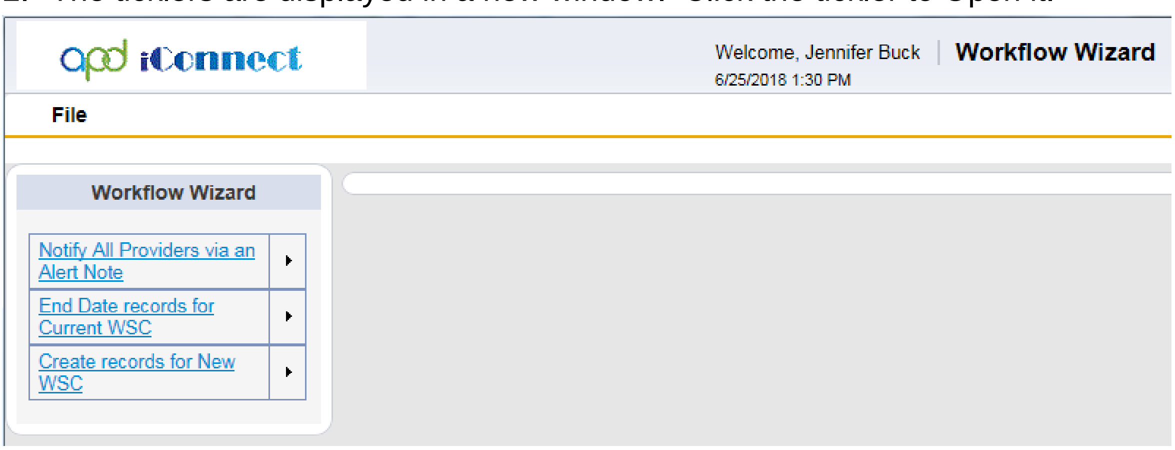
18. Upon completing the tasks outlined in the message tickler, navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.



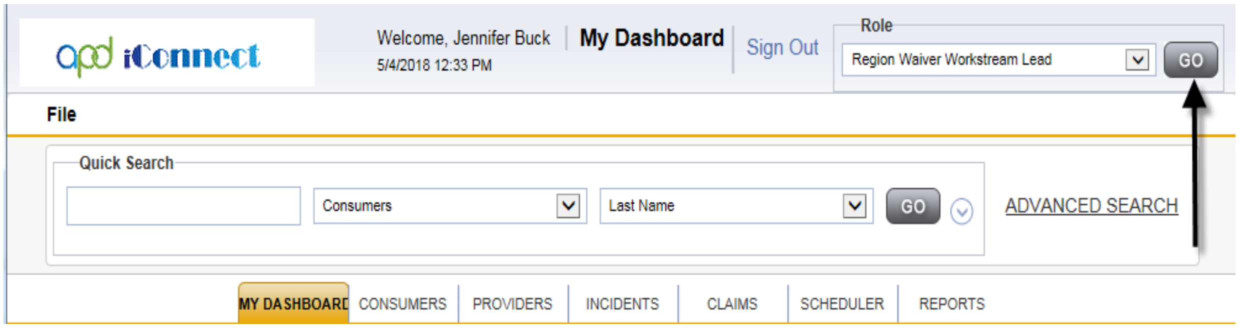
Create Records for New WSC

1. To begin, the user would have just saved the WSC Selection Note and triggered the Workflow Wizard. The user will be prompted to create new Provider Selection records for the new WSC and later change the Primary Worker to the new WSC (real time.) The user will also be prompted to end date the Provider Selection Record and Authorization for the current WSC and later close the current WSC Provider Record (real time.)

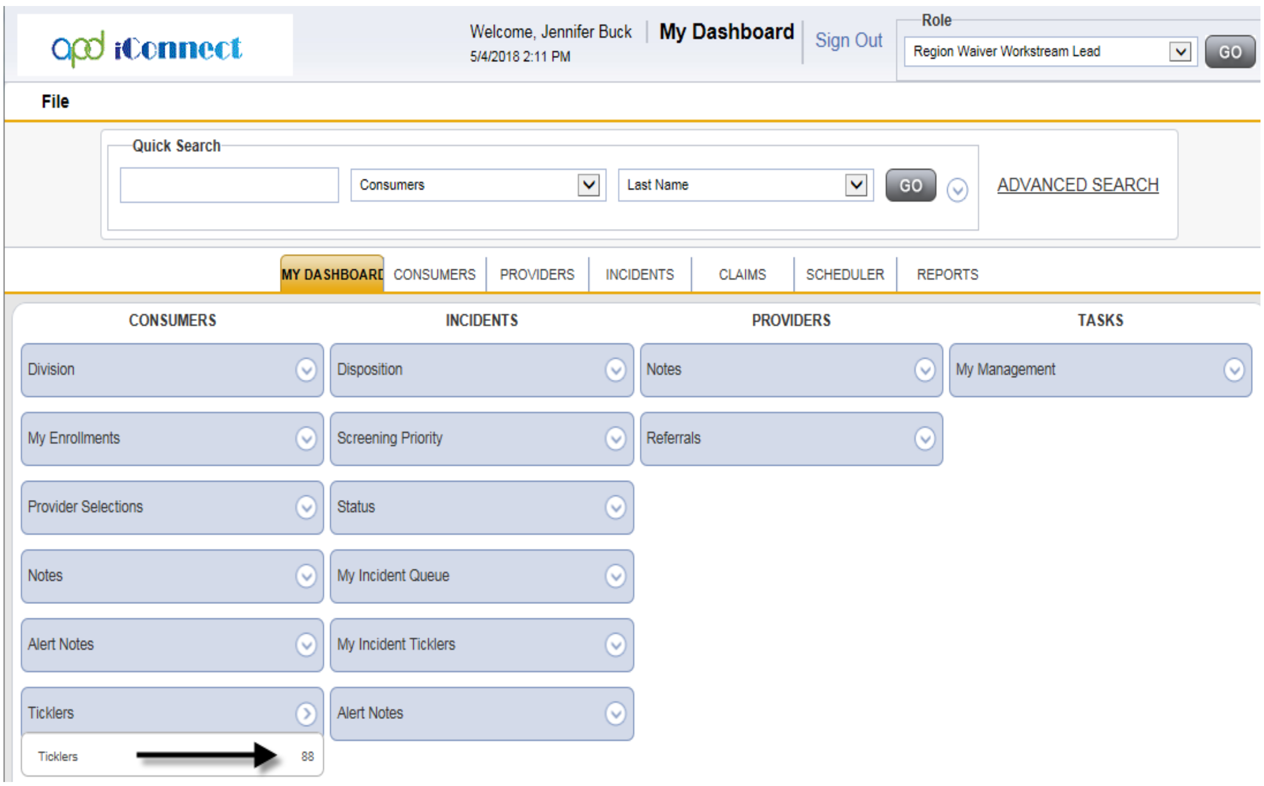
2. The ticklers are displayed in a new window. Click the tickler to Open it.



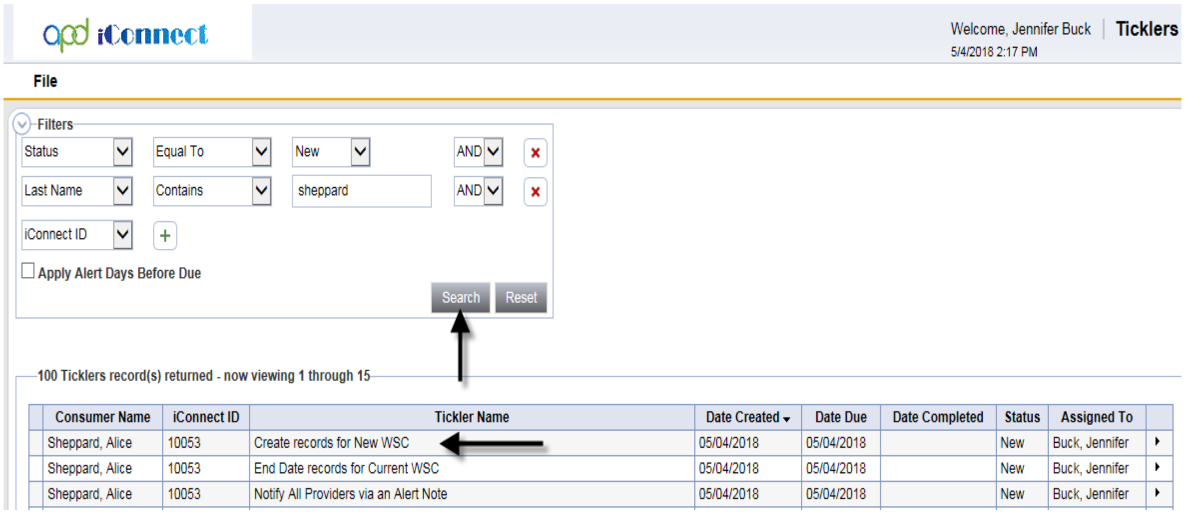
3. The ticklers are also visible via My Dashboard at any time. To begin log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**



4. Navigate to the My Dashboard and find the Consumers section. Scroll down to the Ticklers panel and click into the linked number of outstanding Ticklers to access the Tickler Queue.



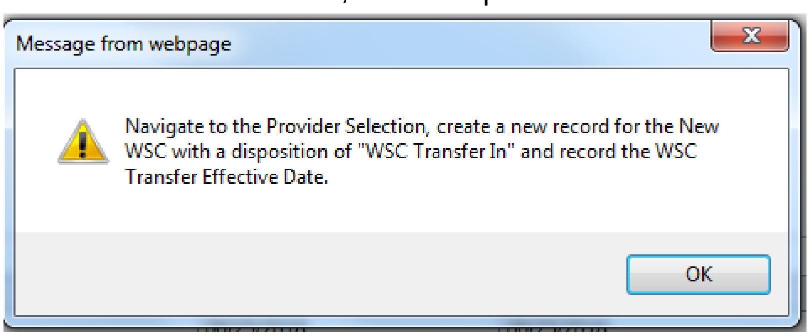
5. From here, user the multi variable search to find the Tickler. Click **Search**



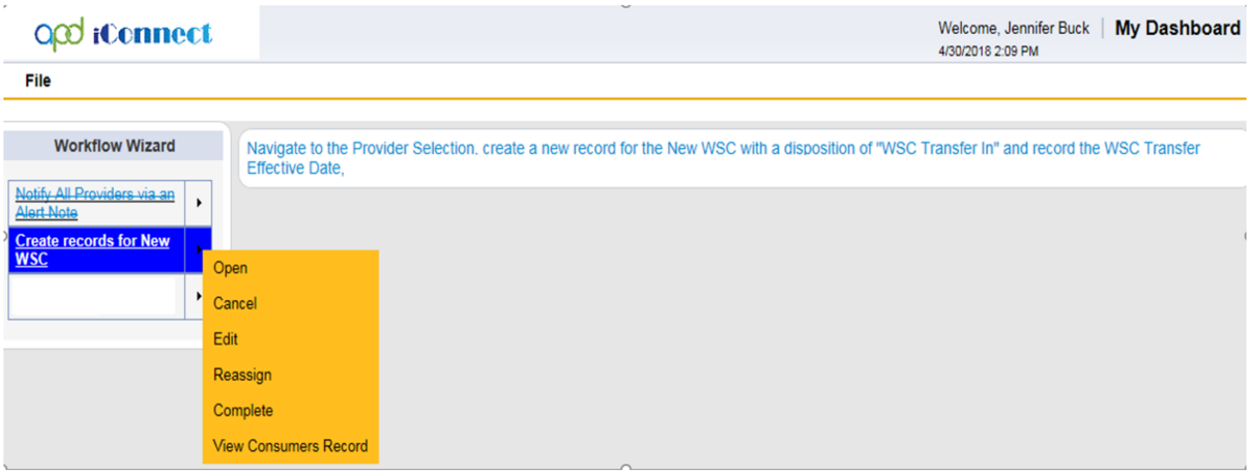
Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

6. Find the Tickler called. **Create records for New WSC** tickler to open it.
   a. If the person receiving the tickler is not the Waiver Liaison assigned to the current WSC, hover over the arrow next to the Tickler to click **Reassign** to reassign it to the correct person.
   b. Otherwise, click to open the Tickler. The following message displays:

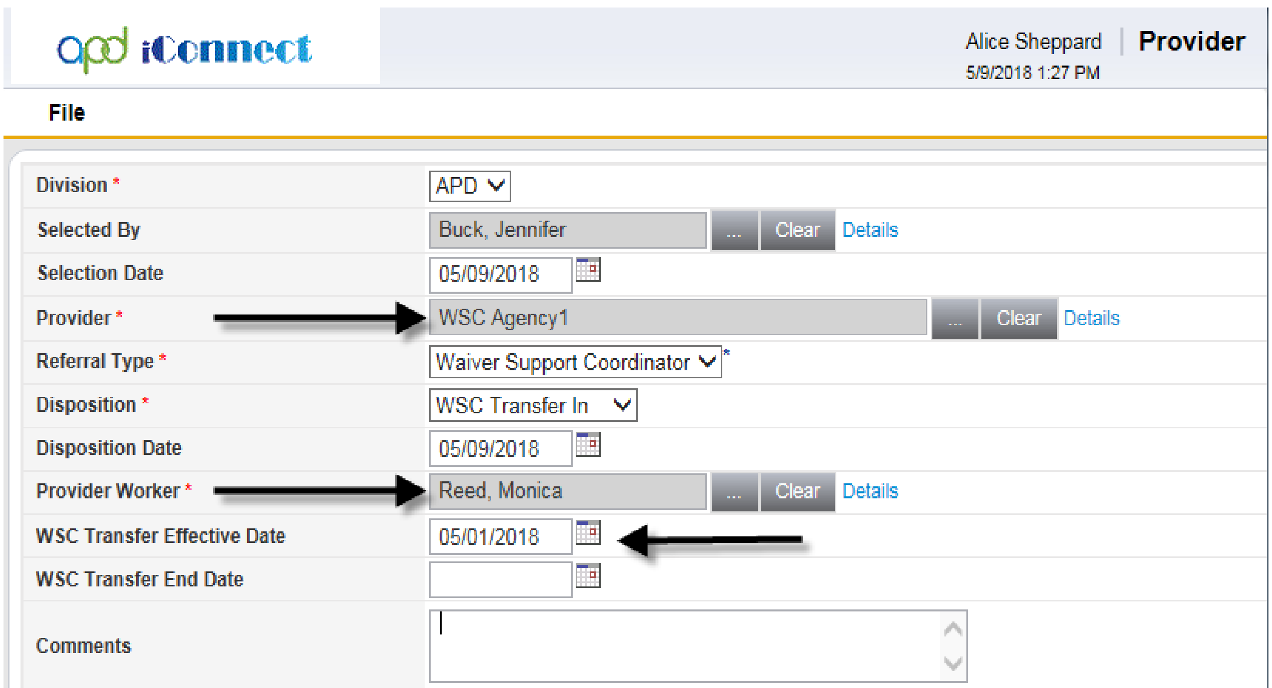


7. To complete the Tickler, click the **View Consumer Record** option from the tickler flyout menu to navigate quickly to the Consumer record from the tickler or can complete a quick Search to navigate to the consumer's record.



8. Click the **Provider Selections** tab.

9. Click **File** > **Add Provider**. The Provider Selection Detail page opens.

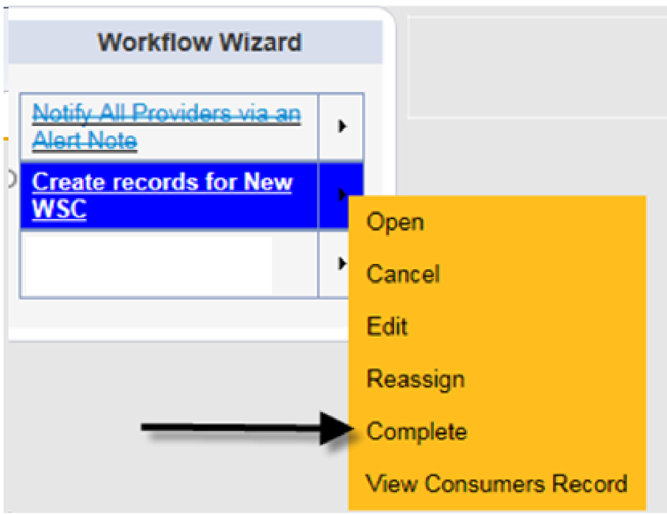


10. Update the following fields:
    a. Division = default to APD
    b. Selected by = defaults to Self
    c. Selection date = defaults to today
    d. Provider = select the ellipsis to search for and select the new WSC Agency
    e. Referral Type = Waiver Support Coordinator
    f. Disposition = WSC Transfer In

   g. Disposition Date = defaults to today
   h. Provider Worker = search for and select the new WSC Worker.
   i. WSC Transfer Effective Date = enter the effective date of the transfer

11. Click **File** > **Save and Close Provider**.

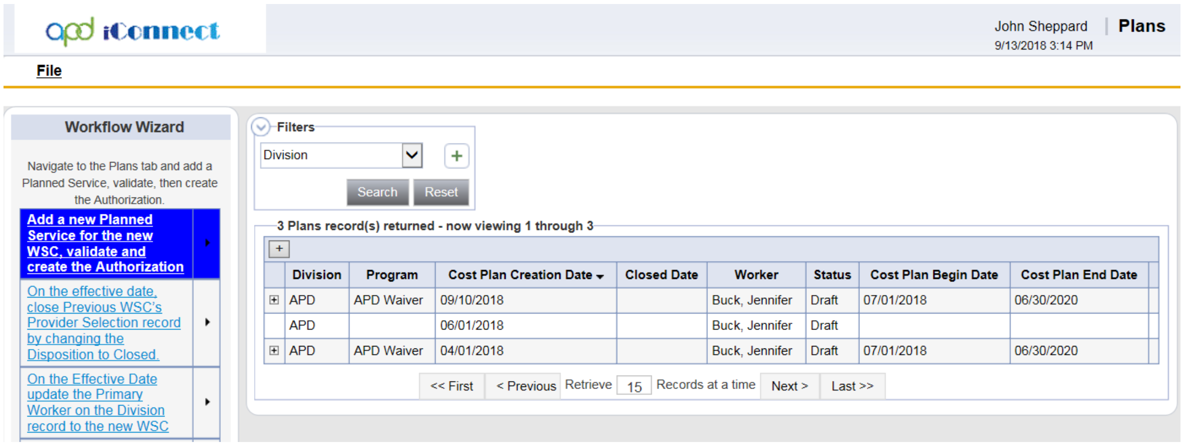
12. Upon completing the tasks outlined in the message tickler, navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.



Add a new Planned Service for the new WSC, validate and create the authorization

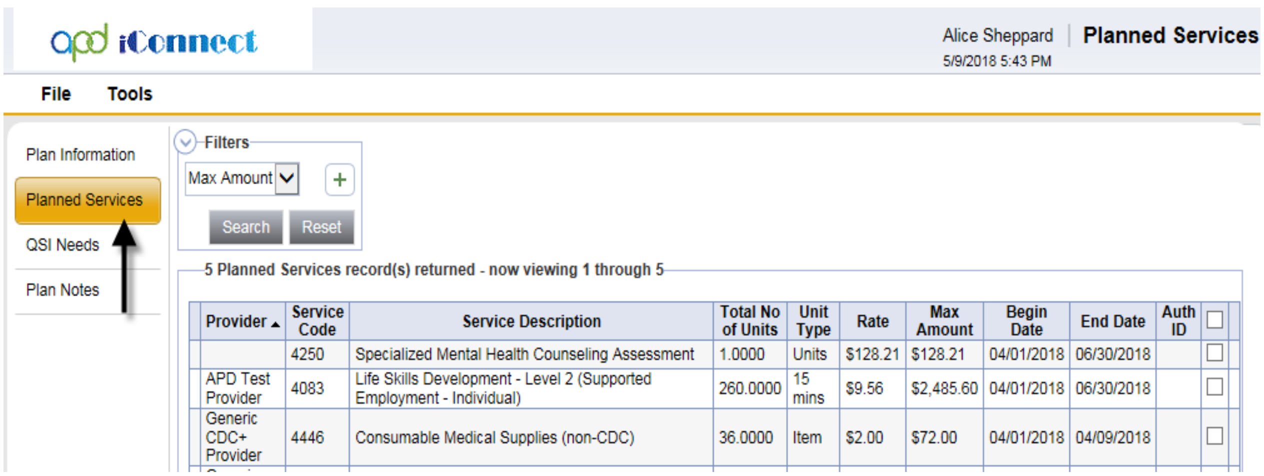
1. Upon saving the Provider Selection Record with a Disposition = WSC Transfer In, a Workflow Wizard will trigger for the user with three Ticklers.
   a. Add a new Planned Service for the new WSC, validate and create the Authorization.
   b. On the effective date, update Primary Worker on the Division record to the new WSC
   c. On the effective date, close Previous WSC's Provider Selection Record by changing the disposition to Closed. The end date and WSC-Transfer Out disposition were updated on the previous WSC's Provider Selection record in an earlier step for tracking purposes. This tickler is for the WSC to close the Previous WSC Provider Selection record which removes access to the consumer's record for the previous WSC.

2. From the open Workflow Wizard window click the **Add a new Planned Service for the new WSC, validate and create the authorization** tickler. The Plans list view displays.



3. Click the APD waiver Plan. The Plan Information page displays.

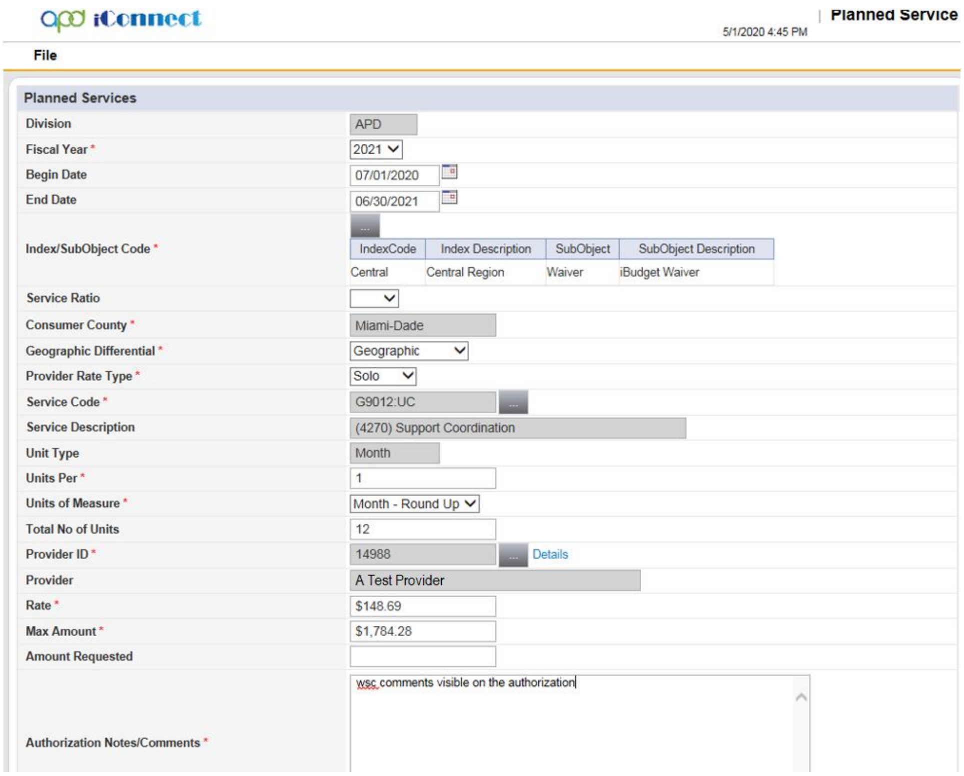
4. Click the **Planned Services** subpage.



5. Click **File** > **Add Planned Service**.

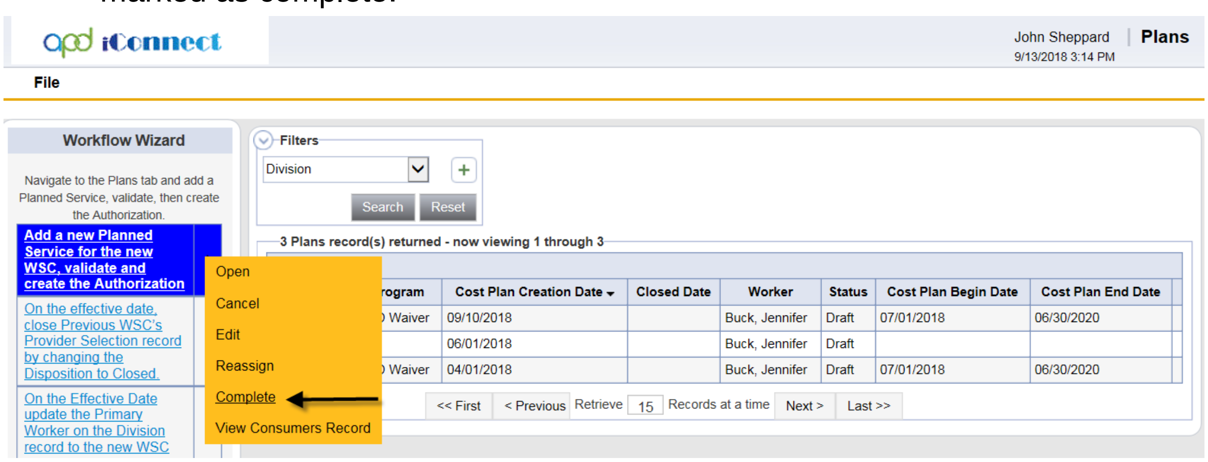
6. A new Planned Service record opens. Update the following fields:
   a. Fiscal Year Choose the applicable fiscal year.
      NOTE: Fiscal Years in iConnect are in yyyy format. This is different than the yy – yy FY format APD is used to. For example: 20 – 21 FY = 2021 in iConnect.
   b. Begin Date Enter the begin and End dates as the dates of service.
   c. End Date Enter the begin and End dates as the dates of service.
      NOTE: The Start and End Dates of a Planned Service must be within the Cost Plan Begin and End Dates located on the Plan Information page.
   d. Index/SubObject Code: The ISO is an iConnect term that defines which 'bucket of money' the service is being paid from Statewide and by region.
      - WSCs will select their regional ISO, not 'Statewide.'
   e. Service Ratio: Select the correct ratio only if the service contains a ratio

f. County: pulls from the consumer demographic page
g. Geographic Differential: Select Geographic, Non-geographic or Monroe
h. Provider Rate Type: Select Solo or Agency
i. Service Code: Search for and select the service code.
j. Unit Type auto populates when service code selected
k. Unit Per Enter the identified number of units per period.
    i. This value will vary depending on the service selected and can vary with time of year.
l. Unit of Measure
m. Total No of Units will auto-populate
n. Provider ID: Search for and select the service provider if known at the time the planned service is added. If not known, can select Pending Provider. A valid provider must be selected before creating an authorization.
o. Rate will auto populate and depending on the service code may or may not be editable.
p. Max Amount will auto populate once the service code, rate and provider have been selected.
q. Amount Requested = used by the Lead when the amount requested does not equal the amount approved
r. Authorization Notes/Comments = enter notes. This is a required field. Text in this field will be visible on the Auth Service and printed authorization.
s. Contract Number = enter if applicable.
t. Non-Taxable = check if applicable.
u. Planned Service Status = Proposed.



7. Click **File** > **Save and Close Planned Service**.

8. Upon completing the tasks outlined in the message tickler, navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.



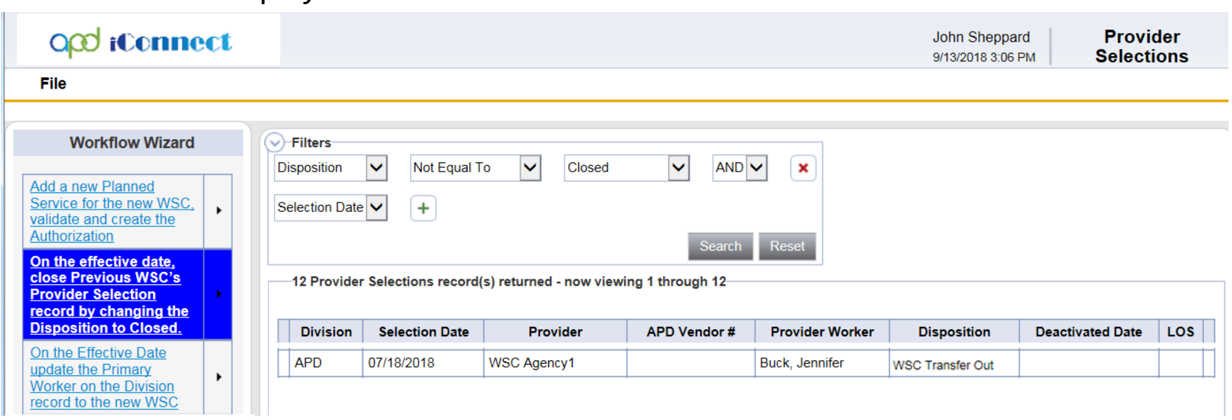
Close Previous WSC's Provider Selection Record

1. Upon saving the Provider Selection Record with a Disposition = WSC Transfer In, a Workflow Wizard will trigger for the user with the following Ticklers to complete on the effective date of the new WSC. Similar ticklers were completed earlier when an end date was added to the Previous WSC's Provider Selection record for tracking

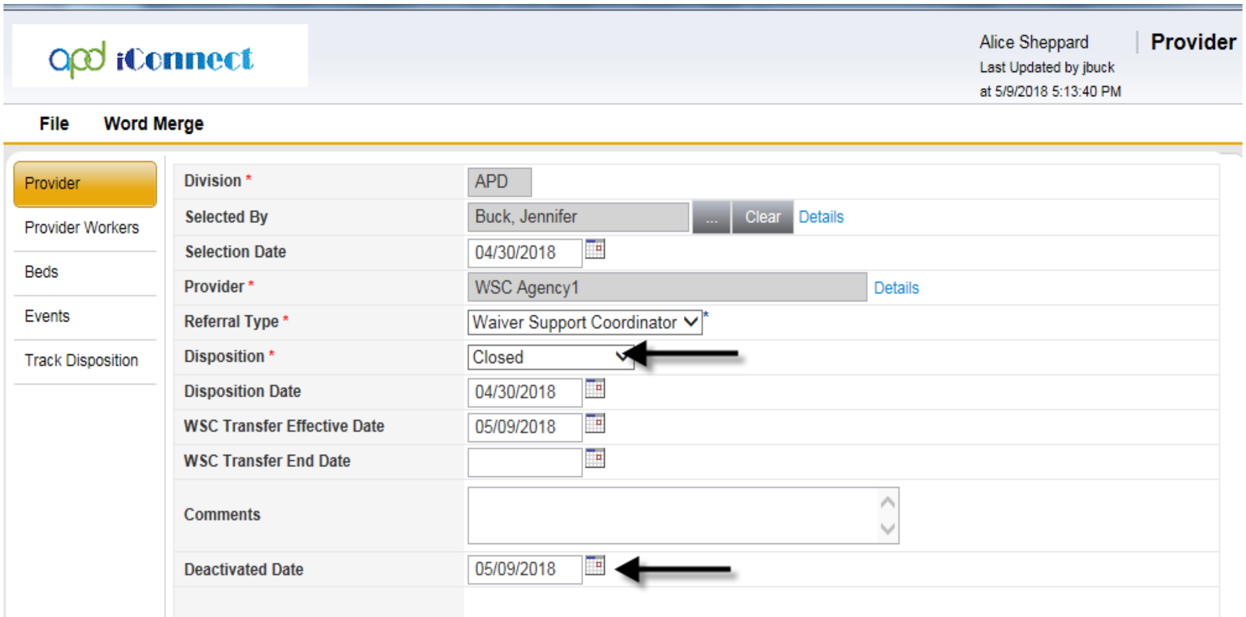
purposes, but these ticklers are closing the records, removing access for the previous WSC.

a. On the effective date, update Primary Worker on the Division record to the new WSC. This tickler will trigger immediately but the user should not complete it until the effective date because the changes are effective immediately.
b. On the effective date, close Previous WSC's Provider Selection Record by changing the disposition to Closed. The end date was added to the previous WSC's Provider Selection record in an earlier step. This tickler is for the WSC to close the Previous WSC Provider Selection record. This tickler will trigger immediately but the user should not complete it until the effective date because the changes are effective immediately.
c. Add a new Planned Service for the new WSC, validate and create the Authorization.

2. Click the **On the effective date Close Previous WSC's Provider Selection Record by changing the Disposition to Closed** tickler. The Provider Selection list view displays.

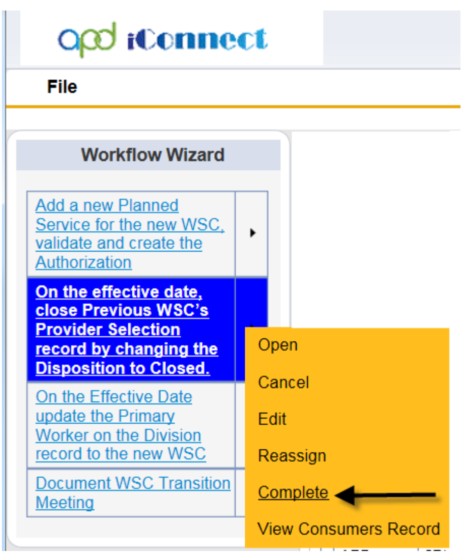


3. Click the previous WSC Provider Selection Record. The Details page displays. Update the following fields:
   a. Disposition = Closed
   b. Disposition Date = defaults to current date but can be edited



4. Click **File** > **Save and Close Provider**

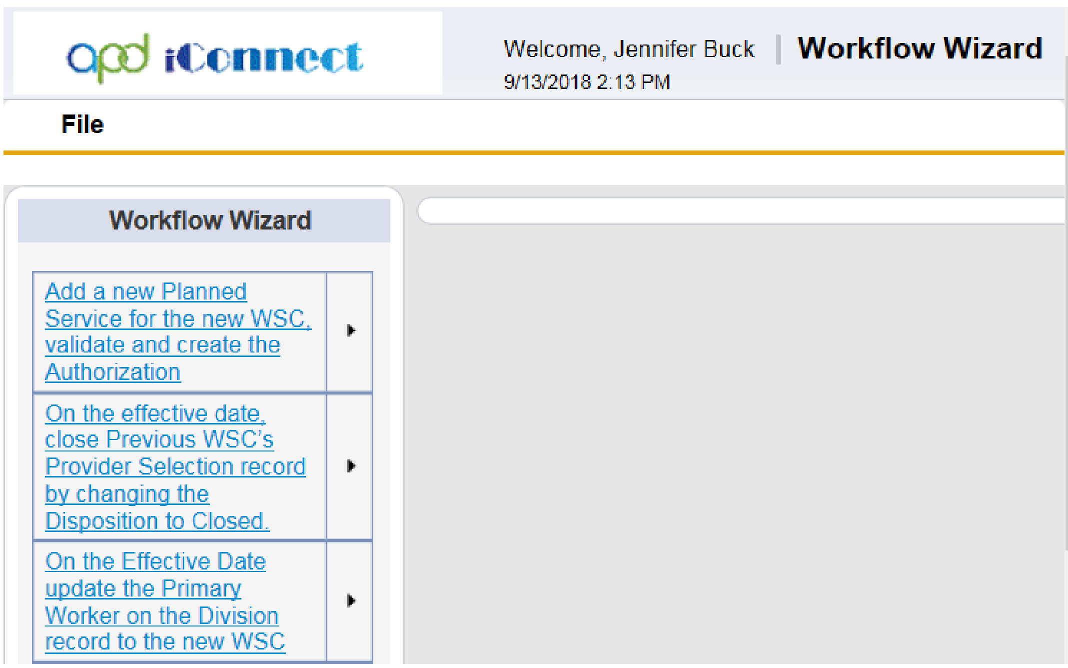
5. Navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.



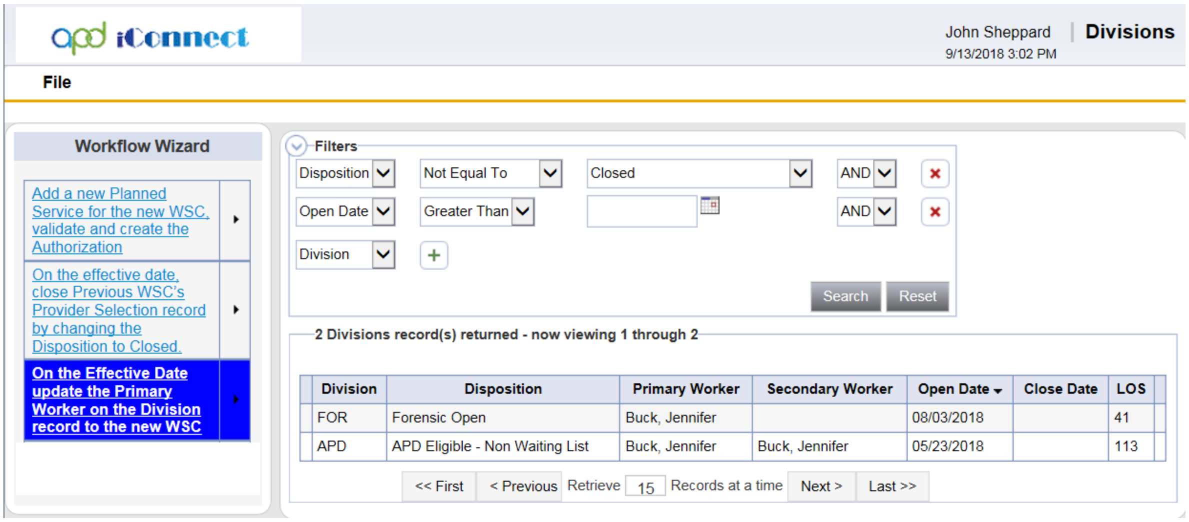
Update the Primary Worker

Upon saving the Provider Selection Record with a Disposition = WSC Transfer In, a Workflow Wizard will trigger for the user with the following Ticklers to complete on the effective date of the new WSC. Similar ticklers were completed earlier when an end date was added to the Previous WSC's Provider Selection record, but these ticklers are closing the records, removing access for the previous WSC.

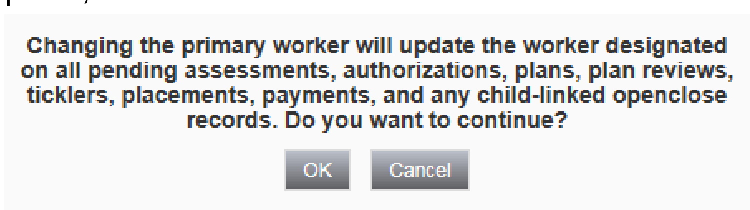
a. On the effective date, update Primary Worker on the Division record to the new WSC. This tickler will trigger immediately but the user should not complete it until the effective date because the change is effective immediately.
b. On the effective date, close Previous WSC's Provider Selection Record by changing the disposition to Closed. The end date was added to the previous WSC's Provider Selection record in an earlier step. This tickler is for the WSC to close the Previous WSC Provider Selection record. This tickler will trigger immediately but the user should not complete it until the effective date because the change is effective immediately.
c. Add a new Planned Service for the new WSC, validate and create the Authorization.

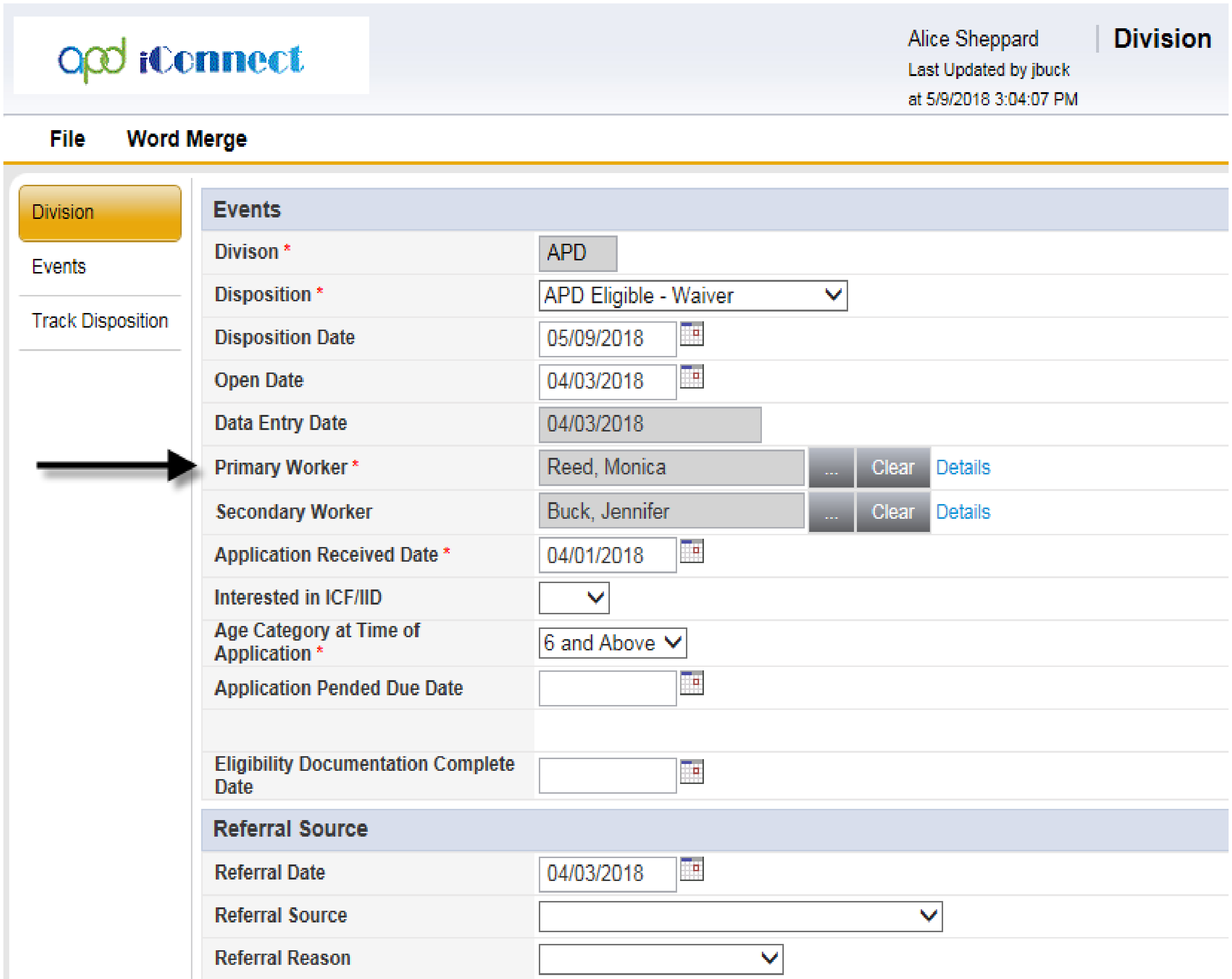


1. Click the **On the Effective date, update Primary Worker** tickler. The Division list view displays.



2. Click the **APD Eligible – Waiver** Division record. The Division details page opens. Update the following fields:
    a. Primary Worker = select the ellipsis to search for and select the new WSC Worker.
    b. A notification will display informing the user changing the Primary Worker on the Division record will reassign all pending assessments, authorizations, plans, and ticklers from the old WSC to the new WSC. Click **OK** to accept.



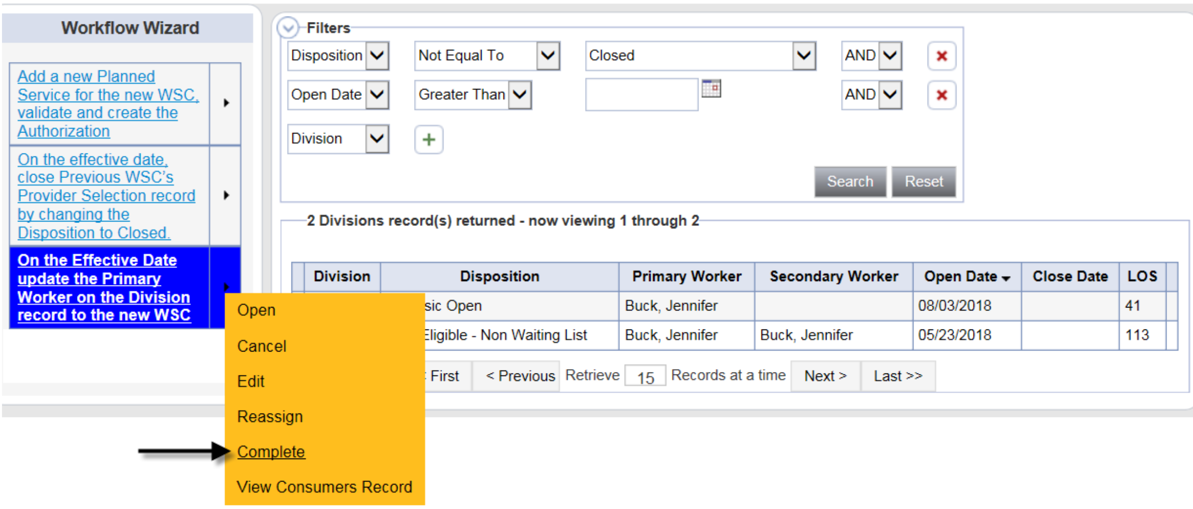


3. Click **File** > **Save and Close Division**.

Tip

When the Primary Worker is updated on the Division page, the Primary Worker on the Programs page is also updated.

4. Upon completing the tasks outlined in the message tickler, navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.



WSC Selection – Same Agency/Provider

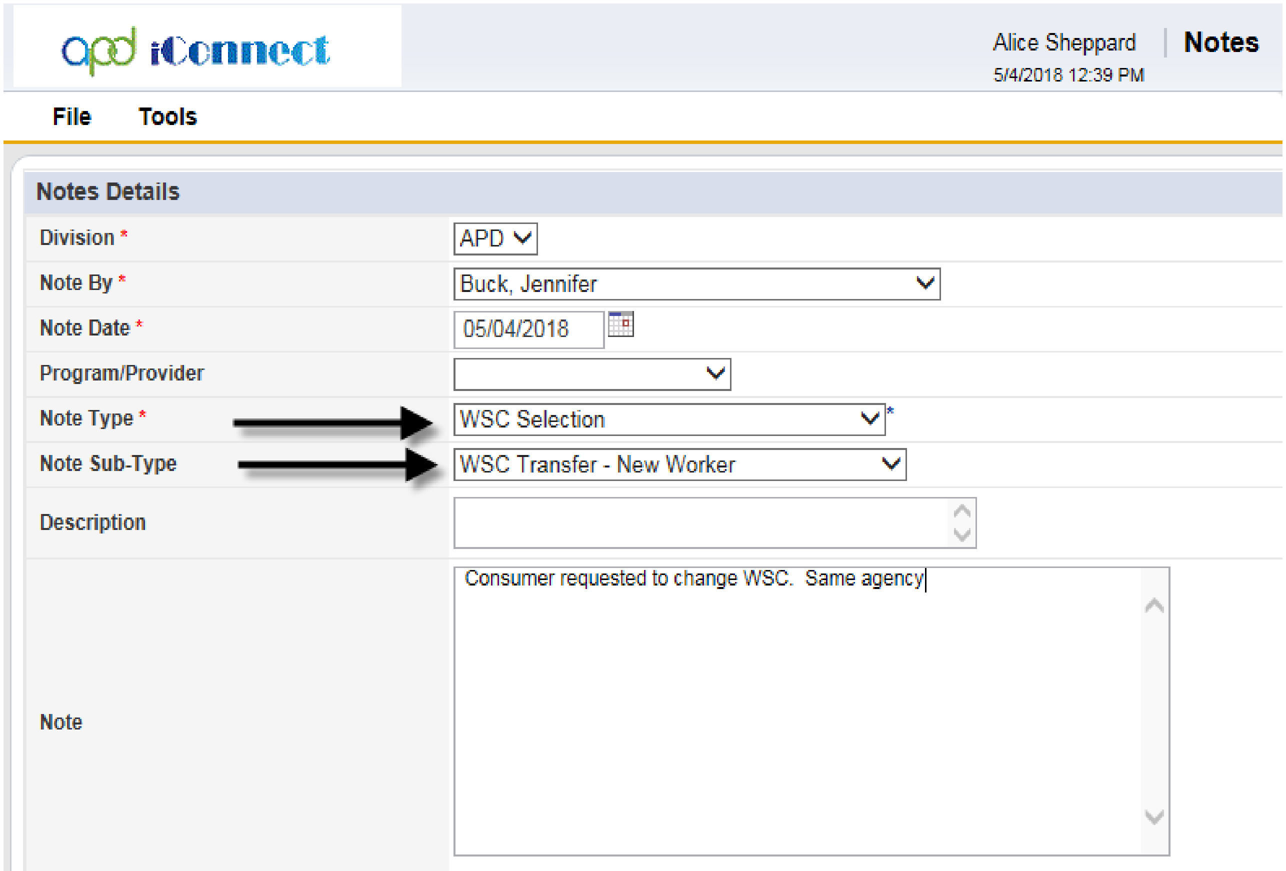
Depending on the reason for the change the Region staff or the old WSC will work with the consumer to select a new WSC and effective date. A note is added in iConnect to begin the reassignment process. NOTE: this is an area of organizational change. Regions will be involved to ensure caseload capacity is not exceeded.

New WSC Request - Add a Note

1. To begin, log into iConnect and set Role = Region Waiver Workstream Worker or WSC. Click **Go.**

2. Navigate to the consumer's record and click the **Notes** tab > click **File** > **Add Notes**.

3. The Note details page displays. Update the following fields.
    a. Division = APD
    b. Note Type = WSC Selection
    c. Note Subtype = WSC Transfer – New Worker
    d. Status = Pending
    e. Note = details of the requested change
    f. Attach all supporting documentation

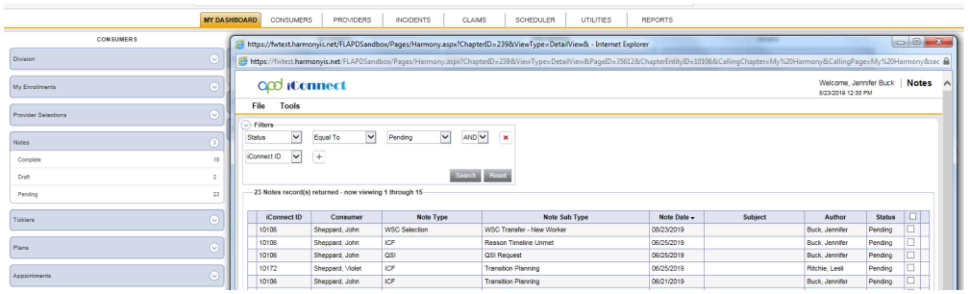


4. Click **File** > **Save and Close Notes**

5. The Consumer has selected new WSC. Update the Note with a **document** demonstrating the consumer was given choice within the agency. Then send the Note for Region Review before accepting the case.

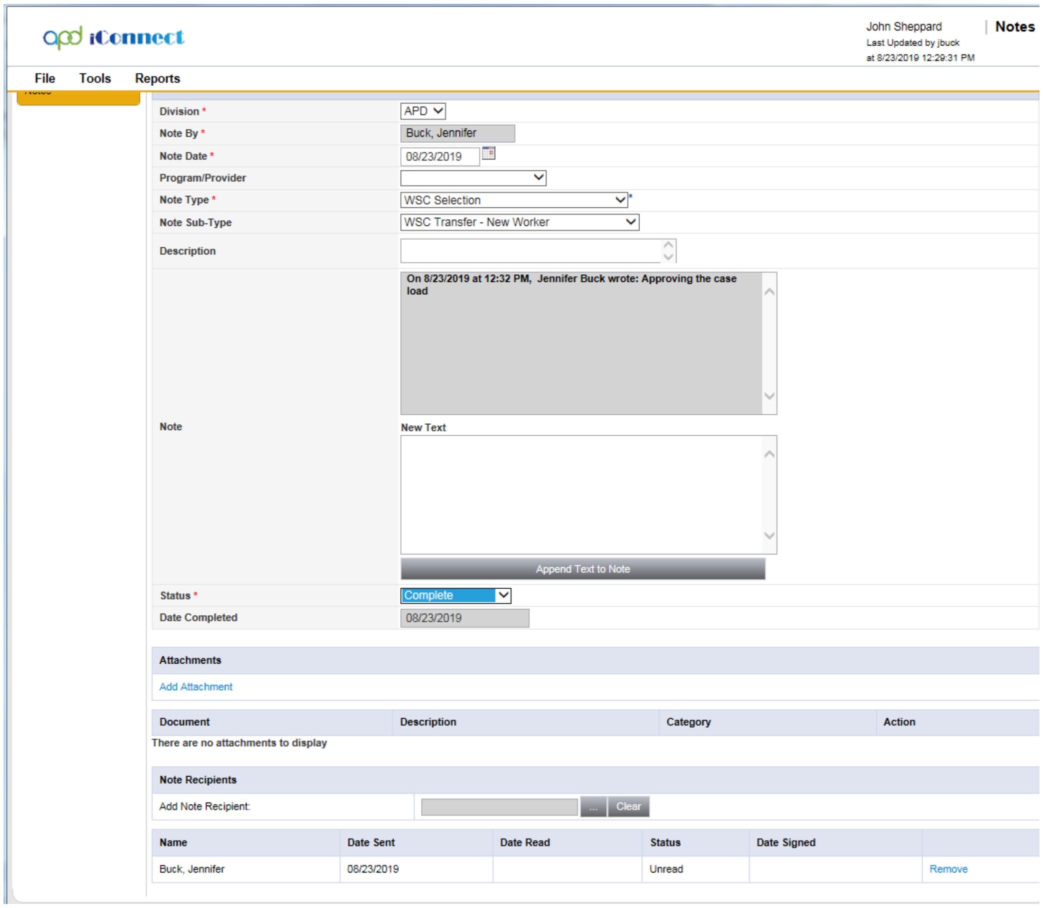
6. The Region staff or WSC will navigate to the consumer's Record and select the **Notes** tab. Select the **WSC Selection Note** to open. The Note Details page displays. Update the following fields:
    a. Note Type = remains WSC Selection
    b. Sub Type = remains WSC Transfer – Worker
    c. Note = details of the selected WSC and request for region review before accepting the case.
    d. Status = remains Pending
    e. Recipients = Region Waiver Lead
    f. Attachment = search for and select the saved **document** and attach it to the note.

7. The Region Waiver Lead will monitor My Dashboard for incoming Notes. The Region Waiver Lead will locate the WSC Selection Note in the Notes queue and select it to open.



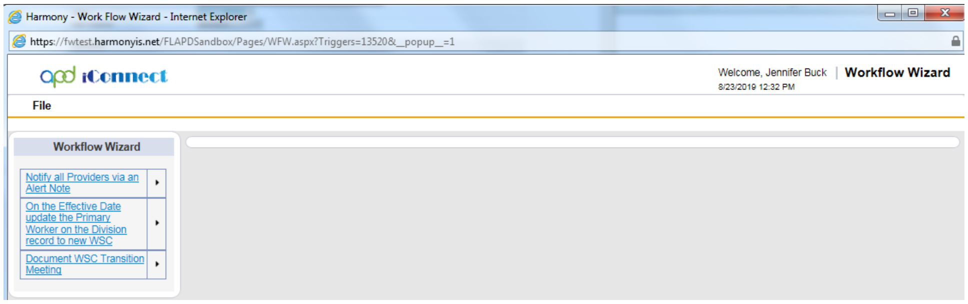
8. The Region Waiver Lead will also check the Caseload report monthly to ensure there are no limit violations. This report will be accessed from an APD SharePoint site.

9. The Region Waiver Lead will approve or not approve based on the requested WSC's case load and will update the Note with his/her decision. Update the following fields:
    a. Note Type = remains WSC Selection
    b. Sub Type = change to WSC Transfer Approved or WSC Transfer Not Approved
    c. Note = decision details to approve or not approve the case load
    d. Status = Complete
    e. Recipients = Old WSC, Agency Owner/Manager, Waiver Workstream Worker



10. The old WSC will monitor My Dashboard for incoming notes for notification that the Waiver Lead has approved or not approved the case load for the new WSC.
    a. When approved, the old WSC will complete the transition meeting with the new WSC. Proceed to the WSC Transition Meeting section.
    b. When not approved, the old WSC will work with the consumer to select a new WSC and effective date.

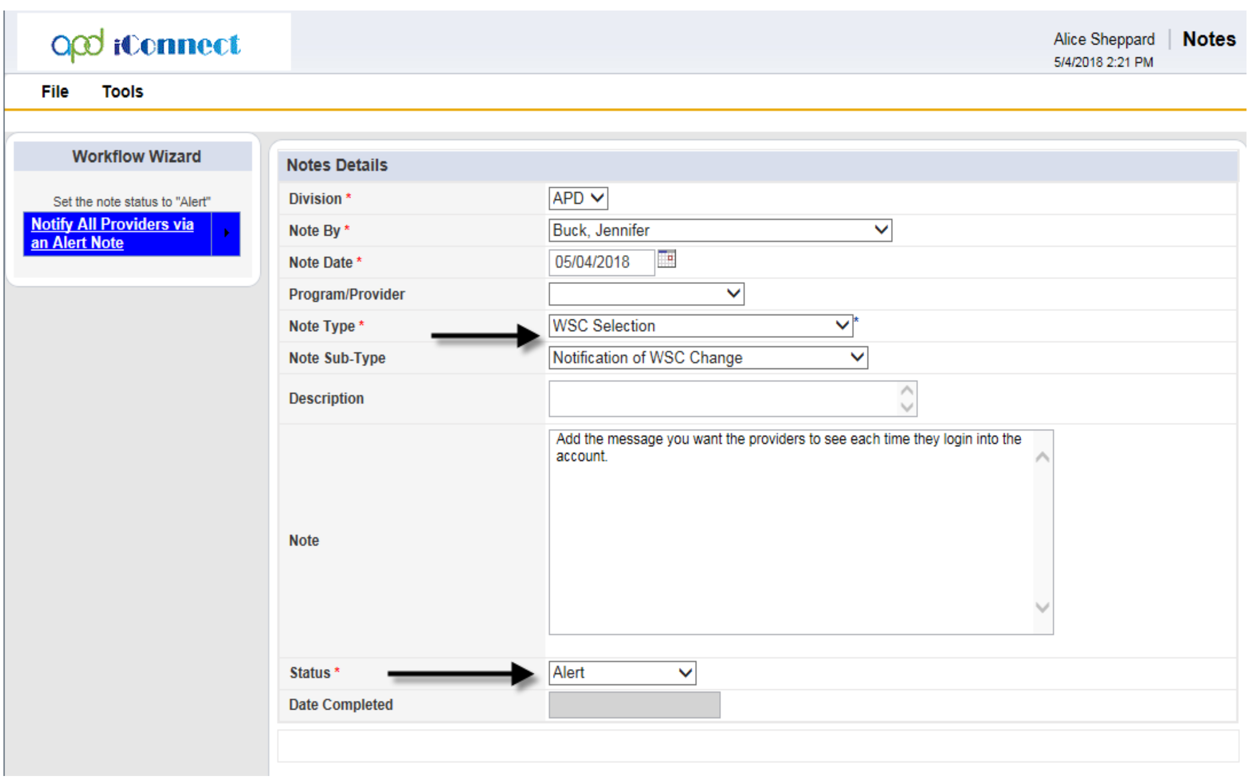
11. Saving the WSC Selection Note with SubType = WSC Transfer Approved and Status = Complete, triggers a Workflow Wizard for the user/Region Waiver Lead, with the following ticklers:
    a. Notify all Providers via an Alert Note. The Waiver Lead will complete this tickler immediately.
    b. On the Effective Date update the Primary Worker on the Division record to new WSC. The Waiver Lead will reassign this tickler to the new WSC.
    c. Document WSC Transition Meeting. The Waiver Lead will reassign this tickler to the new WSC.



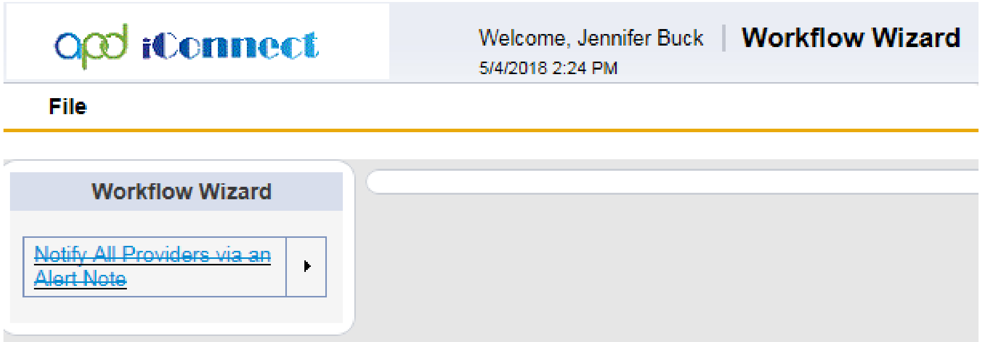
Notify All Providers via an Alert Note

1. Saving the WSC Selection Note with SubType = WSC Transfer – New Worker and Status = Complete, triggers the **Notify all Providers via an Alert Note** tickler. Select it to open. The Notes Detail page displays.

2. Update the following fields:
   a. Division = APD
   b. Note Type = WSC Selection
   c. Note Subtype = Notification of WSC Change
   d. Note = Add the message you want the providers to see each time they login into the account.
   e. Status = Alert



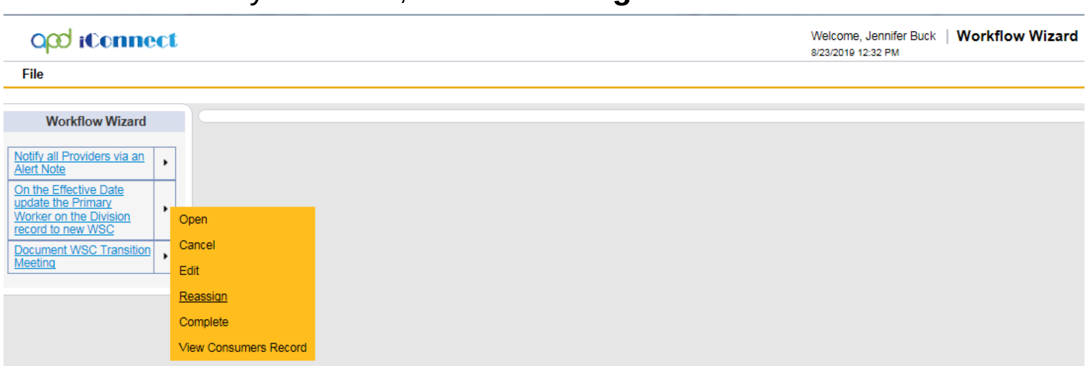
3. Click **File > Save Notes**. The Tickler is marked as complete.



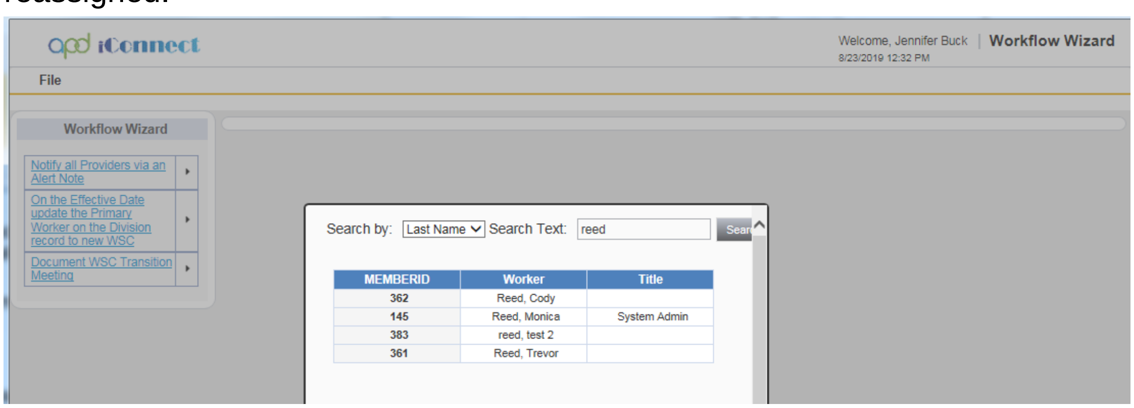
Update Primary Worker

1. Saving the WSC Selection Note with SubType = WSC Transfer – New Worker and Status = Complete, triggers the **On the Effective Date update the Primary Worker on the Division record to new WSC** tickler. The Waiver Lead will reassign it to the new WSC.

2. From the tickler flyout menu, select **Reassign**.

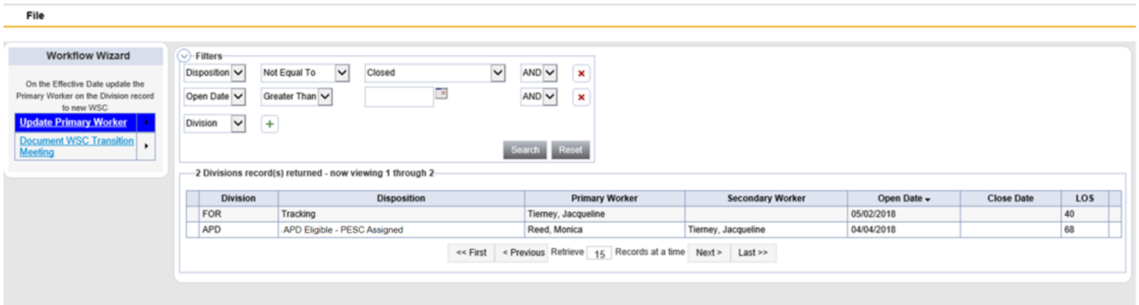


3. Search for and select the new WSC name. When select, the tickler is automatically reassigned.



4. The new WSC will monitor **My Dashboard** for incoming ticklers.

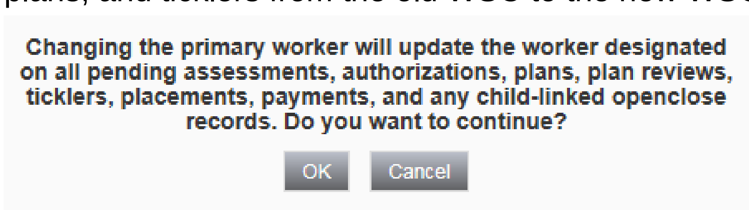
5. Click the **On the effective date, update the Primary Worker on the Division record to the new WSC** tickler. The consumer's Divisions list view grid will display.



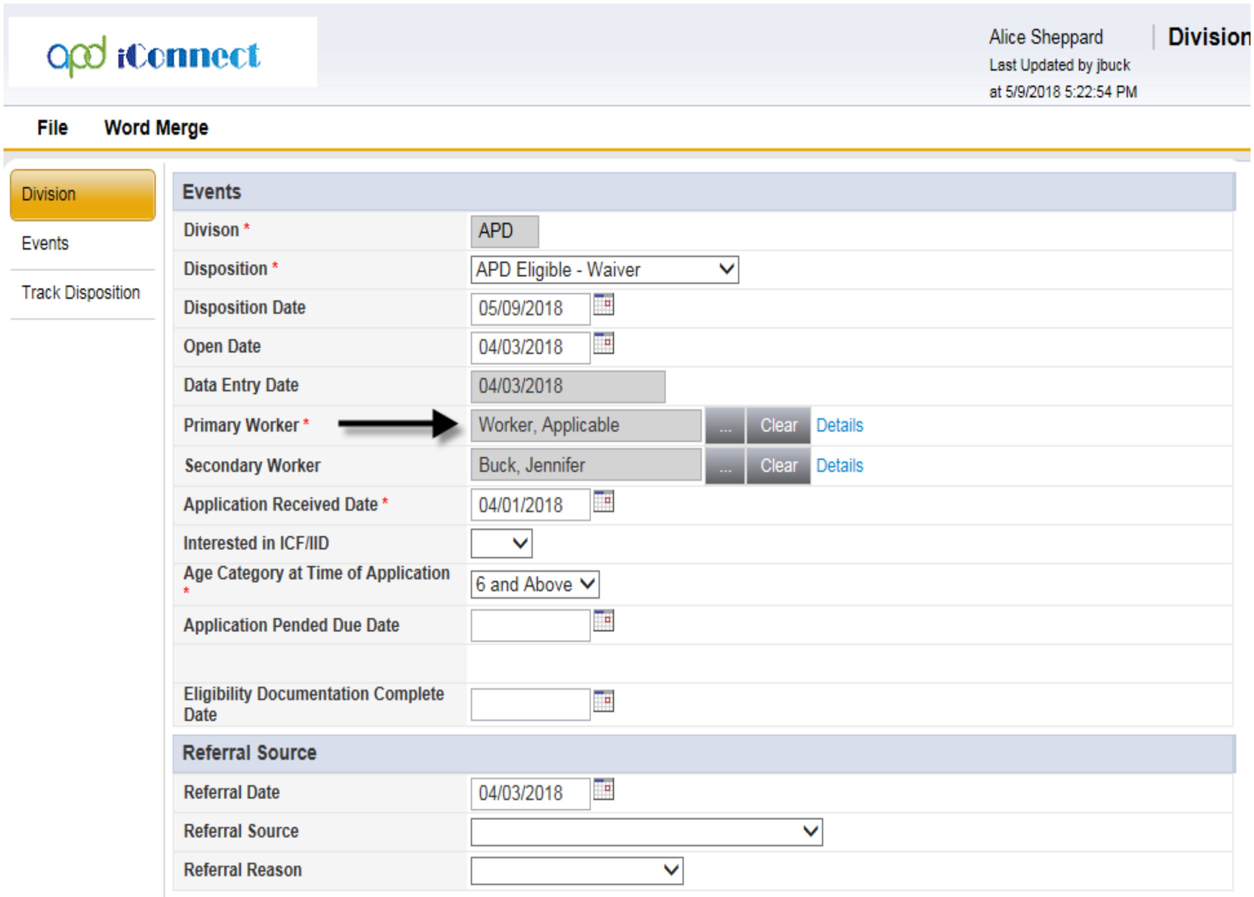
6. On the effective date of the new WSC, the new WSC will update the primary worker on the Division which will automatically update the worker on the associated Program records and Provider Selection records.

7. Select the **APD Eligible – Waiver** record.

8. The Division details page displays. Update the following fields:
   a. Primary Worker = select the ellipsis to search for and select the new WSC Worker.
   b. A notification will display informing the user changing the Primary Worker on the Division record will reassign all pending assessments, authorizations, plans, and ticklers from the old WSC to the new WSC. Click **OK** to accept.

   b. Secondary Worker = Region Waiver Lead



9. Click **File** > **Save and Close Division**.

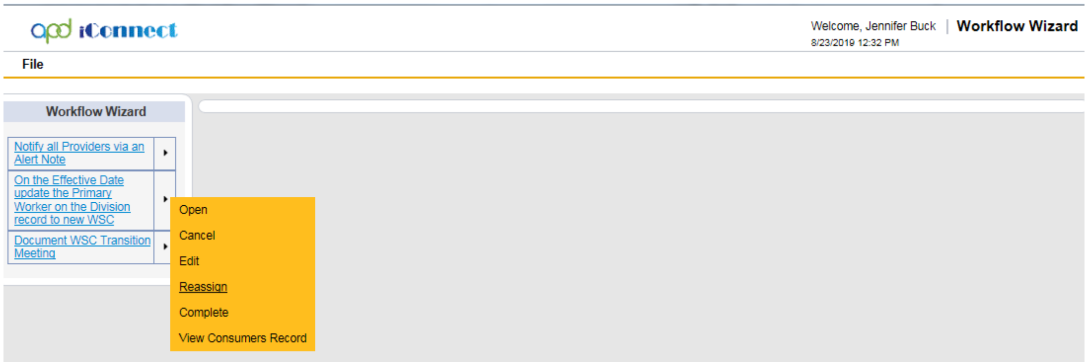
10. Upon completing the tasks outlined in the tickler, navigate back to the workflow wizard screen. Click **Complete** from the tickler flyout menu. The tickler is marked as complete.

11. When the primary worker on the division record is changed on the effective date, the worker on the provider selection record will update automatically to the new WSC and the previous worker/old WSC on the provider selection record will close automatically.

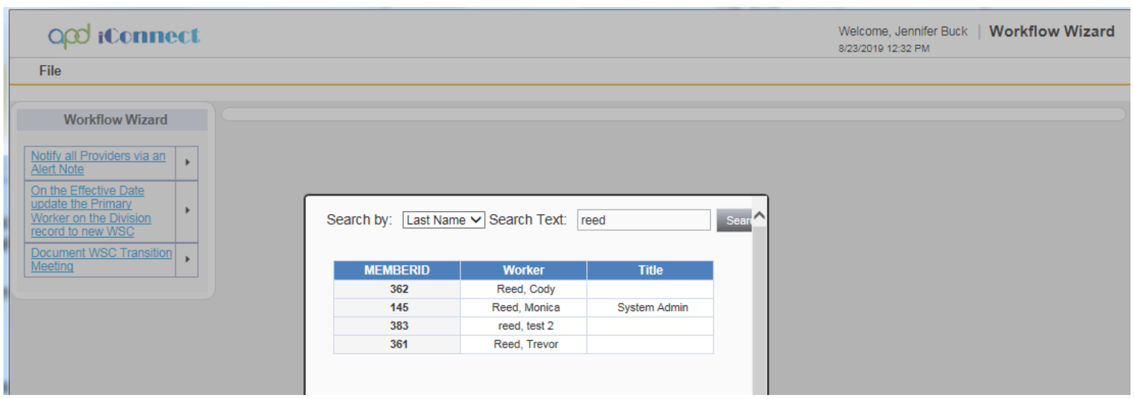
WSC Transition Meeting

1. Saving the WSC Selection Note with SubType = WSC Transfer – New Worker and Status = Complete, triggers the **Document WSC Transition Meeting** tickler. The Waiver Lead will reassign it to the new WSC.

2. From the tickler flyout menu, select **Reassign**.



3. Search for and select the new WSC name. When select, the tickler is automatically reassigned.

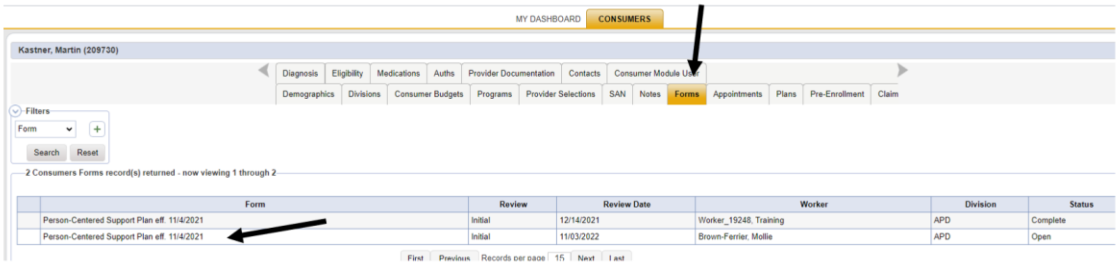


4. The new WSC will monitor **My Dashboard** for incoming ticklers. Locate the **Document WSC Transition Meeting** tickler. Select to open the Notes detail page. Once the transition process is complete, the new WSC will complete this tickler by adding a Note confirming the transition is complete. For now, it can be closed.

5. As part of the WSC Transition process, the previous WSC will meet and discuss the Consumer case with the new WSC.

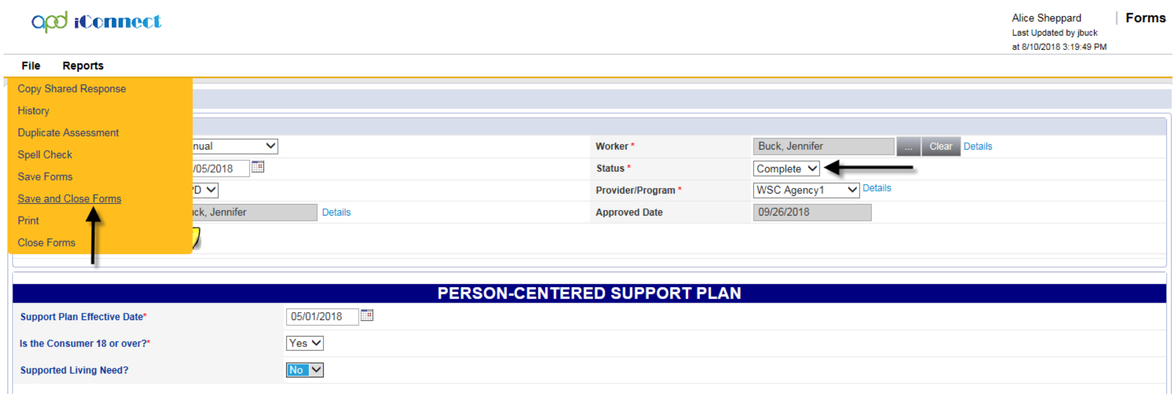
6. The previous WSC will mark the Person-Centered Support Plan form as complete, making it ready only. The new WSC will create a new Person-Centered Support Plan duplicated from the one completed by the previous WSC.

7. The previous WSC will navigate to the consumer's record and click on the Forms tab. Click the **Person-Centered Support Plan** form with Status = Open.



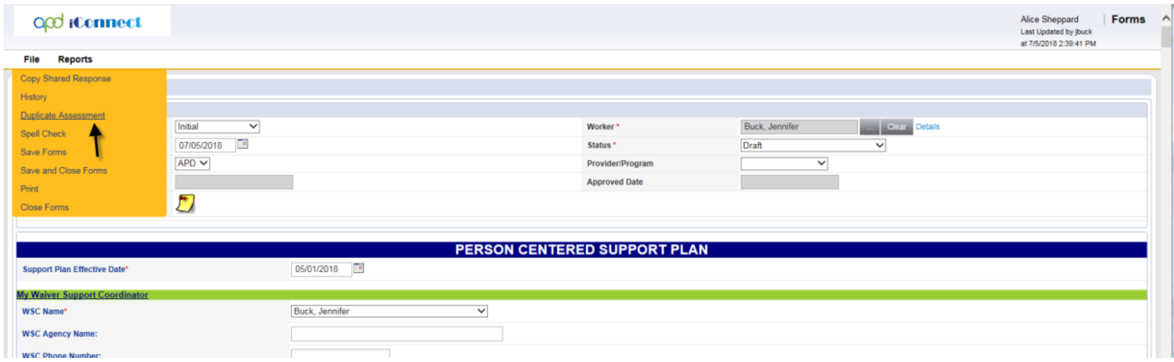
8. Update the following fields:
   a. Review the form and ensure it is complete.
   b. Change the Status = Complete

9. Click **File** > **Save and Close Forms**.



10. The new WSC will use the **Duplicate Assessment** feature to copy information such as the social history from the Person-Centered Support Plan completed by the previous WSC into a new Person-Centered Support Plan for the new WSC. The new WSC will update all section of the support plan with new information and change the effective date of the plan.

11. To do so, with the Person-Centered Support Plan created from the previous WSC opened, click **File** > **Duplicate Assessment**. A notification window displays. Click OK. The new Person-Centered Support Plan form that is an exact copy of the existing Person-Centered Support Plan form is displayed.

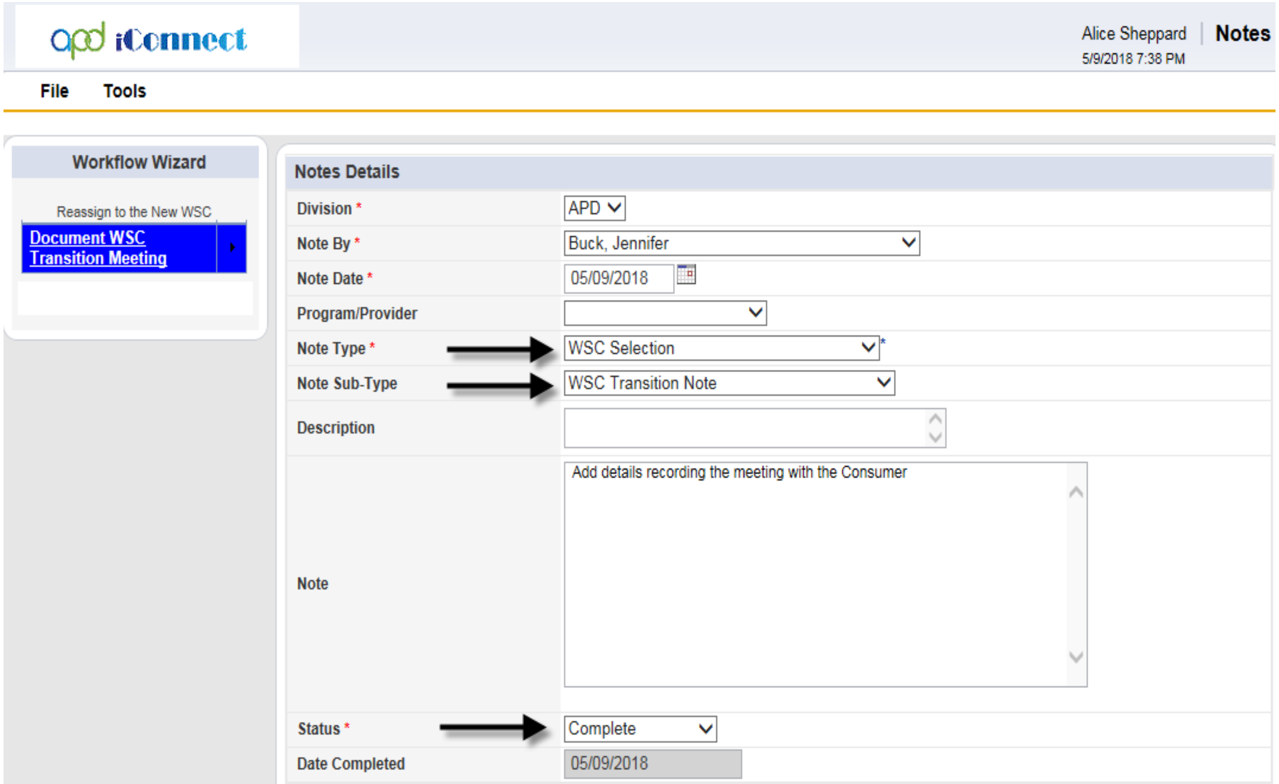


12. Update the following fields:
    a. In the Form header, change the **Review Type** = Annual.
    b. Update the support plan effective date.
    c. Make updates to goals, needs, and other important factors.

13. When finished, change the S**tatus** = Open. Click **File** > **Save and Close Forms.**

14. Following the WSC Transition meeting with the Consumer, the WSC will locate the **Document WSC Transition Meeting** tickler from **My Dashboard**. Select it to open.

15. A new Consumer Note record opens. Update the following fields:
    a. Division = APD
    b. Note Type = WSC Selection
    c. Note Subtype = WSC Transition Note
    d. Note = Add details recording the meeting with the Consumer
    e. Status = Complete



16. Click **File** > **Save Note.**

17. The tickler is marked as complete.

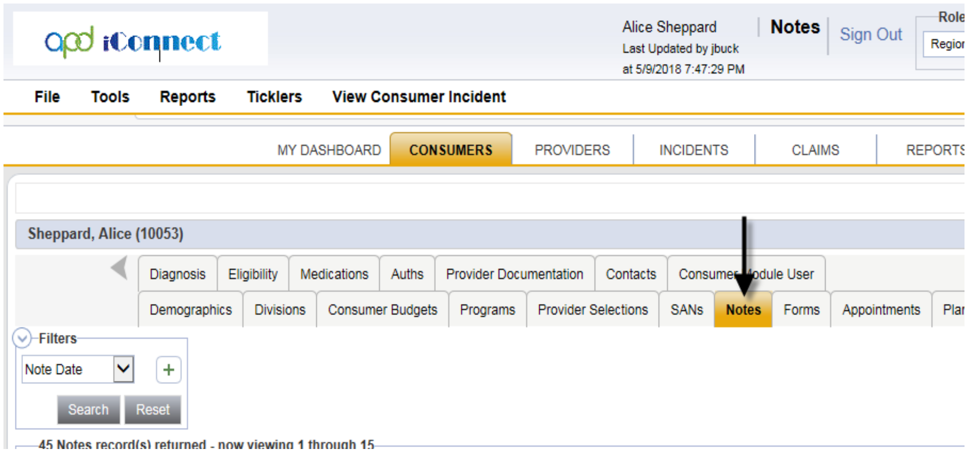
Inter-region Transfer on Pre-Enrollment

The Region Office may receive a request to transfer a Consumer on the Pre-Enrollment to a different Pre-Enrollment Support Coordinator due to a pending move or a new address.

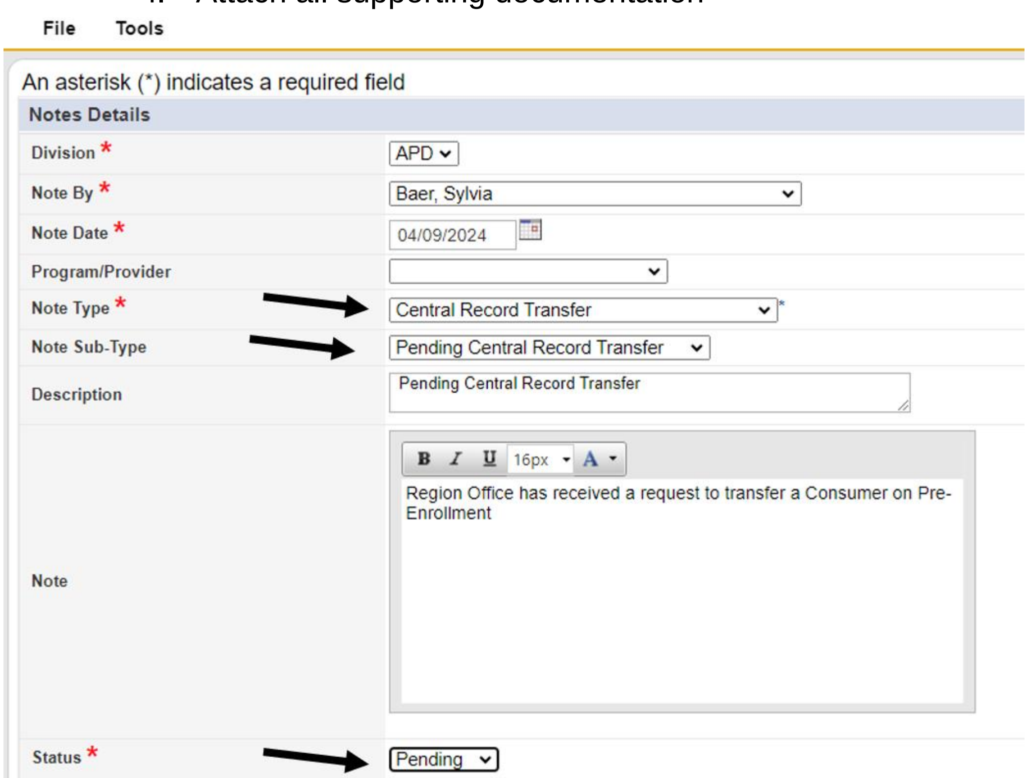
1. To begin, log into iConnect and set Role = Pre-Enrollment Workstream Worker. Click **Go.**

2. Navigate to the consumer's record, click on the **Notes** tab.

3. Click **File** > **Add Notes**.

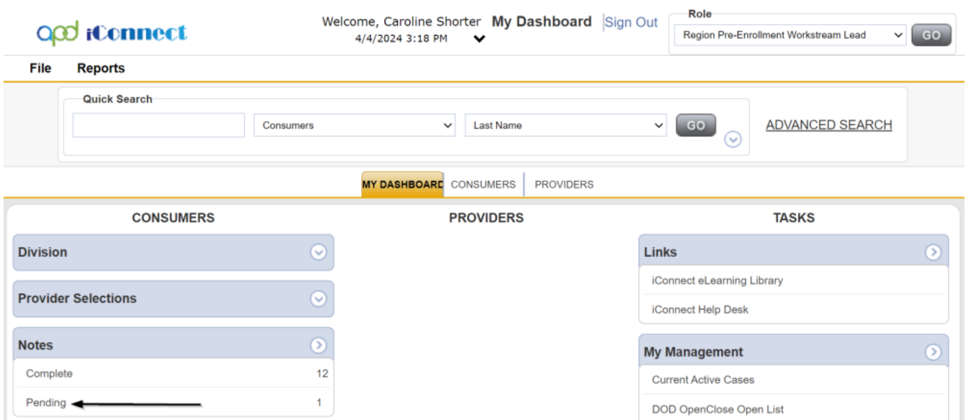


4. The Note details page displays. Update the following fields:
   a. Division = APD
   b. Note Type = Central Record Transfer
   c. Note Subtype = Pending Central Record Transfer
   d. Note recipient = select the ellipsis to search for and select the Pre-Enrollment Workstream Lead at the Receiving Region
   e. Status = Pending
   f. Attach all supporting documentation

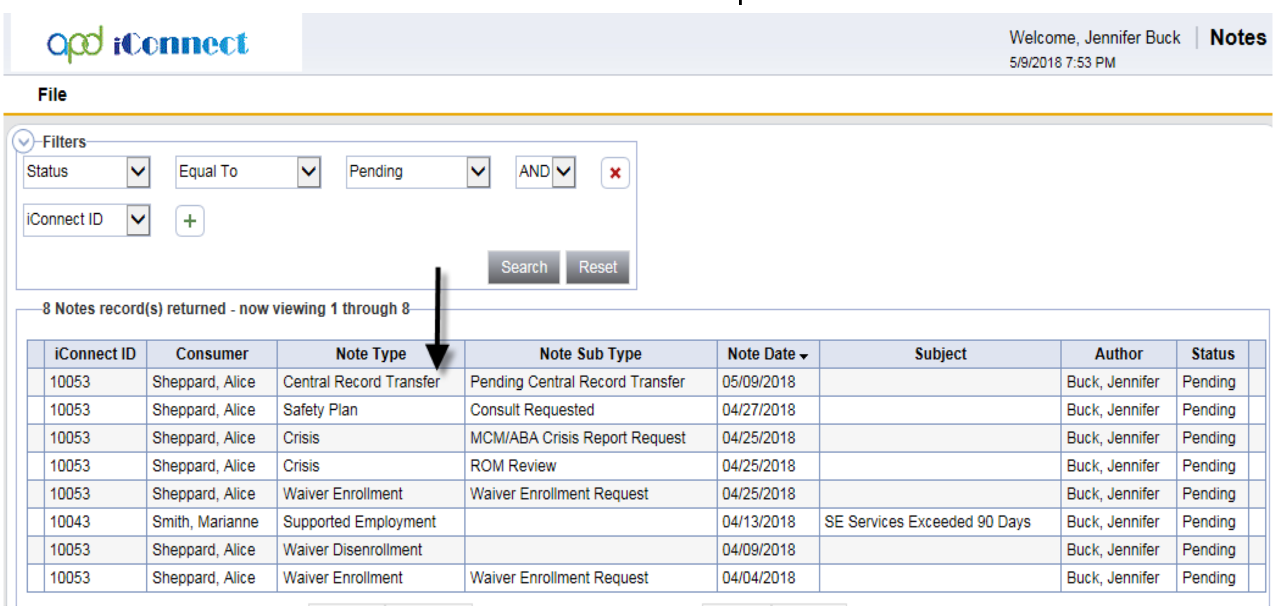


5. Click **File** > **Save and Close Notes**.

6. The Region Pre-Enrollment Workstream Lead will monitor his/her My Dashboard > Notes queue.

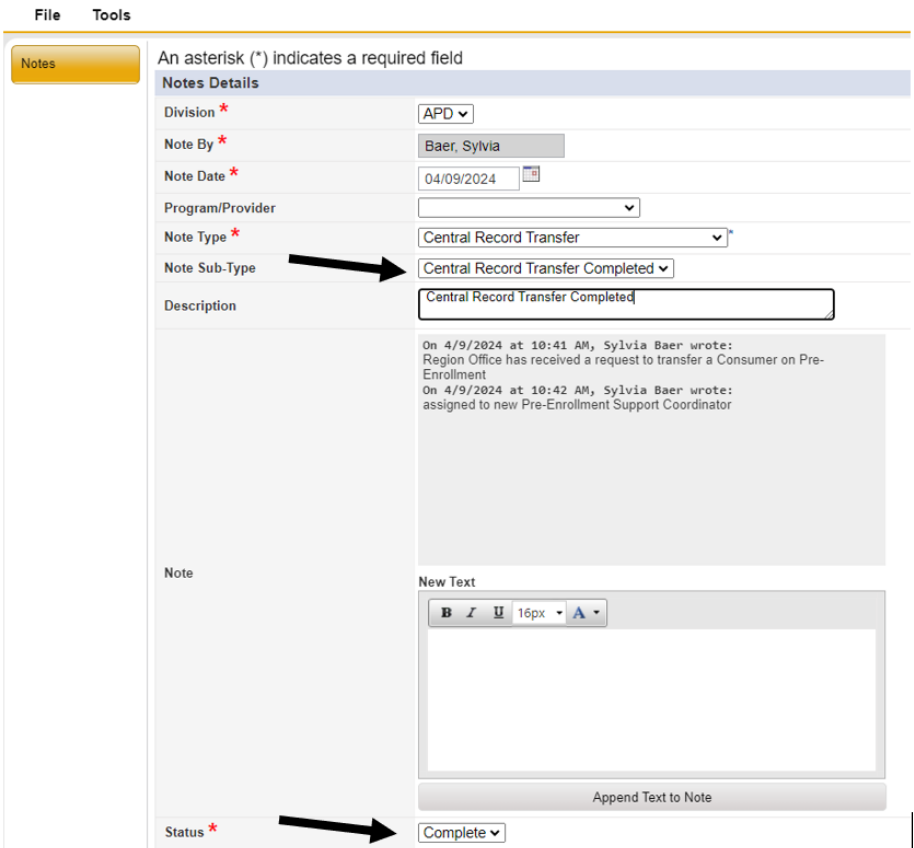


7. Click the **Central Record Transfer** Note to open it.



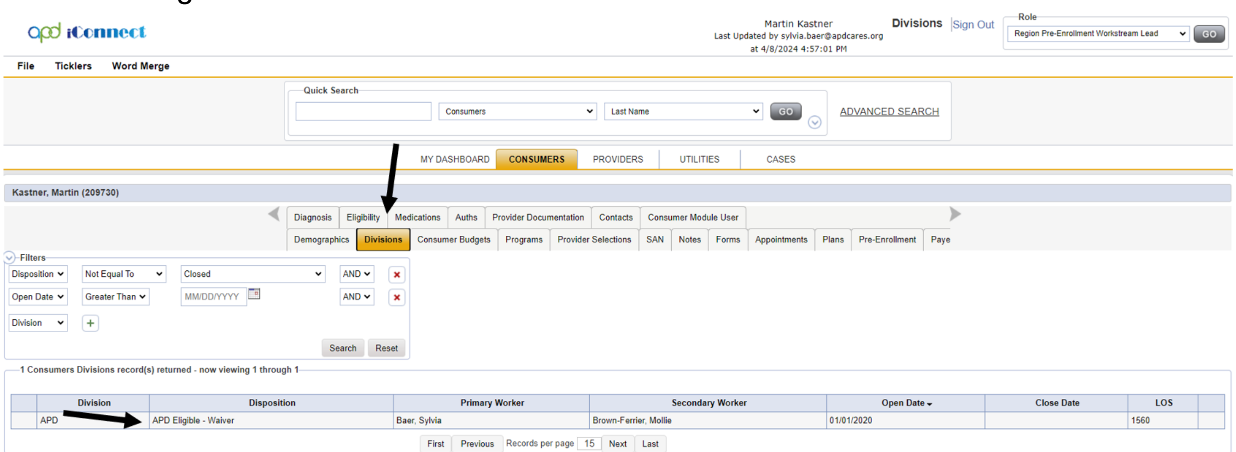
iConnect ID	Consumer	Note Type	Note Sub Type	Note Date	Subject	Author	Status
10053	Sheppard, Alice	Central Record Transfer	Pending Central Record Transfer	05/09/2018		Buck, Jennifer	Pending
10053	Sheppard, Alice	Safety Plan	Consult Requested	04/27/2018		Buck, Jennifer	Pending
10053	Sheppard, Alice	Crisis	MCM/ABA Crisis Report Request	04/25/2018		Buck, Jennifer	Pending
10053	Sheppard, Alice	Crisis	ROM Review	04/25/2018		Buck, Jennifer	Pending
10053	Sheppard, Alice	Waiver Enrollment	Waiver Enrollment Request	04/25/2018		Buck, Jennifer	Pending
10043	Smith, Marianne	Supported Employment		04/13/2018	SE Services Exceeded 90 Days	Buck, Jennifer	Pending
10053	Sheppard, Alice	Waiver Disenrollment		04/09/2018		Buck, Jennifer	Pending
10053	Sheppard, Alice	Waiver Enrollment	Waiver Enrollment Request	04/04/2018		Buck, Jennifer	Pending

8. The Note Details page displays. Update the following fields:
   a. Sub Type = Central Record Transfer Completed
   b. Note = add a summary of the transfer assignment and Append Text to Note.
   c. Note Recipient = select the ellipsis to search for and select the Pre-Enrollment Support Coordinator in the Receiving Region.
   d. Status = Complete



9. Click **File** > **Save and Close Notes**.

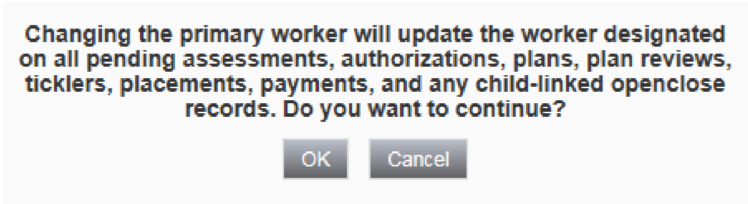
10. Navigate to the Consumer record and click the **Division** tab.



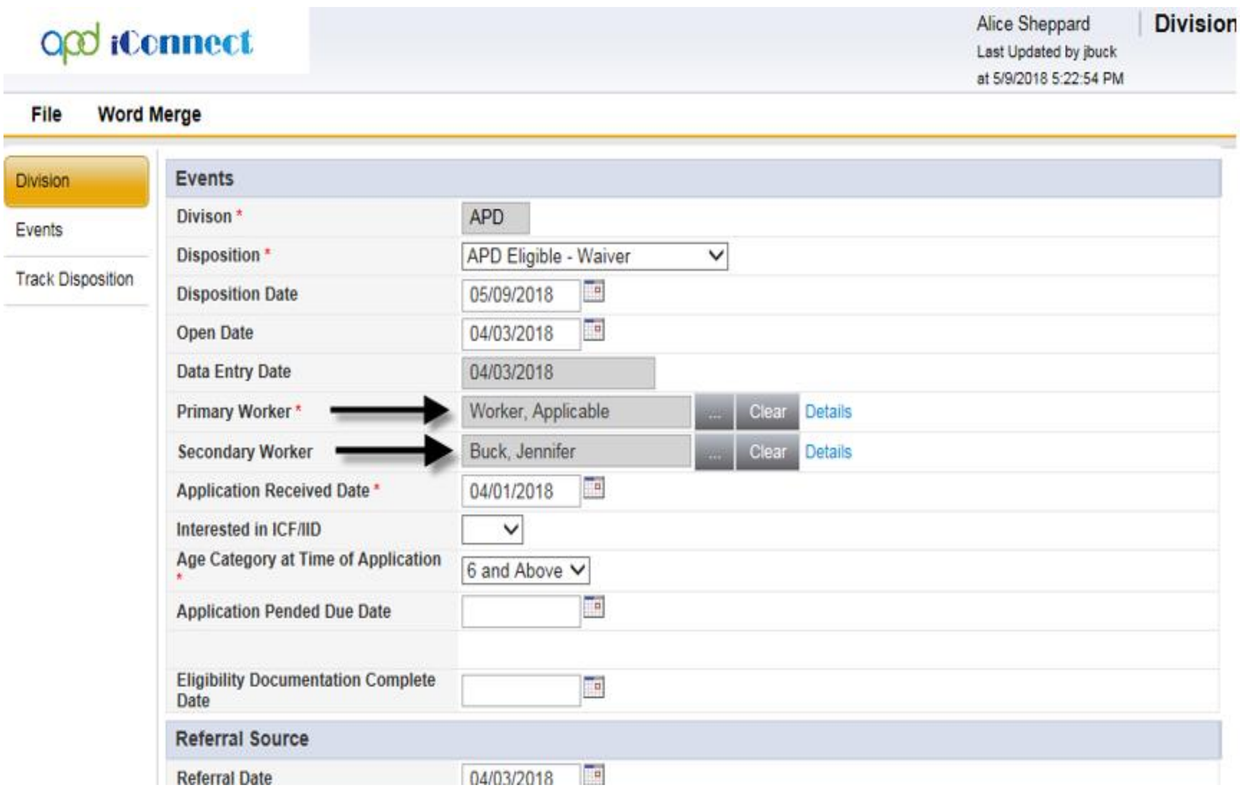
11. Select the APD Division record to open it.

12. The Division Details page displays. Update the following fields:
    a. Primary Worker = new Pre-Enrollment Support Coordinator

b. A notification will display informing the user changing the Primary Worker on the Division record will reassign all pending assessments, authorizations, plans, and ticklers from the old WSC to the new WSC. Click **OK** to accept.



c. Secondary Worker = Clinical Workstream Lead



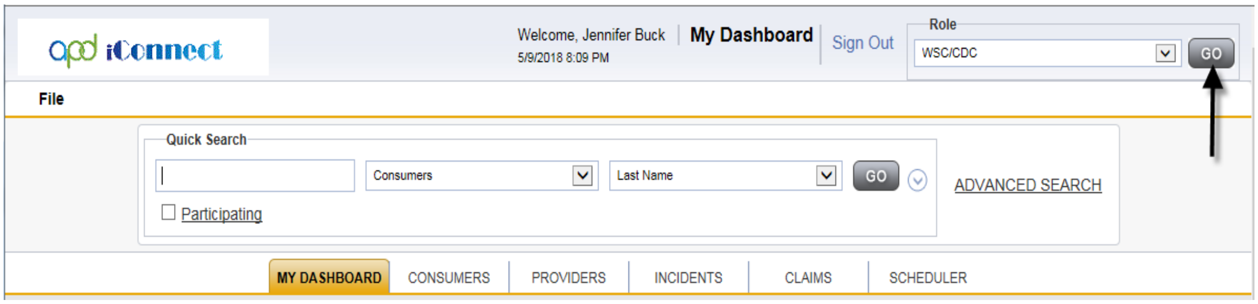
13. Click **File** > **Save and Close Division.**

Inter-region Transfer on Waiver

Prompted by an Address Change Request from the Consumer, the WSC will update the consumer's demographics record with the new address. If there is a need to transfer the consumer to a different region, the WSC should determine if Residential Placement is necessary. If the Consumer requires Residential Placement, proceed to the Residential Planning section. If not, the Receiving Region Office will be notified of the incoming Consumer via a Note.

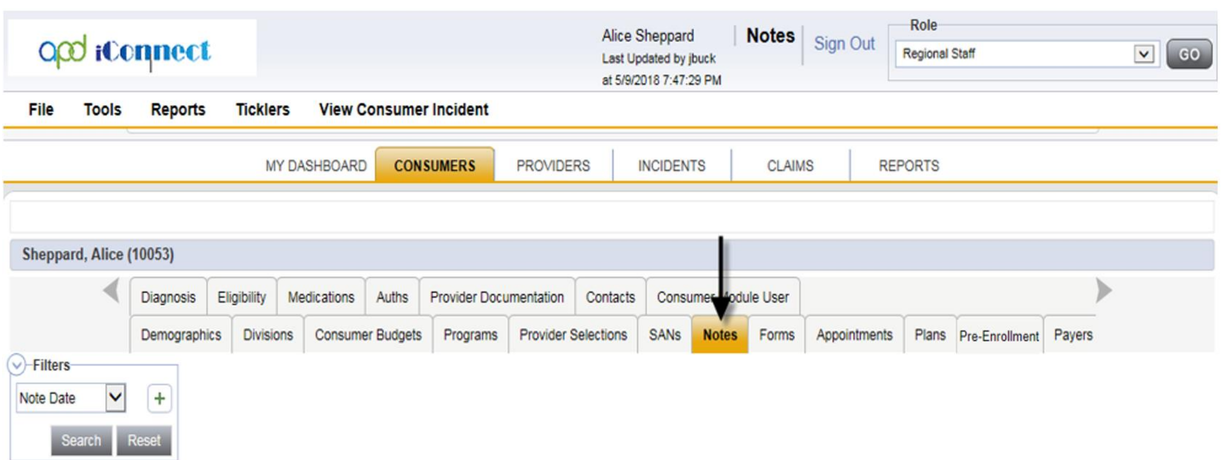
Notify the Receiving Region Office via a Note

1. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**



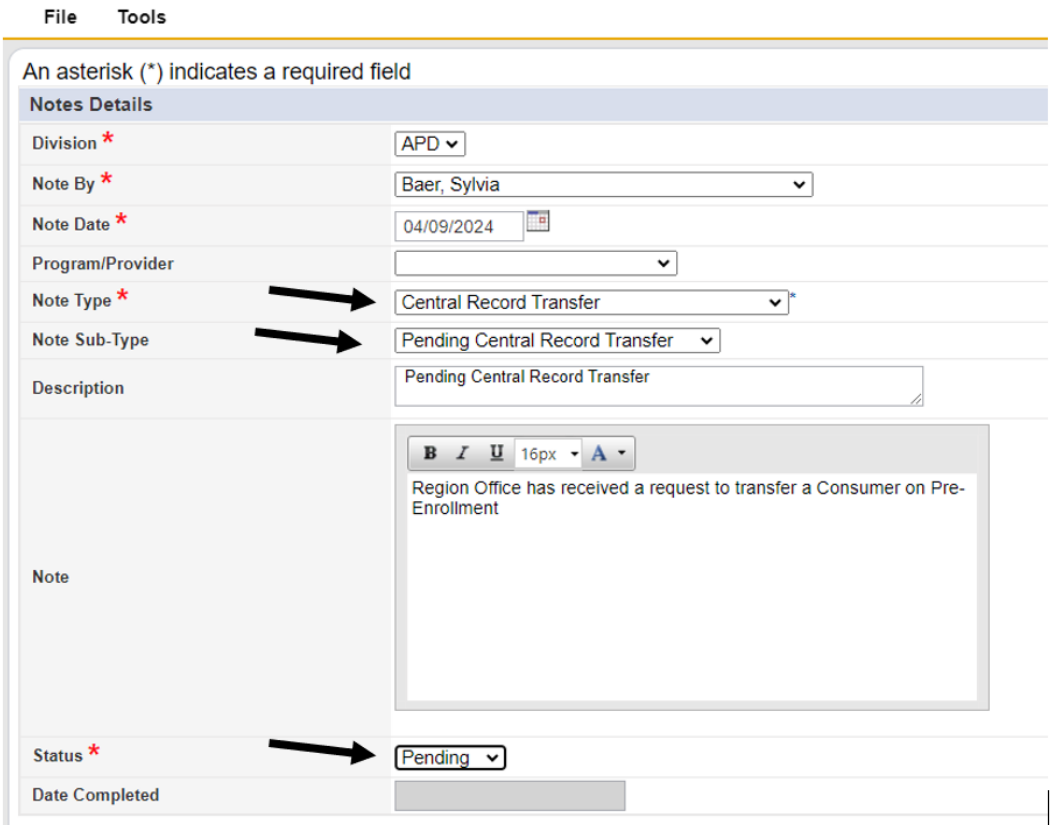
2. Navigate to the consumer's record, click on the **Notes** tab.

3. Click **File** > **Add Notes**.



4. The Note details page displays. Update the following fields:
   a. Division = APD
   b. Note Type = Central Record Transfer
   c. Note Subtype = Pending Central Record Transfer
   d. Note recipient = select the ellipsis to search for and select the Waiver Workstream Lead at the Receiving Region
   e. Status = Pending

f. Attach all supporting documentation

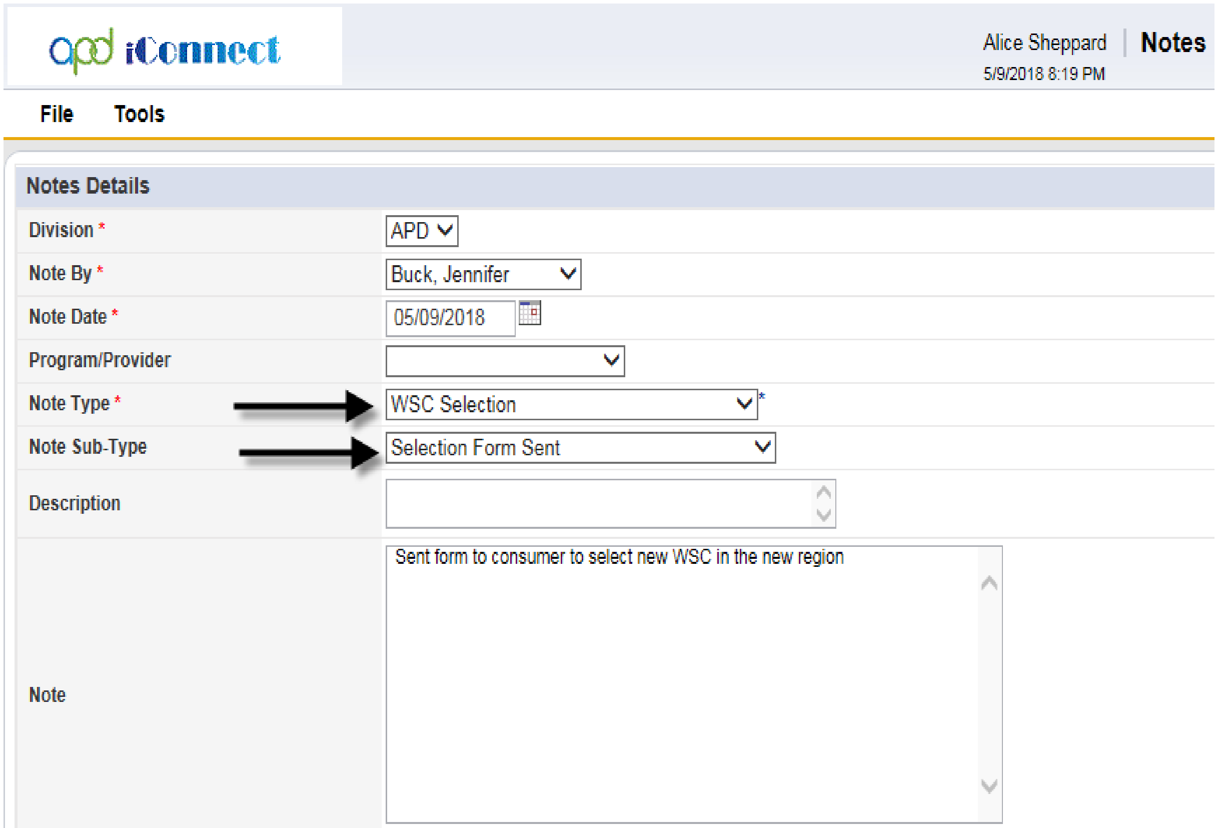


5. Click **File** > **Save and Close Notes**.

6. The Receiving region will send the WSC Selection form to the Consumer and document it was sent in iConnect.

7. From the Notes tab, click **File** > **Add Note**.

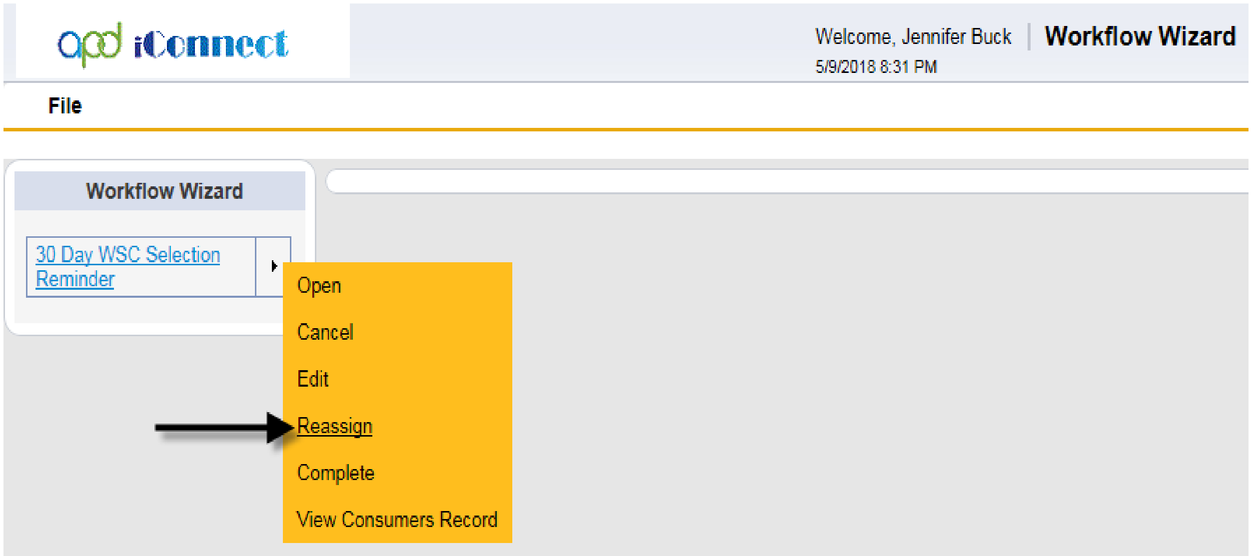
8. The Note details page displays. Update the following fields:
   a. Division = APD
   b. Note Type = WSC Selection
   c. Note Subtype = Selection Form Sent
   d. Status = Pending



9. Click **File** > **Save and Close Notes**.

10. Upon saving a Note with Note Sub Type = Selection Form Sent, a Workflow Wizard will trigger with the following tickler:
    a. 30-day WSC Selection Reminder. The WSC should reassign this tickler to the Waiver Workstream Lead if the Consumer has already relocated to the receiving region.

11. From the tickler flyout menu, click **Reassign**.



12. Search for and select the receiving Waiver Workstream Lead worker record and the tickler is reassigned.

13. This tickler is visible to the Waiver Workstream Lead on the My Dashboard > Ticklers queue.

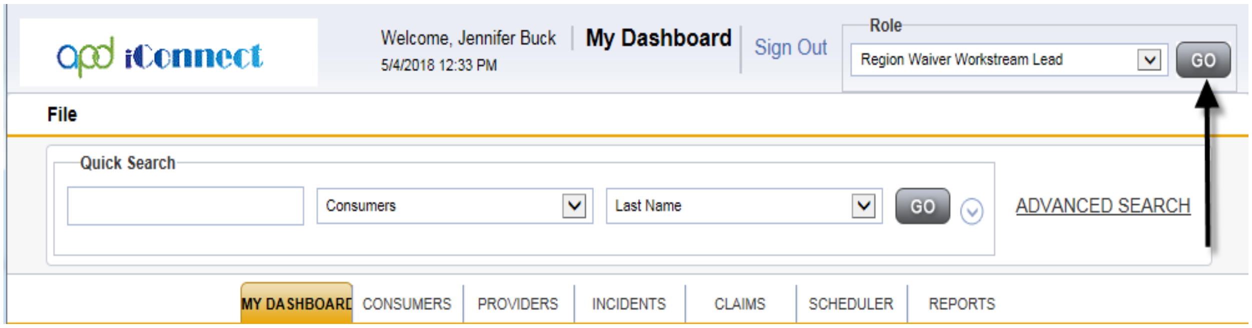
14. In 30 days when the tickler is due, the Waiver Workstream Lead will check if the Consumer has selected the WSC indicated by the existence of a WSC Selection/WSC Inter-Region Transfer Note. If the selection has been made, the Waiver Workstream Lead will cancel the tickler by selecting Cancel from the tickler flyout menu.

15. If Consumer has not notified regional office of his/her newly selected Waiver Support Coordinator, the Waiver Workstream Lead will make the selection on the behalf of the Consumer.

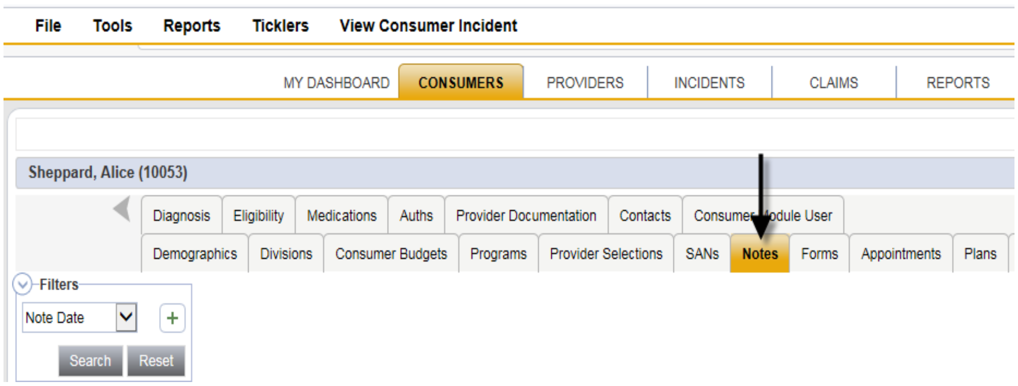
Consumer selects new WSC

The Consumer notifies the receiving regional office of his/her newly selected Waiver Support Coordinator.

1. To begin, log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**

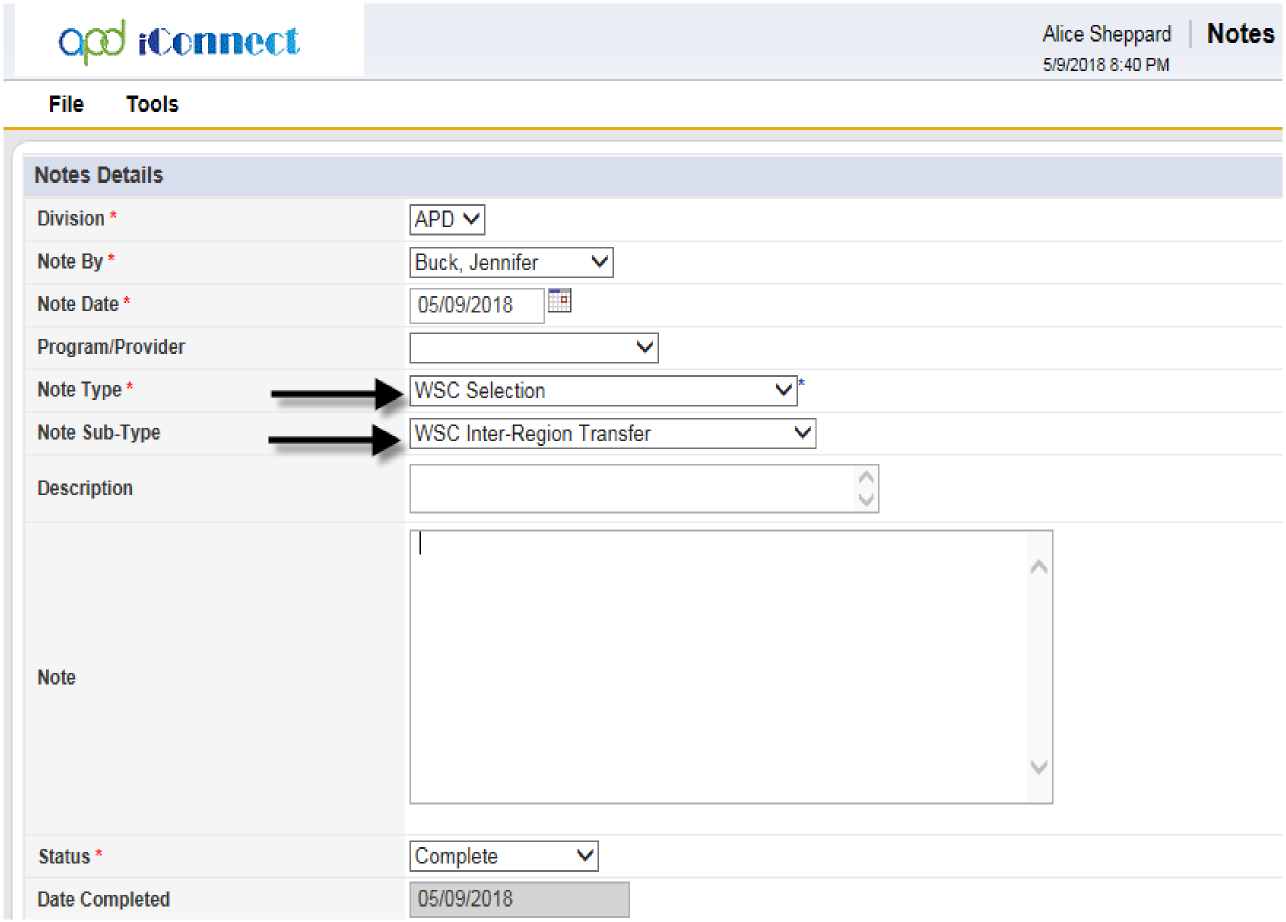


2. Navigate to the Consumer Record and click the **Notes** tab.



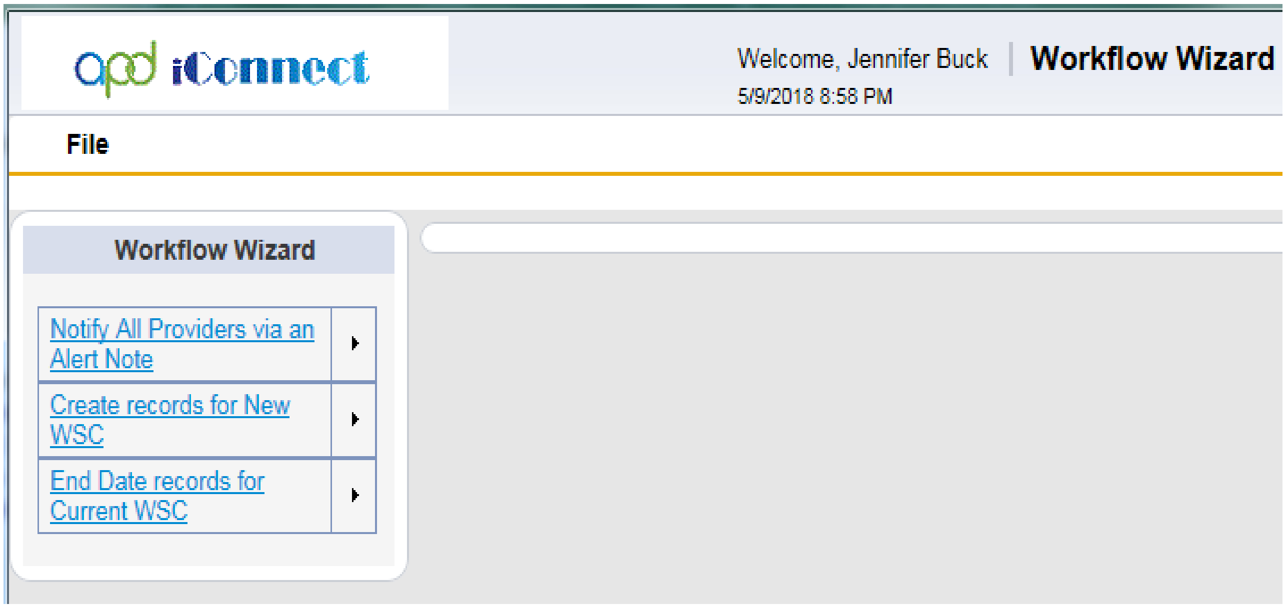
3. Click **File** > **Add Note**.

4. The Note detail page displays. Update the following fields:
   a. Division = APD
   b. Note Type = WSC Selection
   c. Note Subtype = WSC Inter-Region Transfer
   d. Status = Complete



5. Click **File** > **Save and Close Notes**.

6. Upon saving the Note with Note Type = WSC Selection and Sub Type = WSC Inter-Region Transfer a Workflow Wizard triggers with the following ticklers:
   a. Notify all Providers via an Alert Note
   b. End Date records for Current WSC
   c. Create records for New WSC



Notify all Providers via an Alert Note

1. Click the Notify All Providers via an Alert note tickler to display the Notes detail page.

2. Complete section WSC Selection – New Agency: Notify All Providers via an Alert Note to add the Alert note.

Create Records for New WSC

1. Click the Create records for New WSC tickler to display a message tickler.

2. Complete section WSC Selection – New Agency: Create records for New WSC to create the new WSC records.

End Date Records for Current WSC

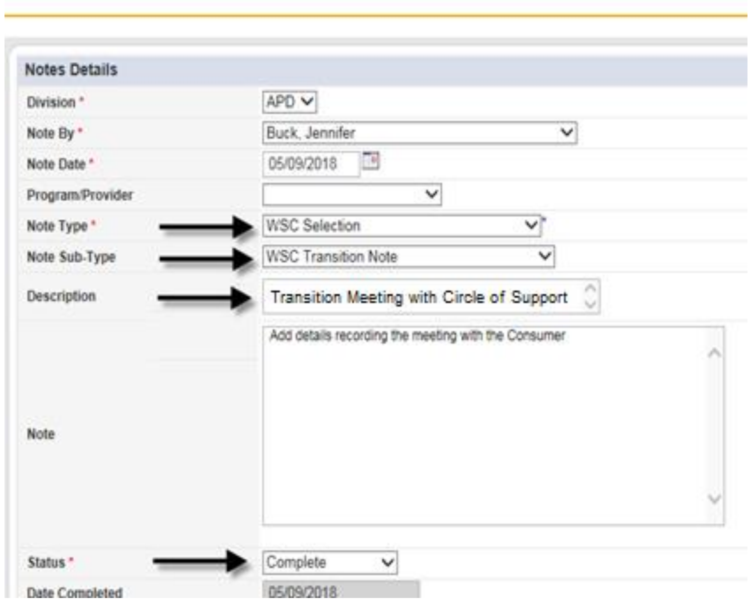
1. Click the End Date Records for Current WSC tickler to display a message tickler.

2. Complete section WSC Selection – New Agency: End Date records for Current WSC to end date the Current WSC records.

As Needed: WSC Transition Planning Note

There are times in which the current WSC will need to complete a series of tasks in order to facilitate a consumer's transition to another region. Examples may include assisting the individual/family interviewing providers, coordinating services and transportation to another region, or hosting a transition call with the current circle of supports and the newly selected circle of supports to ensure that there is a smooth transition. The WSC will document such tasks using a Note.

1. The WSC will navigate to the consumer's record and click **Notes > File > Add Note.**
    a. Update the following fields:
        i. Division = APD
        ii. Note Type = WSC Selection
        iii. Note Subtype = WSC Transition Note
        iv. Description = WSC will document the types of activities conducted.
        v. Note = Add details recording the meeting with the Consumer
        vi. Status = Complete



2. Click **File** > **Save and Close Note.**

Chapter 15 | Due Process

Introduction

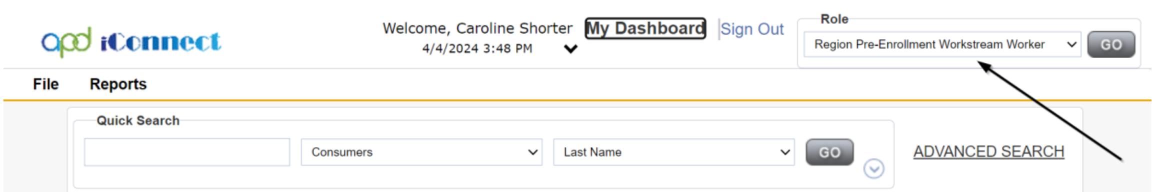
In some instances, when a Consumer has been denied access to Waiver Funding, provided limited funding, denied services and/or has been partially approved for services. In these cases, the Consumer has the right to exercise his/her rights to Due Process by requesting a hearing. A hearing can be requested for cases in which an action, intended action or failure to act would adversely affect the individual's eligibility for services provided by APD or where action on a claim for such assistance or services is unreasonably delayed. These hearings are generally referred to as Fair Hearings in federal regulations.

Requests for hearings can be made at the local office or directly to the Office of Appeal Hearings. The office provides a hearing conducted by an independent and neutral hearing officer who writes a decision based on program rules and regulations, the facts or evidence produced during the hearing, and post-hearing submissions, if submitted, in the form of a Final Order.

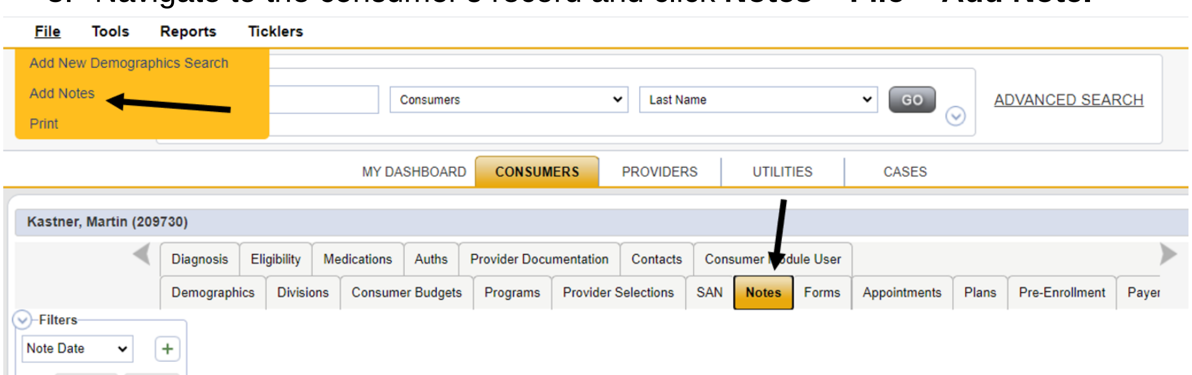
Request to Exercise Due Process Hearing

1. If a Consumer is denied APD services, he/she is entitled to appeal the decision. The Consumer will reach out to the Region office via email or regular mail to exercise their right to a Fair Hearing

2. Upon receiving the consumer's request for a Fair Hearing, the Region Worker will log into iConnect and set Role = Region Pre-Enrollment or Waiver Workstream Worker. Click **Go.**

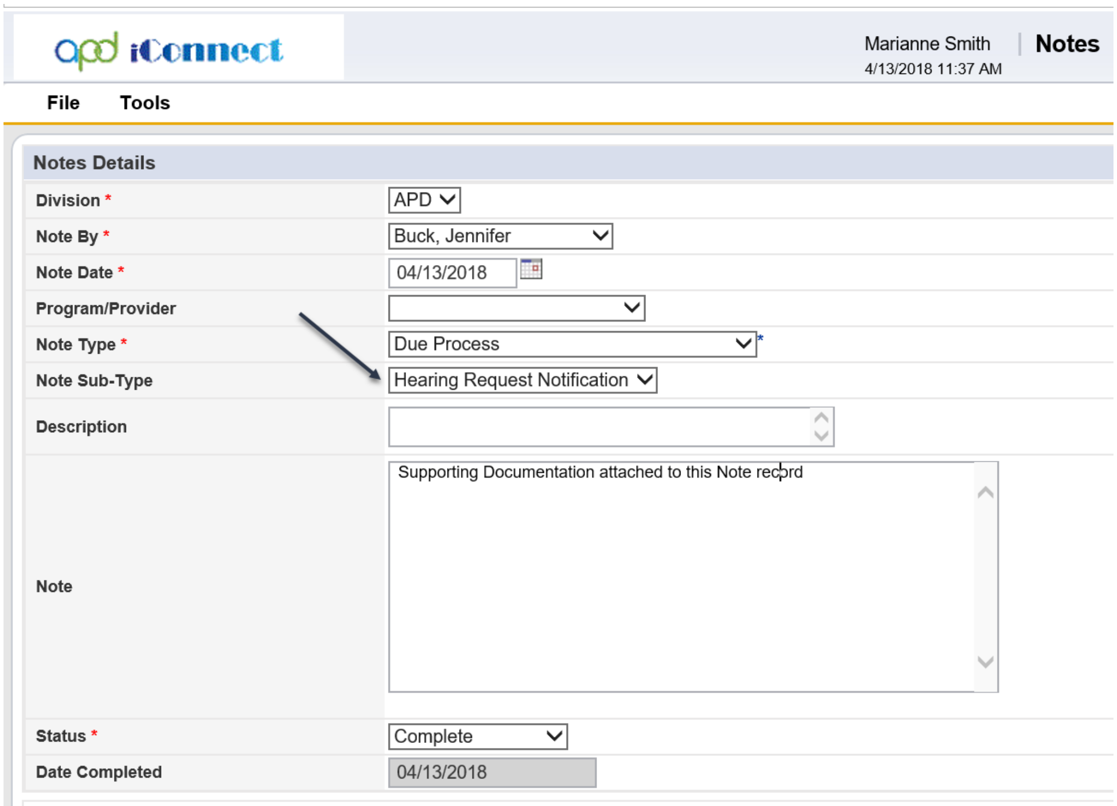


3. Navigate to the consumer's record and click **Notes > File > Add Note.**



4. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Due Process
    c. Note Subtype = Hearing Request Notification
    d. Status = Complete
    e. Attach all supporting documentation

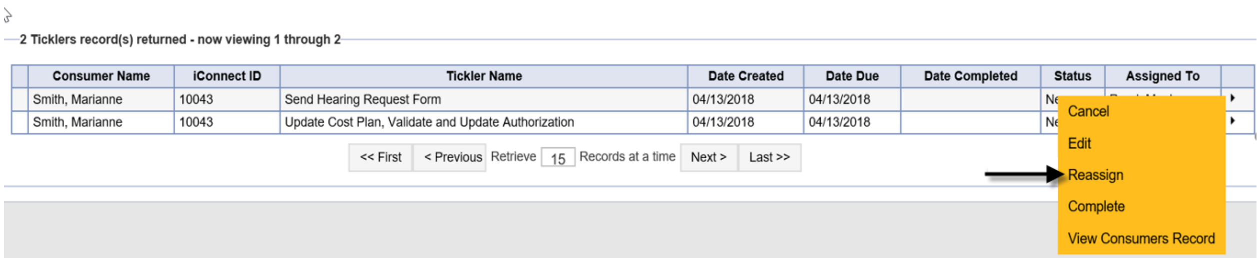
5. When finished, click **File > Save and Close Note**



6. Upon saving the Note, a Workflow Wizard will trigger with the following Ticklers:
    a. Send Hearing Request Form - *Assigned to the user (Region Waiver Workstream Lead) who will reassign it to the hearing point of contact in the region.* Due Immediately
    b. Update Budget - *Assigned to secondary worker,* Due Immediately. This tickler is specific to due process for consumers on the waiver. This tickler is not relevant to due process when resulting from denial of eligibility, denial of crisis, etc. This tickler should be cancelled if not applicable to the specific due process request.
    c. Update Cost Plan Validate and Update Authorization - *Assigned to WSC,* Due Immediately (but cannot update until Budget is updated). This tickler is only relevant to consumers on the waiver. It should be cancelled if the specific due process request is not about planned services.

7. The Send Hearing Request Form tickler displays for the Region Worker.

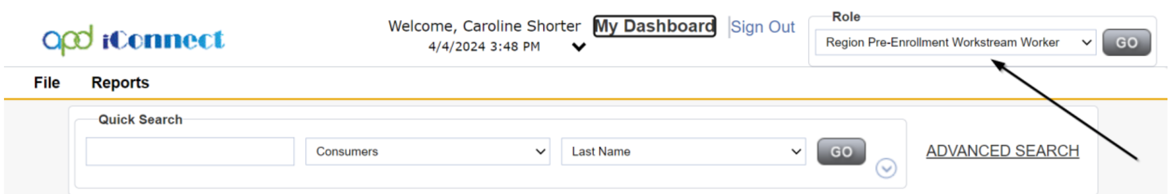
8. Reassign the tickler to the Hearing point of contact in the region. Hover over the arrow next to the tickler and click **Reassign**.



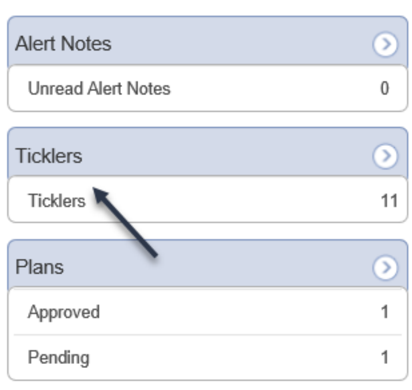
9. In the Reassign Tickler window, search for the hearing contact for the region. click **Search**, and upon finding a match click on the name.

10. The tickler is reassigned.

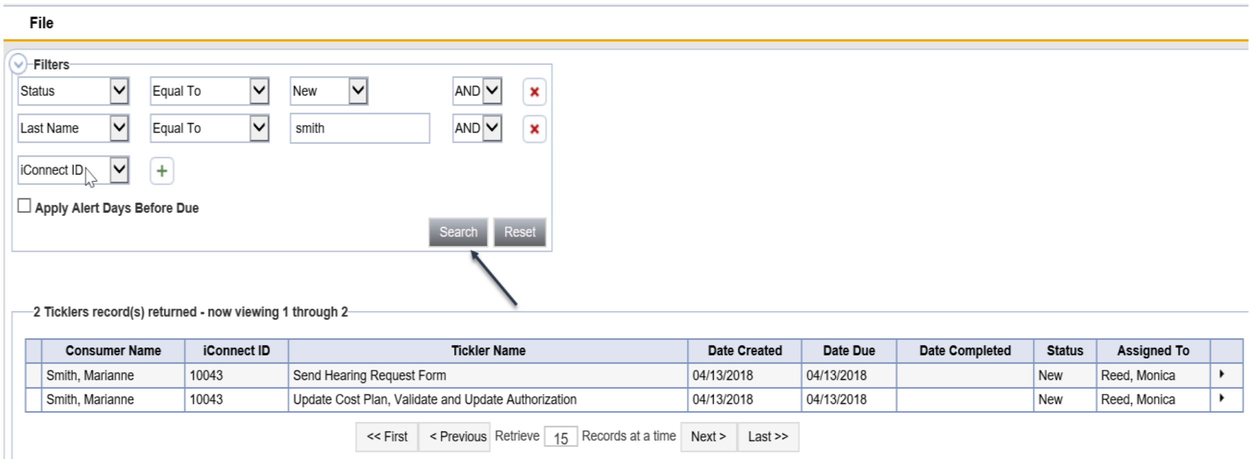
11. The assigned Hearing point of contact for the region will monitor their **My Dashboard** for Ticklers related to Due Process. To begin, log into iConnect and set Role = Region Pre-Enrollment or Waiver Workstream Worker. Click **Go.**



12. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

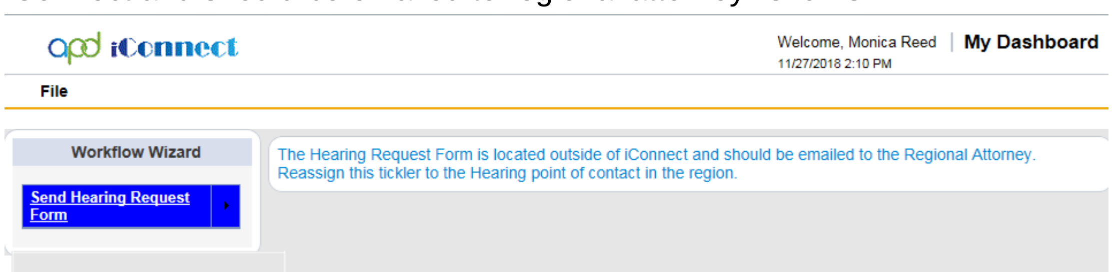


Tip

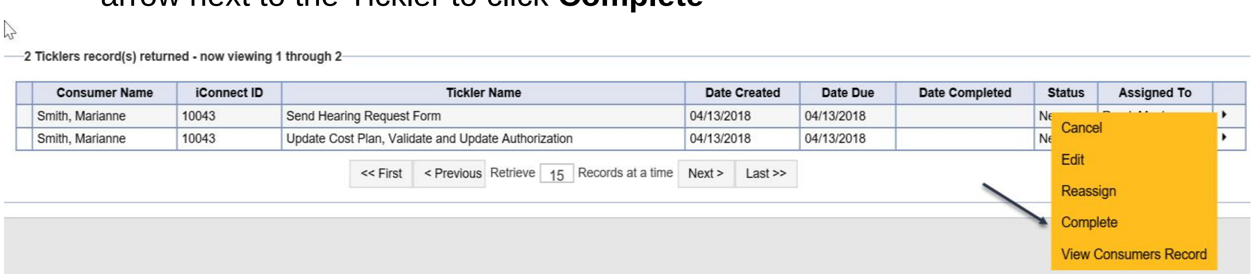
When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

13. Click on the Tickler called Send Hearing Request Form to open it.

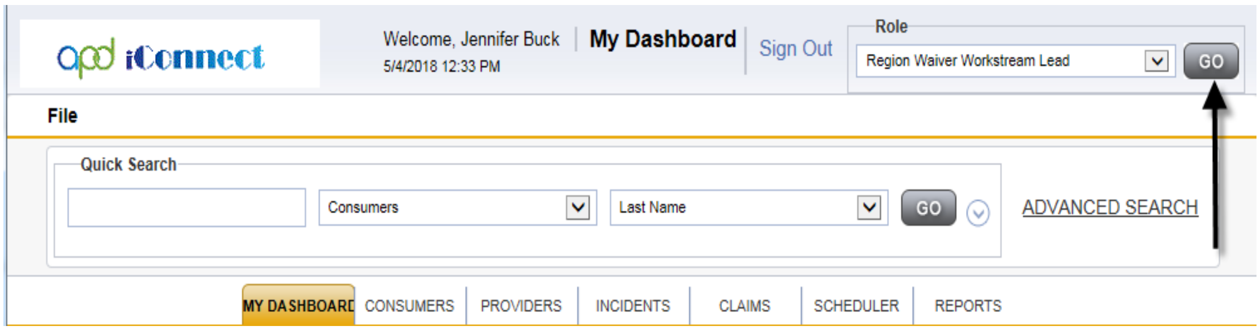
14. A Message Tickler will appear - Hearing Request Form is located outside of iConnect and should be emailed to regional attorney. Click **OK.**



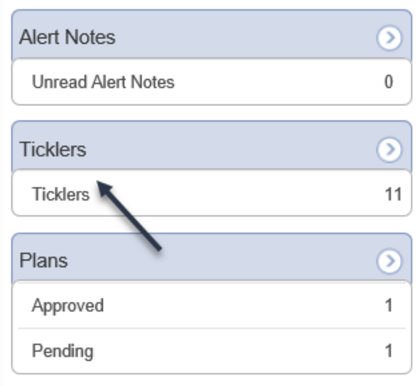
15. Once the Hearing request form is emailed to the regional attorney, hover over the arrow next to the Tickler to click **Complete**



16. The Region Staff (Secondary Worker), will monitor their **My Dashboard** for Ticklers related to Due Process. To begin, log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**



17. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

18. In the Tickler Queue, find the second Tickler called Update Budget.

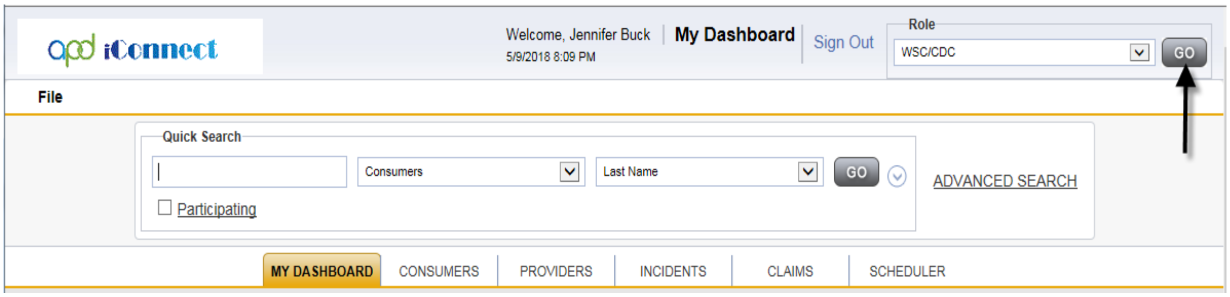
a. This Tickler is only relevant for Consumers on the waiver. If this specific Due Process request is not about Planned Services, hover over the arrow next to the Tickler to click **Cancel.**
b. If the Consumer is on the Waiver, hover over the arrow next to the Tickler to click **Reassign.** Select the appropriate Region Staff that handles Budget Entry. That user will be able to access the Tickler from their **My Dashboard.**

19. A Message Tickler will appear - Update applicable Budget prior to Notice of Hearing Rights being sent to Consumer. Click **OK.**

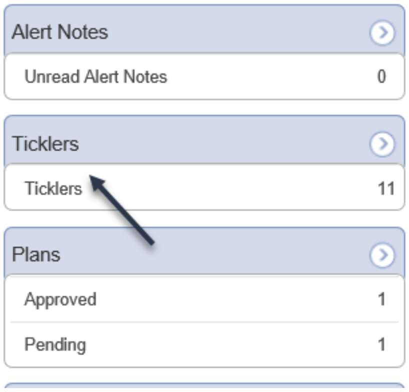
20. Navigate to the appropriate Budget and update it accordingly. See Chapter 9 | Consumer Budget

21. When finished, hover over the arrow next to the Tickler to click **Complete.**

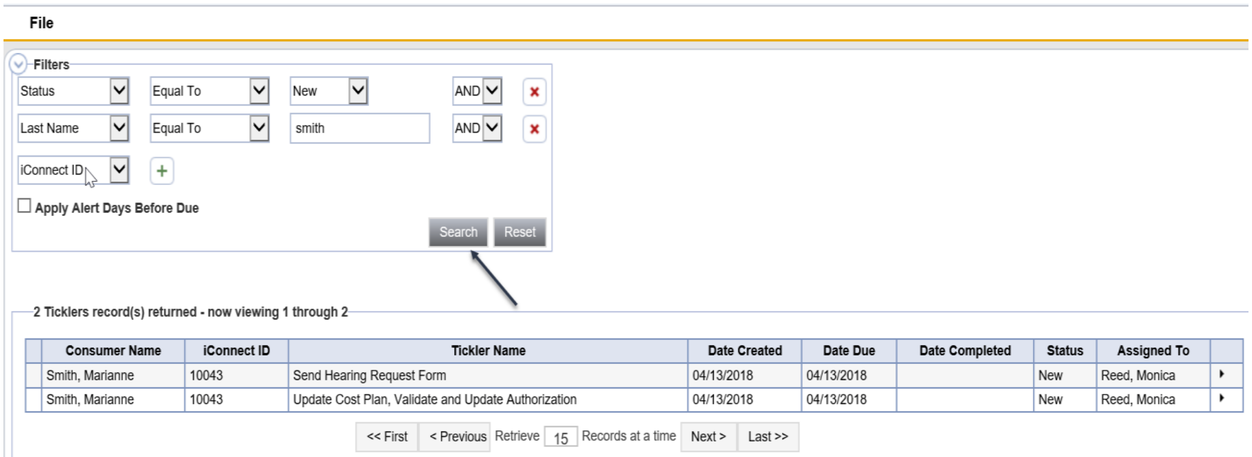
22. The Primary Worker (Pre-Enrollment or Waiver Support Coordinator) will monitor their **My Dashboard** for Ticklers related to Due Process. To begin, log into iConnect and set Role = WSC/CDC or Region Pre-Enrollment Workstream Worker. Click **Go.**



23. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

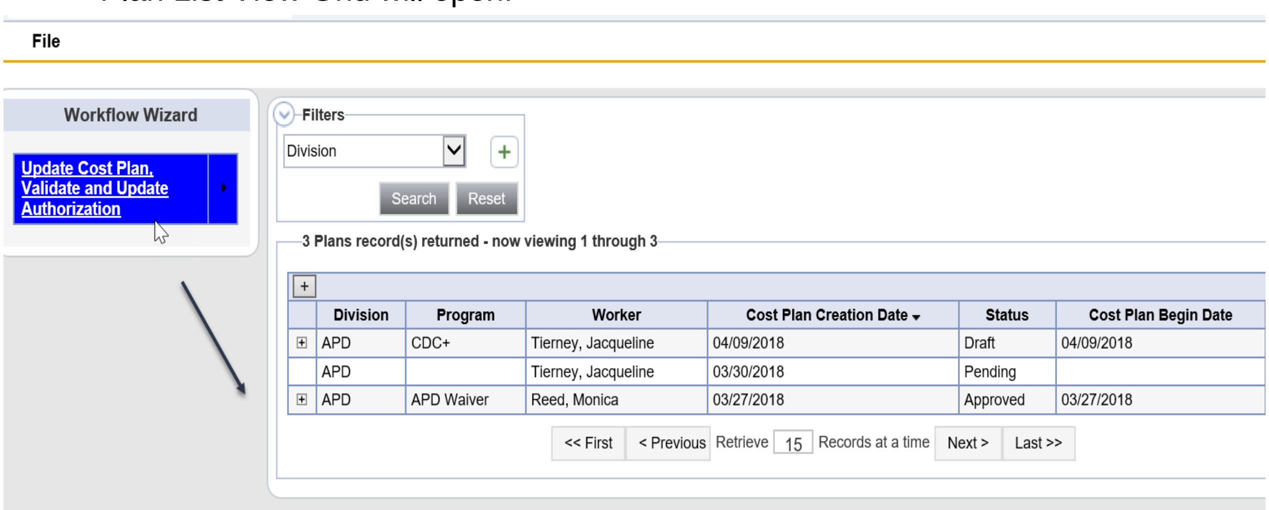


Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

24. In the Tickler Queue, find the Tickler called Update Cost Plan, Validate and Update Plan Authorization
    a. This Tickler is only relevant for Consumers on the waiver. If this specific Due Process request is not about Planned Services, hover over the arrow next to the Tickler to click **Cancel.**

25. If the Consumer is on the Waiver, click to open the Tickler and the consumer's Cost Plan List View Grid will open:



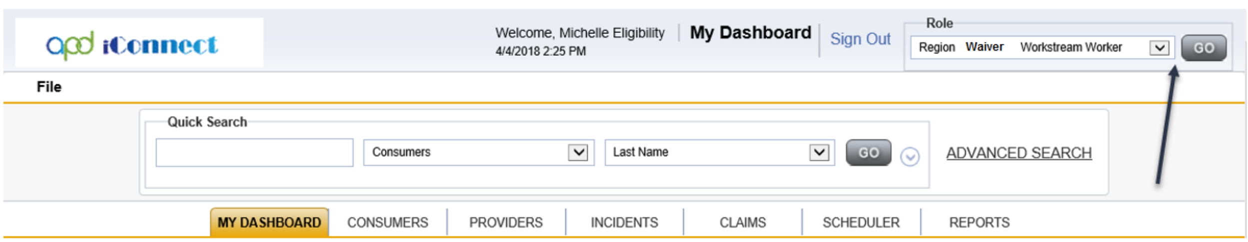
26. In the Cost Plan List View Grid, click on the applicable Cost Plan to open it and update fields as necessary

27. When finished, click **File > Save and Close Plan**

28. Hover over the arrow next to the Tickler to click **Complete**

29. The Office of Appeal Hearings will assign an Appeal Number and issue Acknowledgement of Hearing and notify APD of the number via email.

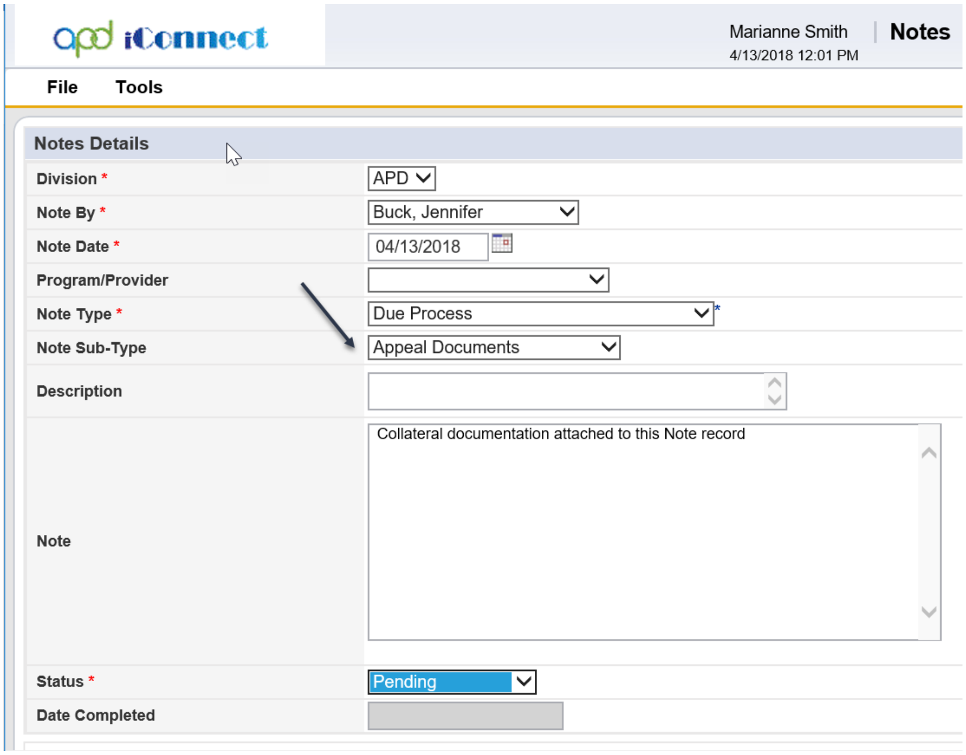
30. Upon receiving the e-mail from the Office of Appeal Hearings, the Hearing point of contact for the Region will log into iConnect and set Role = Region Waiver Workstream Worker. Click **Go.**



31. Navigate to the consumer's record and click **Notes > File > Add Note.**

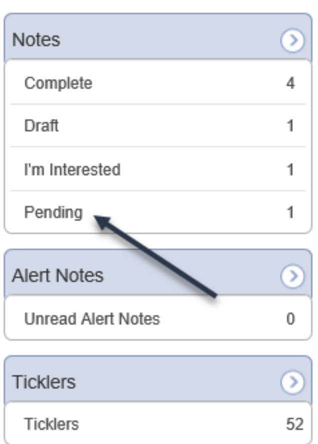
32. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Due Process
    c. Note Subtype = Appeal Documents
    d. Status = Pending
    e. Route the Note to the appropriate Secondary Worker by clicking the ellipsis next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.
    f. Attach any collateral documentation

33. When finished, click **File > Save and Close Note**



34. The Secondary Worker will monitor their **My Dashboard** for Note records related to Due Process Appeal Documents. To do so, log into iConnect and set Role = Pre-Enrollment or Waiver Workstream Lead. Click **Go.**

35. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending

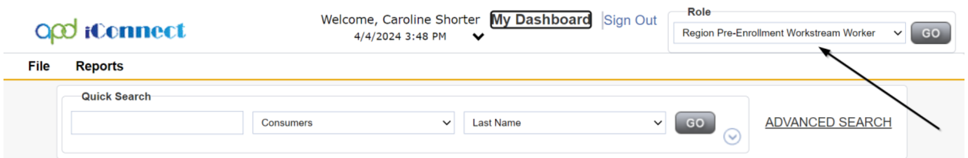


36. In the Pending Notes queue, open the Note record with Note Type = Due Process and Note Subtype = Appeal Documents.
37. Review the contents of the Note to determine if Legal Issues record can be created. Update the Note accordingly.

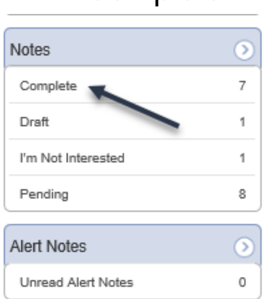
a. Route the Note back to the appropriate Region Worker by clicking the ellipsis next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.
b. Set Status = Complete

38. Click **File > Save and Close Notes.**

39. The Region Worker will monitor their **My Dashboard** for Note records related to Appeal Documents. To begin, log into iConnect and set Role = Region Pre-Enrollment Workstream Worker. Click **Go.**



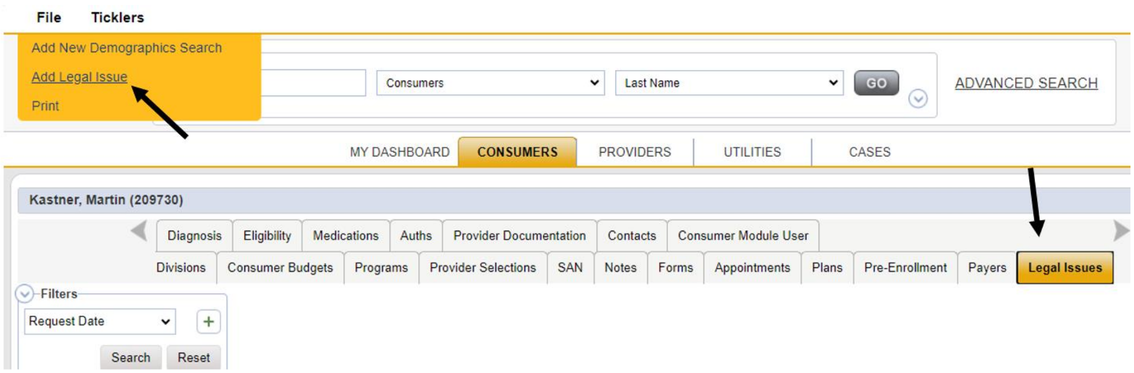
40. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Complete** link to open a queue of Notes with Status = Complete.



a. Use the multi variable search to narrow down the search results. Open the Note record with Note Type = Due Process and Note Subtype = Appeal Documents

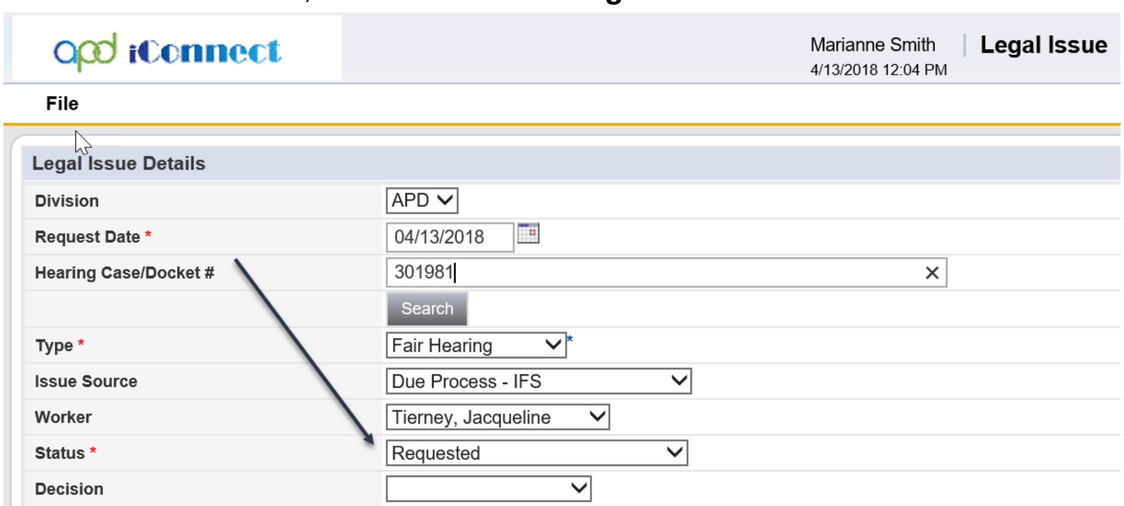
41. Review the contents of the Note. Proceed to create the Legal Issues record per the instructions below.

42. To document the Fair Hearing in the consumer’s record, navigate to the **Legal Issues** tab and click **File > Add Legal Issue.**

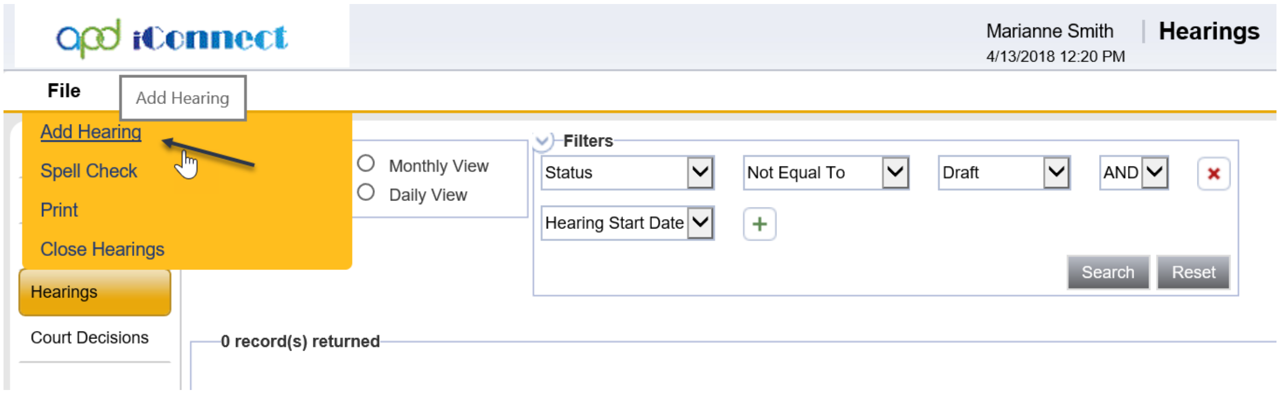


43. In the new Legal Issue record, update the following fields:
    a. Request Date = Enter the date the original request was received
    b. Type = Fair Hearing
    c. Issue Source = what prompted Fair Hearing request
    d. Status = Requested
    e. Worker = Program Reviewer or Assessor

44. When finished, click **File > Save Legal Issue**

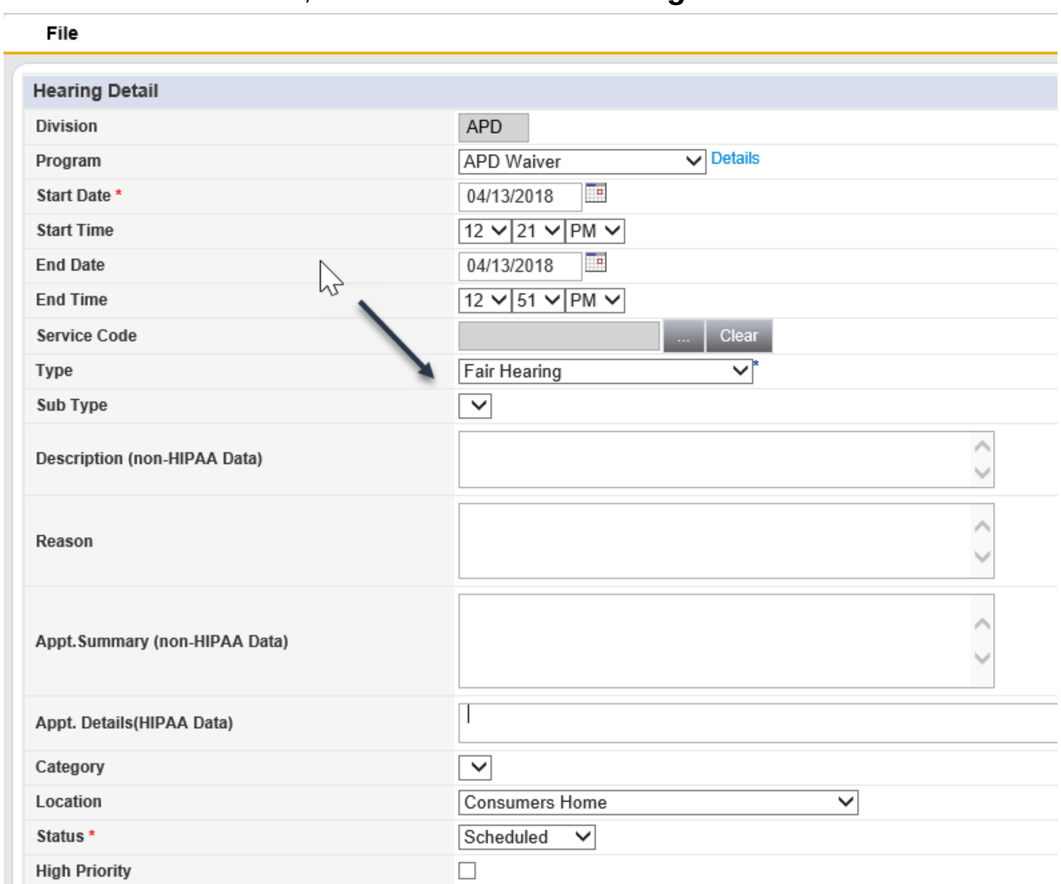


45. In the Legal Issue record, the **Hearings** tab will appear. Click on the **Hearings > File > Add Hearing.**



46. In the new Hearing record, update the following fields:
    a. Type = Fair Hearing
    b. Start Date
    c. Start Time
    d. End Date
    e. End Time
    f. Status = Scheduled

47. When finished, click **File > Save Hearing**

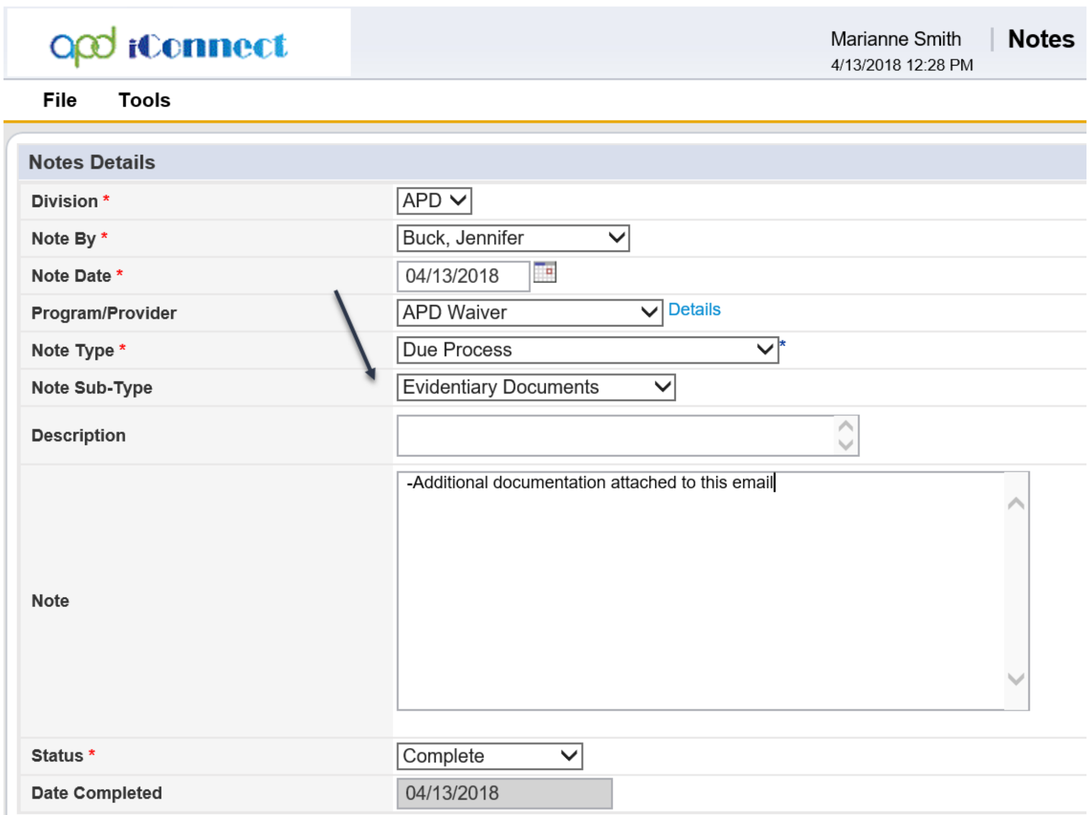


48. In the new Hearing record, Click on the **New Hearing Participant** subpage:
    a. Use the filters to find workers in the system who will serve as witnesses. Click on matching records and click **Add** to add them to the Hearing appointment
    b. When finished, click **File > Save New Hearing Participant** and **File > Close New Hearing Participant**

49. To upload any additional supporting documents to the consumer's record, click on the **Notes** tab and click **File > Add Note.**

50. In the new Note record, update the following fields:
    a. Note Type = Due Process
    b. Note Subtype = Evidentiary Documents
    c. Status = Complete
    d. Attach any additional documents

51. When finished, click **File > Save and Close Note**



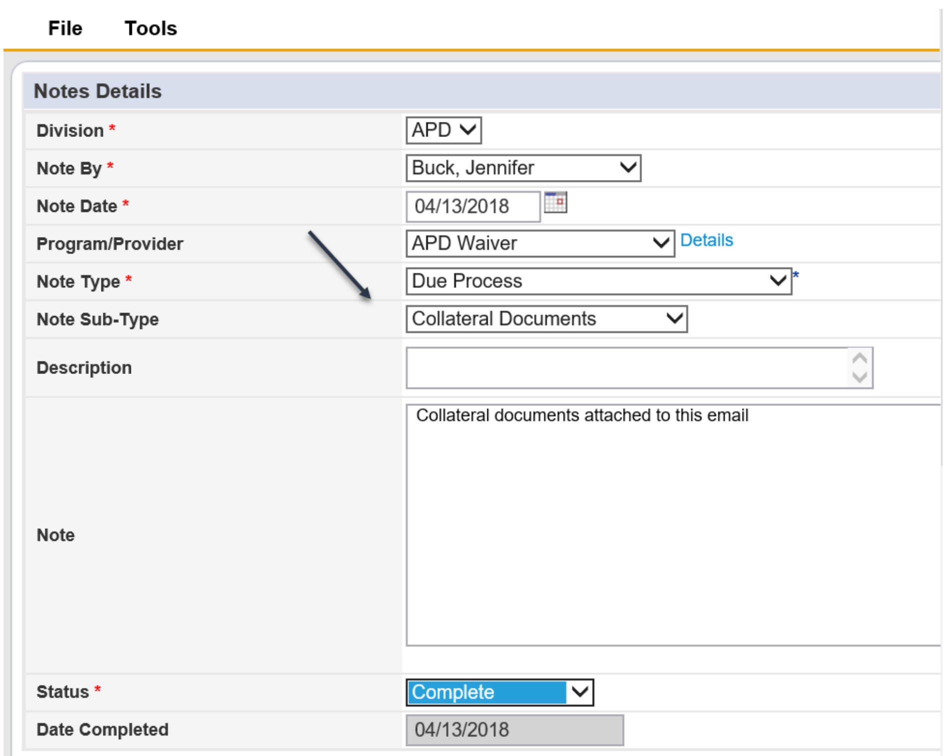
Motion to Dismiss or Withdraw Due Process Request

1. In the event the region receives a Motion to Dismiss or Withdraw, the document(s) will need to be attached to a Note. To do so, the Region Worker will navigate to the consumer's record and click on **Notes > File > Add Note.**

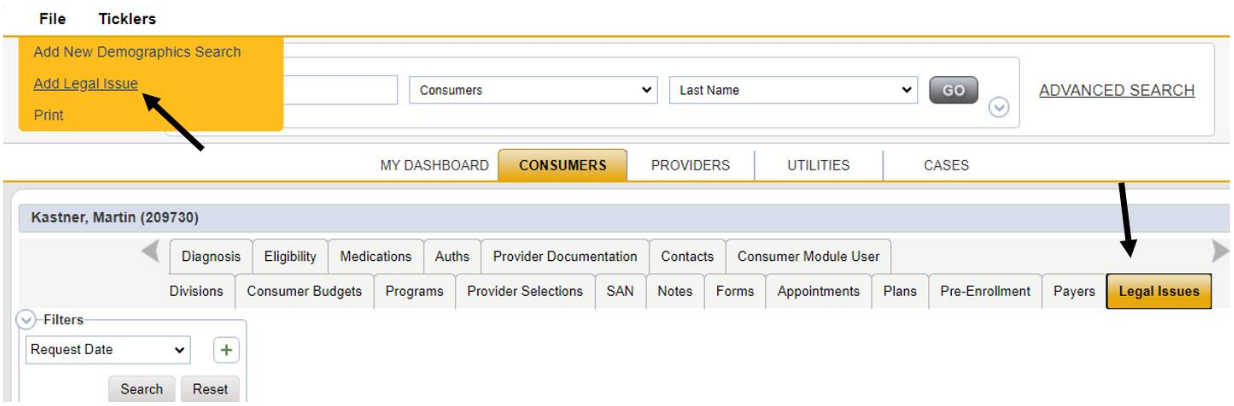
2. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Due Process
    c. Note Subtype = Collateral Documents
    d. Status = Complete

3. Attach all relevant documentation.

4. When finished, click **File > Save and Close Note**

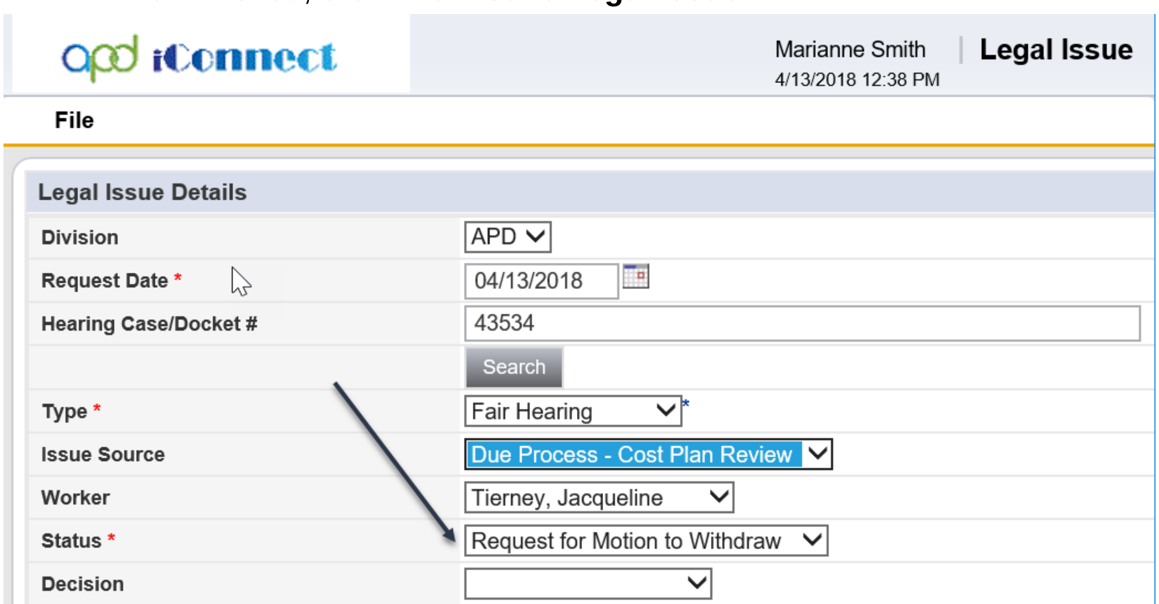


5. On the consumer's record, navigate to the **Legal Issues** tab and click **File > Add Legal Issues:**



6. In the new Legal Issue record, update the following fields:
    a. Request Date = Update as appropriate
    b. Type = Fair Hearing
    c. Issue Source = what prompted Fair Hearing request
    d. Status = Request for Motion to Withdraw OR Request for Motion to Dismiss
    e. Worker = Program Reviewer or Assessor

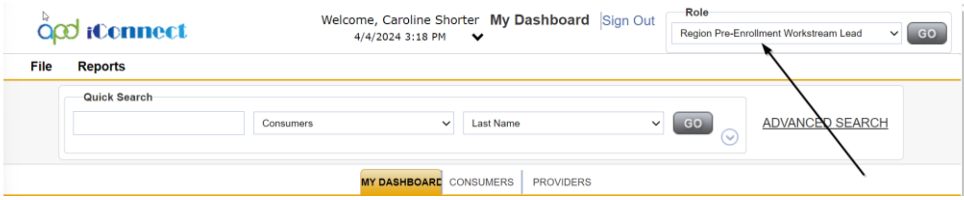
7. When finished, click **File > Save Legal Issue**



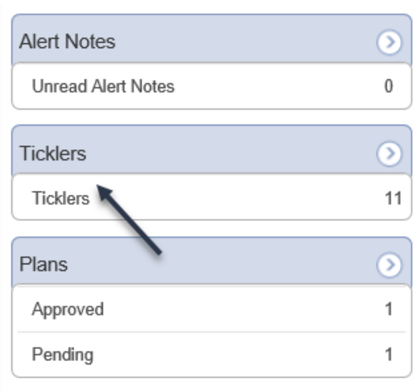
8. Upon saving the Legal Issue record, a Workflow Wizard will trigger with the following Ticklers:
    a. Update Cost Plan, Validate and Update Authorization - *Assigned to Primary Worker (Waiver Support Coordinator)*
    b. Update Budget - *Assigned to Secondary Worker (Pre-Enrollment or Waiver Workstream Lead)*, who will complete the task or reassign to the appropriate designee with the Budget Entry role. Pre-Enrollment Workstream leads will cancel this tickler.

c. Update Legal Issue Status - *Assigned to Secondary Worker (Pre-Enrollment or Waiver Workstream Lead)*, Due Immediately

9. The Region Staff (Secondary Worker), will monitor their **My Dashboard** for Ticklers related to Due Process. To begin, log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**



10. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:

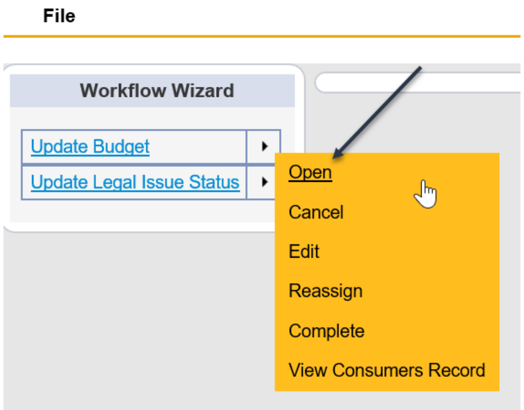


a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

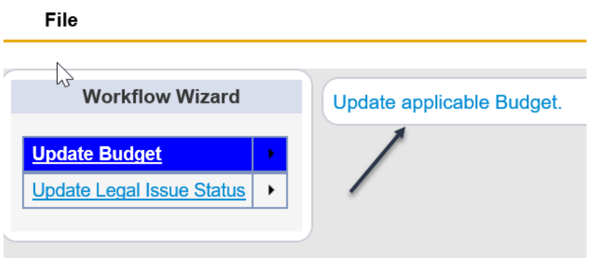
Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

11. Select the tickler, called Update Budget to Open it.



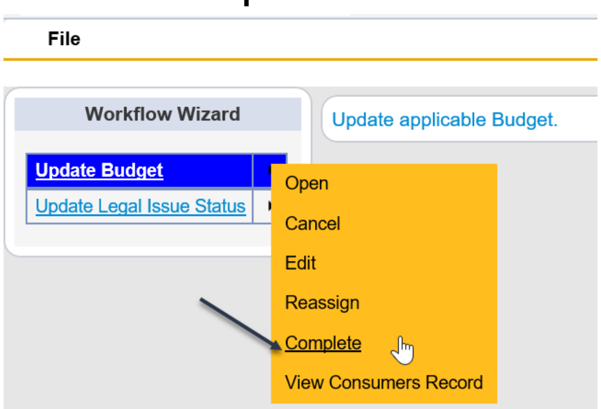
12. Upon doing so a Message Tickler will open that says Update Applicable Budget



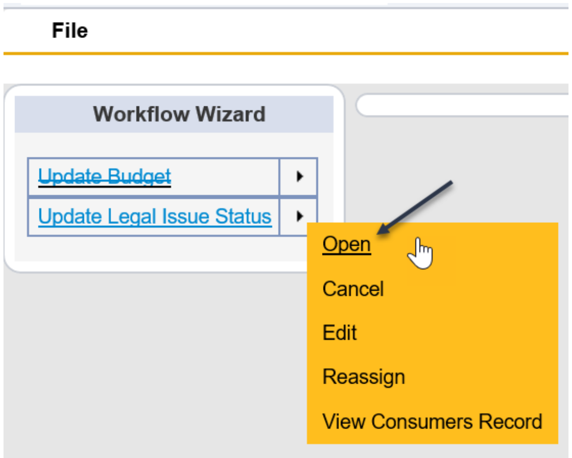
a. Note that the Budget only needs to be updated if Due Process was initiated because of an Agency action regarding waiver services. If this is not the case, hover over the arrow next to the Tickler to click **Cancel.**
b. If the Due Process request was initiated because of an Agency action regarding waiver services, update the Budget.

13. To do so, navigate to the consumer's record and click on the **Consumer Budget** tab > open the appropriate Budget and update it accordingly. See Chapter 9 | Consumer Budget

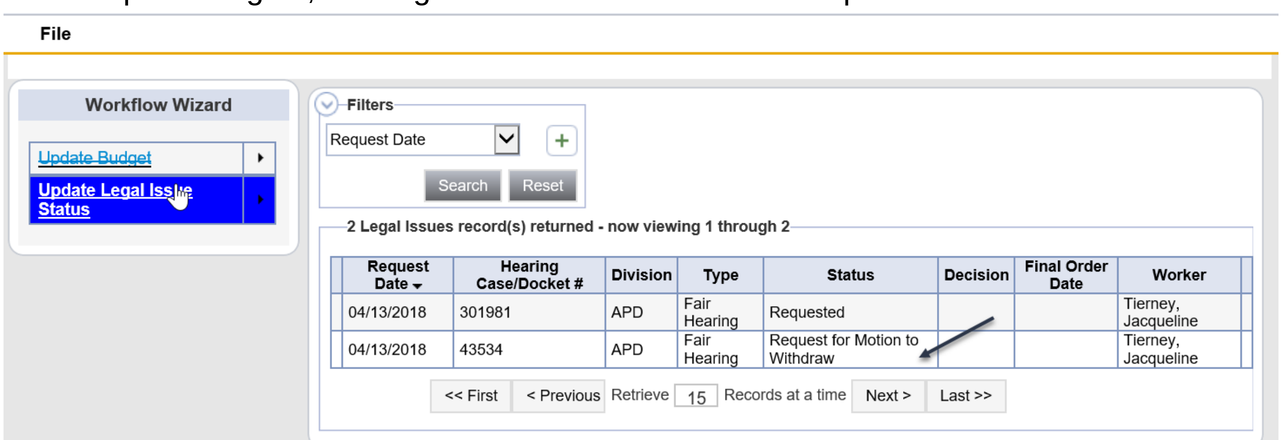
14. Back in the Workflow Wizard window, hover over the arrow next to the Tickler to click **Complete**



15. In the Tickler queue, hover over the arrow next to the Tickler Update Legal Issue Status to click **Open.**



16. Upon doing so, the Legal Issues List View Grid will open



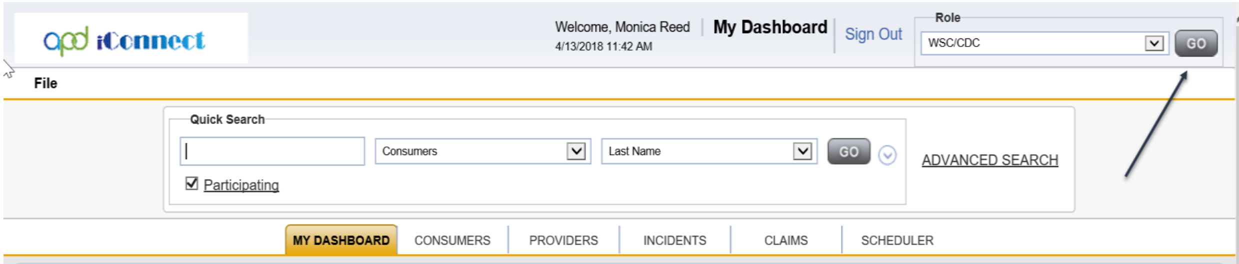
17. In the consumer's Legal Issues List View grid, click to open the relevant Legal Issue and update the Status and other fields as applicable.

18. When finished, click **File > Save and Close Legal Issue**

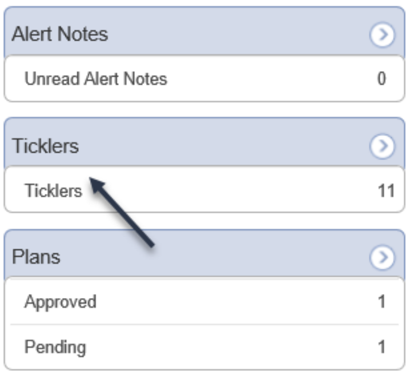
19. Back in the Workflow Wizard window, hover over the arrow next to the Tickler to click **Complete**

20. Click **File > Close Workflow Wizard**

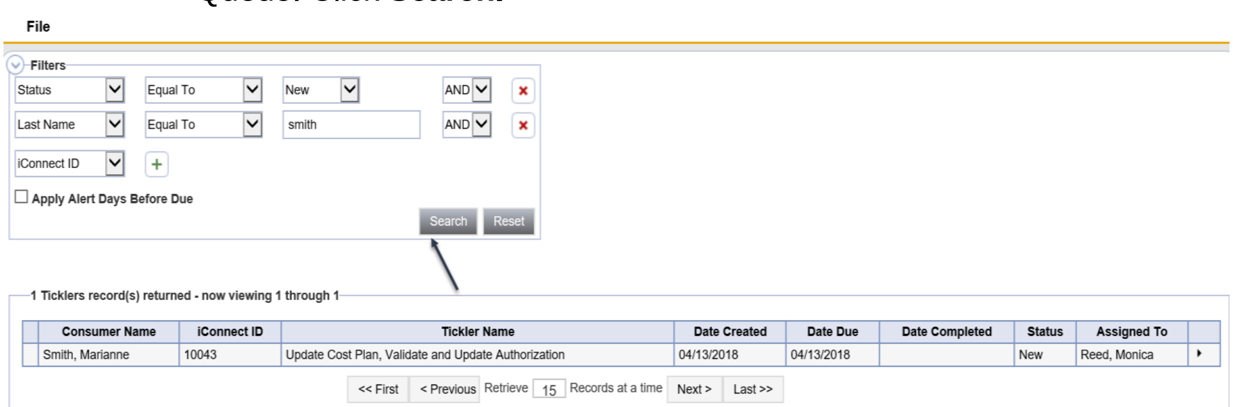
21. The Waiver Support Coordinator will monitor their **My Dashboard** for Ticklers related to Due Process. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**



22. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

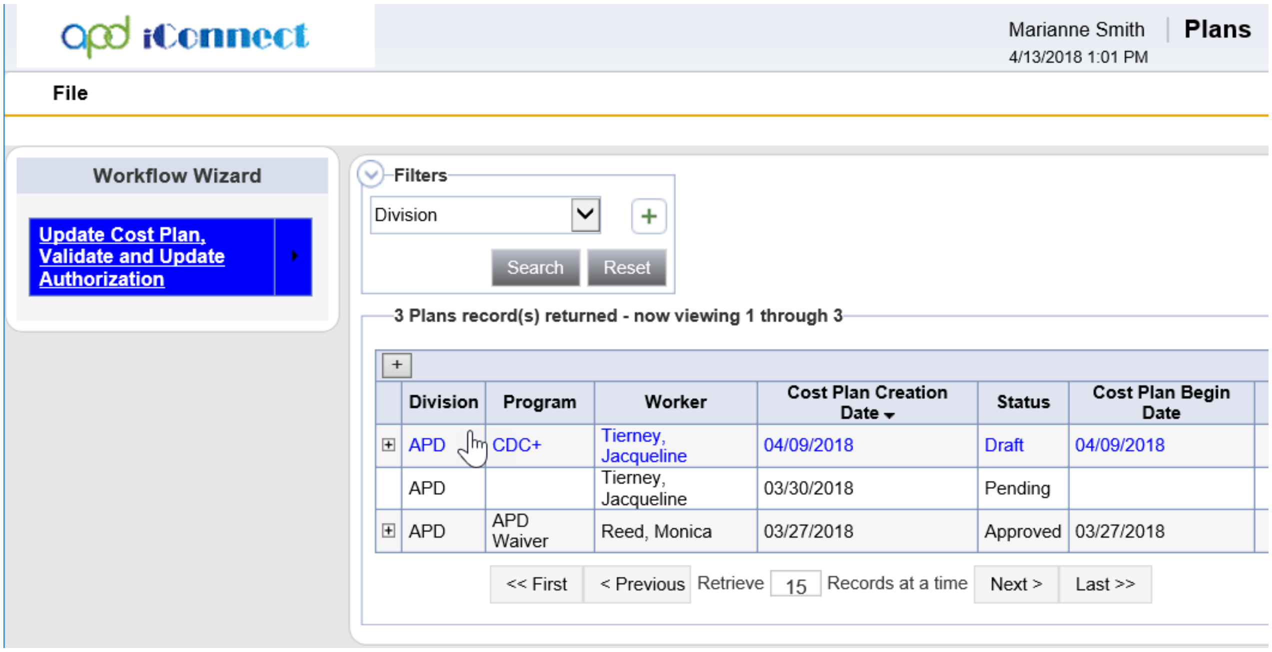


Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

23. Click on the Tickler called Update Cost Plan, Validate and Update Authorization to open it.

24. Upon doing so, the consumer's Cost Plan List View Grid will open



25. In the Cost Plan List View Grid, click on the applicable Cost Plan to open it and update fields as necessary

26. When finished, click **File > Save and Close Plan** and **File > Close Workflow Wizard**

Fair Hearing

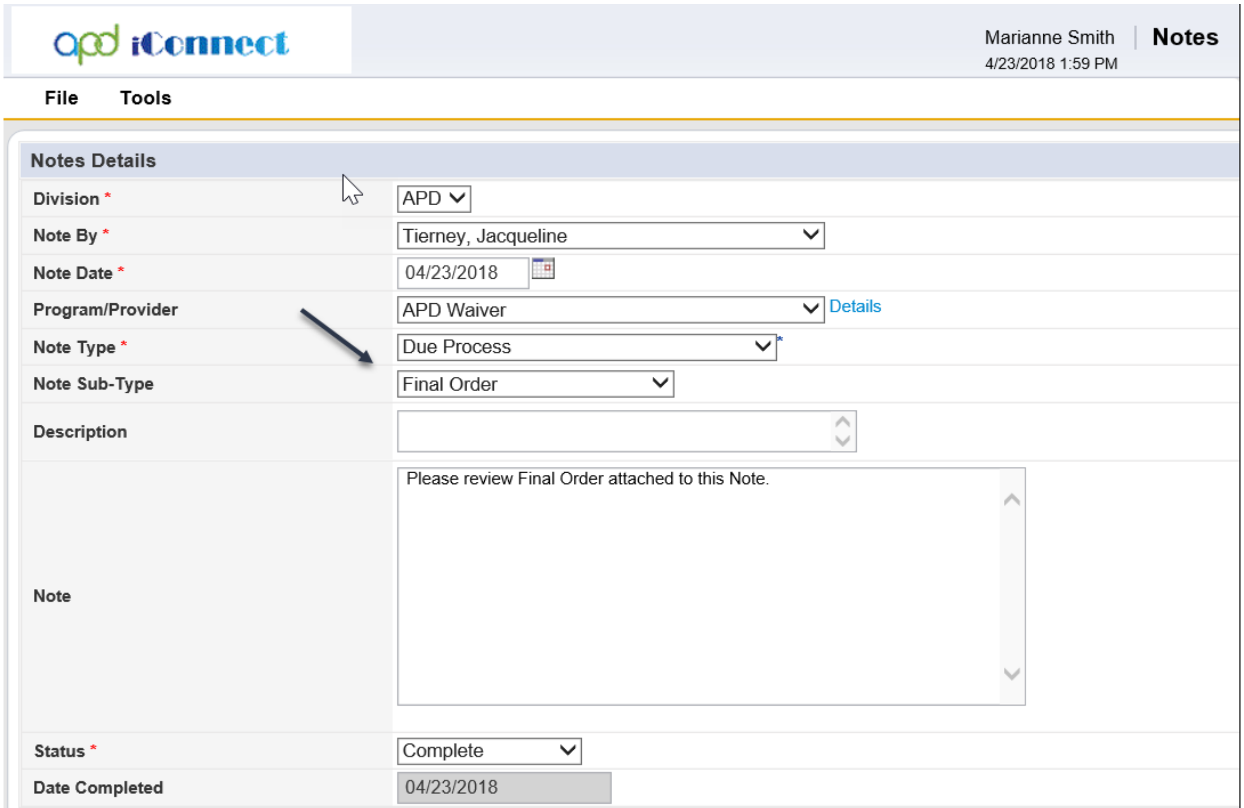
1. When the assigned Workstream Worker or Workstream Lead receives a copy of the Final Order issued in response to the Due Process request, the worker will document via note and attach a copy of the Final Order. To begin, the worker will log into iConnect and set Role Region Waiver Workstream Worker or Lead. Click **Go.**

2. To provide all necessary parties with the Final Order, navigate to the consumer's record and click **Notes > File > Add Note.**

3. In the new Note record, update the following fields:
   a. Note Type = Due Process
   b. Note Subtype = Final Order
   c. Status = Complete
   d. Attach the Final Order to the Note
   e. Route the Note to the appropriate recipients (ROM DROM, Waiver Work Stream Lead) by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up

window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

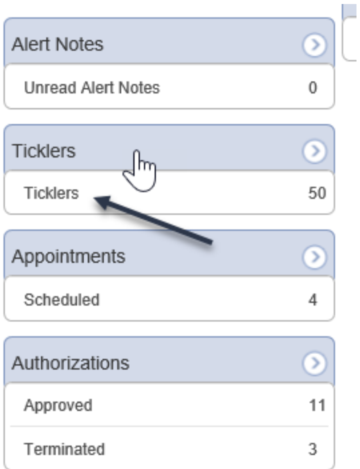
4. When finished, click **File > Save and Close Note**



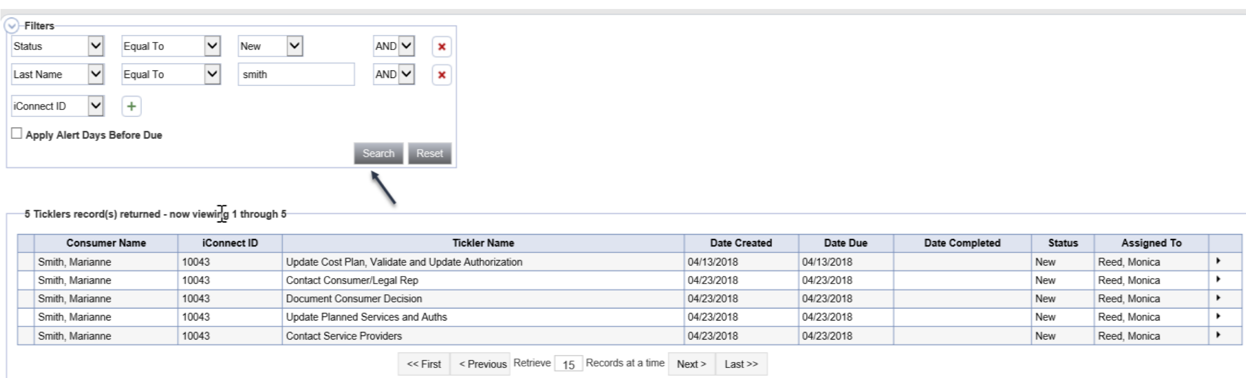
5. Upon saving the Note record, a Workflow Wizard will trigger with the following Ticklers:
   a. Run the Algorithm, Update Budget, and Hearing Status - *Assigned to the Secondary Worker, (WL or Waiver Workstream Lead)* Due Immediately
   b. Contact Consumer/Consumer Rep – *Assigned to the Primary Worker,* Due Immediately
   c. Document Consumer Decision - *Assigned to the Primary Worker,* Due Immediately
   d. Update Planned Services and Auths - *Assigned to the Primary Worker,* Due Immediately
   e. Create/Update Service Authorizations - *Assigned to the Primary Worker,* Due Immediately
   f. Contact Service Providers - *Assigned to the Primary Worker,* Due Immediately

6. To complete the first Tickler, the Secondary Worker (Pre-Enrollment or Waiver Workstream Lead) will log into iConnect and set Role = Pre-Enrollment or Waiver Workstream Lead). Click **Go.**

7. On the **My Dashboard,** finding the consumer's section and scrolling down to the Ticklers Panel. Click on the **Ticklers** link:



a. In the Tickler Queue, use the multi variable search to narrow the results down to the relevant Ticklers. Click **Search.**



Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

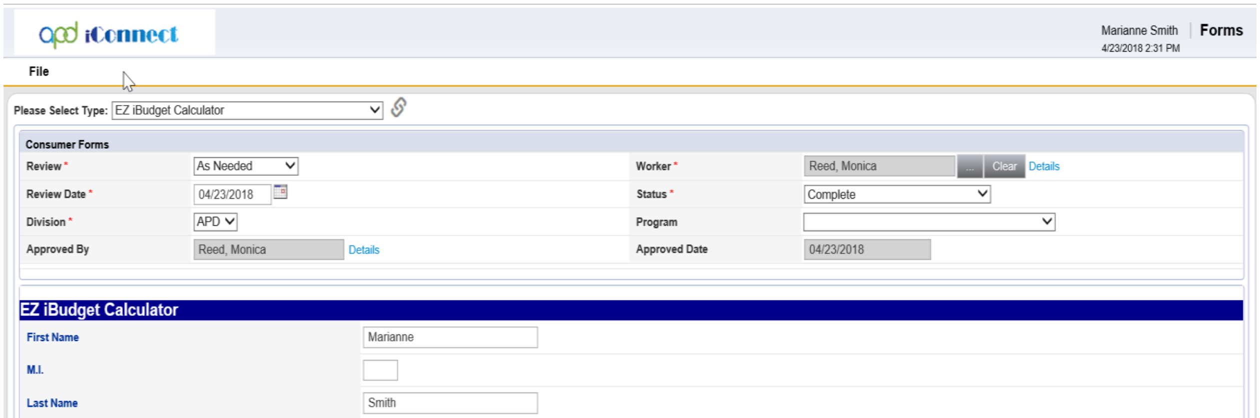
8. In the Tickler Queue, click to open the Tickler called Run Algorithm, Update Budget and Hearing Status.

9. Upon doing so, a Message Tickler will open - Run Algorithm, Update Budget and Hearing Status

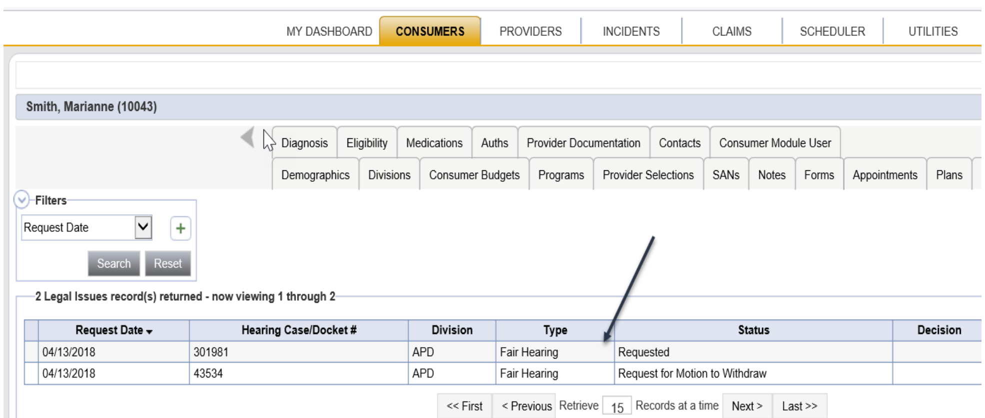
   NOTE: Running the algorithm is rare when receiving a final order. If this is not needed, Cancel the tickler.

10. To complete the Tickler, begin by navigating to the consumer's record and click on **Forms > File > Add Form.**
    a. Set Please Select Type = EZ iBudget Calculator.
    b. Complete all relevant fields

11. When finished, click **File > Save and Close Form**



12. Navigate to the consumer's record, click on the **Legal Issues** tab > click to open the relevant Legal Issue record > click on the **Hearings** tab > click to open the relevant Hearing record



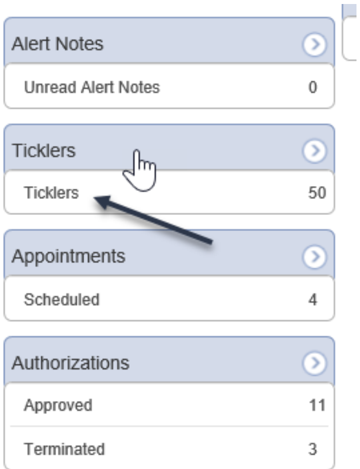
13. Update the Status field

14. When finished, click **File > Save and Close Hearing**

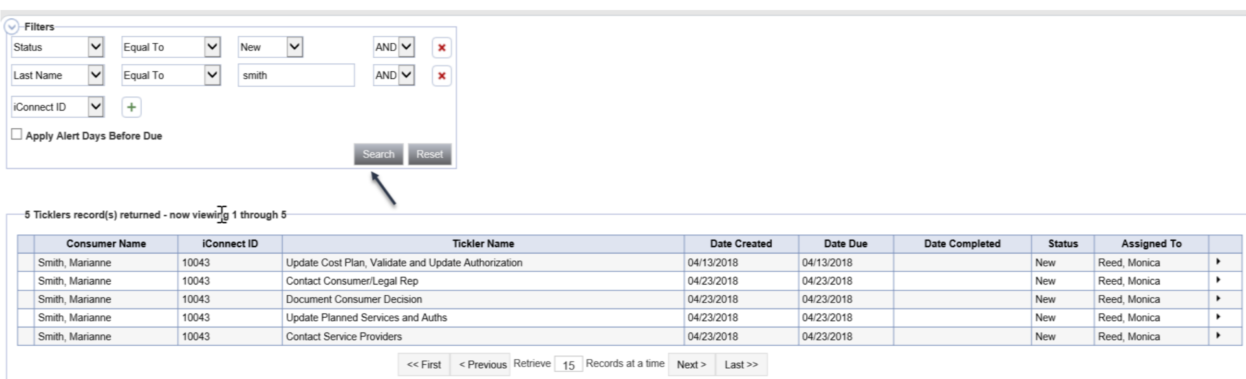
15. Back in the Tickler Queue, hover over the arrow next to the Tickler to click **Complete**

16. To complete the remaining Ticklers, the Primary Worker (Waiver Support Coordinator) will log into iConnect and set Role = WSC/CDC. Click **Go.**

17. On the **My Dashboard,** finding the consumer's section and scrolling down to the Ticklers Panel. Click on the **Ticklers** link:



   a. In the Tickler Queue, use the multi variable search to narrow the results down to the relevant Ticklers. Click **Search.**



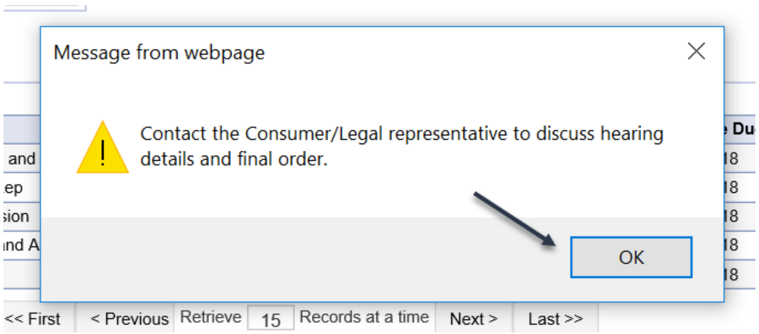
Consumer Name	iConnect ID	Tickler Name	Date Created	Date Due	Date Completed	Status	Assigned To
Smith, Marianne	10043	Update Cost Plan, Validate and Update Authorization	04/13/2018	04/13/2018		New	Reed, Monica
Smith, Marianne	10043	Contact Consumer/Legal Rep	04/23/2018	04/23/2018		New	Reed, Monica
Smith, Marianne	10043	Document Consumer Decision	04/23/2018	04/23/2018		New	Reed, Monica
Smith, Marianne	10043	Update Planned Services and Auths	04/23/2018	04/23/2018		New	Reed, Monica
Smith, Marianne	10043	Contact Service Providers	04/23/2018	04/23/2018		New	Reed, Monica

Tip

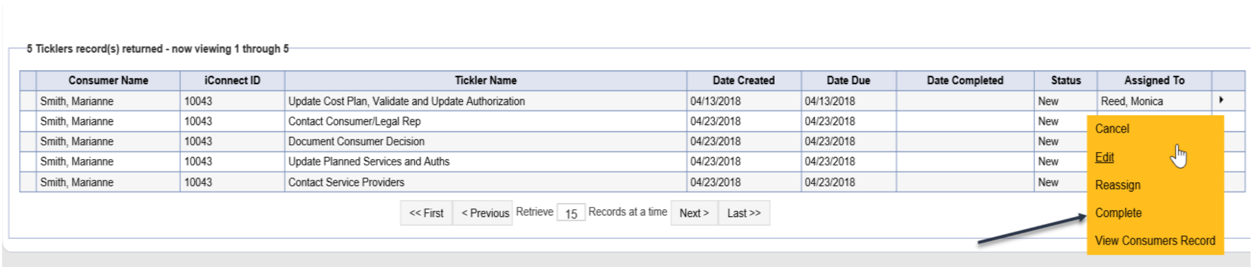
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

18. In the Tickler Queue, click to open the Tickler called Contact Consumer/Legal Rep.

19. Upon doing so, a Message Tickler will open - Contact Consumer/Legal Representative to discuss hearing details and final order. Click **OK.**



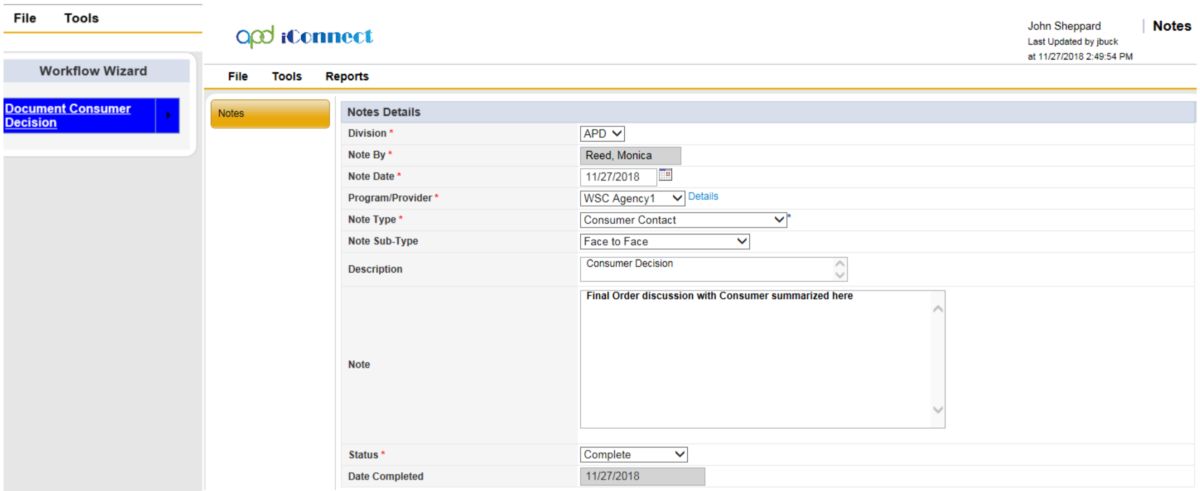
20. When finished, hover over the arrow next to the Tickler to click **Complete**



21. Back in the Tickler Queue, click to open the Tickler called Document Consumer Decision.

22. Upon doing so, a new Consumer Note record will open. In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Due Process
    c. Note Subtype = Consumer Update
    d. Description = Consumer Decision
    e. Note = summarize the discussion with the consumer/legal representative explain the impact of the Final Order. If the consumer doesn't agree with the Final order, he/she can take the necessary steps to have a judicial review.
    f. Status = Complete

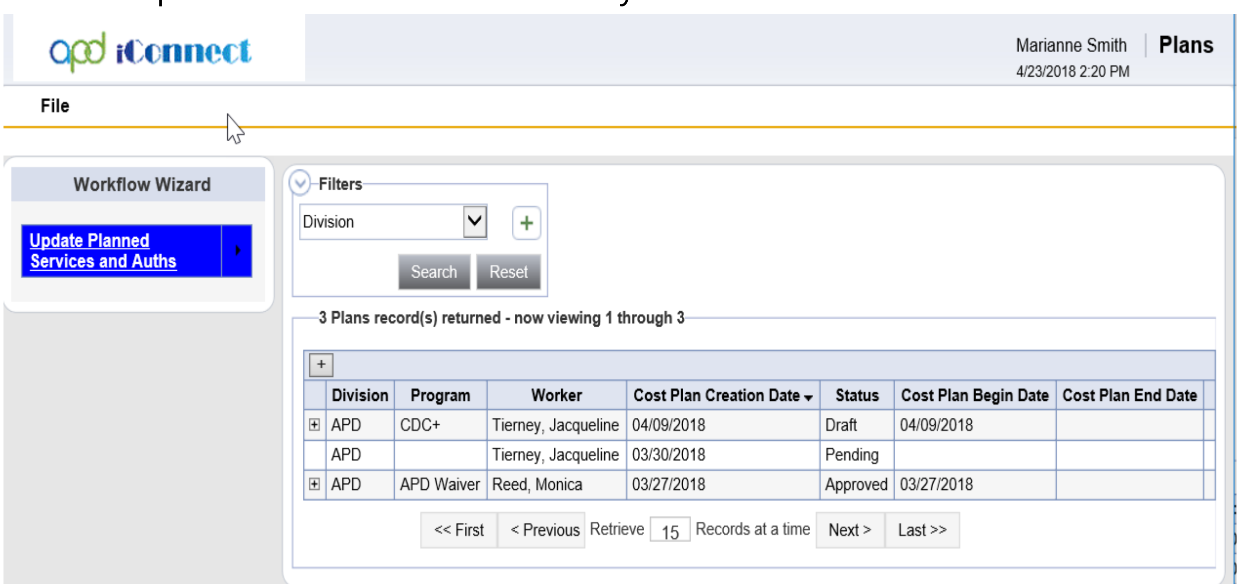
23. When finished, click **File > Save Notes** and **File > Close Workflow Wizard**



24. Back in the Tickler Queue, click to open the Tickler Update Planned Services and Auths.

25. Upon doing so, the consumer's Cost Plan List View Grid will open.

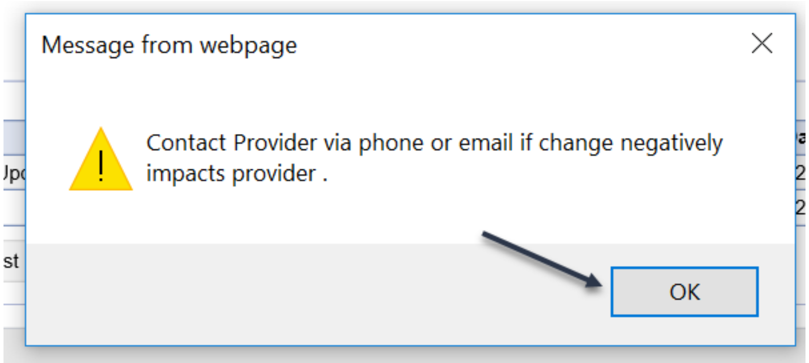
26. In the consumer's Cost Plan List View Grid, click on the relevant Cost Plan to view it. Update the Cost Plan as necessary.



27. When finished, click **File > Save and Close Plan** and **File > Close Workflow Wizard**

28. Back in the Tickler Queue, click to open the Tickler called Contact Service Providers

29. Upon doing so, a Message Tickler opens - Contact Provider via phone or email if change negatively impacts Provider



30. When finished, hover over the arrow next to the Tickler to click **Complete**

31. If the Consumer doesn't agree with the Final Order, he/she can take necessary steps to request a Judicial Review (non-iConnect process).

Chapter 16 | Safety Plan

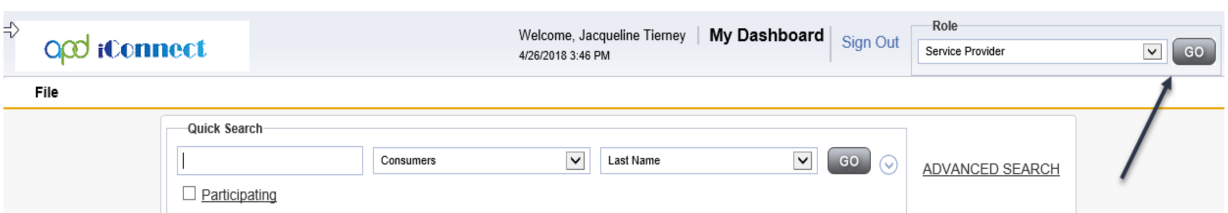
Introduction

In some cases, Consumers exhibit behavior that indicate the need for a monitored plan of care. These behaviors include but are not limited to a documented history of engaging in sexual aggression, sexual battery or otherwise engaged in nonconsensual sexual behavior with another individual, with or without police involvement, that addresses their unique needs and creates safe environments for everyone and facilitates successful community living. In these instances, a Safety Plan developed by the Waiver Support Coordinator (WSC), with consultation from the authorized behavior analysis (BA) provider or Area Behavior Analyst (ABA), when needed. These plans are integrated into the Support Plan and implemented where the consumer resides. The following Chapter outlines how the Safety Plan should be documented within iConnect.

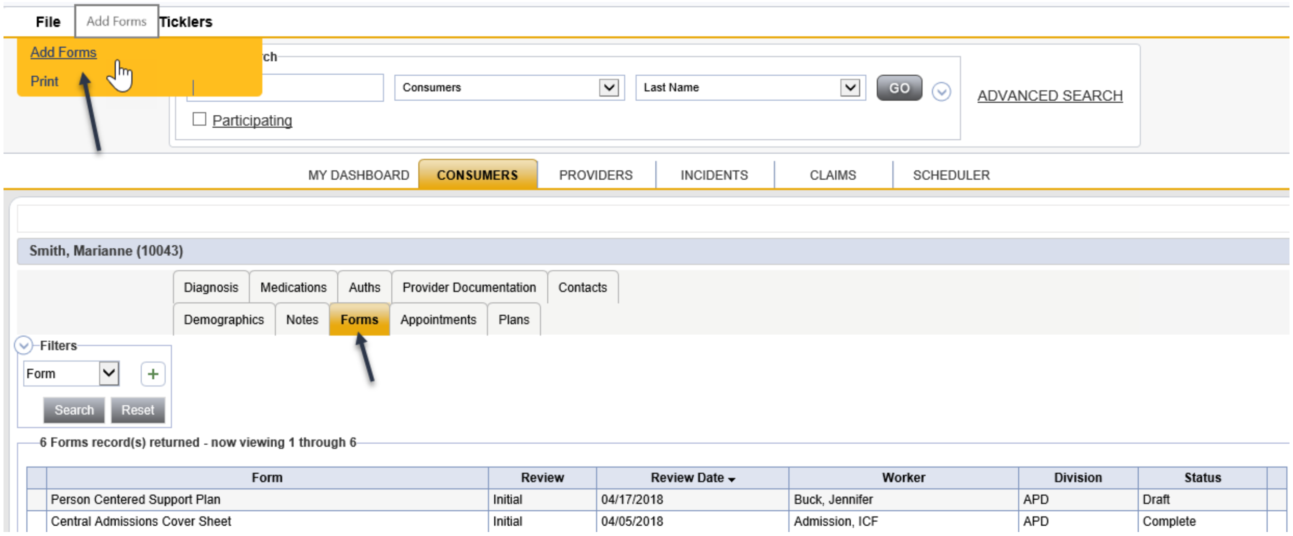
Sexual Misconduct Process

1. The process begins when a Consumer has been identified to have Sexually Aggressive Behaviors. The individual's Sexually Aggressive behavior could be identified via various methods including but not limited to, transition summary report, incident report, police report, court order, responses on a Behavioral Assessment, etc.

2. The Sending provider / Behavior Analysis provider / Area Behavior Analyst will document behavior via the Sexual Misconduct Characteristics Form. To begin, log into iConnect and set Role = Service Provider. Click **Go.**

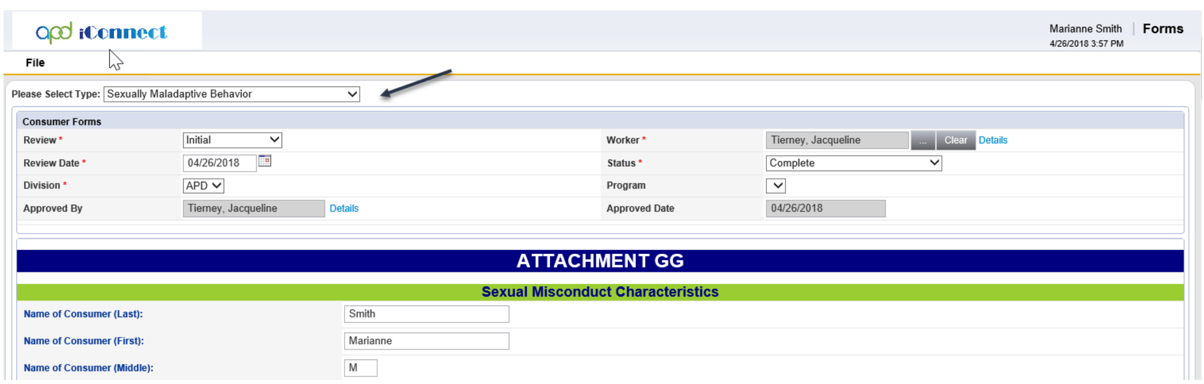


3. Navigate to the consumer's record and click **Forms > Add Form.** Set Please Select Type = Sexual Misconduct Characteristics Form.



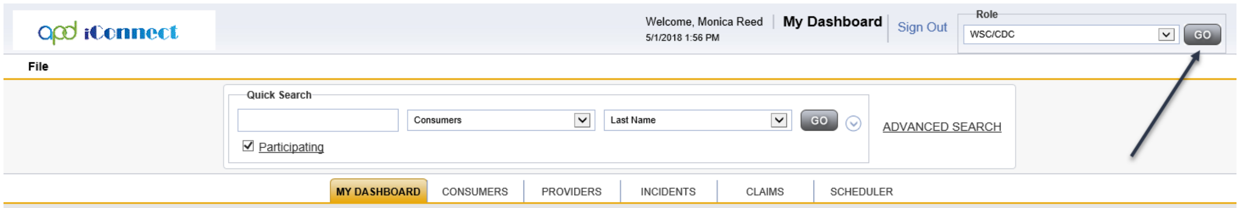
4. In the Form, update all relevant fields. In the Header, update the following fields:
   a. Review = Initial
   b. Division = APD
   c. Status = Complete

5. When finished, click **File > Save and Close Forms**

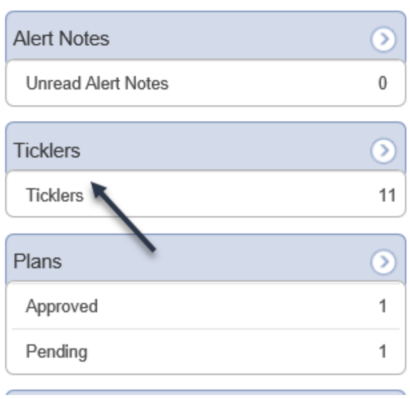


6. Upon saving the Sexual Misconduct Characteristics Form with Status = Complete, a Workflow Wizard will trigger the following Tickler to the WSC:
   a. Initiate Safety Plan, *Assigned to WSC,* Due Immediately

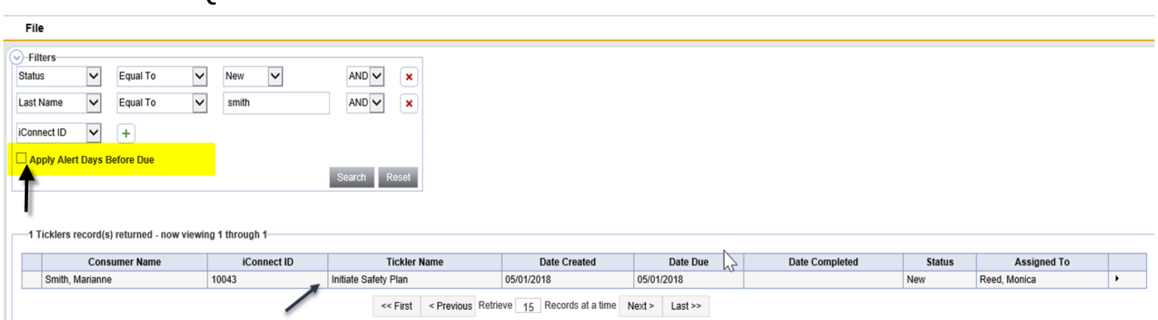
7. To complete the Tickler, the assigned Waiver Support Coordinator (WSC) will log into iConnect and set Role = WSC/CDC. Click **Go.**



8. On the **My Dashboard,** the WSC will find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



   a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**

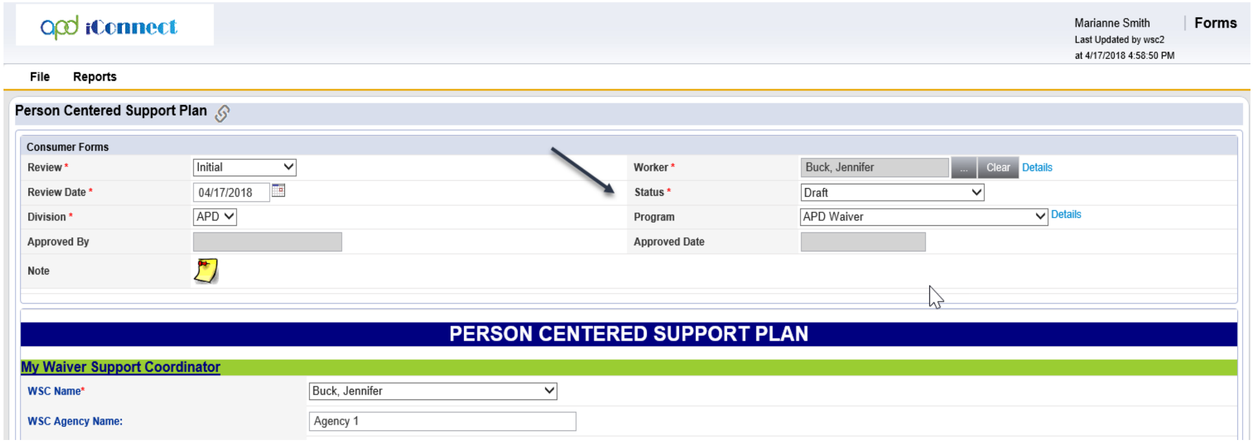


Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

9. In the search results, the WSC will click to open the Tickler called Initiate Safety Plan.

10. Upon doing so, the consumer's Forms List View Grid will open.
11. Click to open the Person-Centered Support Plan and complete all fields in the section called Safety Plan. Set Status = Draft.



12. When finished, click **File > Save Forms** and **File > Ticklers.**

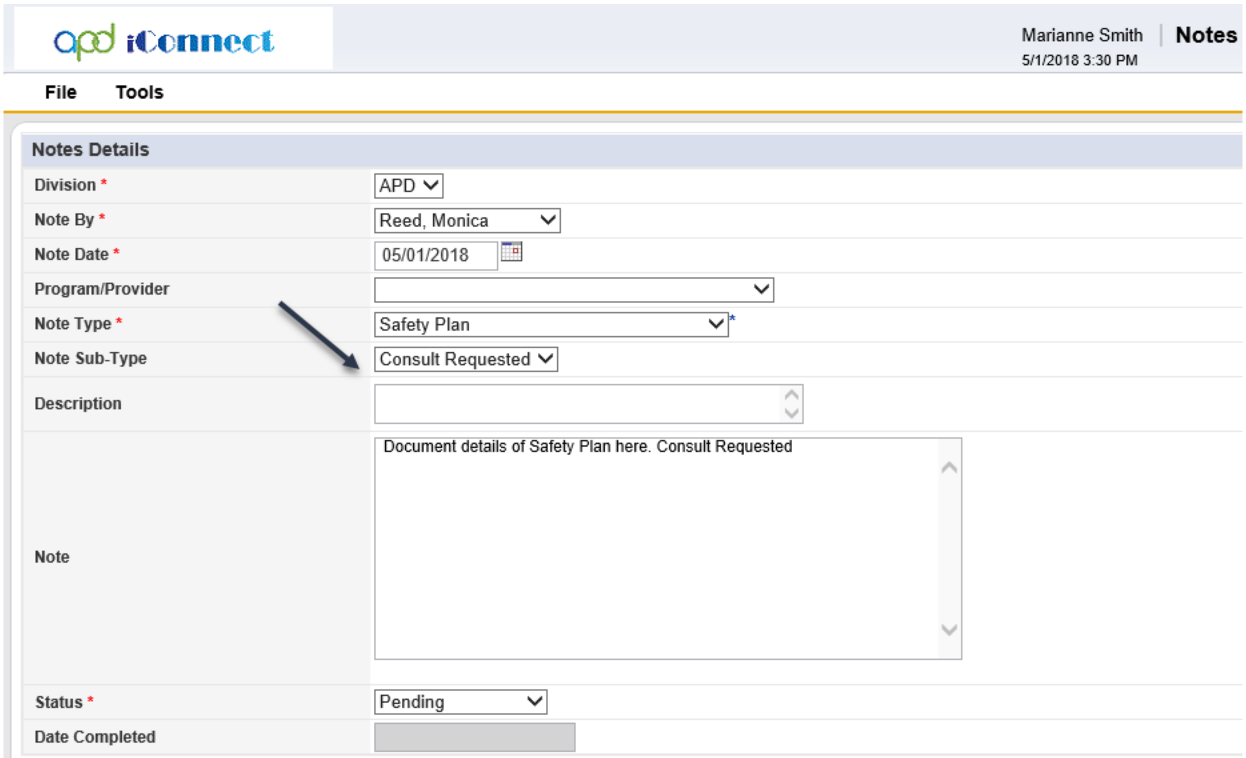
13. After completing the Safety Plan, if the WSC feels a consult with the assigned BA provider or ABA is warranted, the WSC should notify the BA provider or ABA via a note. Consults are optional and not required.

    Note: WSCs should only request a consult from the ABA if the consumer does not have behavioral services. If there is a treating BA provider, that is who they should ask to complete the consult.

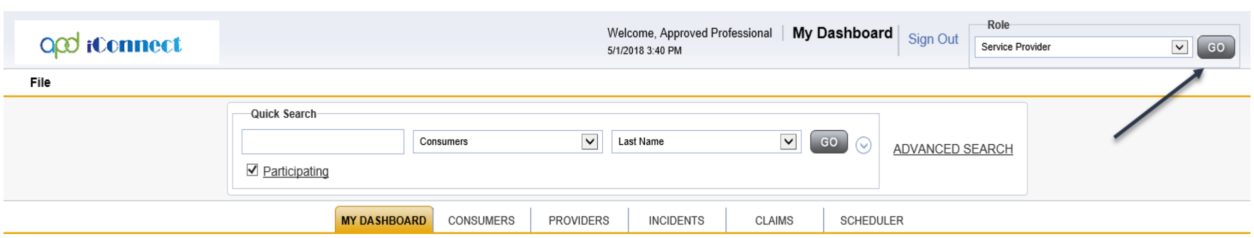
14. To do so, the WSC navigates to the consumer's record and click **Notes > File > Add Note.**

15. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Safety Plan
    c. Note Subtype = Consult Requested OR Completed
    d. Note = Document rationale for consultation on the Safety Plan
    e. Status = Pending OR Complete
    f. If a Consult is requested, route the Note to the BA provider, or the ABA when appropriate, by clicking the **Ellipsis** button (. . .) next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

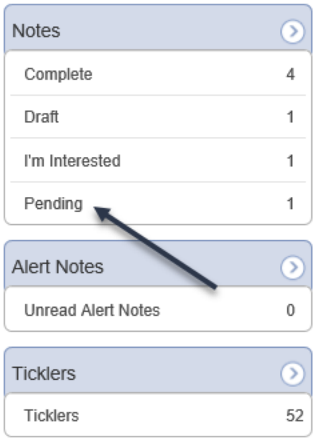
16. When finished, click **File > Save and Close Notes**



17. To access Notes requesting a Safety Plan Consult, the BA provider or ABA will log into iConnect and set Role = Service Provider OR Clinical Workstream Worker, respectively.



18. On the **My Dashboard,** the BA provider or ABA will identify the Consumer panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Pending Notes

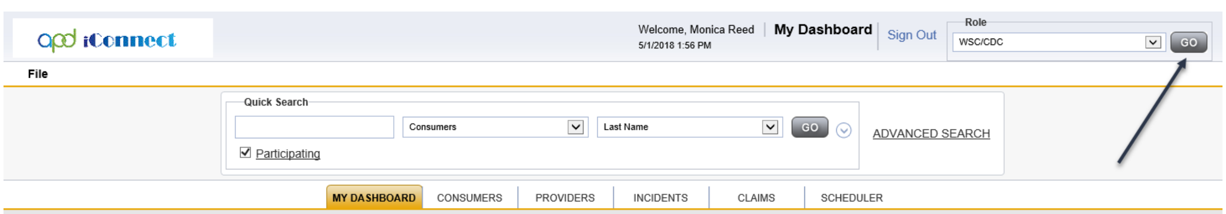


19. In the Pending Notes queue, open the Note record with Note Type = Safety Plan and Note Subtype = Consult Requested.

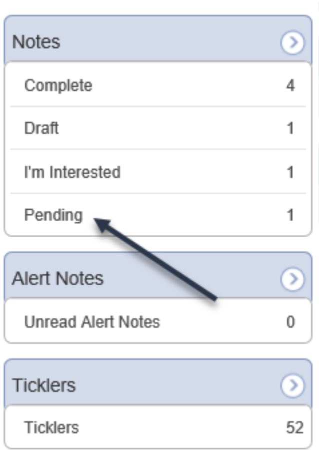
20. Review the contents of the Note record and update it with feedback. Update the following fields:
    a. Note Subtype = Consult Requested
    b. Route the Note to the assigned WSC by clicking the **Ellipsis** button (. . .) next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.
    c. Attach any supporting documentation

21. When finished, click **File > Save and Close Notes.**

22. The WSC will monitor the **My Dashboard** for the Behavioral Provider or the ABA's response to the Consult Requested Note record. To do so, log into iConnect and set Role = WSC/CDC. Click **Go.**



23. On the **My Dashboard,** the WSC will identify the Consumer panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Pending Notes



24. In the Pending Notes queue, open the Note record with Note Type = Safety Plan and Note Subtype = Consult Requested.

25. Review the contents of the Note record and take any necessary action as specified by the BA provider or the ABA.

26. When finished, click **File > Save and Close Notes.**

Chapter 17 | Medical Case Manager Report

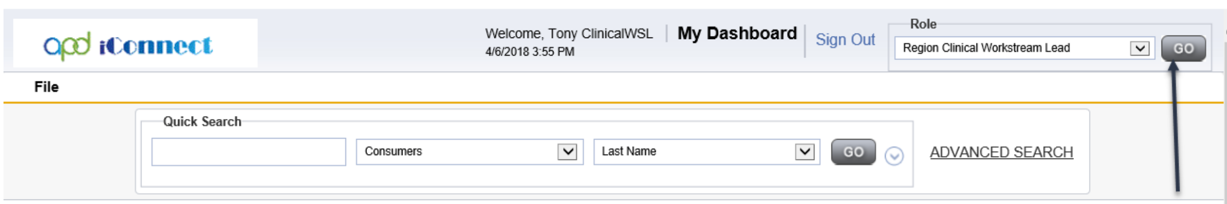
Introduction

In some cases, in order to determine the level of care required for a Consumer, a Medical Case Manager may be necessary. A request for a Medical Case Manager report can be made at any time when a consumer's needs are being evaluated by the Region Medical Case Manager. In this Chapter, the process in which to complete and document a Medical Case Manager Report is outlined.

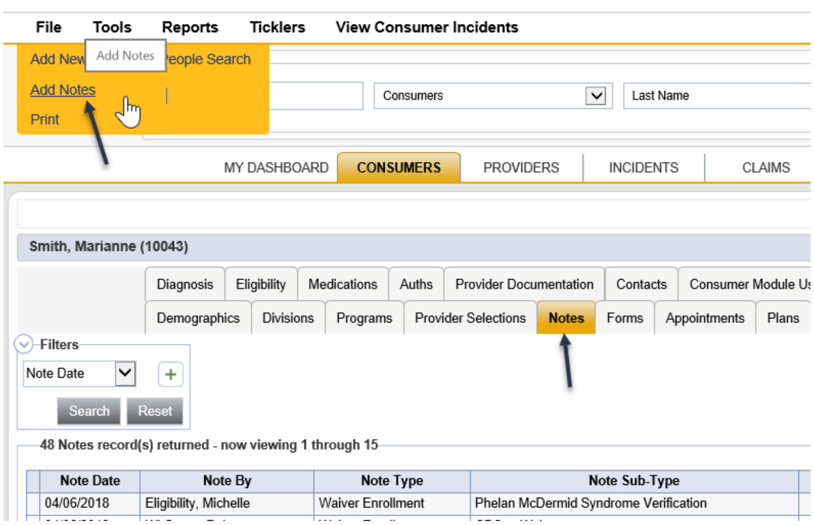
Add Medical Case Manager Report

1. The Clinical Work Stream Lead will receive a request for Medical Case Management via fax, email or regular mail

2. To begin, log into iConnect and set Role = Region Clinical Workstream Lead. Click **Go.**



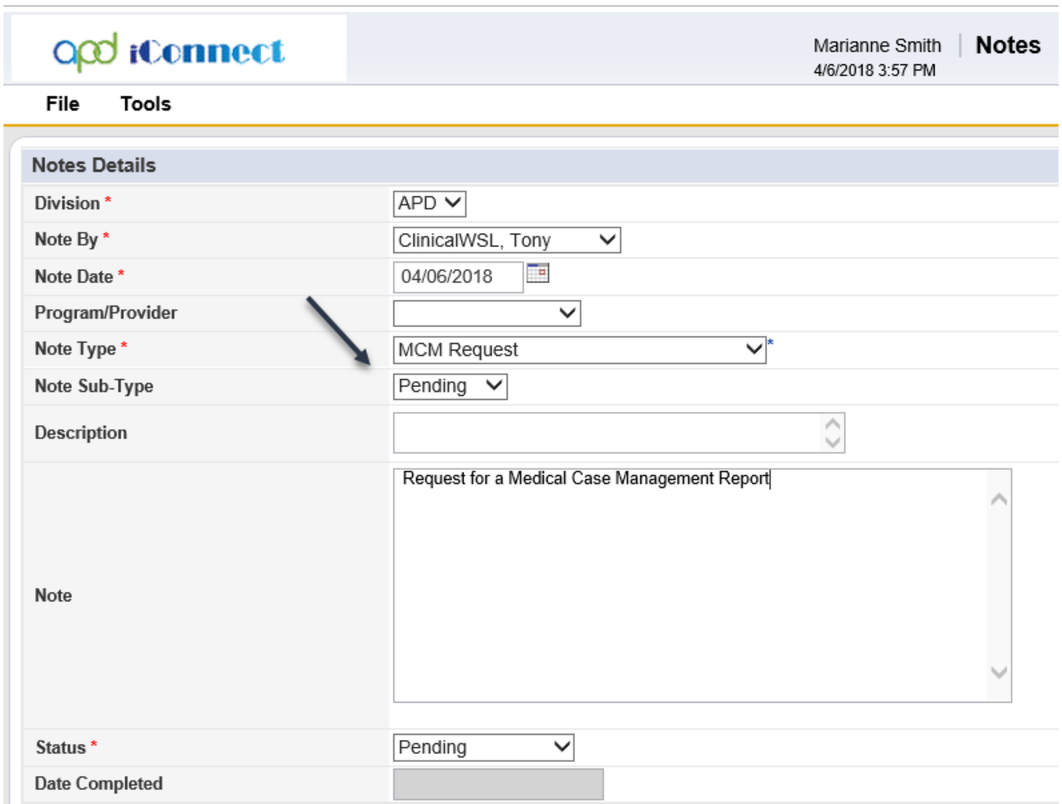
3. To add a request for a Medical Case Manager Report, navigate to the consumer's record and click **Notes > File > Add Note.**



4. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = MCM Request
    c. Note Subtype = Pending

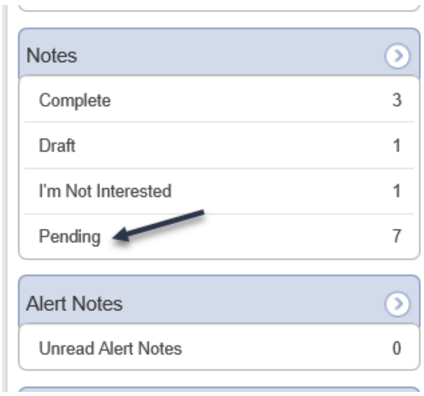
d. Status = Pending
e. Route the Note record to the Medical Case Manager by scrolling to the bottom of the Note and clicking on the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search.** In the Search results, click on the matching Worker Name to route the note to that recipient

5. When finished, click **File > Save and Close Note**

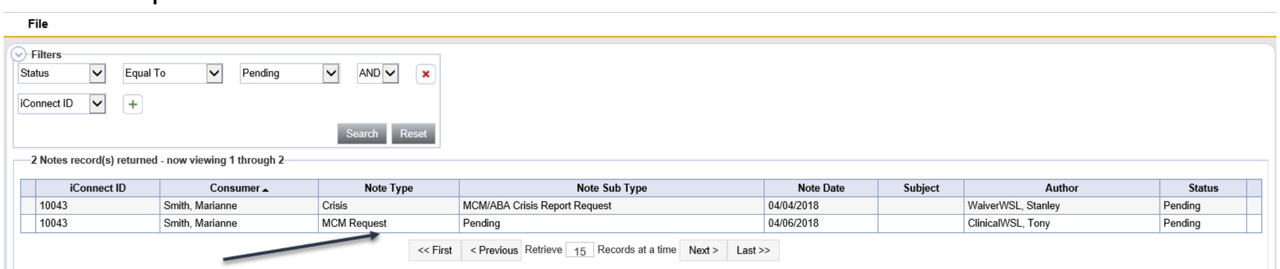


6. The Medical Case Manager will monitor the Notes Panel on their **My Dashboard** for Pending Notes. To begin, log into iConnect and set Role = Region Workstream Worker. Click **Go.**

7. On the **My Dashboard,** find the Consumers section and scroll down to the Notes Panel. Click on the **Pending** link to view the Notes Queue:



8. Use the multi variable search to find the Note record with Note Type = MCM Request



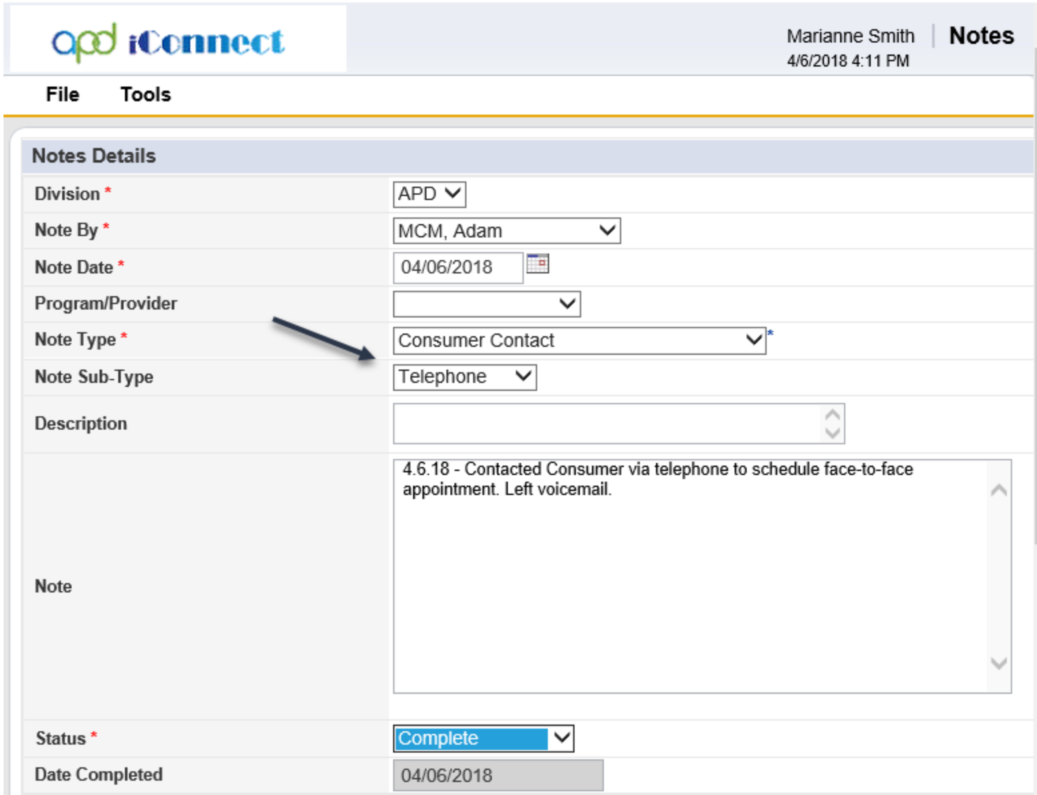
9. Open and review the Note record

10. Navigate to the consumer's record to review all relevant Forms and Notes. The ROM or Clinical Workstream Lead will decide if a face-to-face meeting is necessary.
    a. If a face-to-face meeting is necessary, proceed below
    b. If a face-to-face meeting is NOT necessary, do not schedule the appointment with the Consumer and proceed with completing the record review and the Medical Case Manager Report

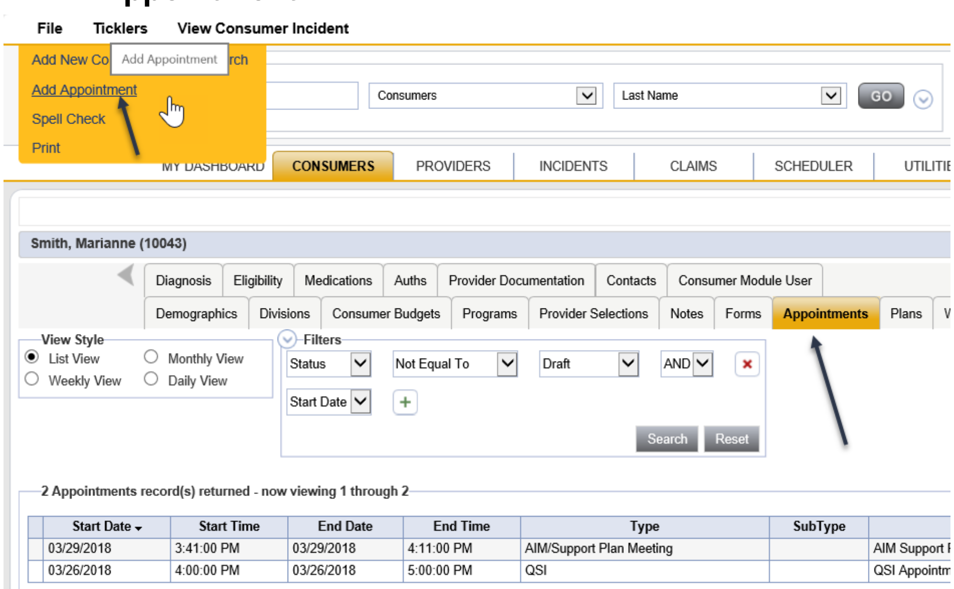
11. If a face-to-face meeting is necessary, proceed with contacting the Consumer to schedule the appointment. Document each contact attempt in a Consumer record. To do so, navigate to the consumer's record and click **Notes > File > Add Note.**

12. In the Note record, update the following fields:
    a. Division = APD
    b. Note Type = Consumer Contact
    c. Subtype = Telephone
    d. Status = Complete

13. When finished, click **File > Save and Close Notes**



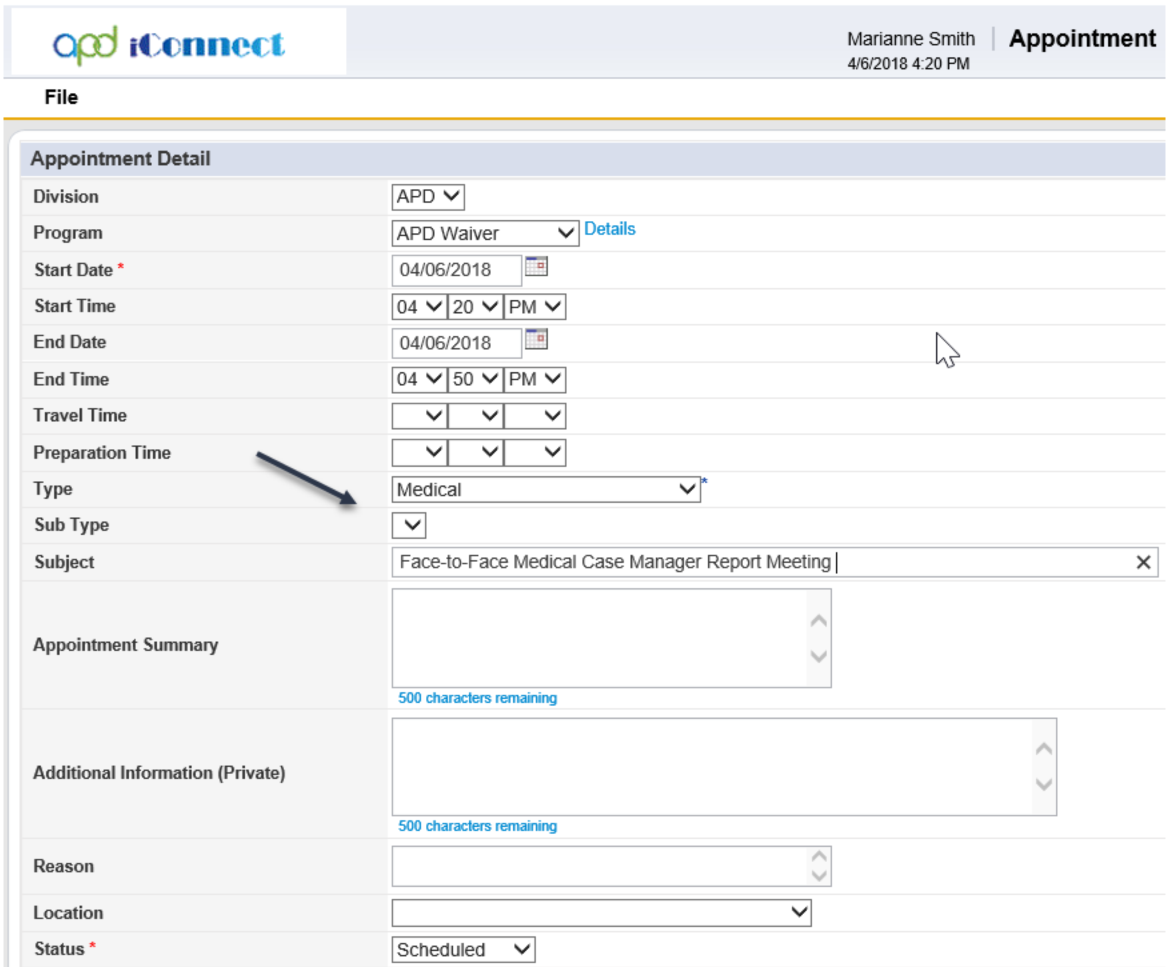
14. Upon reaching the Consumer via telephone, schedule the appointment. In iConnect, navigate to the consumer's record and click on **Appointments > File > Add Appointment.**



15. In the new Appointment record, update the following fields:
    a. Division = APD
    b. Start Date

c. Start Time
d. End Date
e. End Time (estimated)
f. Appointment Type = Medical
g. Status = Scheduled

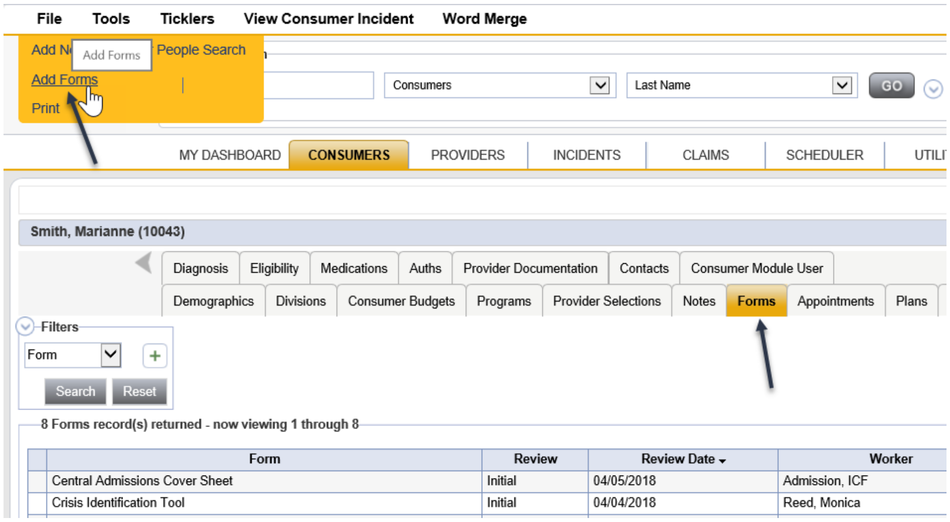
16. When finished, click **File > Save Appointment**



17. Upon saving the new Appointment, the Appointment record will refresh and display the **Add Attendee** tab.

18. Click **Add Attendee** and scroll to find the relevant worker records that should be added to the Appointment. Note that you can use the CTRL key to select multiple workers before clicking **Add.** Then click **Add > Save and Close Add Attendee.**

19. To complete the Medical Case Manager Report, navigate to the consumer's record and click on **Forms > File > Add Form.**

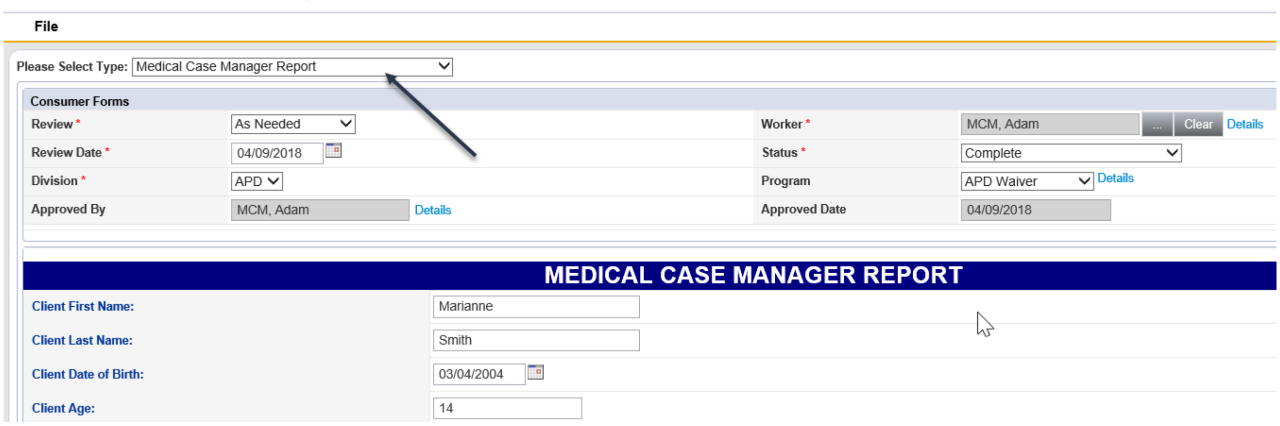


20. In the Please Select Type field select the Medical Case Manager Report

21. Complete all relevant fields in the Form.

22. In the header, complete the following fields:
    a. Review = As Needed
    b. Division = APD
    c. Status = Complete
    d. Program = Update as appropriate

23. When finished, click **File > Save and Close Form**

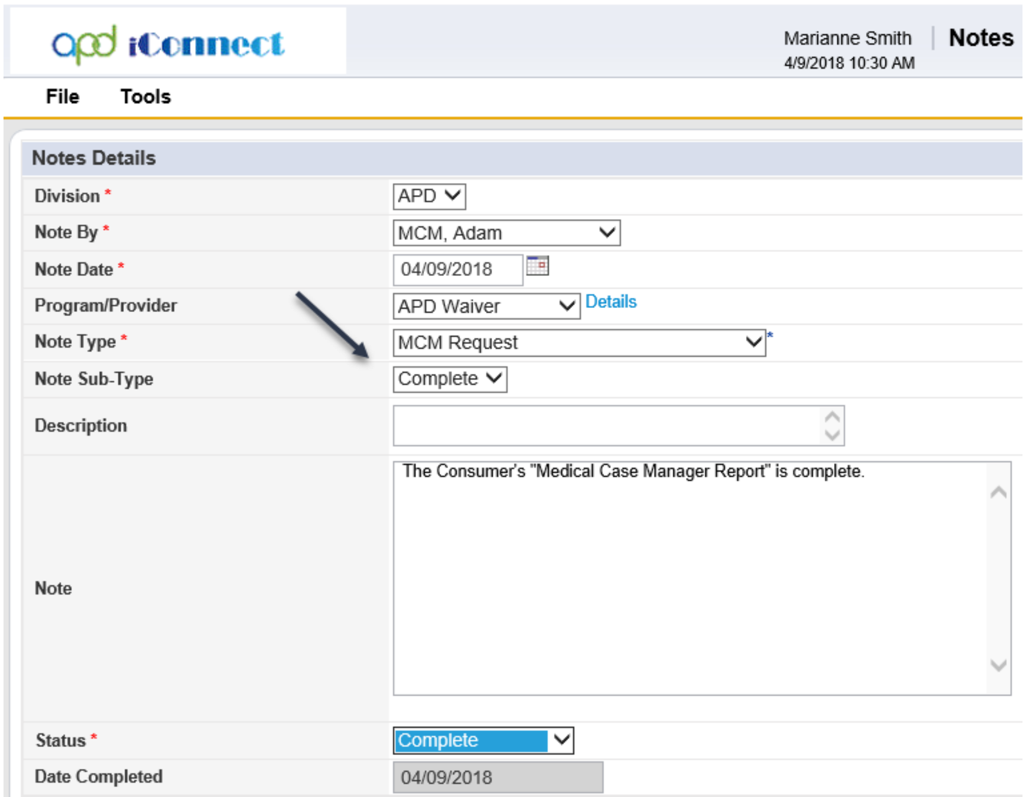


24. To notify the MCM Review Requestor and the Clinical Work Stream Lead that the Medical Case Manager Report is Complete, navigate to the consumer's record and click **Notes > File > Add Note.**

25. In the new Note record, update the following fields:
    a. Division = APD

b. Note Type = MCM Report Status
c. Note Status = Complete
d. Route the Note to the MCM Review Requestor and the Clinical Workstream Lead by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

26. When finished, click **File > Save and Close Notes**



Chapter 18a | WSC Service Recording

Introduction

Upon a Consumer receiving services, Providers are required to track and maintain those services and the details surrounding them. These details can include a variation of record-keeping methods based on the type of service(s) rendered. The documentation types include Progress Notes, Attendance Logs, Service Logs, Trip Logs, or a combination of documents. Often these services must be documented as frequently as daily, but some can be documented monthly.

1. Life Skills Development – Level 1 (Companion)
2. Life Skills Development – Level 2 (Supported Employment
3. Life Skills Development – Level 3 (Adult Day Training - ADT)
4. Residential Habilitation (Standard)
5. Residential Habilitation (Behavior Focused)
6. Residential Habilitation (Intensive Behavior)
7. Supported Living Coaching
8. Support Coordination
9. Behavior Analysis Services
10. Behavior Assistant Service

WSC Monthly Service Recording

Waiver Support Coordinators (WSCs) should maintain all progress notes in one place in iConnect. To streamline the entry of progress notes, iConnect has been updated so that the session notes are included within one screen design under the Provider Documentation Tab.

WSC Advisory #2023-006 released on August 4, 2023 provides a method to streamline Progress Notes within iConnect. Waiver Support Coordinators (WSCs) and Consumer-Directed Care Plus (CDC+) Consultants are required to maintain Progress Notes (also referred to as Case Notes) in iConnect in accordance with the iBudget Handbook.

WSCs and CDC+ Consultants may maintain all billable contacts in a single Progress Note for each month using the authorized service code for Support Coordination. To do so, the WSC or CDC+ Consultant will enter all billable contacts for the same calendar month in the Progress Notes field.

They will also need to note the dates that the contacts occurred within that same month.

1. Monthly, the Waiver Support Coordinator can choose to record their Support Coordination on a monthly (billable) note, and an additional contact note, both as Activities on the Provider Documentation tab in iConnect.

Or the Waiver Support Coordinator can record their Support Coordination on a monthly (billable) note that contains all dates when contacts were made.

2. The contacts can be with the recipient or with persons important in the recipient's life, including family members, legal representatives, service providers, or community members.

3. The contacts can be via telephone, letter writing, or e-mail transmission. Any contact or activity on behalf of the recipient must be documented in the support coordination progress notes and on the Provider Documentation tab in iConnect.

4. The contacts must be individualized and related to services and benefits specific to the recipient who is receiving services.

5. It is best practice to complete the Additional Contact Note as the last note of the month.

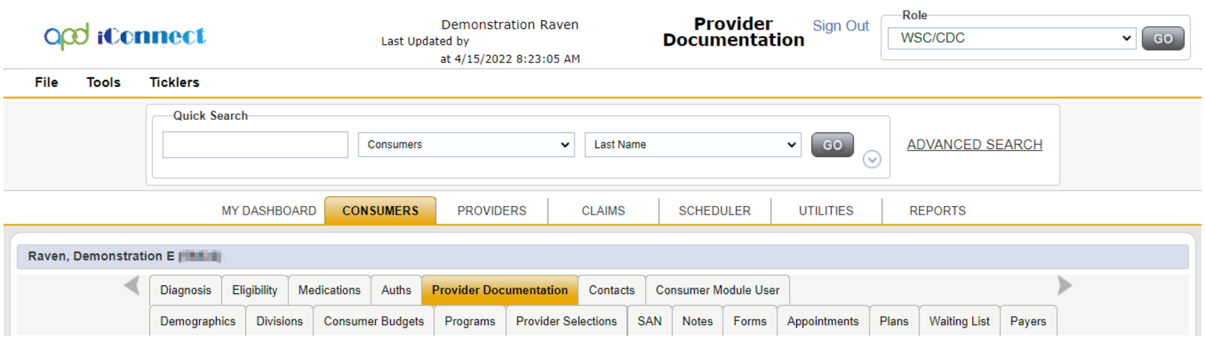
6. Administrative activities such as typing letters, filing, mailing, or leaving messages do not qualify as billable contacts or activities. These activities should be documented as Administrative/Non-Billable Activities.

7. In addition, activities including telephone calls to schedule meetings, setting up face-to-face visits or scheduling meetings with the recipient's employer, family, or providers do not qualify as contacts.

Support Coordination Billable Note

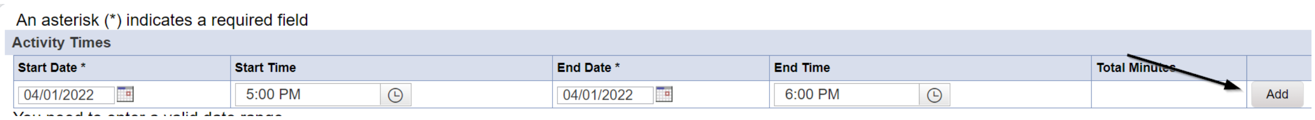
1. To begin, log into iConnect and set Role = WSC/CDC. Click **Go**

2. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File > Add Provider Documentation**



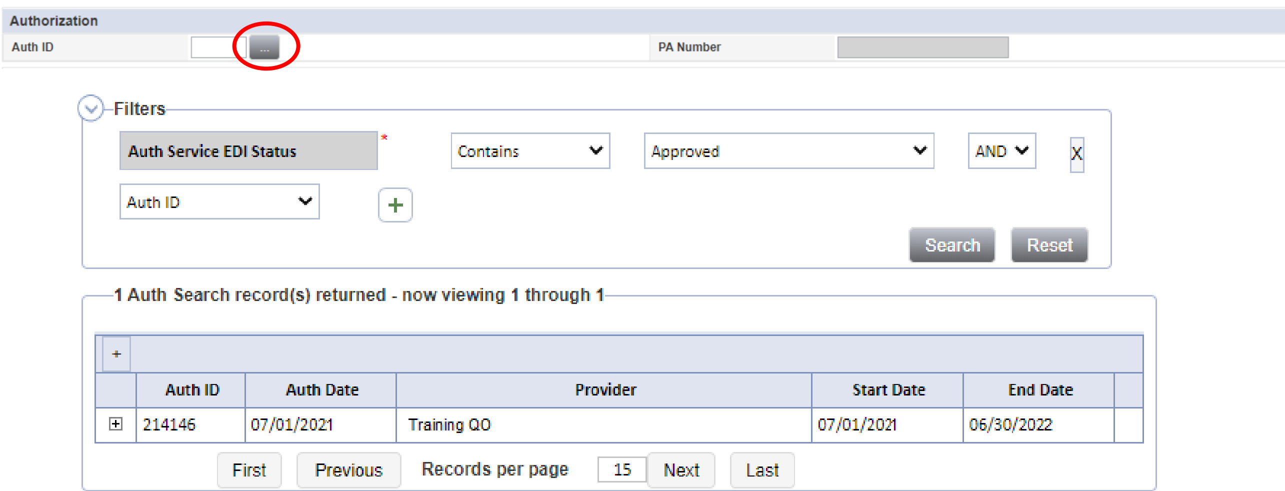
3. The Provider Documentation Details page is displayed. Update the following fields:
    a. Start Date: Defaults to today and is editable
    b. Start Time: Leave Blank

c. End Date: Defaults to today and is editable
d. End Time: Leave Blank
e. Click Add



f. Select the appropriate Authorization by clicking the ellipsis and searching for the current Auth ID

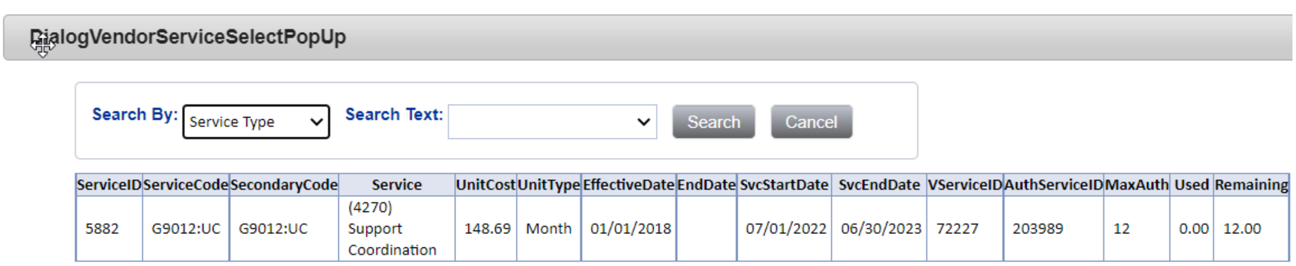
i. Click the Support Coordination Authorization. The Authorization ID is populated on the Provider Documentation details page.



g. Once the Auth ID is Selected, the Division the Provider, and Worker fields will populate.

h. Click the Service ellipsis to display a list of services.

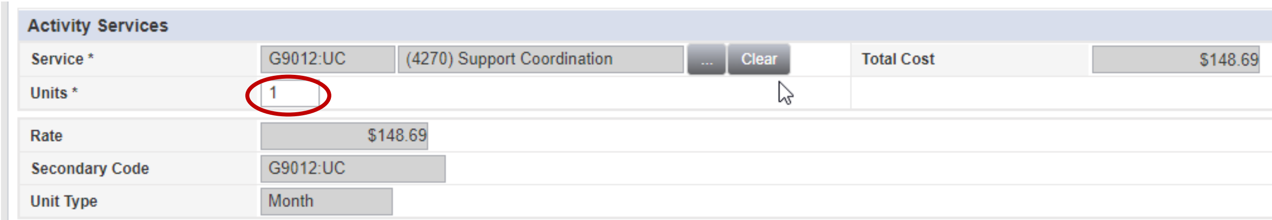
i. Select the Authorized Service



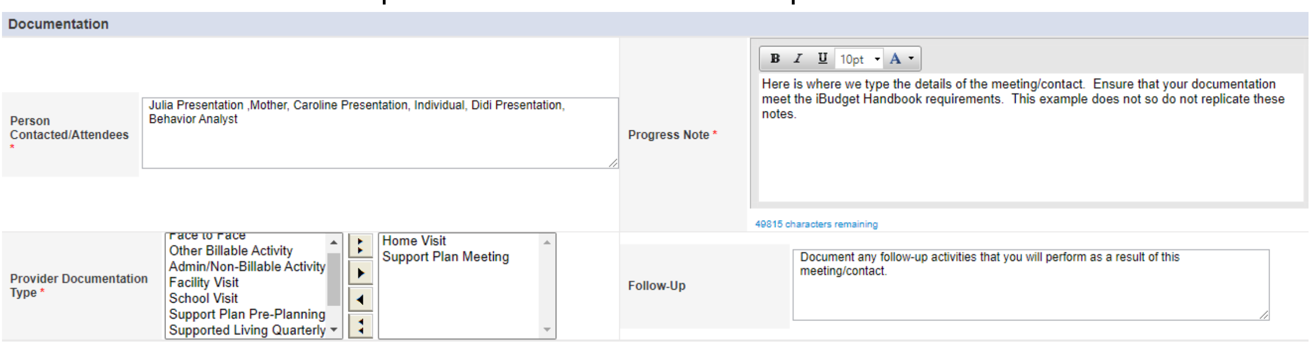
ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	SvcStartDate	SvcEndDate	VServiceID	AuthServiceID	MaxAuth	Used	Remaining
5882	G9012:UC	G9012:UC	(4270) Support Coordination	148.69	Month	01/01/2018		07/01/2022	06/30/2023	72227	203989	12	0.00	12.00

j. The Activity Services details are populated on the Provider Documentation details page.

k. Update the number of Units = 1.

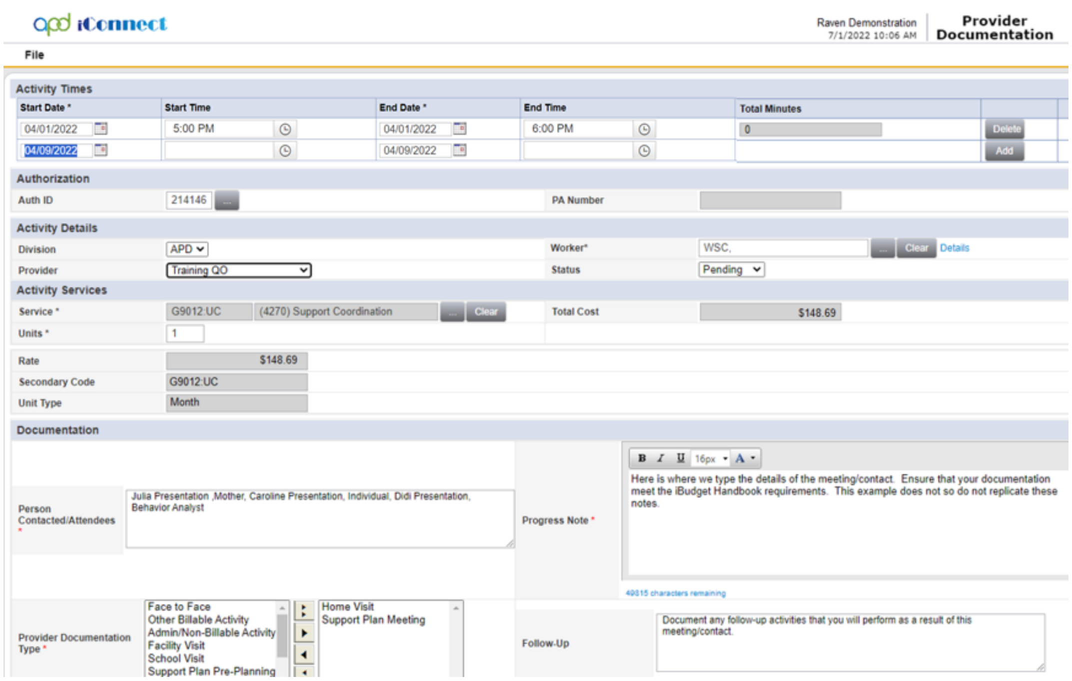


l. Add text to the Person Contacted/Attendees box
m. Add text to the Progress Note text box
n. Provider Documentation Type = select applicable items
o. Add follow-up information to the Follow-Up text box



4. Click **File** > **Save and Close Provider Documentation**.

There is no longer a need to Save and Add Session Note as the WSC's activities are now documented in the additional fields included at the bottom of this page.

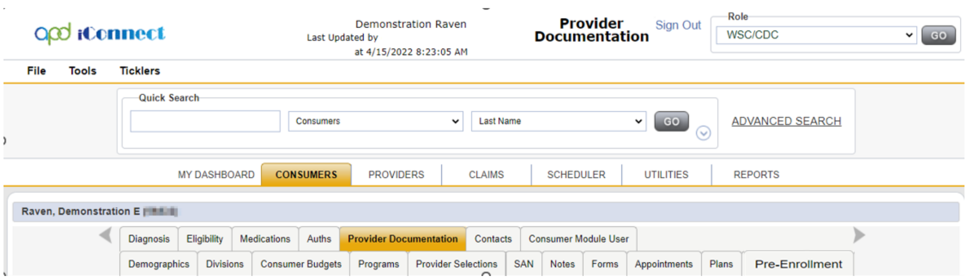


WSC Progress Notes – Additional Contact Note

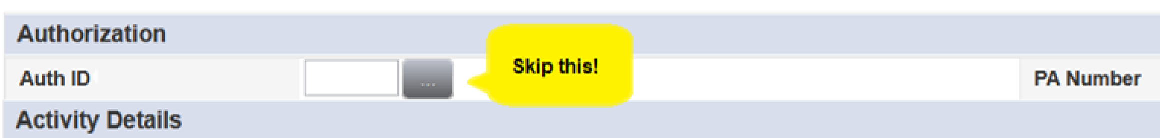
1. Anytime during the month, when the Waiver Support Coordinator has contact with a consumer or does work on their behalf, they will record his / her Support Coordination progress notes on the Provider Documentation tab in iConnect. This is where the second contact of the month required by the iBudget Handbook will be recorded as well.

2. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**

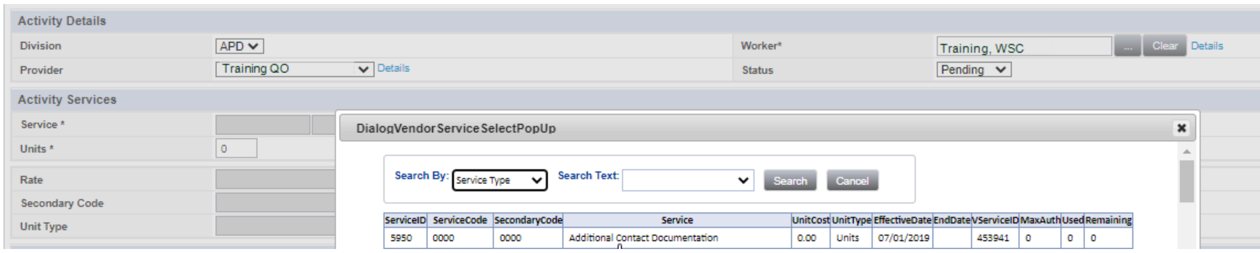
3. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



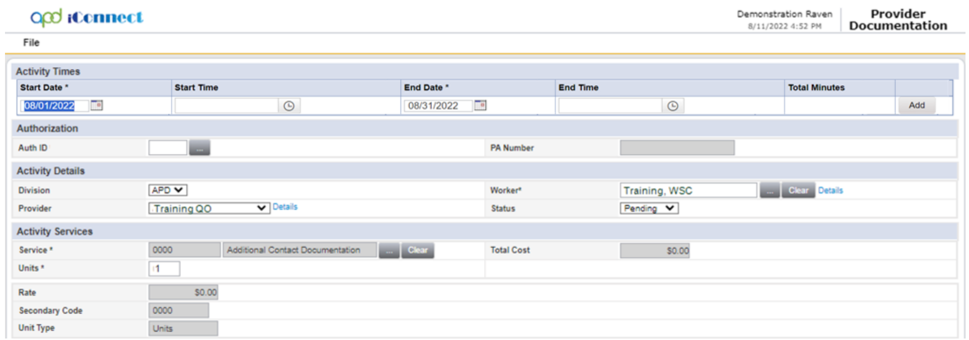
4. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Defaults to today and is editable
   b. Start Time: Leave blank
   c. End Date: Defaults to today and is editable
   d. End Time: Leave blank
   e. Leave the Auth ID field blank.



   f. Provider = for roles with Program level access, like the WSC/CDC the worker must have an open Provider Selection record for the provider name to display in the dropdown
   g. Worker = defaults to self
   h. Click the Service ellipsis to display a list of services. Select the Service Code 0000 = Non-Billable Progress Note Documentation.

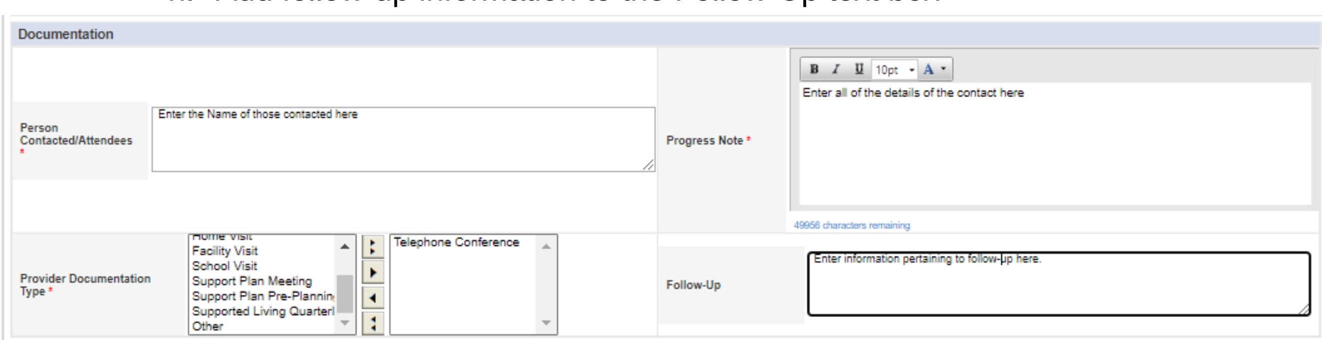


i. The Activity Services details are populated on the Provider Documentation details page.



j. Update the number of Units = 1.

k. Add text to the Person Contacted/Attendees box
l. Add text to the Progress Note text box
m. Provider Documentation Type = select applicable items
n. Add follow-up information to the Follow-Up text box



5. Click **File** > **Save and Close Provider Documentation.**

There is no longer a need to Save and Add Session Note as the WSC's activities are now documented in the additional fields included at the bottom of this page

WSC Progress Notes – Administrative/Non-Billable Activities

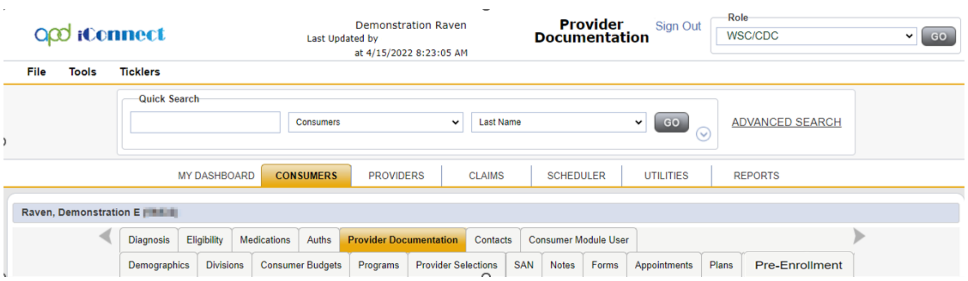
Waiver Support Coordinators (WSCs) should maintain all progress notes in one place in iConnect, including case notes related to administrative/non-billable activities. For this purpose, WSCs should use the service code, “0000-NB WSC Administrative Activity.”

Examples include, but are not limited to:

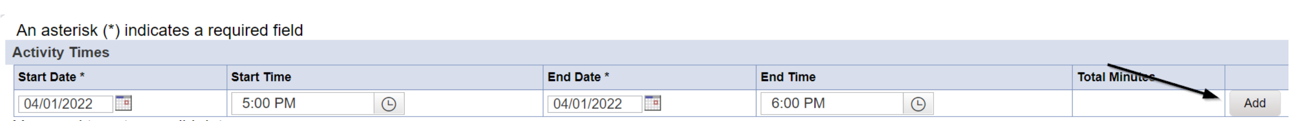
- Documenting the sending of a copy of the support plan to the client and their legal representative.
- Documenting a back-and-forth communication with a client/legal representative that is not tied to a billable contact.
- Documenting activities related to scheduling meetings with the client, legal rep, client’s employer, family, or service providers.

1. To begin, log into iConnect and set Role = WSC/CDC. Click **Go**

2. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File > Add Provider Documentation**

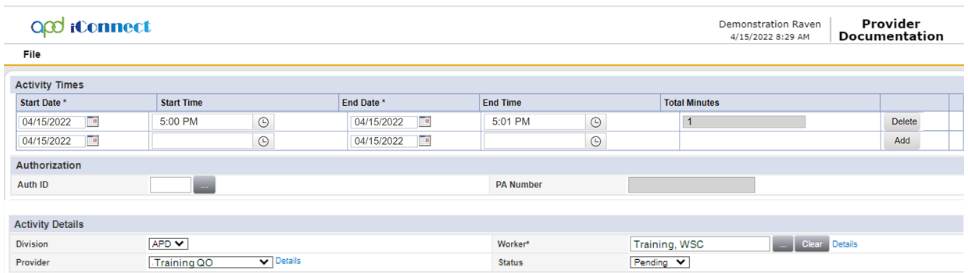


3. The Provider Documentation Details page is displayed. Update the following fields:
    a. Start Date: Defaults to today and is editable
    b. Start Time: Select from the dropdowns
    c. End Date: Defaults to today and is editable
    d. End Time: Select from the dropdowns
    e. Click Add

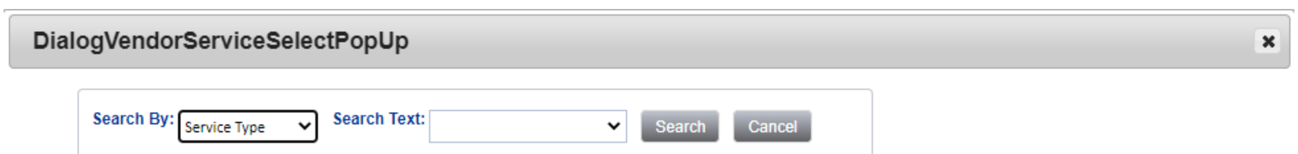


    f. DO NOT CHOOSE AN AUTHORIZATION!!!!

g. Division = APD
h. Provider = Choose your provider record
i. Worker = defaults to self

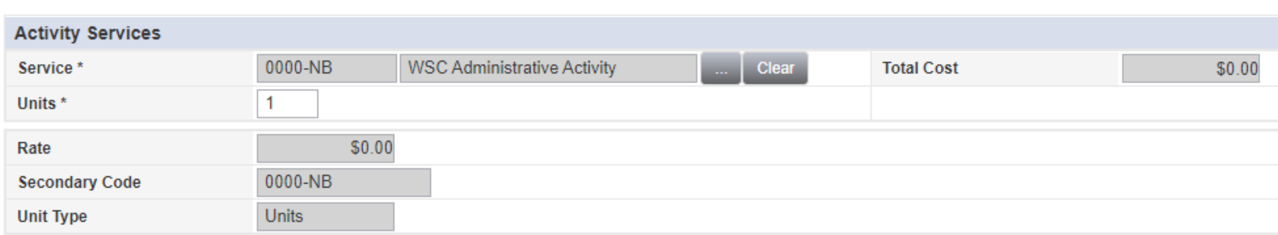


j. Click the Service ellipsis to display a list of services.
k. Select “0000-NB” Select the Service Code 0000-NB = WSC Administrative Activity.



ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	VServiceID	MaxAuth	Used	Remaining
5950	0000	0000	Additional Contact Documentation	0.00	Units	04/15/2022		453933	0	0	0
5975	0000-NB	0000-NB	WSC Administrative Activity	0.00	Units	04/15/2022		453934	0	0	0
5882	G9012:UC	G9012:UC	(4270) Support Coordination	148.69	Month	01/01/2018		135603	0	0	0
5889	G9012:UC:U5	G9012:UC:U5	(4400) Consultant - CDC	148.69	Month	01/01/2018		117554	0	0	0
5883	T2022:UC	T2022:UC	(4271) Support Coordination (Limited)	74.35	Month	01/01/2018		129128	0	0	0
5890	T2022:UC:U5	T2022:UC:U5	(4410) Consultant (Limited) - CDC	74.35	Month	01/01/2018		112899	0	0	0

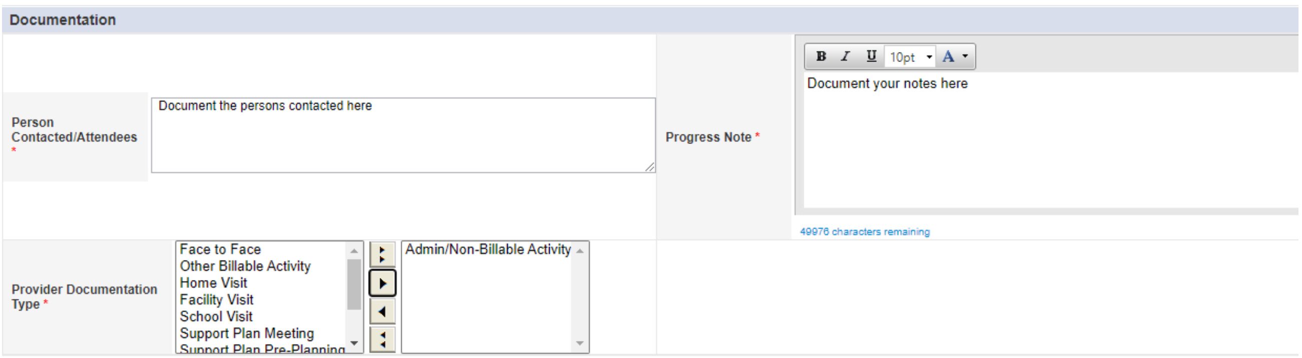
l. The Activity Services details are populated on the Provider Documentation details page.
m. Update the number of Units = 1.



n. Add Text to the Person Contacted/Attendees box
o. Add Text to the Progress Note

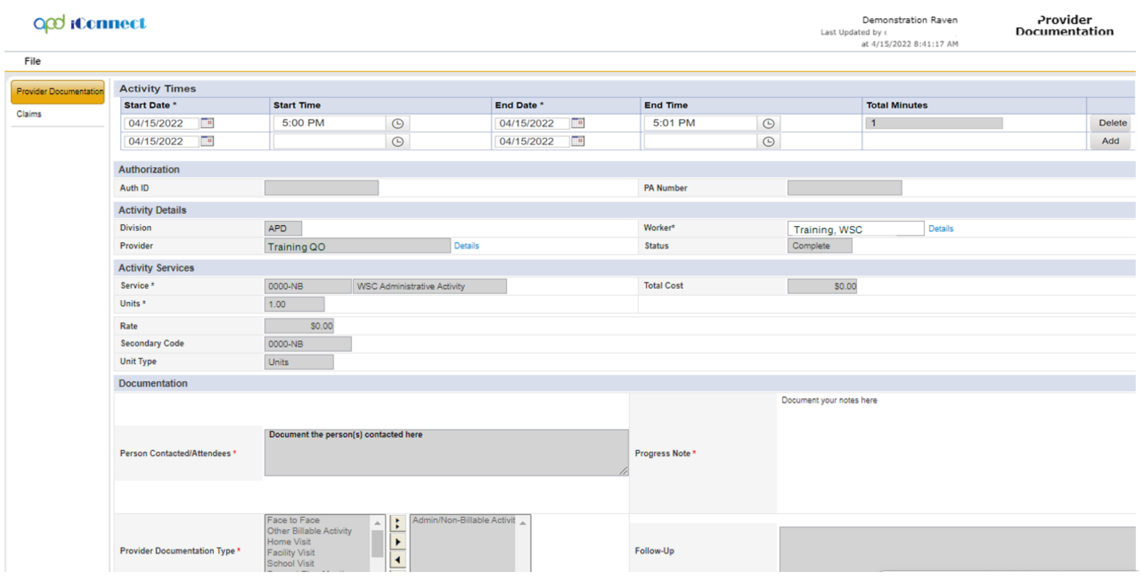
p. Provider Documentation Type = Admin/Non-Billable Activity.

q. Add Service Log documentation to the Note Text box.



4. Click **File** > **Save and Close Provider Documentation**.

There is no need to Save and Add Session Note as the WSC's activities are documented in the Progress note text field.



Chapter 18b | Service Recording

Introduction

Upon a Consumer receiving services, Providers are required to track and maintain those services and the details surrounding them. These details can include a variation of record keeping methods based on the type of service(s) rendered. The documentation types include Progress Notes, Attendance Logs, Service Logs, Trip Logs, or a combination of documents.

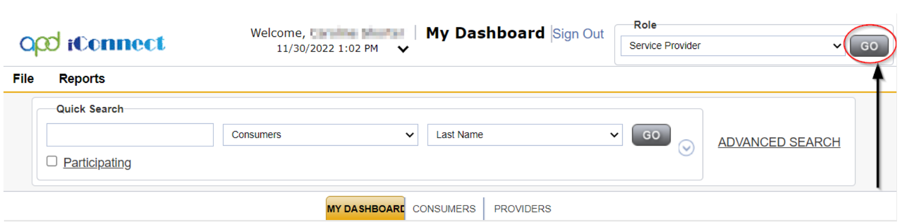
This job aid will encompass using iConnect to record services using the Provider Documentation Tab of the Consumer's record. If services are required to use the EVV system, this aid will not address those tasks, please refer to the EVV Information and Training Material website.

How to use this job aid: to understand how to fill out the Provider Documentation Screen, use the "Intro to completing Provider Documentation Screens with detailed images" section. This provides detailed instructions on how to complete the required fields of the Provider Documentation screen. Once familiarized with how the Provider Documentation record can be completed, use the Documentation specific sections as a quick reference to complete the required documentation (Service Log, Monthly Summary, Annual Report, etc).

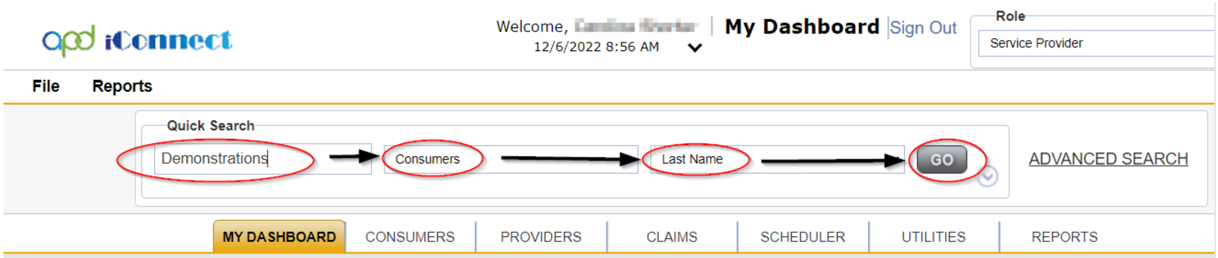
Please refer to the Developmental Disabilities Individual Budgeting Waiver Services Coverage and Limitations Handbook for specific documentation requirements. Services provided after the implementation of iConnect must be added to iConnect prior to billing. Once a service is live in iConnect, the contracted vendor monitoring handbook compliance will look for documentation in iConnect.

Intro to completing Provider Documentation Screens with detailed images

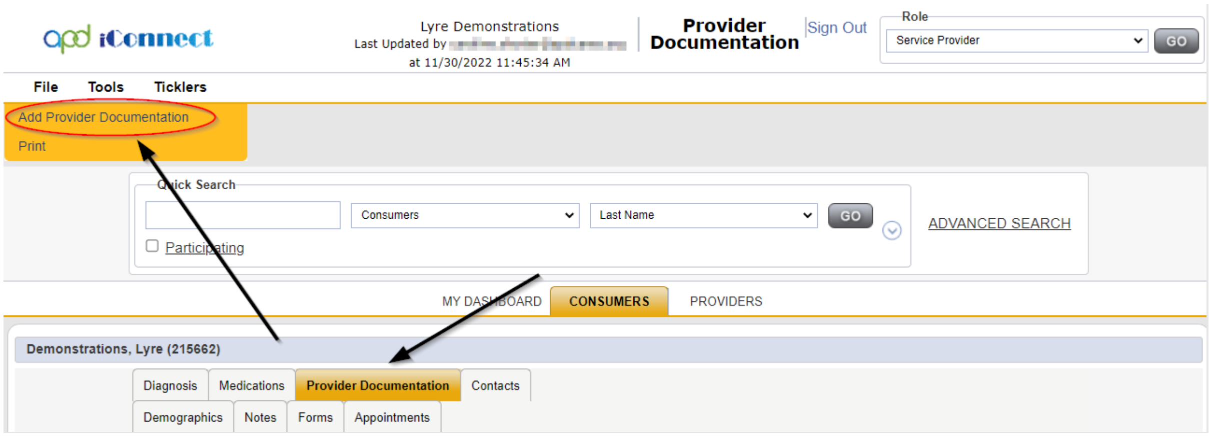
1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**



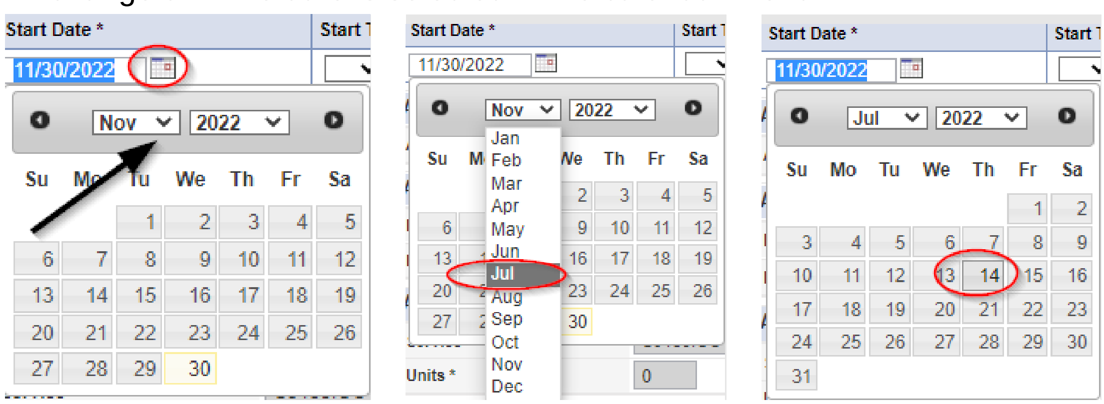
2. Navigate to the Consumer's record.
    a. Type the consumer's last name in the Quick Search text field (first field on the left)
    b. Ensure that the second field contains Consumers, third field contains last name and click "Go



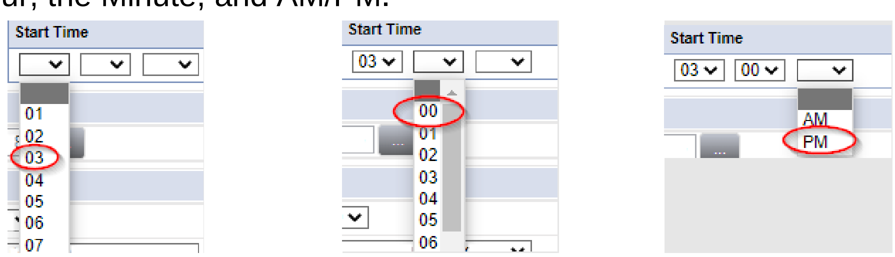
3. Click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



4. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Use the Calendar icon to select the date. The date will not change until the date is selected in the calendar menu.

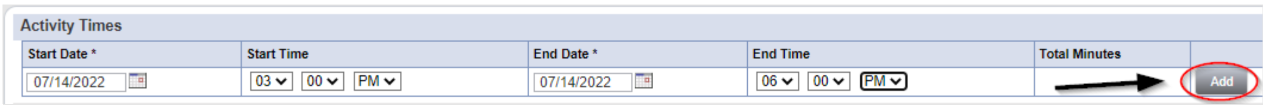


   b. Start Time: Use the Dropdown Menus to make the selections. Select the Hour, the Minute, and AM/PM.



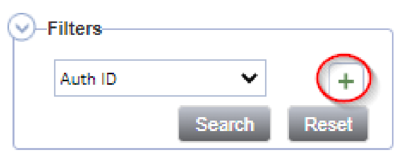
c. End Date: End date may automatically populate to the same date, but if not make selection using the Calendar icon.
d. End Time: Make selections from dropdown menus.
e. Click **Add.** 

i. Notice a new line that appears for dates and times, do not add a second date unless instructed otherwise.

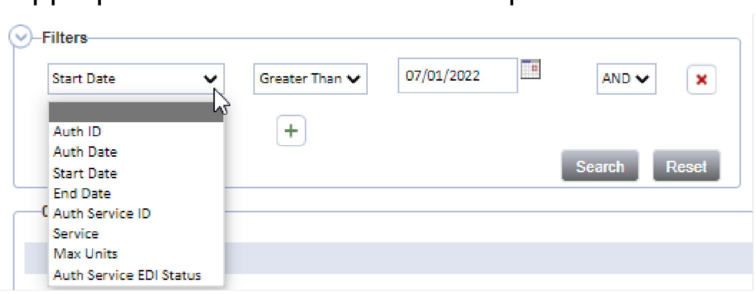


5. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations. There are specific circumstances in which you may skip this step, but that will be listed in the documentation specific instructions.

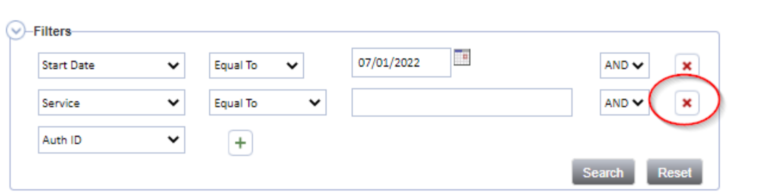
a. Using the Filter Options can assist with locating the necessary Auth ID.
b. Use the Green + to add filters.



c. Make the appropriate selections from the dropdown menus.

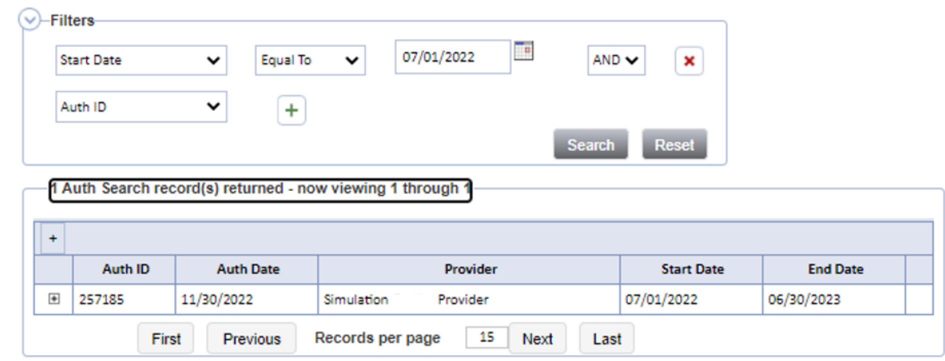


d. Use the Red X to remove filters.

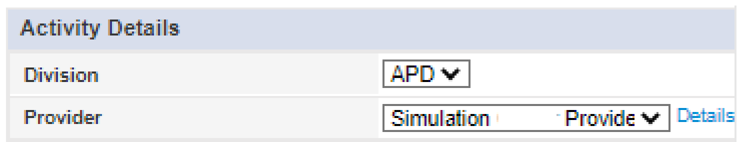


e. Click the Search button.

6. Click the Authorization. The Authorization ID is populated on the Provider Documentation details page.

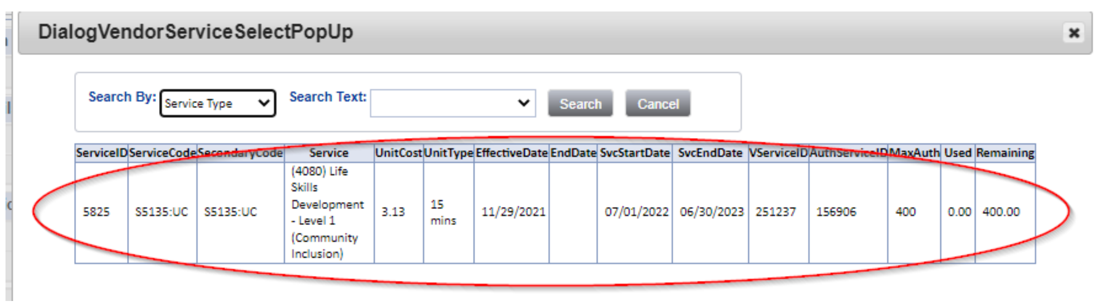


7. Verify that the Division and Provider information have been populated. If they are not, use the dropdown menus to make the appropriate selections.



8. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization.

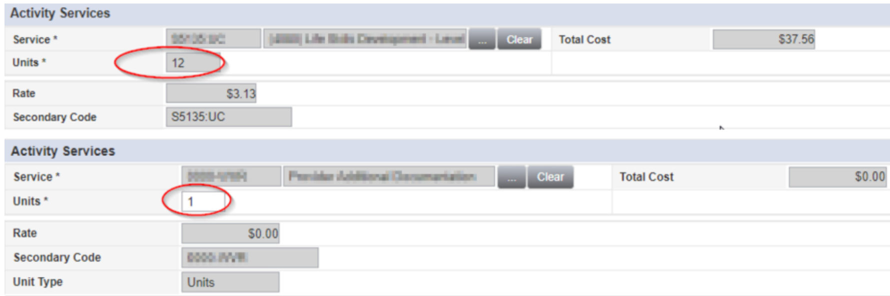
a. Select the Service.



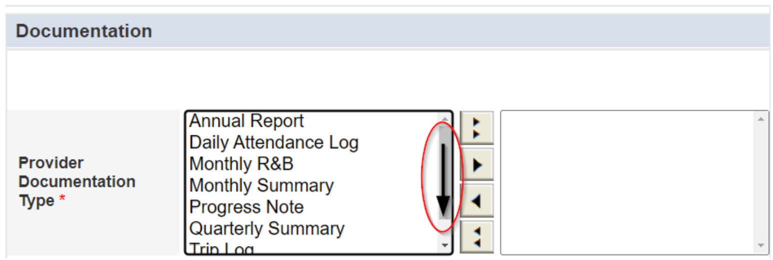
b. The Activity Services details are populated on the Provider Documentation details page.

9. Verify/update the number of Units as needed. Some services are programmed to populate this field, whereas other services are not programmed to populate this field.

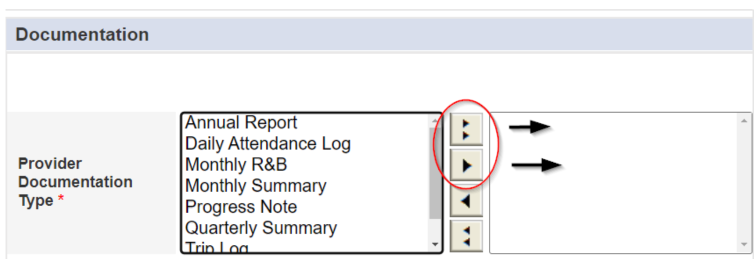
a. In the first example, the units cannot be changed. In the second example, Units were updated. Notice the difference in the shade of the boxes, editable fields have a white background.



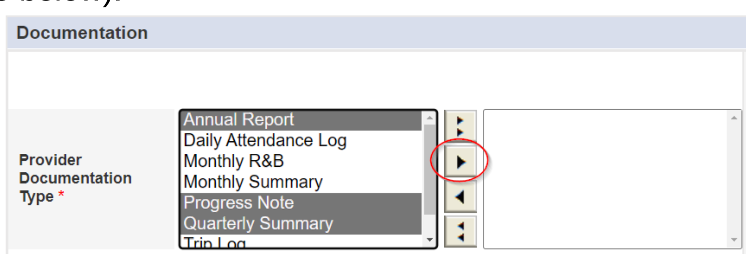
10. Provider Documentation Type = Select as needed.
    a. Use the scrollbar to see all the selections.



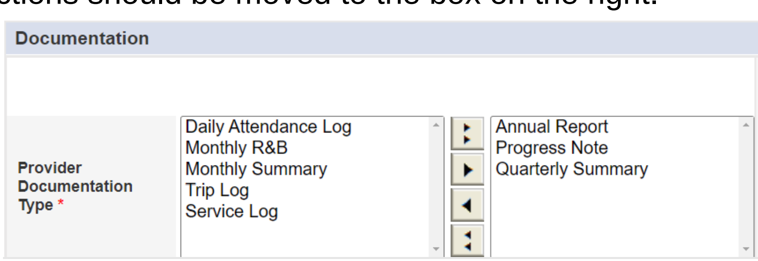
    b. The carat pointing to the right will move selections to the box on the right.
        i. Single carat moves the selected options.
        ii. Double carats move all the items.



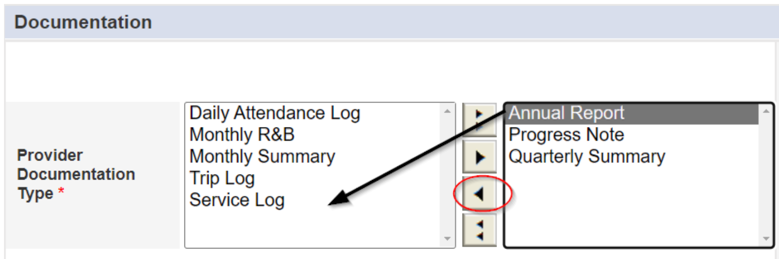
    c. Ctrl + Mouse Clicks can be used to make multiple selections at one time (example below).



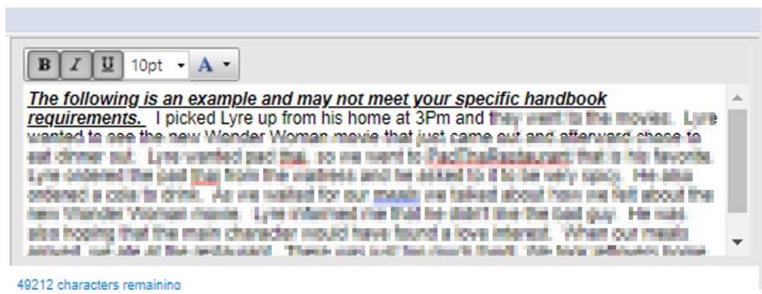
    d. Selections should be moved to the box on the right.



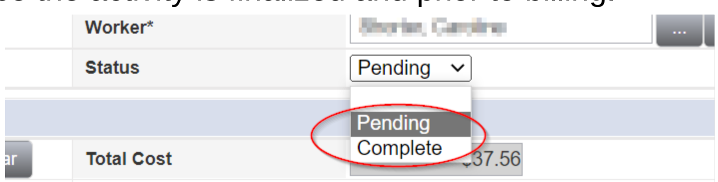
e. If incorrect selections were made, use the carat pointing to the left to move those selections back into the original menu on the left.
   i. Single carat moves the selected options.
   ii. Double carats move all the items.



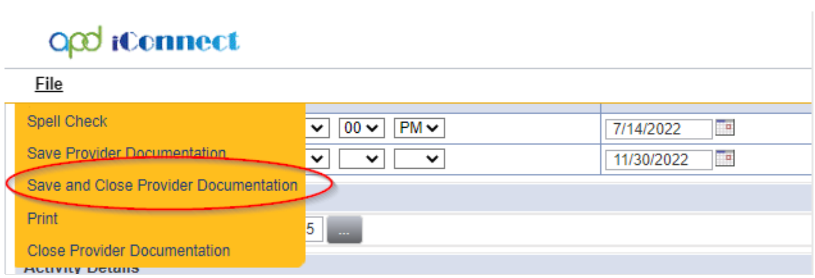
11. Note - Enter details of the services provided to the consumer by typing in the text box.



12. Status - Can be updated by using the dropdown menu. This should be changed to Complete once the activity is finalized and prior to billing.



13. File > **Save and Close Provider Documentation.**



Daily Attendance Log

Service Providers will document activities for the following services on the Provider Documentation tab in iConnect:

- Life Skills Development 3 (Adult Day Training)
- Life Skills Development 4 (Prevocational Services)
- Residential Habilitation Services

An attendance log is for Life Skills Development 3/4 or Residential Habilitation. It records the time period (not for Residential Habilitation) and dates during the month when services were provided.

If the service is Residential Habilitation, the provider will need to do monthly logs. The provider creates one log, with a separate date entry for each day in the month services were provided.

If the service is LSD3, the provider will need to do weekly logs. The provider creates one log, with a separate date entry for each day in the week services were provided.

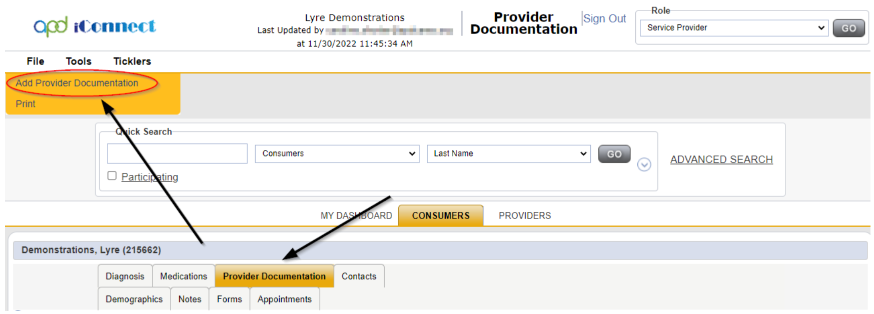
Please refer to the Intro to completing Provider Documentation Screens with detailed images for instructions on how to complete each field.

***Notice** that Attendance Logs are unique in that one provider documentation activity will contain multiple dates, depending on the type of service provided.*

- *Daily Attendance Logs for ResHab Services will contain all dates of service for the month.*
    - *ResHab Services must be **24+ days to be authorized** as the monthly rate.*
    - *If the Service provided is less than 24 days, the service must be authorized as the daily rate.*
- *Daily Attendance Logs for LSD3 and LSD4 Services will contain all dates of service for the week.*

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**

2. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.
   b. Start Time: Select the start time of the service or skip (see conditions below)
   c. End Date: Select the Date of Service
   d. End Time: Select the end time of the service or skip (see conditions below)
   e. Click **Add** or skip (see conditions below)

   IMPORTANT: *Repeat this step to add all the days in which this individual received services for*

   - ***the week*** *when documenting daily attendance for LSD3 and LSD4*
   - ***the month*** *when documenting daily attendance for Residential Habilitation Services*
     - *Additionally, when Residential Habilitation services are approved (with either the* ***monthly*** *or* ***the daily rate****) the start date can be the beginning of the month and the end date can be the last day of the month if there are no absences during the time period.*
       - *For example:*
         01/01/2024 12:00AM - 01/31/2024,11:59PM
         - *For services approved as monthly services: annotate any absences in the Note text field to document accurate attendance.*

     - ***Skipping Times and Add button:***
       Residential Habilitation services that are ***approved at monthly*** *rates, the start date can be the beginning of the month and the end date can be the last day of the month, times can be skipped and the Add button can be skipped to omit the time entry.*
       - *For example:*
         01/01/2024 Skip Time - 01/31/2024, Skip Time
       - *Skip ADD button.*

- ***Do Not Skip*** *the times and Add button if dates and times have already been added.*
    - *Annotate any absences in the Note text field to document accurate attendance.*

- *If an individual is not at the home during specific dates (has absences) within the month, then there can be multiple intervals. This must be done for services* ***authorized as daily rates*** *to ensure that the quantity of units tabulated are accurate.*
    - *For example, when an individual resides in the licensed facility on weekdays, then intervals can include*
      01/01/2024 12:00AM - 01/05/2024,11:59PM
      01/08/2024 12:00AM - 01/12/2024 11:59PM
      01/15/2024 12:00AM - 01/19/2024 11:59PM
      01/22/2024 12:00AM - 01/26/2024 11:59PM
      01/22/2024 12:00AM - 01/26/2024 11:59PM
      01/29/2024 12:00AM - 01/31/2024 11:59PM

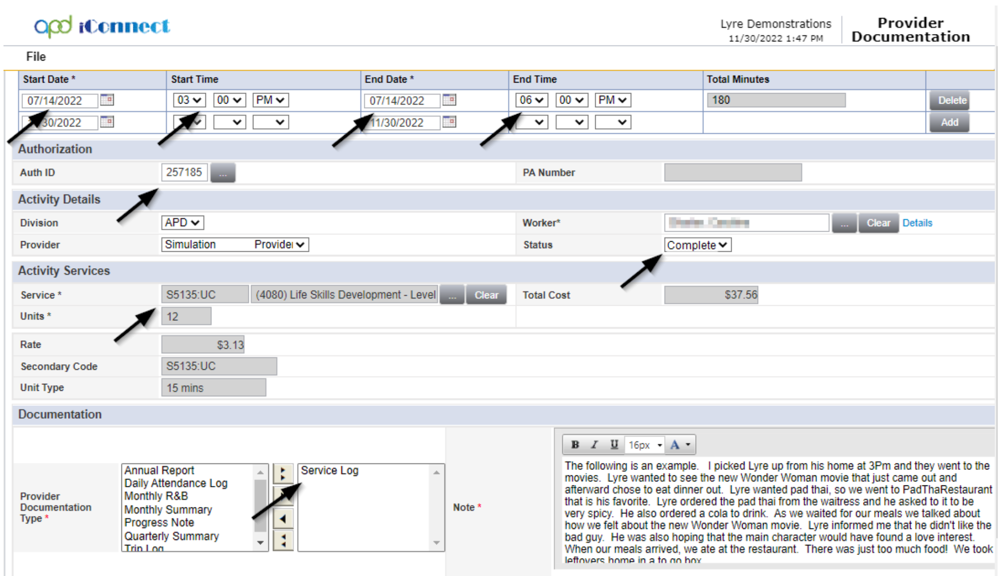
4. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations.
   IMPORTANT: *Ensure the appropriate Authorization ID is chosen for the appropriate timeframe of service provided. If there is a need to obtain a new auth id with the day rate, Providers must contact the WSCs and withhold documenting the service until the WSC makes the change in the consumer's cost plan and issues a corrected Authorization.*
5. Click the Authorization.
   a. The Authorization ID will populate on the Provider Documentation details page.

6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the Service.
   a. The Activity Services details are populated on the Provider Documentation details page.

7. Verify the number of Units is populated. If needed, populate this with the quantity of units being documented (ex. Monthly ResHab services require manual entry). Note the Total Cost value changes as the number of Units change.

8. Provider Documentation Type = Select Daily Attendance Log.
   a. If additional selections are needed, make those additional selections too.

9. Note = Enter details of the services provided to the consumer and ensure to document when the individual is not in the home and receiving other services.
    a. *For example: At ADT from approximately 8:00am- 3:00pm every weekday during January except for Monday 1/15/2024 where the ADT was closed for the holiday.*
    b. *Document Monthly Service Absences: Lyre went to the beach with parents from 01/15/2024 to 01/20/2024*
10. Status = Complete.
11.



12. Click **File** > **Save and Close Provider Documentation.**

Service Log

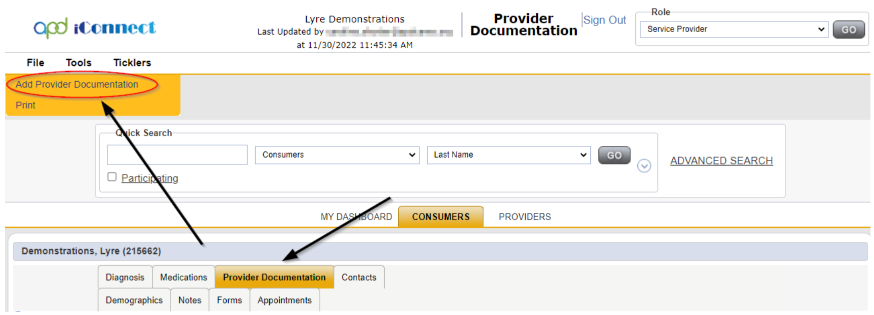
Service Providers will document activities for the following services on the Provider Documentation tab in iConnect:

- Special Medical Home Care
- Behavior Analysis
- Behavior Assistant
- Life Skills Development 1(Companion)
- Life Skills Development 2 (Supported Employment)
- Personal Supports (EVV Exempt)
- Respite (provided in a licensed facility)
- Personal Emergency Response Systems (these providers can submit a detailed invoice in lieu of service logs)

Please refer to [the Intro to completing Provider Documentation Screens with detailed images for instructions](#) on how to complete each field.

1. To begin, log into iConnect and set Role = **<u>Service Provider</u>** or **<u>Service Provider Worker</u>**. Click **Go.**

2. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.
   b. Start Time: Select the start time of the service
   c. End Date: Select the Date of Service.
   d. End Time: Select the end time of the service
   e. Click **Add.**

   IMPORTANT: Each Progress Note Activity should contain one date of service. ***<u>DO NOT ADD MULTIPLE DATES</u>***

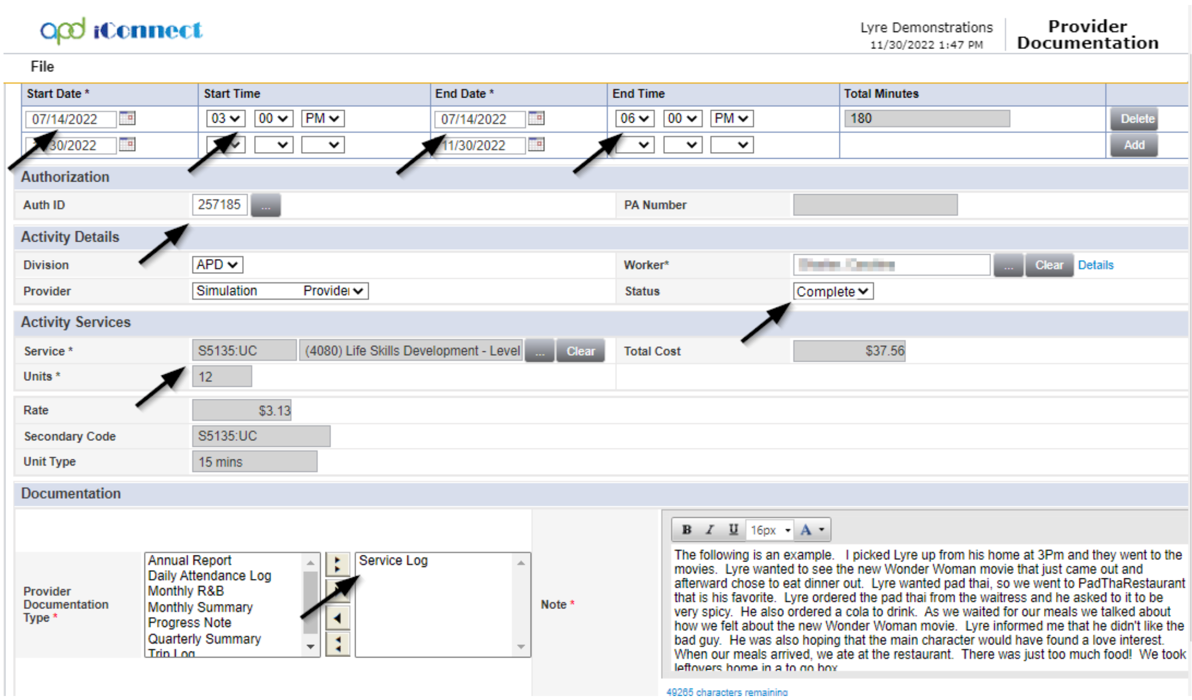
4. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations.
5. Click the Authorization.
   b. The Authorization ID will populate on the Provider Documentation details page.

6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the Service.
   b. The Activity Services details are populated on the Provider Documentation details page.

7. Verify the number of Units is populated. Note the Total Cost value changes as the number of Units change.

8. Provider Documentation Type = Select Service Log.
    a. If additional selections are needed, make those additional selections too.

9. Note = Enter details of the services provided to the consumer.
10. Status = Complete.



11. Click **File** > **Save and Close Provider Documentation.**

Daily Progress Note

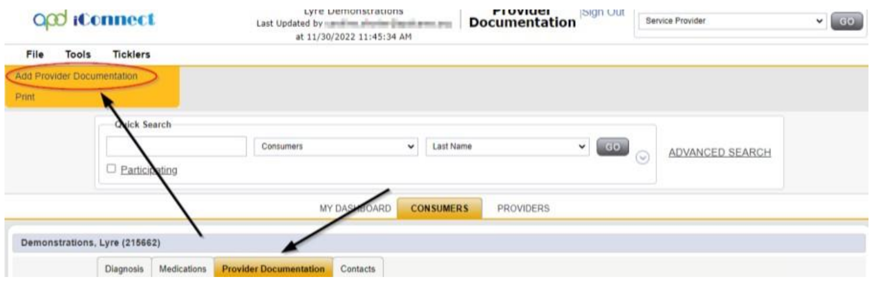
Service Providers will document activities for the following services on the Provider Documentation tab in iConnect:

- Special Medical Home Care
- Supported Living Coaching
- Dietitian Services
- Occupational Therapy
- Physical Therapy
- Residential Nursing
- Respiratory Therapy
- Skilled Nursing
- Speech Therapy
- Specialized Mental Health Counseling

Please refer to the Intro to completing Provider Documentation Screens with detailed images for instructions on how to complete each field.

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**

2. Navigate to the Consumer's record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.
   b. Start Time: Select the start time of the service
   c. End Date: Select the Date of Service.
   d. End Time: Select the end time of the service
   e. Click **Add.**

   IMPORTANT: Each Progress Note Activity should contain one date of service.

   DO NOT ADD MULTIPLE DATES

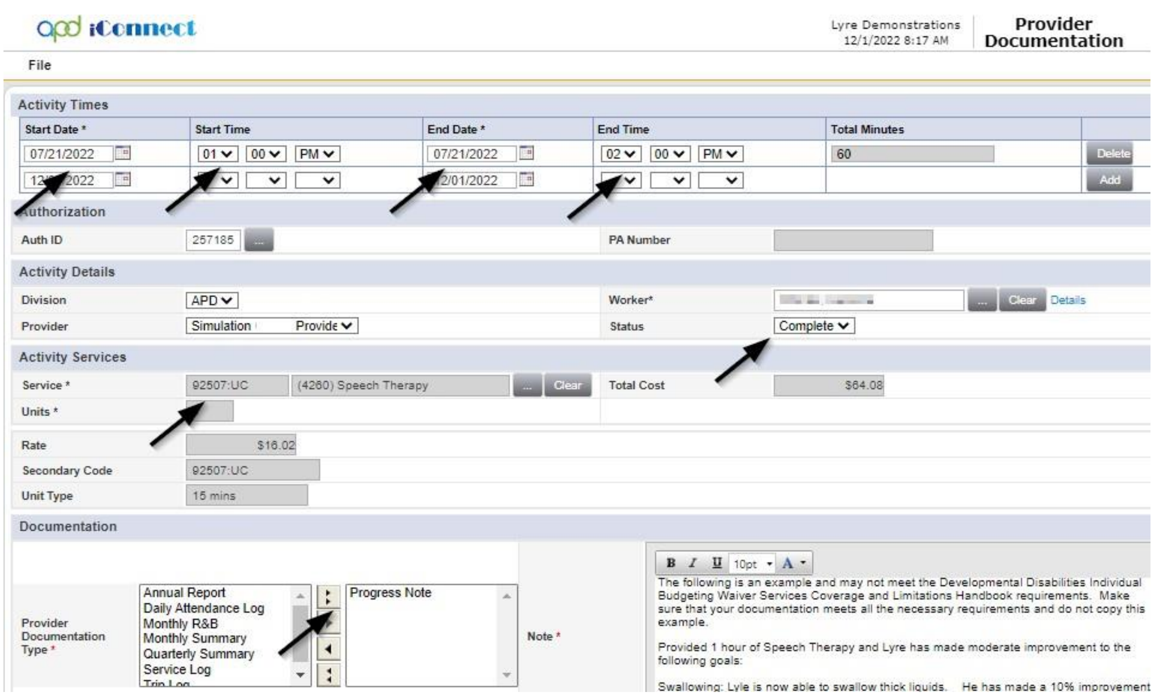
4. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations.
5. Click the Authorization.
    a. The Authorization ID will populate on the Provider Documentation details page.

6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the Service.
    a. The Activity Services details are populated on the Provider Documentation details page.

7. Verify the number of Units is populated. Note the Total Cost value changes as the number of Units change.

8. Provider Documentation Type = Progress Note
    a. If additional selections are needed, make those additional selections too, such as the Quarterly Summary or Annual Report (see next sections for more information)

9. Note - Enter details of the services provided to the consumer.
    10. Status = Complete.



11. Click **File** > **Save and Close Provider Documentation.**

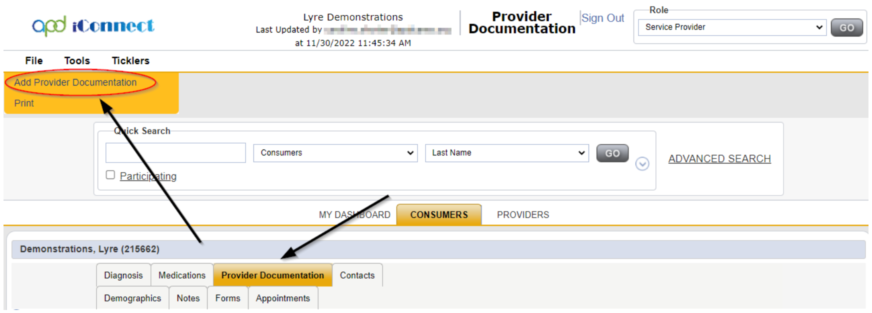
Trip Logs

The Service Provider will record his/her Transportation Activities on the Provider Documentation tab in iConnect.

Please refer to the Intro to completing Provider Documentation Screens with detailed images for instructions on how to complete each field.

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**

2. Navigate to the Consumers record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



3. The Provider Documentation Details page is displayed. Update the following fields:
    a. Start Date: Select the Date of Service.
    b. Start Time: Select the start time of the service (these times can be approximations)
    c. End Date: Select the Date of Service.
    d. End Time: Select the end time of the service (these times can be approximations)
    e. Click **Add.**

IMPORTANT: Each Trip Log should contain one date of service if approved by trip and miles. ***DO NOT ADD MULTIPLE DATES (unless approved by the monthly rate).***

Reminder: Any approximated transportation times should not overlap with other documented service delivery, such as ADT or Prevocational service delivery

4. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations.
5. Click the Authorization.
    c. The Authorization ID will populate on the Provider Documentation details page.

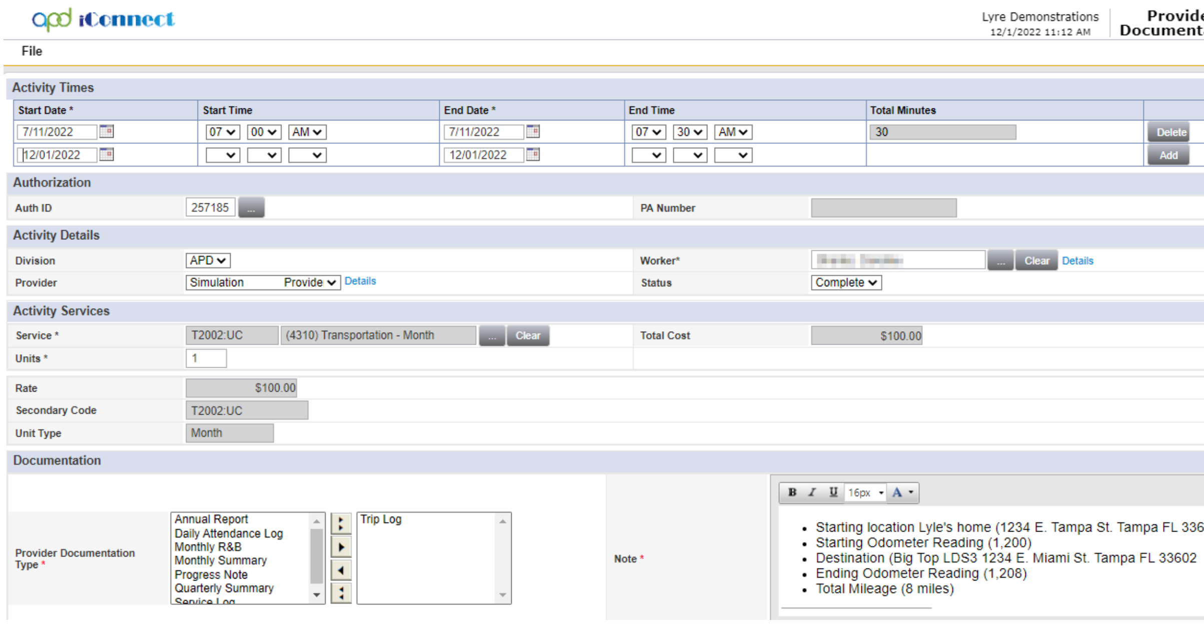
6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the Service.
    c. The Activity Services details are populated on the Provider Documentation details page.

7. Verify the number of Units is populated. Note the Total Cost value changes as the number of Units change.

8. Provider Documentation Type = Trip Log
9. Note = enter the trip log details:
    - Starting location (consumer's home for example)
    - Destination

    - The following is only required for the services approved for transportation by the **mile**.
    - Starting Odometer Reading (required for transportation authorized by miles)
    - Ending Odometer Reading (required for transportation authorized by miles)
    - Total Mileage (required for transportation authorized by miles)

10. Status = Complete



11. Click **File** > **Save and Close Provider Documentation.**

Monthly Summary

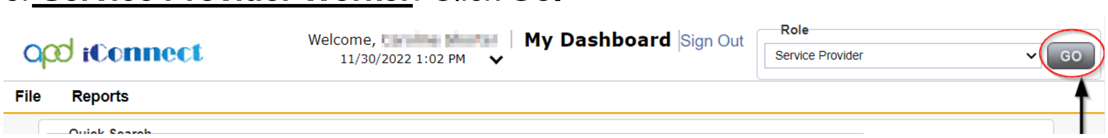
A monthly summary is a written summary of the activities that took place during each month, including the consumer's progress toward achieving goals. **Add the Monthly Summary as a separate activity using the 0000-WVR Code.**

Please refer to [the Intro to completing Provider Documentation Screens with detailed images for instructions] on how to complete each field.

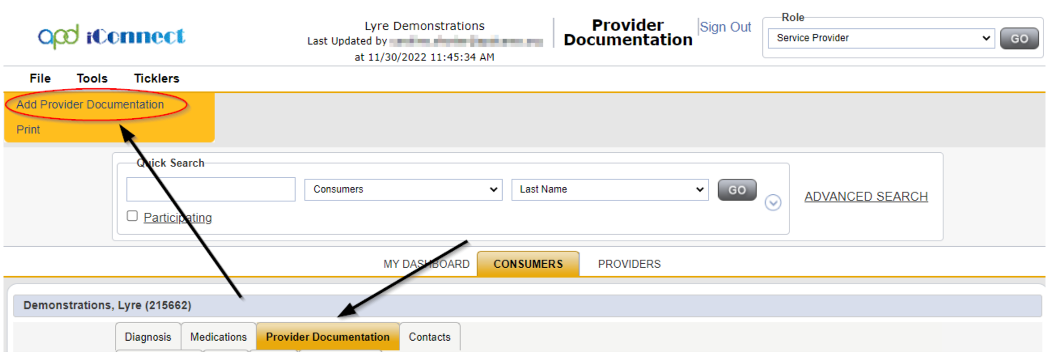
For ResHab Providers: Monthly summaries may be submitted if the provider chooses to do a monthly summary each month rather than a quarterly summary.

Add the Monthly Summary as a separate activity using the 0000-WVR Code:

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**



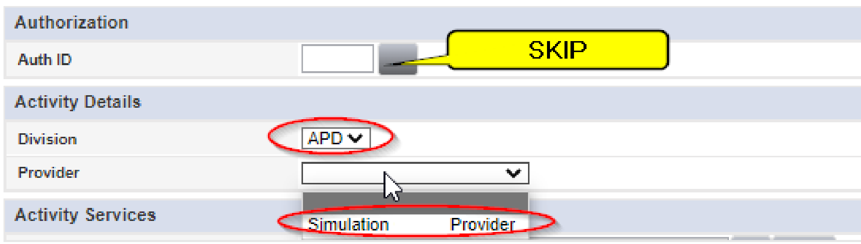
2. Navigate to the Consumer's record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



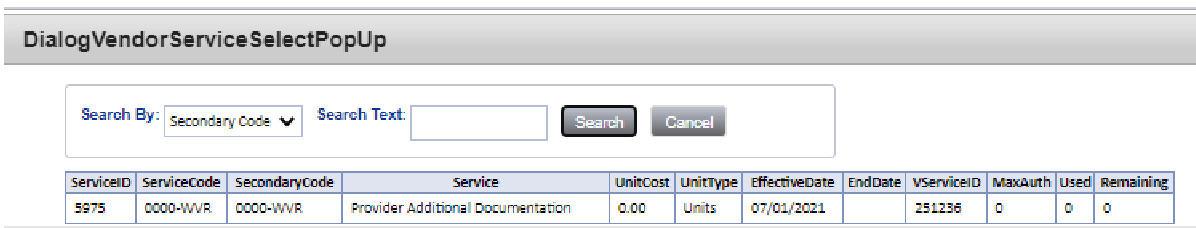
3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.
   b. Start Time: Select the start time of the service
   c. End Date: Select the Date of Service.
   d. End Time: Select the end time of the service

e. Click **Add.**

4. **SKIP the AUTH ID Section**
5. Since the Auth usually populates the following fields, make sure to complete the following additional sections (select from dropdown menu).
   a. Division = APD
   b. Provider = The organization represented

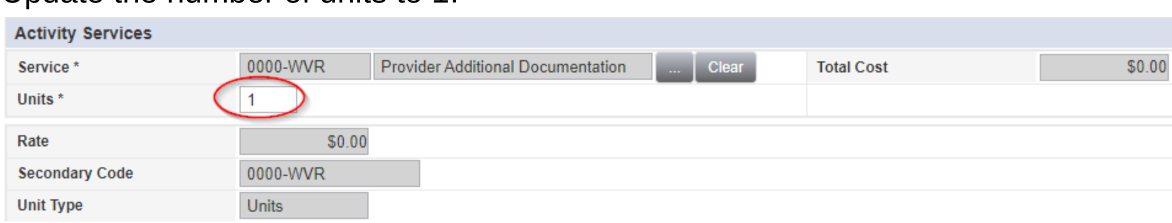


6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the 0000-WVR Service.



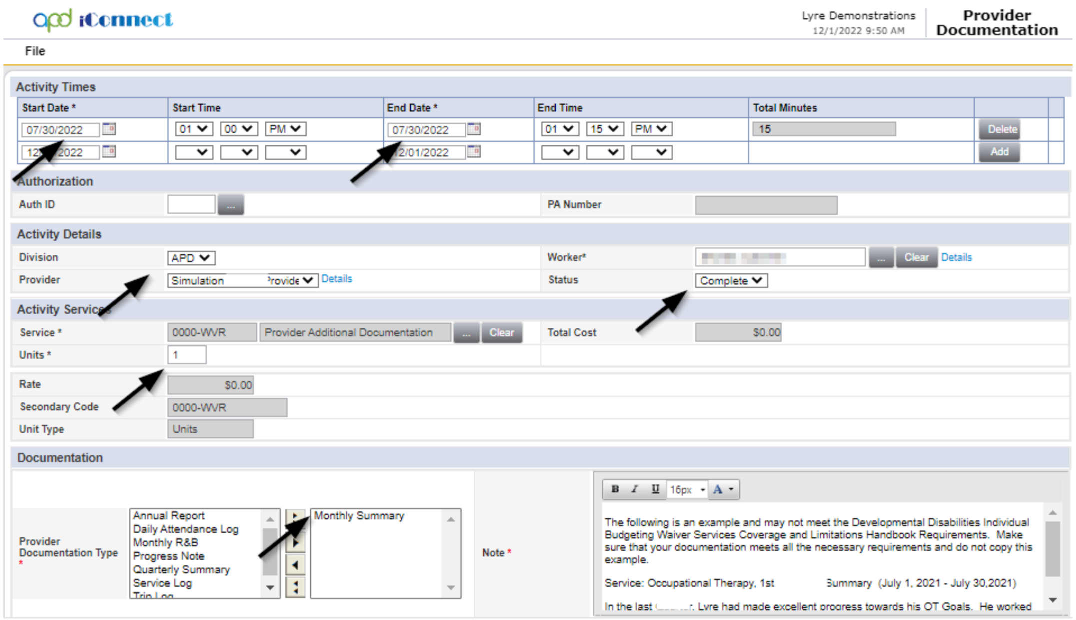
If the 0000-WVR Service is not available – contact the WSC to have a Provider Selection Record for your organization added to the consumer's record.

7. Update the number of units to 1.



8. Provider Documentation Type = Monthly Summary

9. Note - Enter the summary of the activities that took place during the quarter, including the consumer's progress toward achieving goals, in accordance with the iBudget handbook.
10. Status = Complete



11. Click **File** > **Save and Close Provider Documentation**

Quarterly Summary

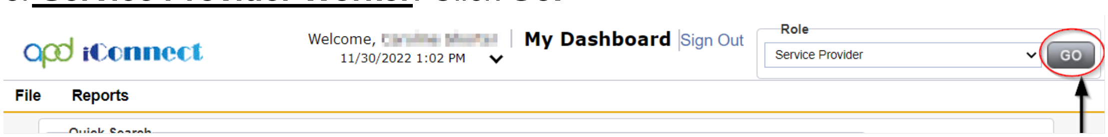
A quarterly summary is a written summary of the activities that took place during each quarter, including the consumer's progress toward achieving goals. The third quarterly summary is also the annual report. The third quarterly summary also serves as the annual report and must include a summary of the previous three quarters.

Add the Quarterly Summary as a separate activity using the 0000-WVR Code.

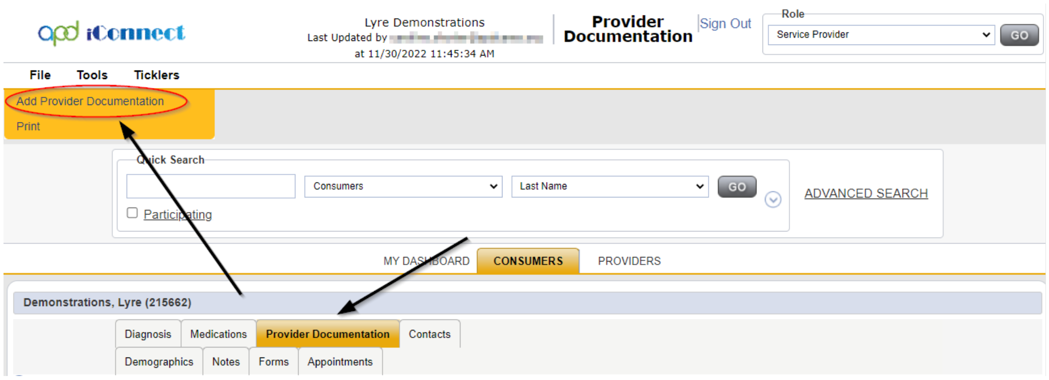
Please refer to the Intro to completing Provider Documentation Screens with detailed images for instructions on how to complete each field.

Add the Quarterly Summary as a separate activity using the 0000-WVR Code:

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**

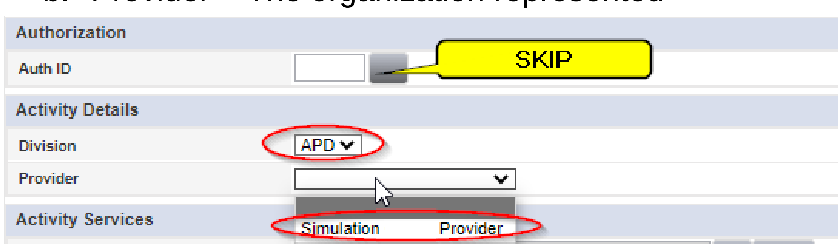


2. Navigate to the Consumer's record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**

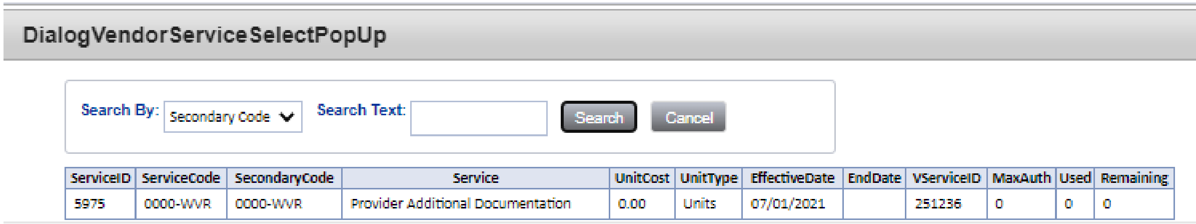


3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.
   b. Start Time: Select the start time of the service
   c. End Date: Select the Date of Service.
   d. End Time: Select the end time of the service
   e. Click **Add.**

4. **<u>SKIP the AUTH ID Section</u>**
5. Since the Auth usually populates the following fields, make sure to complete the following additional sections (select from dropdown menu).
   a. Division = APD
   b. Provider = The organization represented

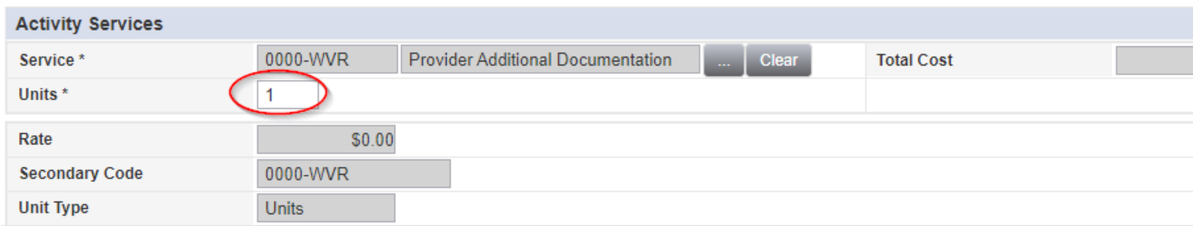


6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the 0000-WVR Service.



If the 0000-WVR Service is not available – contact the WSC to have a Provider Selection Record for your organization added to the consumer's record.

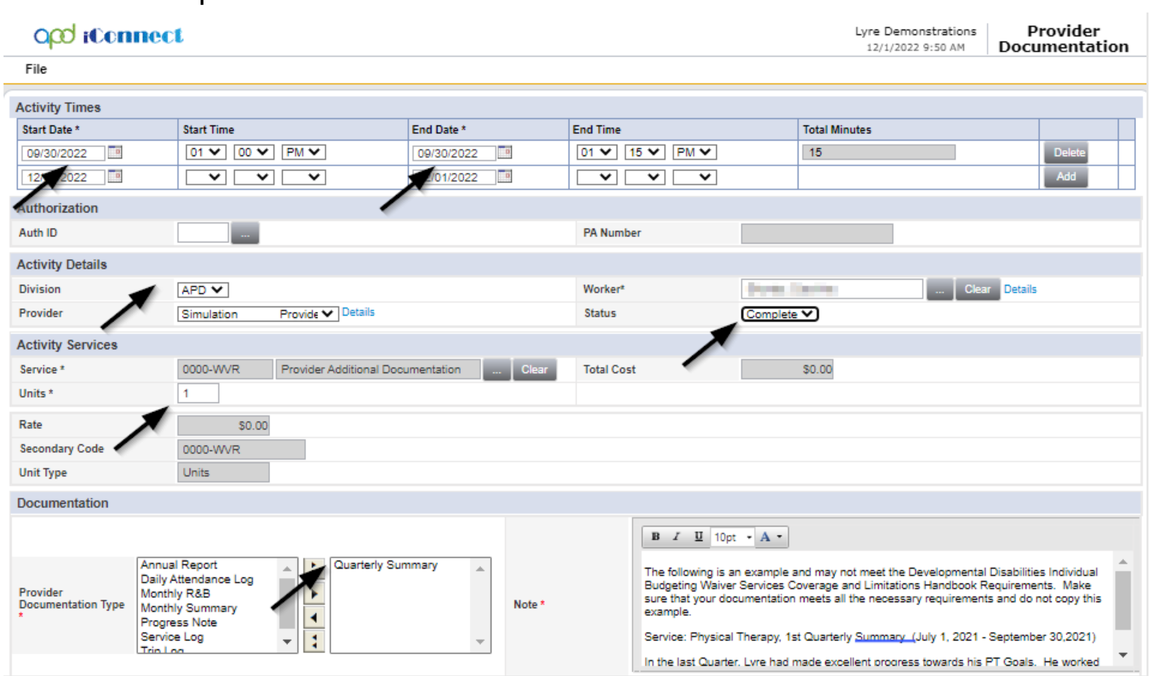
7. Update the number of units to 1.



8. Provider Documentation Type = Quarterly Summary

9. Note - Enter the summary of the activities that took place during the quarter, including the consumer's progress toward achieving goals, in accordance with the iBudget handbook.

10. Status = Complete



11. Click **File** > **Save and Close Provider Documentation.**

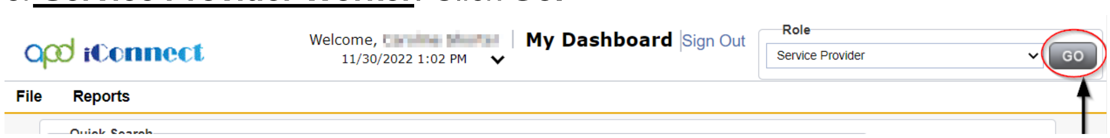
Annual Report

An annual report is a report of the supports and services received by a consumer throughout the year, a description of progress toward meeting their goals, and any pertinent information about significant events that occurred in the consumer's life during the previous year. **Add the Annual Report as a separate activity using the 0000-WVR Code.**

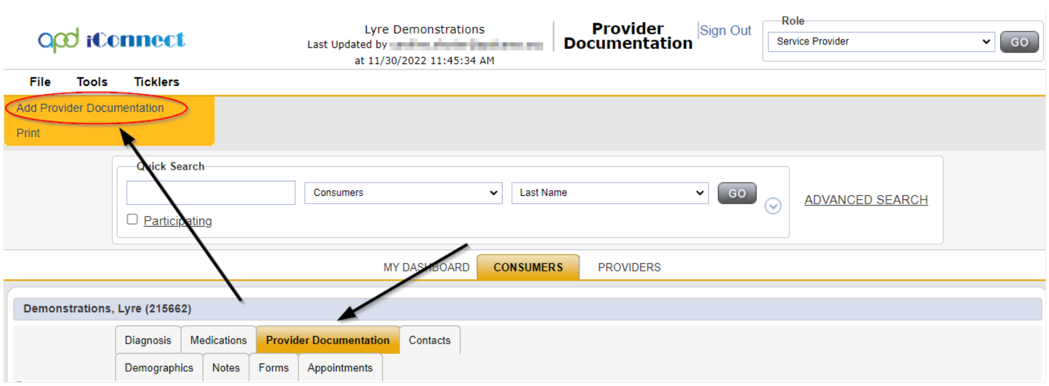
Please refer to the Intro to completing Provider Documentation Screens with detailed images for instructions on how to complete each field.

Add the Annual Report as a separate activity using the 0000-WVR Code:

1. To begin, log into iConnect and set Role = **Service Provider** or **Service Provider Worker**. Click **Go.**



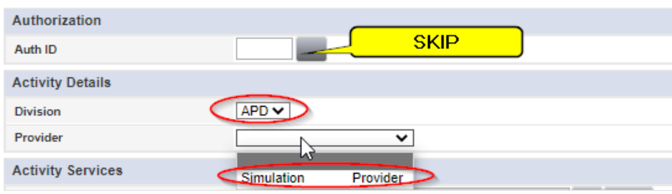
2. Navigate to the Consumer's record and click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**



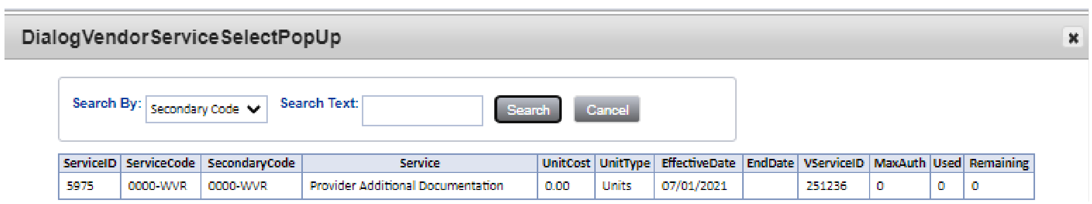
3. The Provider Documentation Details page is displayed. Update the following fields:
   a. Start Date: Select the Date of Service.

   b. Start Time: Select the start time of the service
   c. End Date: Select the Date of Service.
   d. End Time: Select the end time of the service
   e. Click **Add.**

4. **SKIP the AUTH ID Section**
5. Since the Auth usually populates the following fields, make sure to complete the following additional sections (select from dropdown menu).
   a. Division = APD
   b. Provider = The organization represented



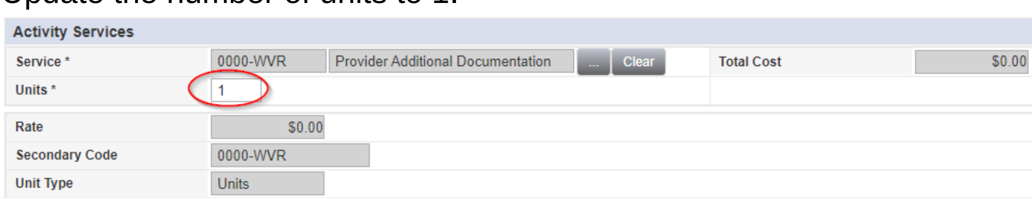
6. Click the box next to the Service field that contains an ellipsis (three dots) to display a list of services for this authorization. Select the 0000-WVR Service.



ServiceID	ServiceCode	SecondaryCode	Service	UnitCost	UnitType	EffectiveDate	EndDate	VServiceID	MaxAuth	Used	Remaining
5975	0000-WVR	0000-WVR	Provider Additional Documentation	0.00	Units	07/01/2021		251236	0	0	0

If the 0000-WVR Service is not available – contact the WSC to have a Provider Selection Record for your organization added to the consumer's record.

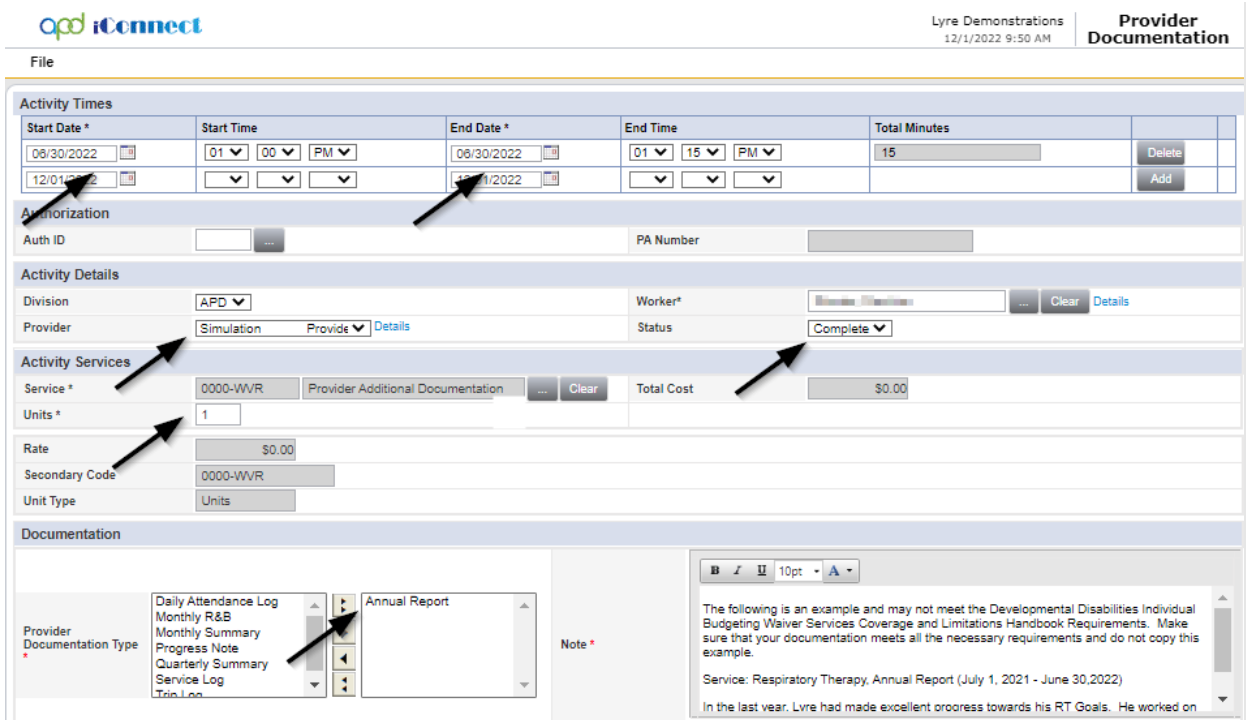
7. Update the number of units to 1.



8. Provider Documentation Type = Annual Report

9. Note = Enter the supports and services received by a consumer throughout the year, a description of progress toward meeting their goals, and any pertinent information about significant events that occurred in the consumer's life during the previous year.

10. Status = Complete



Click **File** > **Save and Close Provider Documentation.**

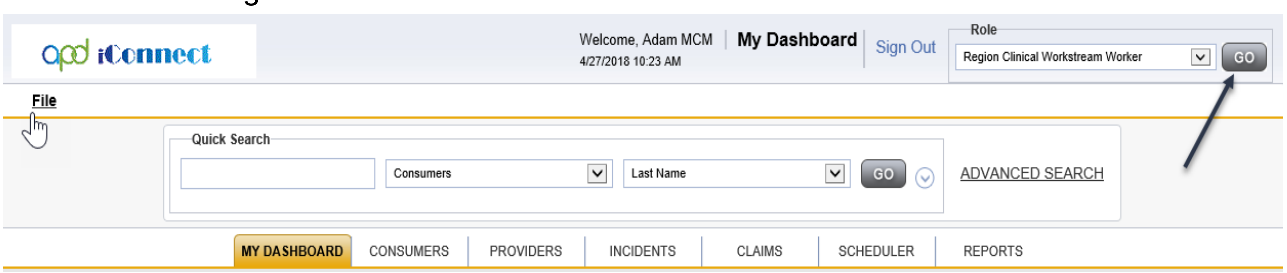
Chapter 19 | Death Reporting

Introduction

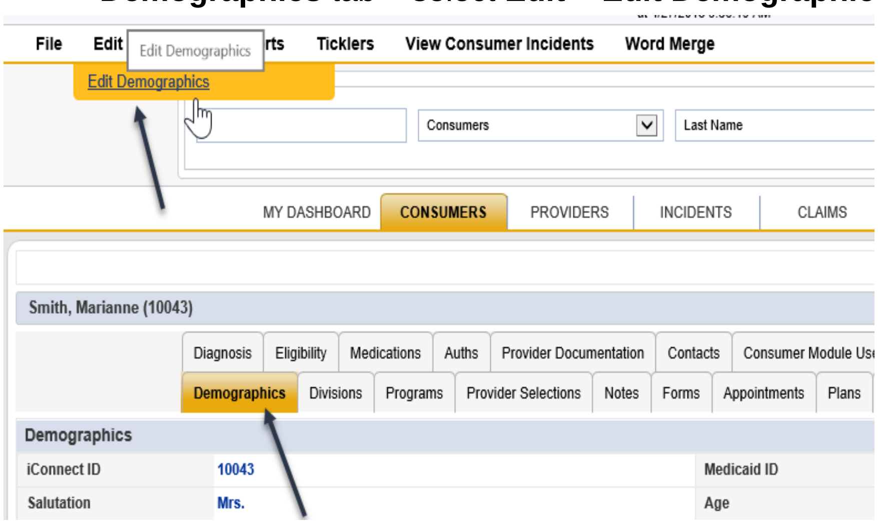
This chapter covers the end-to-end process for recording a Consumer death in iConnect. Monthly, Department of Health (DOH) Consumer data will be imported into iConnect to populate data fields on matching Consumer records. If a Consumer death has occurred and is recorded in the DOH data, the Date of Death, the DOD File Number, and the Cause of Death fields will be updated on the consumer's Demographics records in iConnect.

Date of Death – Manual Entry

1. Upon receiving notification of a Consumer death, the Medical Case Manager (MCM) will update the consumer's Demographic record. To begin, log into iConnect and set Role = Region Clinical Workstream Worker. Click **Go.**

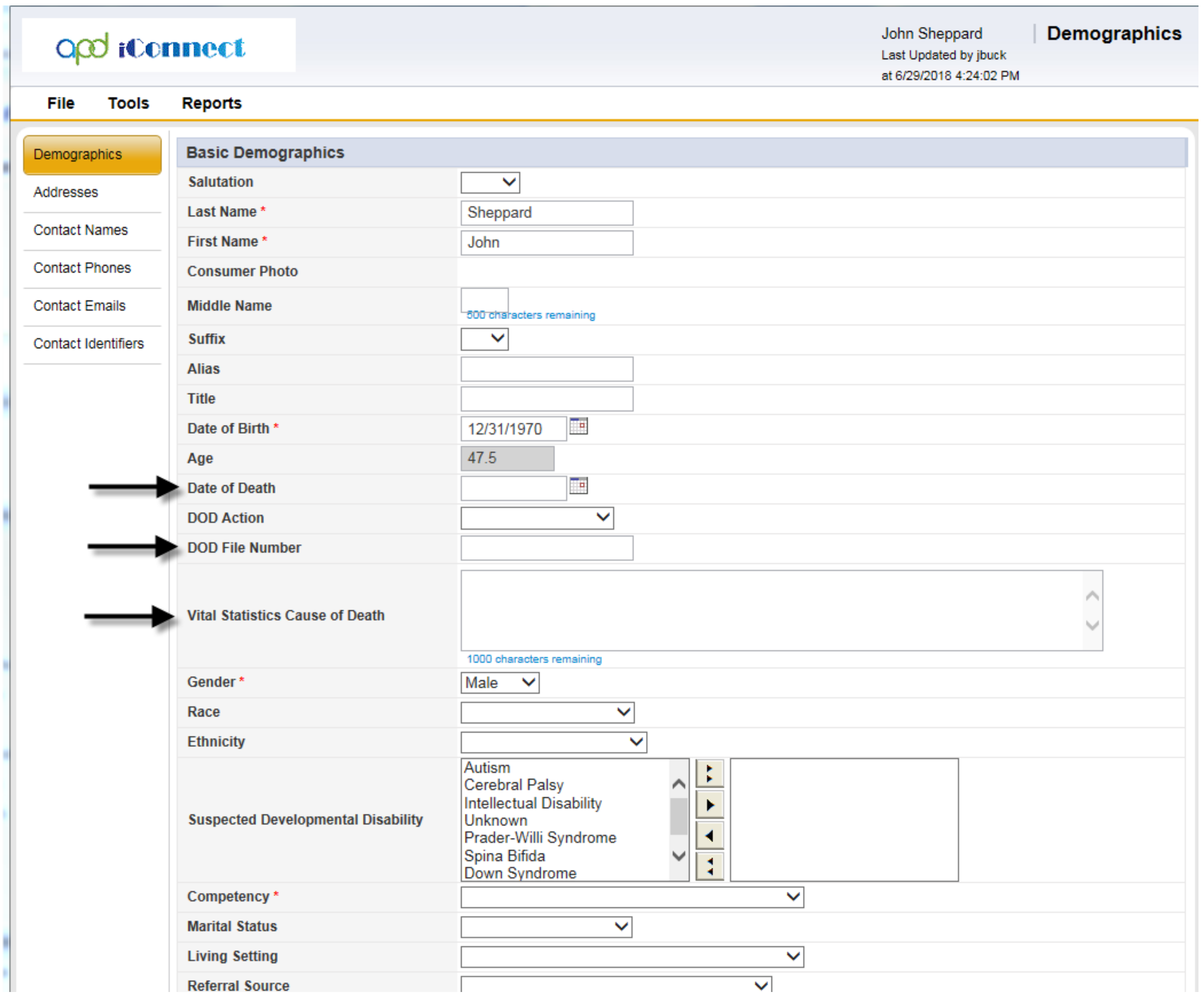


2. Search for and select the consumer's record and click on the **Demographics** tab > select **Edit > Edit Demographics**.



3. Update the following fields.

a. Date of Death = update to correct date of death based on research found
b. Vital Statistics Cause of Death = enter if known.
c. DOD File Number = (If known. Otherwise, the field will be auto populated during the monthly scheduled interface job with DOH).



4. Select **File > Save and Close Demographics**

5. Upon saving the consumer's Demographic record with a Date of Death, a Workflow Wizard will trigger the following Ticklers:
   a. Complete ROD – *Assigned to Self (MCM),* Due Immediately. If anyone other than the MCM should update the DOD, he/she should reassign the tickler to

the Clinical Lead for reassignment to the correct MCM.

b. Create Alert Note notifying all that the ROD is in Process – *Assigned to Self (MCM),* Due Immediately. If anyone other than the MCM should update the DOD, he/she should reassign the tickler to the Clinical Lead for reassignment to the correct MCM.

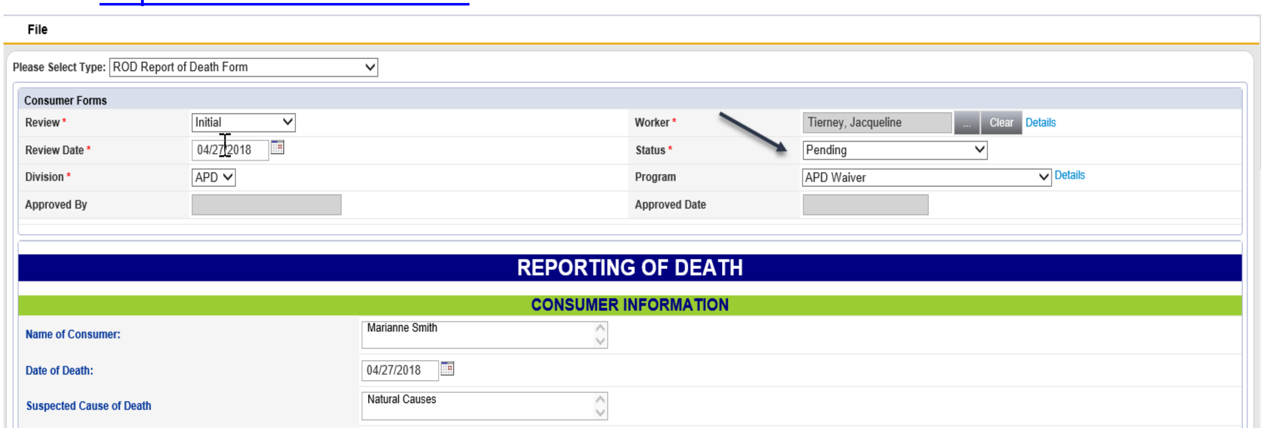
Report of Death Form & Alert Note

1. The Date of Death was just added to the Demographic record and a Workflow Wizard triggers for the MCM (Self.) Click the tickler called Complete ROD.

2. Upon doing so, a new ROD Report of Death form will open. Complete all relevant fields including:
   a. Review = Other
   b. Status = Pending
   c. Fill out ROD form in its entirety

3. When finished, click **File > Save Forms**

4. After the MCM creates the ROD with Status = Pending, a supervisor must review the report as described in the Supervisor review of ROD section.

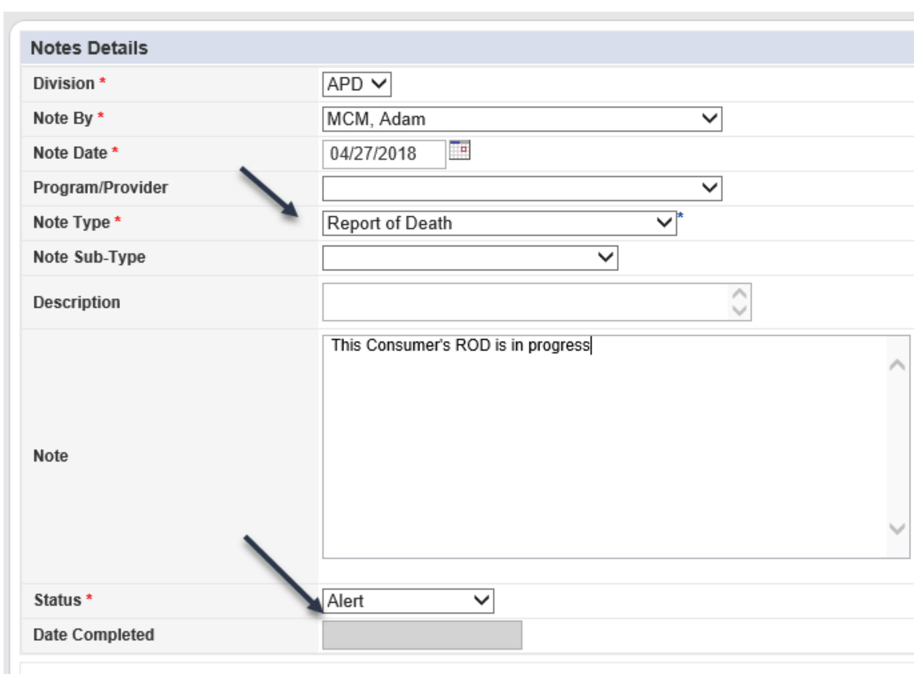


5. The MCM will return to the Workflow Wizard and select the Create Alert Note notifying all that the ROD is in Process tickler.

6. Upon doing so, a new Consumer Note record opens. Update the following fields:
    a. Division = APD
    b. Note Type = Report of Death
    c. Note Subtype = N/A
    d. **Description = <u>OPEN ROD – DO NOT CLOSE DIVISION</u>**
    e. Note = Indicate that the ROD is in process
    f. Status = Alert

Remember:
DO NOT UPDATE THE STATUS OF THIS ALERT NOTE.
Only State Office staff should change the status of this note to Complete.

7. When finished, click **File > Save Notes** and **File > Close Workflow Wizard**


Notes Details

Division *	APD
Note By *	MCM, Adam
Note Date *	04/27/2018
Program/Provider	
Note Type *	Report of Death
Note Sub-Type	
Description	
Note	This Consumer's ROD is in progress
Status *	Alert
Date Completed	

8. The Supervisor review of the ROD is completed next.

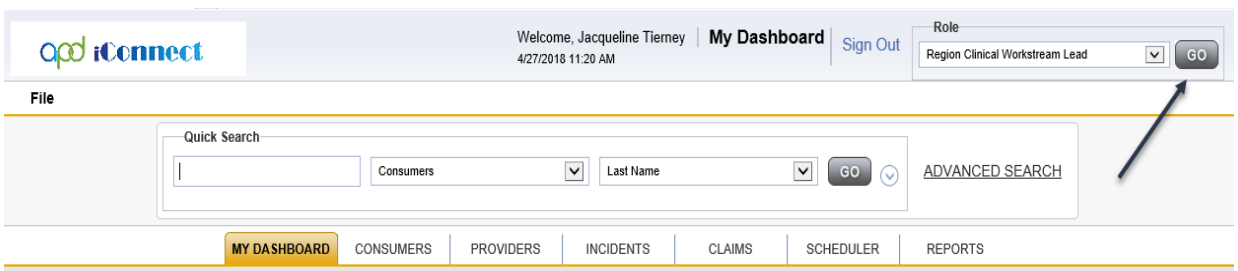
Supervisor Review of ROD

1. After the MCM creates the ROD with Status = Pending, a supervisor must review the report. Supervisors are defined on the Worker's record in iConnect and are added as part of APD's user provisioning process.

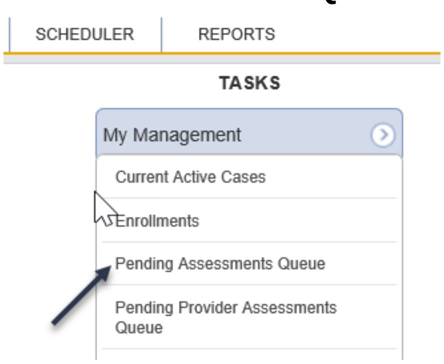
2. iConnect will route the Pending ROD to the Supervisor of the MCM that completed the ROD form. The Supervisor will access the Pending Assessments Queue to view the ROD

3. The MCM Supervisor will review all ROD's completed by the MCM.

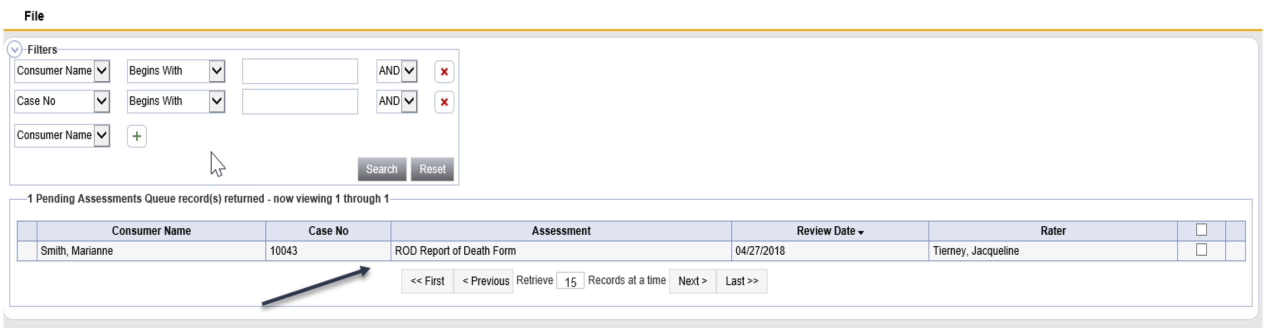
4. To begin, the Medical Case Manager Supervisor will log into iConnect and set Role = Region Clinical Workstream Lead. Click **Go.**



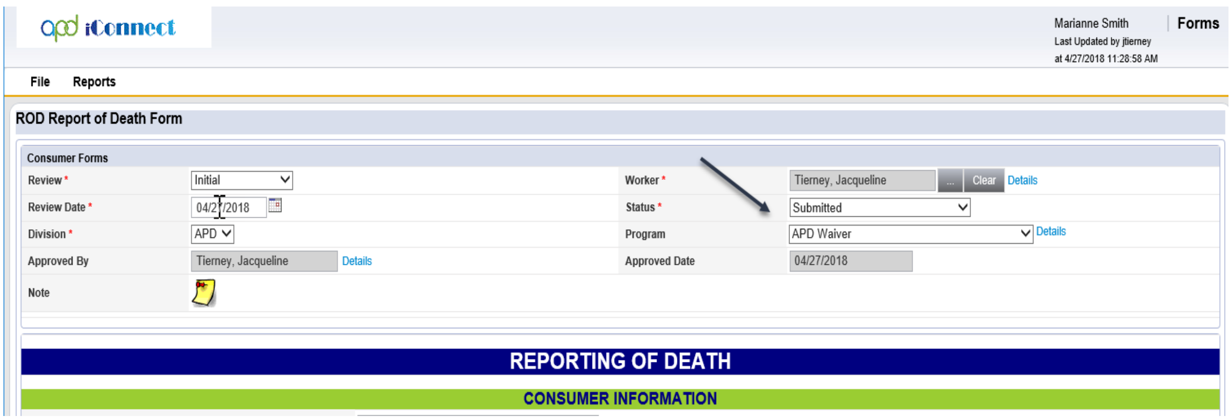
5. On the **My Dashboard,** find the Tasks Section and scroll down to the My Management Panel. Click on the **Pending Assessments Queue** link:



6. In the Pending Assessments Queue, click to open the form called Report of Death Form to review the form.



7. If all required information is noted, set Status = Submitted and click **File > Save and Close Forms.**



8. Should the MCM Supervisor find that the form is incomplete, or requires additional attention by the sending MCM, he or she can make changes to the form and/or will notify the MCM via a new Consumer Note record.

9. To add the Note, navigate to the consumer's record and click **Notes > File > Add Note.**

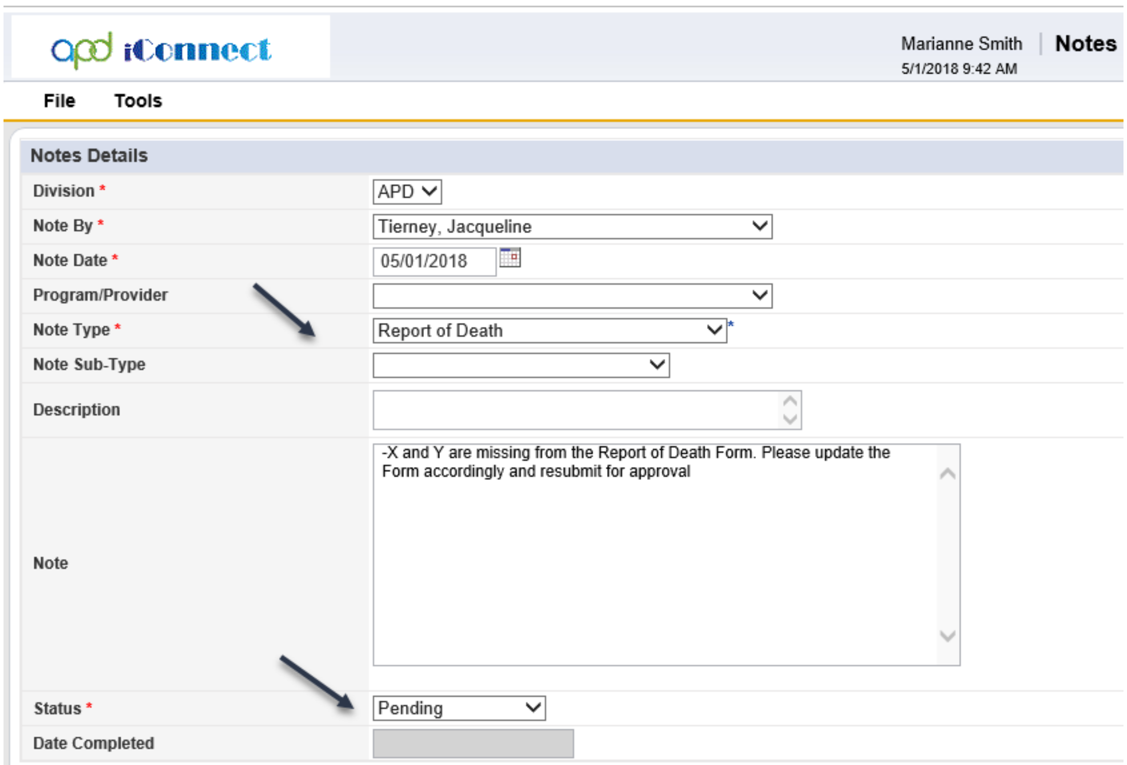
10. In the new Note, update the following fields:
    a. Division = APD
    b. Note Type = Report of Death
    c. Note = Indicate which portions of the Form are incomplete
    d. Status = Pending
    e. Route the Note to the MCM by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click

Search. In the Search results, click on the matching Worker Name to route the note to that recipient.

11. When finished, click **File > Save and Close Note.**

12. Repeat the review cycle (adding relevant changes to the existing Report of Death form) until the ROD form updates have been complete.

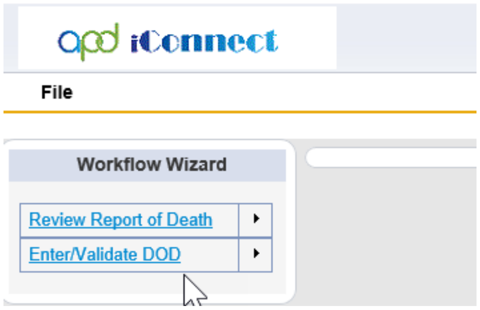
13. When all required information is noted on the Report of Death Form, MCM / MCM Supervisor will update Status = Submitted and click **File** > **Save and Close Forms**.



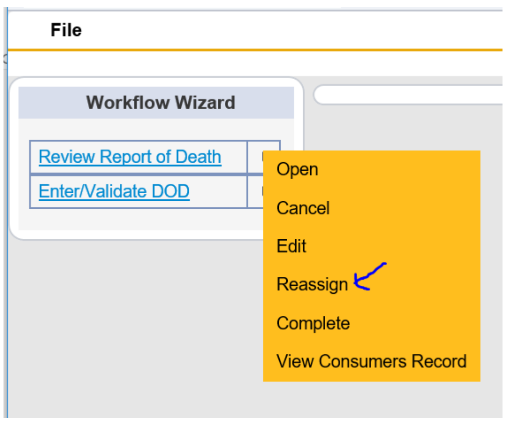
Reassign Ticklers

1. Upon saving the Report of Death Form with Status = Submitted, a Workflow Wizard will trigger the following Ticklers:
    a. Review Report of Death – *Assigned to Self but Reassign to State Office Nurse,* Due Immediately

b. Enter/Validate DOD – *Assigned to Self but Reassign to State Office Nurse,* Due Immediately



2. In the Workflow Wizard window, hover over the arrow next to each Tickler and click **Reassign.**



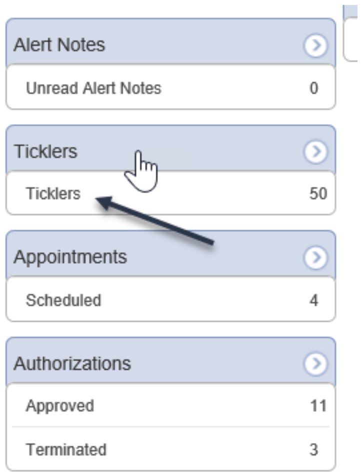
3. In the Reassign Search window, type in the name of the State Office Nurse and click **Search.** Click on the matching record to send the Tickler to that user. The user will be able to access the reassigned Tickler via their **My Dashboard.**

4. A tickler can on be assigned to one user at a time. If additional users need to review the Report of Death, the State Office Nurse can reassign to that user after his/her review is complete.

Review Report of Death

1. The State Office Nurse will monitor the **My Dashboard** for Ticklers related to Reports of Death. To begin, log into iConnect and set Role = State Office Worker. Click **Go.**

2. On the **My Dashboard,** finding the consumer's section and scrolling down to the Ticklers Panel. Click on the **Ticklers** link:



3. In the Tickler Queue, use the multi-variable search to narrow the results down to the relevant Ticklers. Click **Search.**

Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

4. In the Tickler Queue, click to open the Tickler called **Review Report of Death.** Upon doing so, the consumer's Forms List View grid will open.

5. Click to open the Report of Death Form and review it for completion.
    a. Update the Vital Statistics Cause of Death field if necessary. This field should update automatically on the Demographics page from the DOH interface.
    b. Change the status from Submitted to Complete. Do not mark the status as complete unless the Vital Statistics Cause of Death exists.

6. When finished, click **File > Save and Close Forms.**
7. When the ROD status has been changed to Complete, open ROD Note and update the following fields:

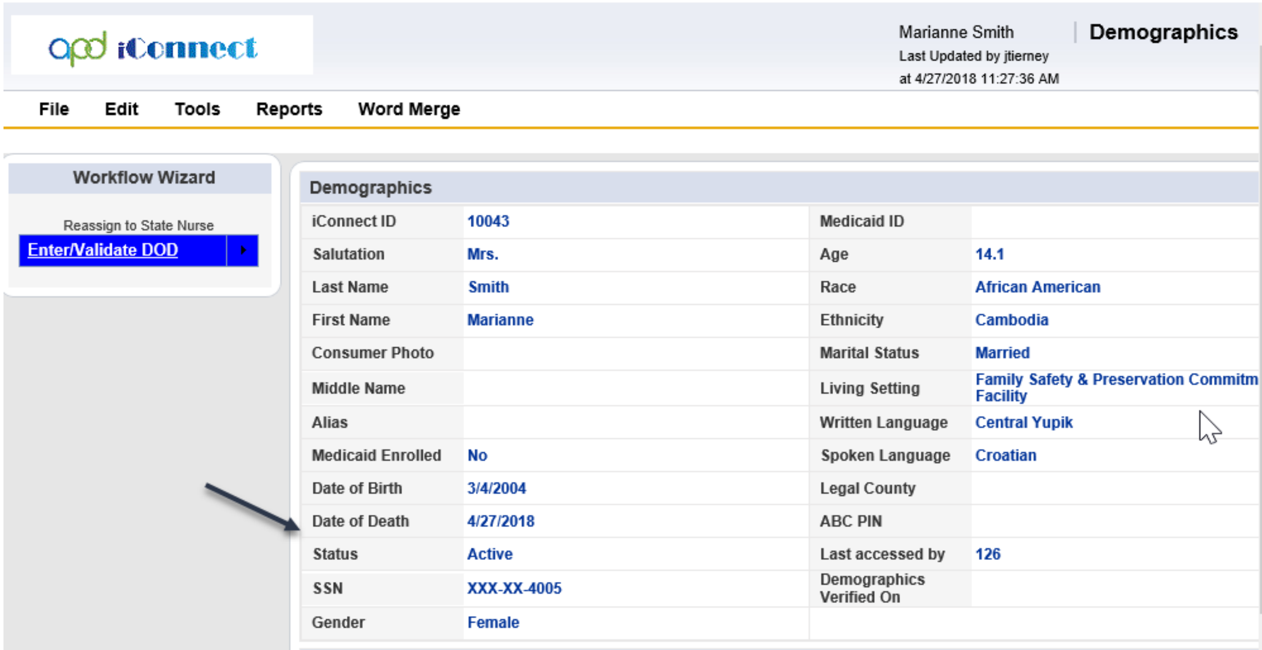
a. Description = ROD COMPLETE- DIVISION MAY BE CLOSED
b. Note = ROD COMPLETE (this can only be done by entering in New Text field and clicking “Append Text to Note)
c. Recipients = Primary and Secondary workers listed in the Division Tab
d. Status = Complete

8. When finished, click **File > Save and Close Notes.**

9. Return to the Workflow Wizard, select the flyout menu to the right of the Review Report of Death tickler and select **Complete**.
10. If the Vital Statistics Cause of Death does not yet exist, do not mark the tickler as complete so it will remain in the tickler list as a reminder to the user to complete at a later date.

11. Back in the Tickler queue, click to open the Tickler called **Enter/Validate DOD**. Upon doing so, the consumer’s Demographics record will open.
    a. Ensure that the Date of Death field has populated with the correct date. If changes need to be made, click **Edit > Edit Demographics,** update the relevant fields, and click **File > Save and Close Demographics.**

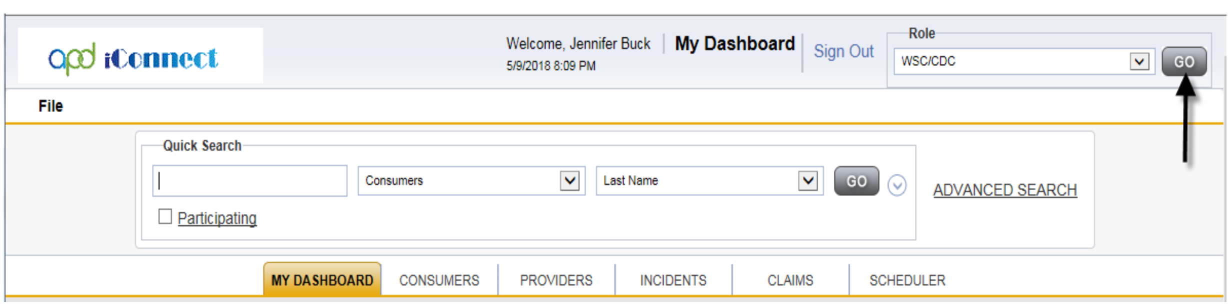
12. When finished, hover over the arrow next to the Tickler to click **Complete.** Then click **File > Close Workflow Wizard.**



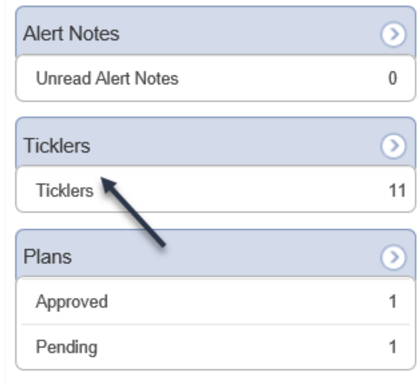
Update Division Record

1. When the Report of Death Screen Design is saved by the MCM with Status = Submitted, a Workflow Wizard Triggers the following tickler.
    a. ROD – Division Disposition Review - For Waiver Consumers, update disposition to Pending Disenrollment for all others, cancel the ticker and proceed to the case closure process. – *Assigned to Primary Worker (Pre-Enrollment or Waiver Support Coordinator)* Due Immediately

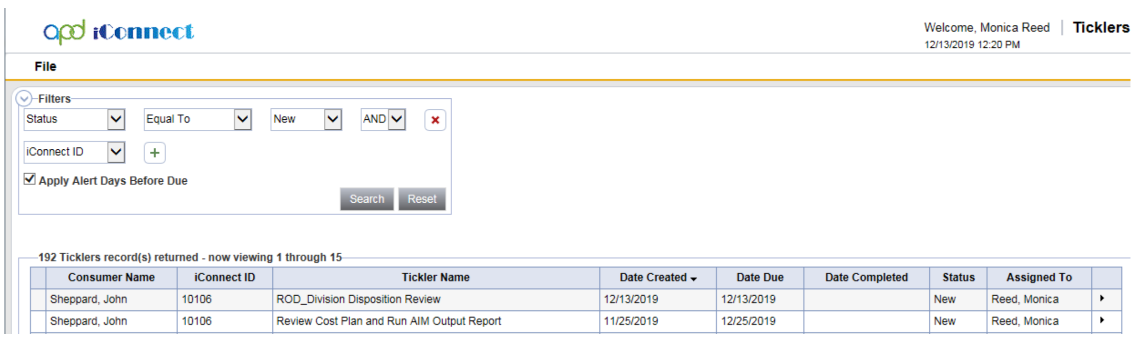
2. The Primary Worker (Pre-Enrollment or Waiver Support Coordinator) will monitor their **My Dashboard** for Ticklers related to the ROD. To begin, log into iConnect and set Role = WSC/CDC. Click **Go.**



3. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



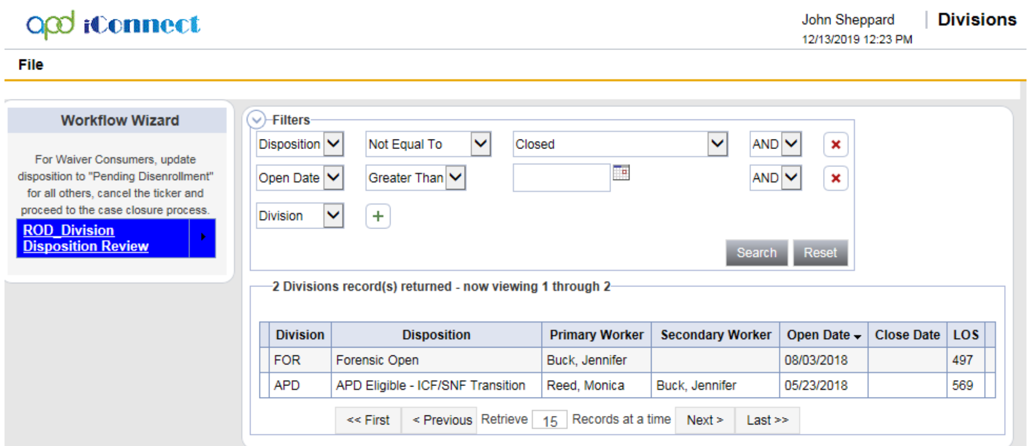
   a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**



Tip

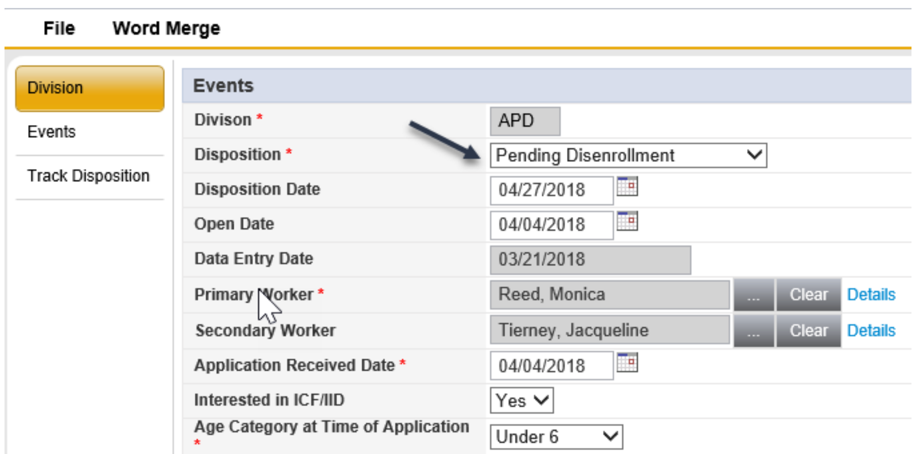
*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

4. In the Tickler Queue, find the Tickler called ROD-Division Disposition Review. Select the ticker to open. Upon doing so, the consumer's Division List View Grid will open.

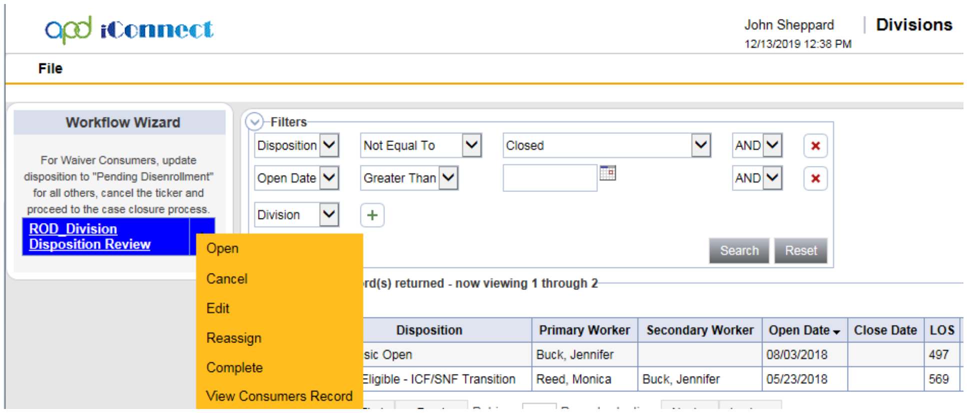


5. Click to open the APD Division record. In the record, update the following fields:
    a. Disposition = Pending Disenrollment

6. When finished, click **File > Save Division.**



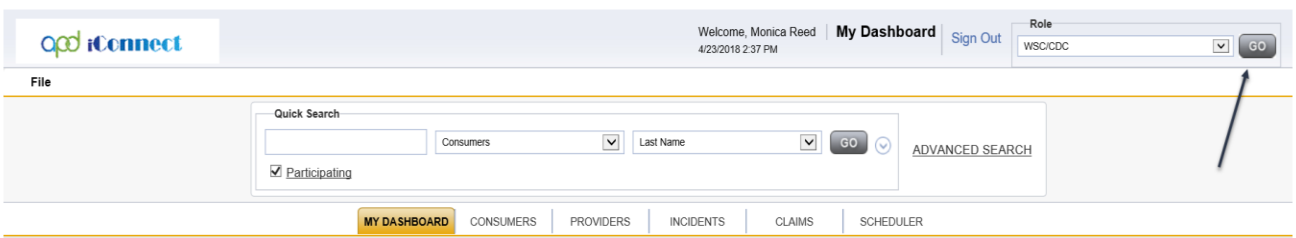
7. Return to the open tickler window. From the tickler flyout menu, select **Complete**.



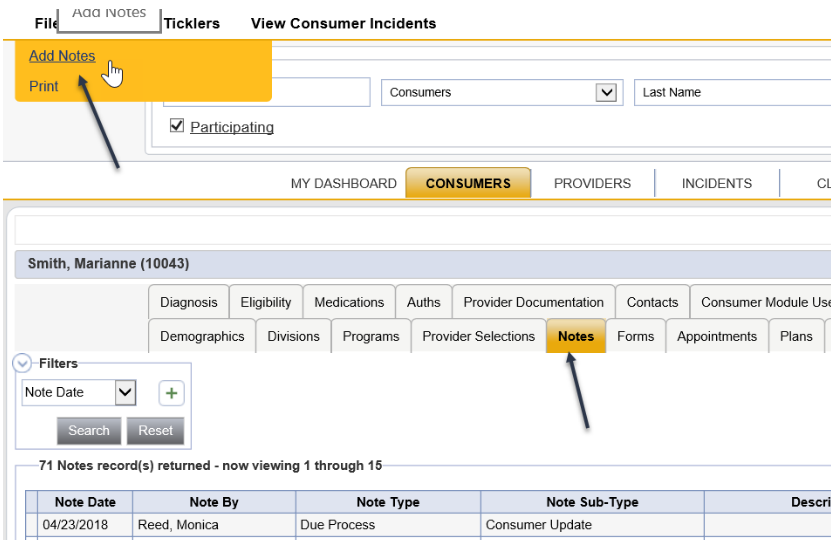
Disenrollment Request

1. The Pre-Enrollment or Waiver Support Coordinator will begin the case closure tasks and inform the Pre-Enrollment or Waiver Workstream Lead to send the request to Disenroll the Consumer to the State.

2. To begin, log into **iConnect** and set Role = WSC/CDC. Click **Go.**

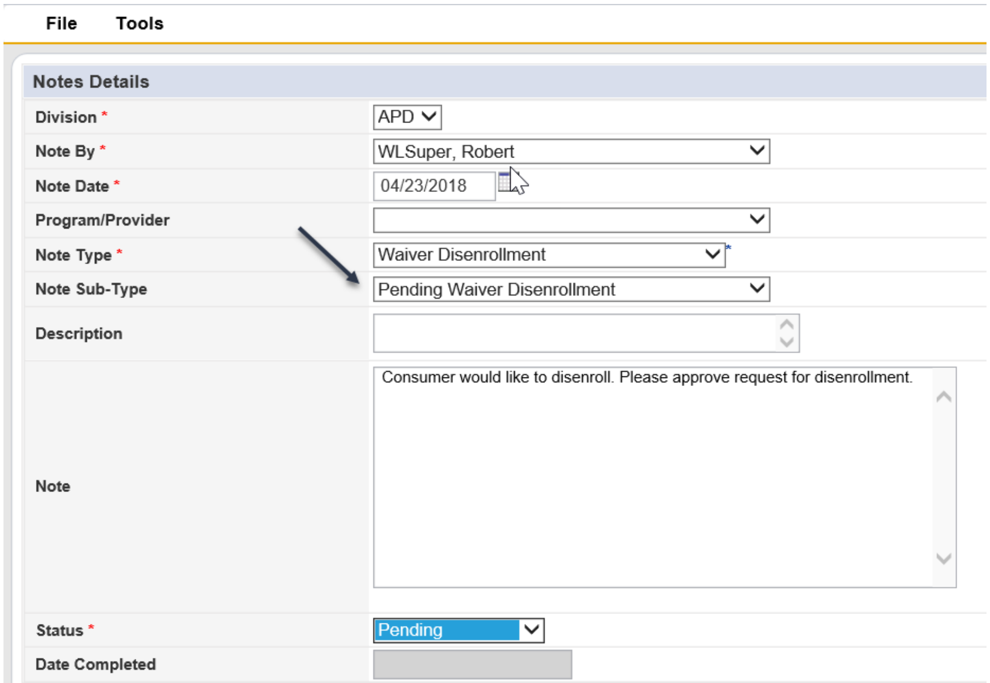


3. Navigate to the consumer’s record and click **Notes > File > Add Note.**



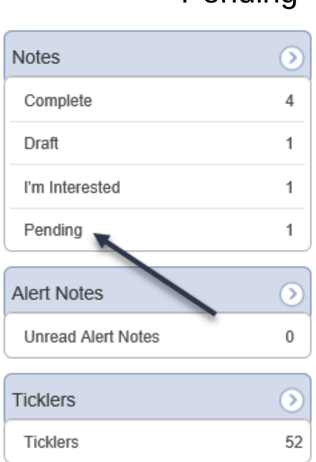
4. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Waiver Disenrollment
   c. Note Subtype = Pending Waiver Disenrollment
   d. Description = Due to Death
   e. Status = Pending
   f. Attach the necessary documents
   g. Route Note record to the Waiver Work Stream Lead by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

5. When finished, click **File > Save and Close Notes.**



6. The Waiver Work Stream Lead will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. To do so, log into iConnect and set Role = Region Workstream Lead. Click **Go.**

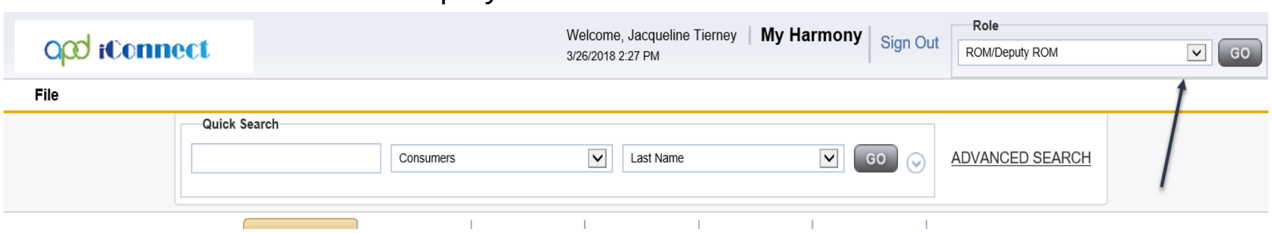
   a. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending



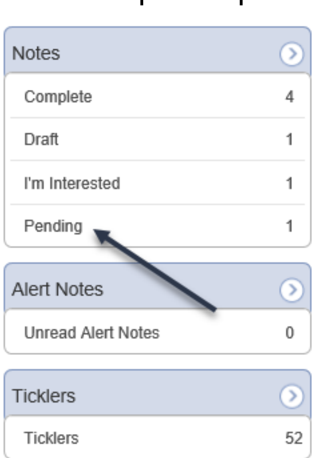
7. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Pending Disenrollment:
    a. Review the contents of the Note to determine next steps. Update the Note accordingly.
    b. Leave Status = Pending
    c. Route the Note record ROM/Designee for approval by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

8. When finished, click **File > Save and Close Note.**

9. The ROM/Designee will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. Log into iConnect and set Role = ROM/Deputy ROM. Click **Go.**



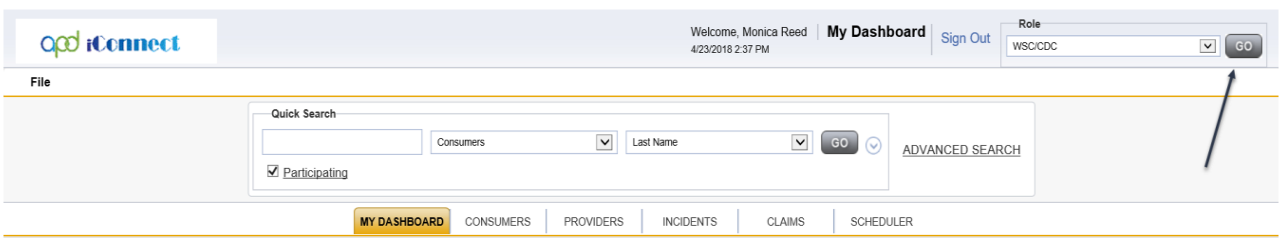
10. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending



11. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Pending Disenrollment:
    a. Review the contents of the Note and attachments
    b. Update Note Subtype = Waiver Disenrollment Approved OR Waiver Disenrollment Denied
    c. Set Status = Pending
    d. Route the Note record back to the Waiver Workstream Lead and the Waiver Support Coordinator by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

12. When finished, click **File > Save and Close Notes.**

13. The Waiver Support Coordinator will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. Log into iConnect and set Role = WSC/CDC. Click **Go.**

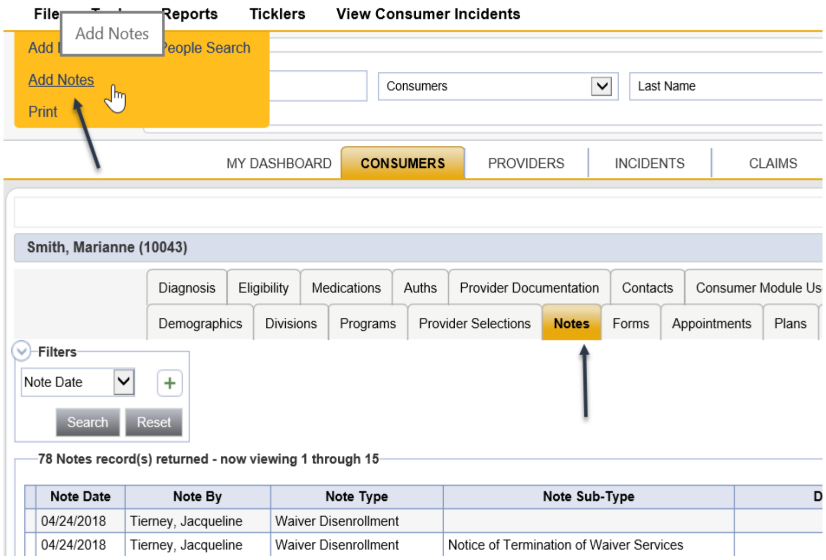


    a. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending.

14. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Waiver Disenrollment Approved or Denied
    a. In the Note record, review the ROM/Designee's decision.

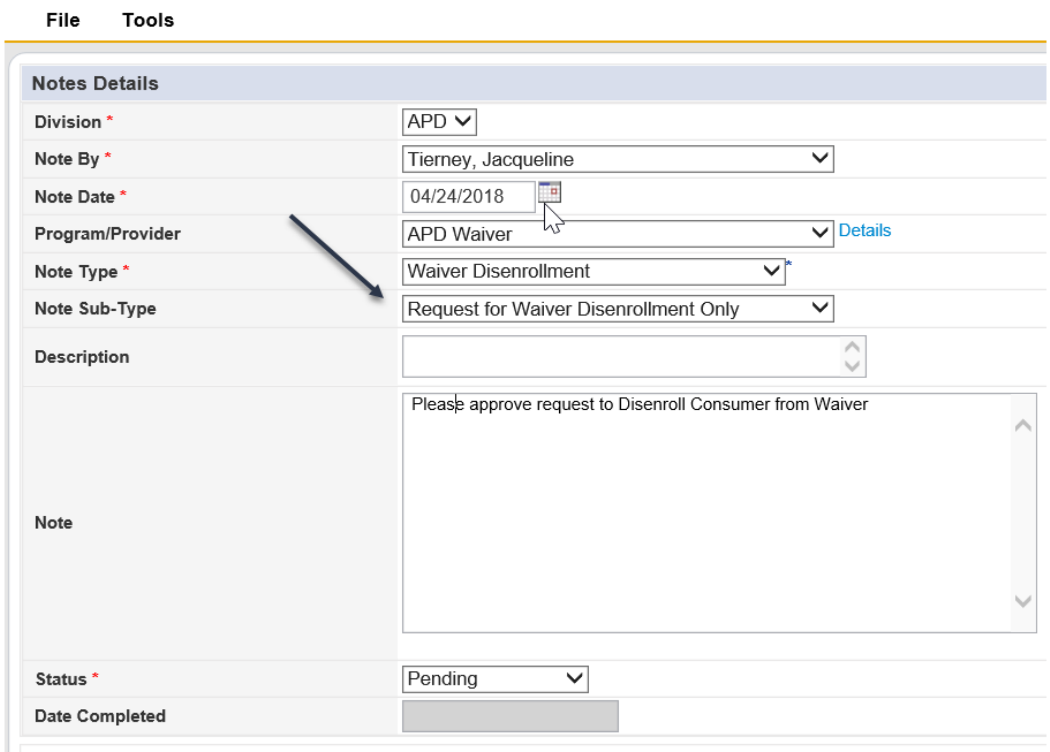
15. When finished, click **File > Close Notes.**

16. To proceed with Waiver Disenrollment, the Waiver Workstream Lead will navigate to the consumer's record and click **Notes > File > Add Note.**



17. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Disenrollment
    c. Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment
    d. Status = Pending
    e. Route the Note record to the State Office Worker by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

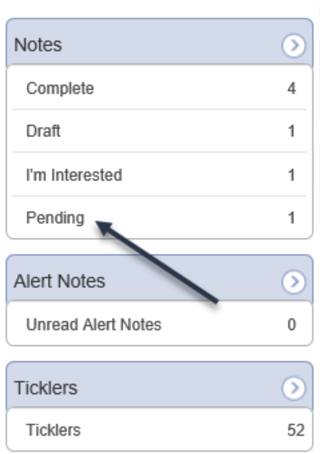
18. When finished, click **File > Save and Close Notes.**



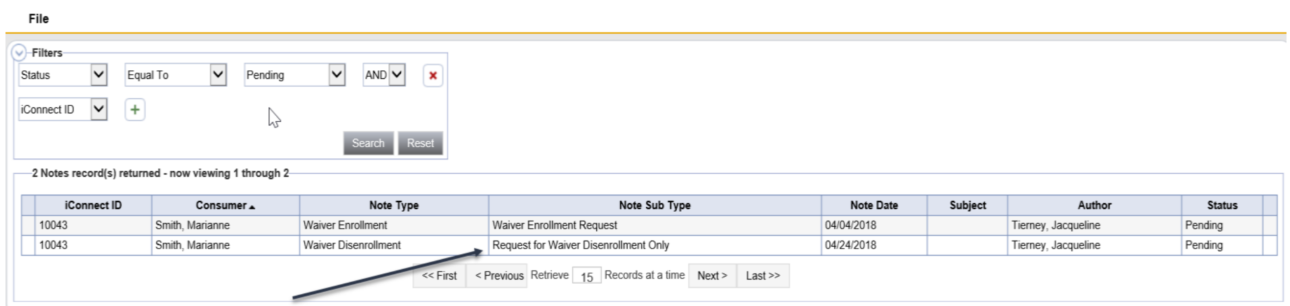
Waiver Program Disenrollment

1. The State Office Worker will monitor their **My Dashboard** for Note records related to Waiver Disenrollment. To do so, log into iConnect and set Role = State Office Enrollment. Click **Go.**

2. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending

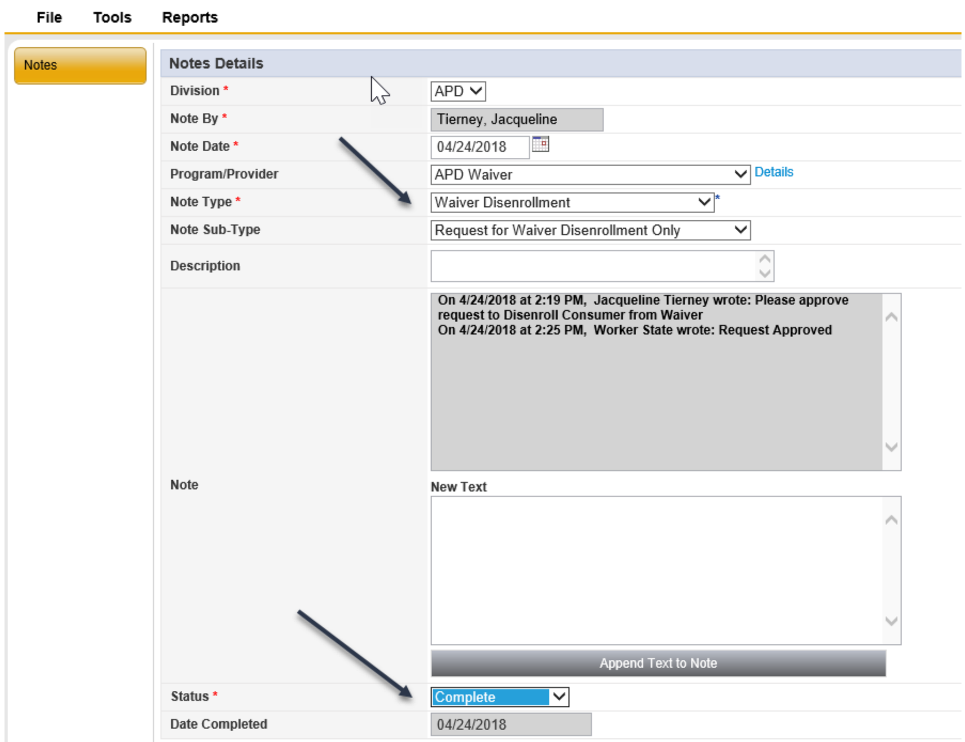


3. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment

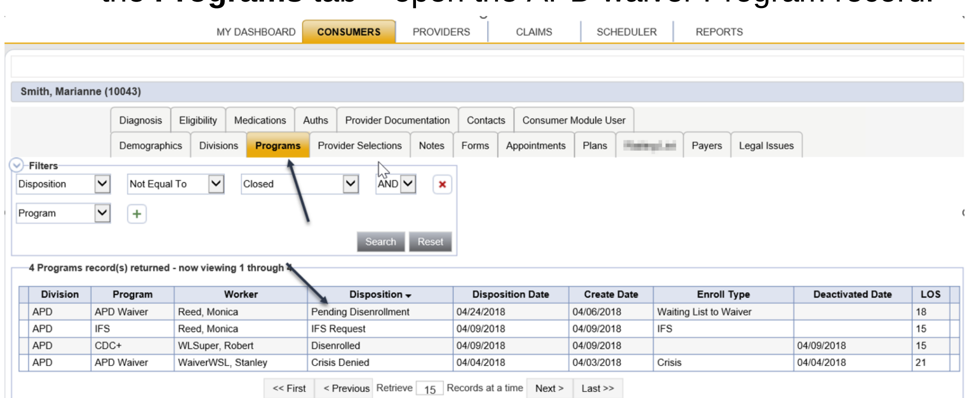


4. Review the contents of the Note record and update the following fields:
    a. Note = Indicate whether the disenrollment request is approved or disapproved
    b. Status = Complete
    c. Route the Note record to the Waiver Workstream Lead and/or the Pre-Enrollment Workstream Lead as a Note Recipient by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

5. When finished, click **File > Save and Close Notes.**

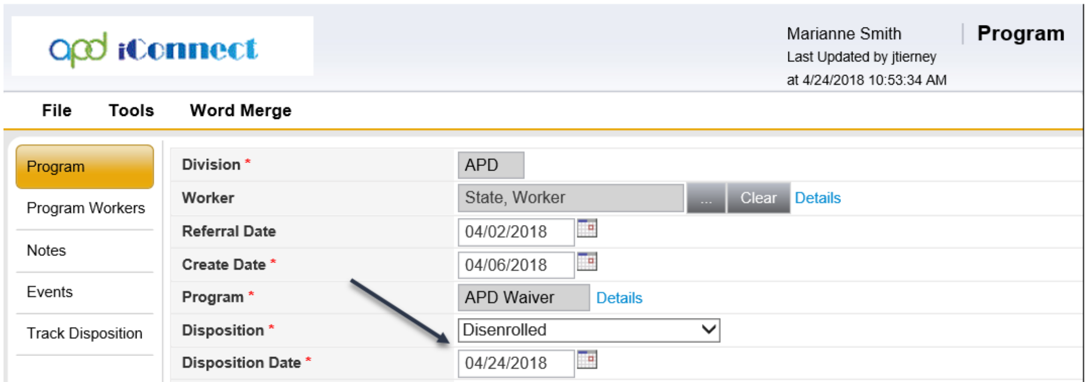


6. To disenroll the Consumer, the State Office Enrollment Worker will navigate to the consumer's record and click on the **Programs** tab > open the APD waiver Program record.



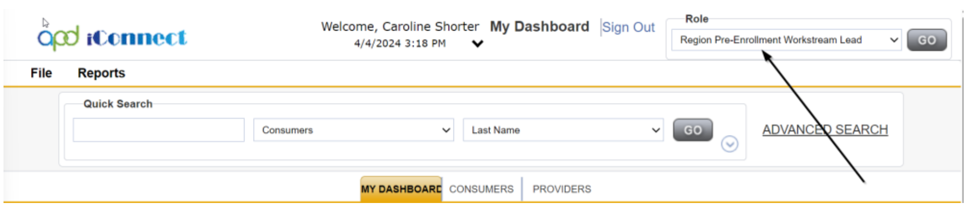
7. Update the following fields:
    i. Disposition = Disenrolled
    ii. Deactivated To = set to correct value
    iii. Deactivated Date = defaults to today's date

8. When finished, click **File > Save and Close Programs.**

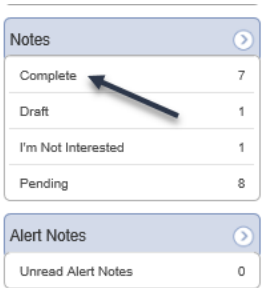


9. The Waiver Workstream Lead and/or Pre-Enrollment Workstream Lead will monitor their **My Dashboard** for Note records related to Waiver Disenrollment status.

10. To begin, log into iConnect and set Role = Region Waiver OR Region Pre-Enrollment Workstream or Region Waiver Workstream Lead. Click **Go.**



11. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Complete** link to open a queue of Notes with Status = Complete.



12. Use the multi variable search to narrow down the search results. Open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment

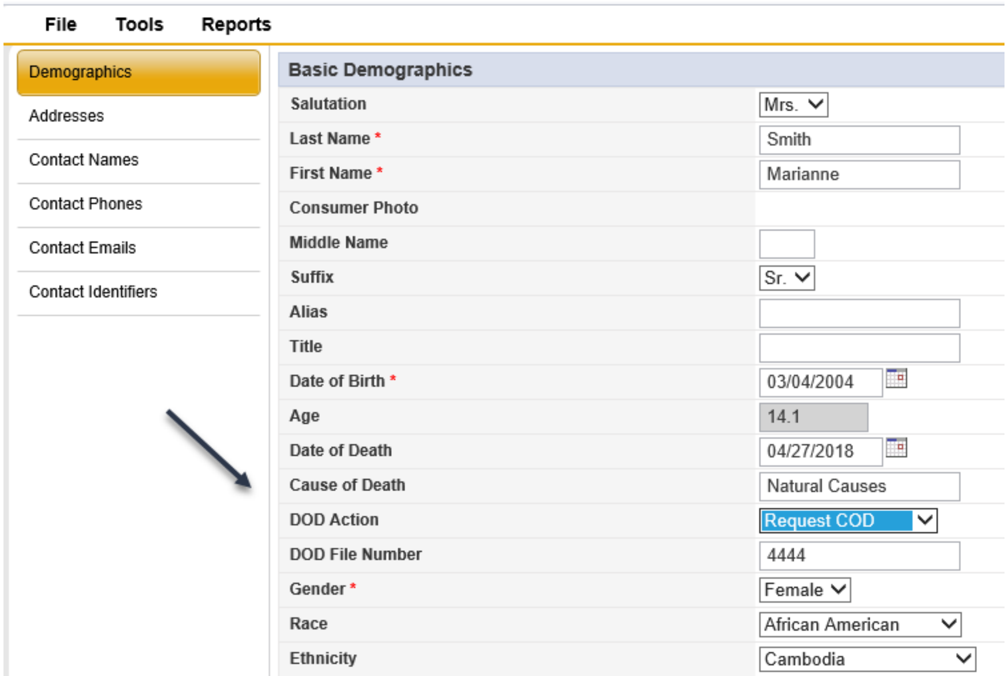
a. Review the contents of the Note. If the request was approved, create a new request for Case Closure via a new Consumer Note record. Proceed to Case Closure section.

Important!
DO NOT CLOSE DECEASED CASES until State Office staff approval

This step impacts ticklers and completion of tasks.

Date of Death Interface

1. Every 16th day of the month, a scheduled job will run to import data from DOH via an agreed upon file format into iConnect:
    a. Once imported, the consumer's SSN and Date of Birth in the DOH data are compared with Consumer data within iConnect in order to locate a matching Consumer record.
    b. If an exact match has been identified, the system will update the consumer's Date of Death, the DOD File Number, and set the DOD Action Field = Request COD on the consumer's Demographic record in iConnect.
    c. These updates will then trigger a request for the Cause of Death field to be updated via the next monthly DOH data import.
    d. Note that for probable or inexact Consumer record matches, the consumer's data will not import from DOH into iConnect.

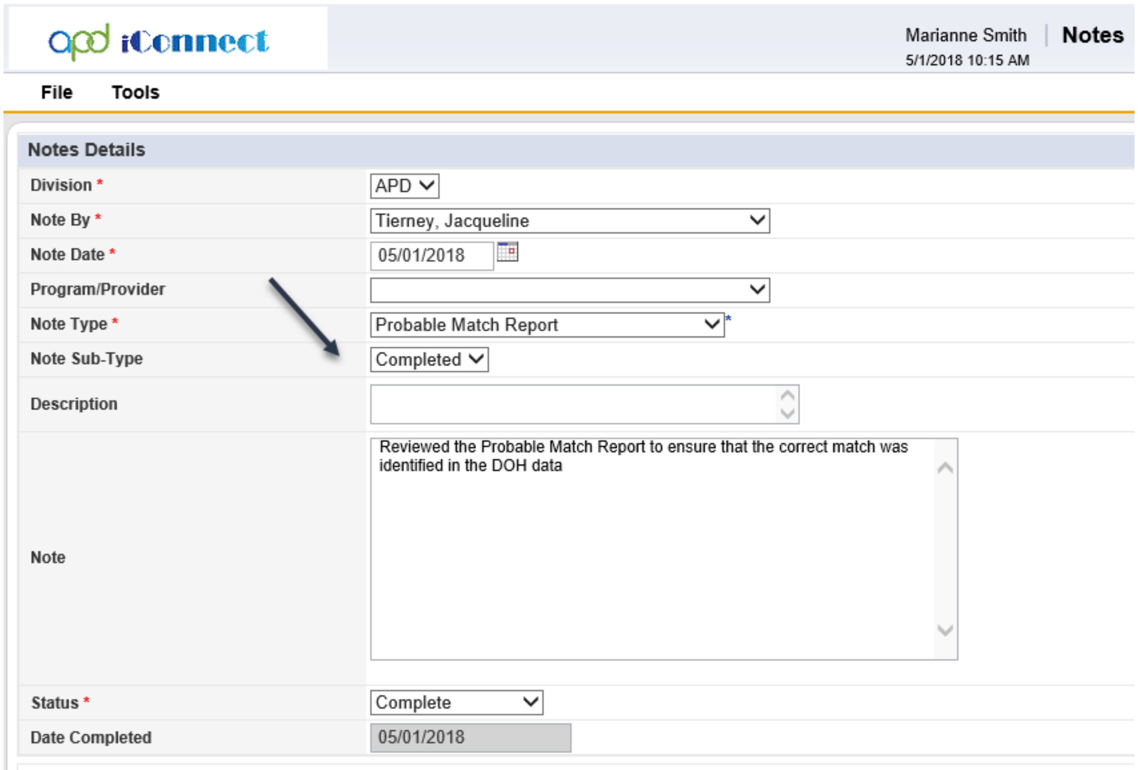


2. The State Office Nurse (or State Office Process Owner) will be able to review the Probable Match Report that identifies probable Consumer record matches between the DOH and iConnect data. Note that this report lives outside of iConnect.

3. After reviewing the Probable Match Report, the State Office Nurse will navigate to the consumer's record in iConnect and add a new Consumer Note record via **Notes > File > Add Note.**

4. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Probable Match Report
   c. Note Subtype =Completed
   d. Status = Completed
   e. Route the Note record to the Waiver Clinical Workstream Lead by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

5. When finished, click **File > Save and Close Notes.**



6. Based on the review of the Probable Match Report, updates to the consumer's death details may need to be updated (if the fields were not already automatically updated via the monthly DOH data import).

7. The State Office Nurse will navigate to the consumer's record and click **Demographics > Edit > Edit Demographics.** Update the following fields.
   a. Date of Death = update to correct date of death based on research found
   b. DOD Action = Request COD
   c. DOD File Number
   d. Cause of Death

8. When finished, click **File > Save and Close Demographics.**

9. When finished, proceed to the [Chapter on Case Closure.]()

Chapter 20 | Case Closure

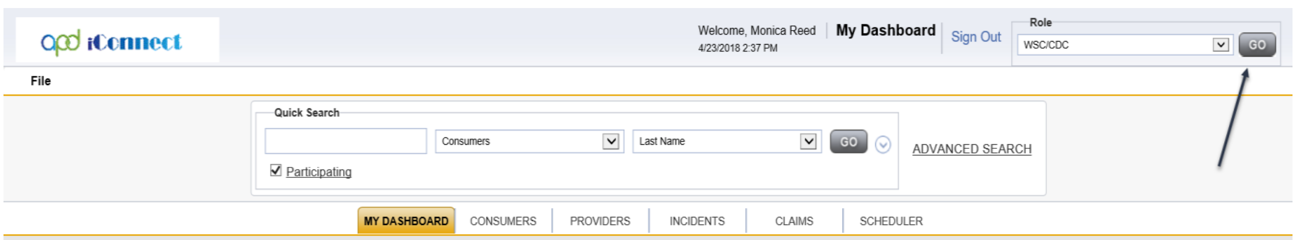
Introduction

Although a Consumer has been added to the Waiver, often it is necessary for the Consumer to be removed from the waiver. While there are various methods to the disenrollment and/or transfers, there are also certain circumstances that automatically make a Consumer ineligible for Waiver Services. This Chapter reflects the process in which to Close a Case.

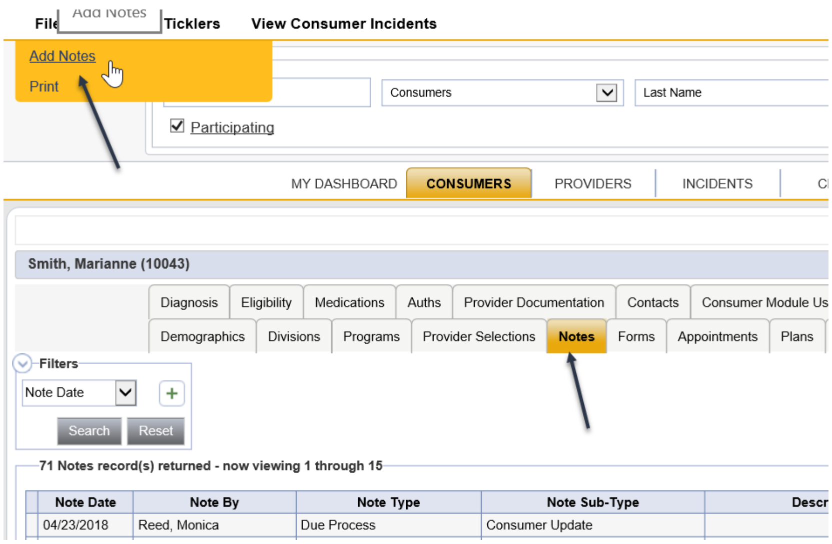
Waiver Disenrollment

1. Upon receiving notification that a Consumer needs to be removed from the Waiver for any reason other than incarceration or Temporary Service Placement, the assigned Waiver Support Coordinator will initiate the Waiver Disenrollment process.

2. To begin, log into **iConnect** and set Role = WSC/CDC. Click **Go.**

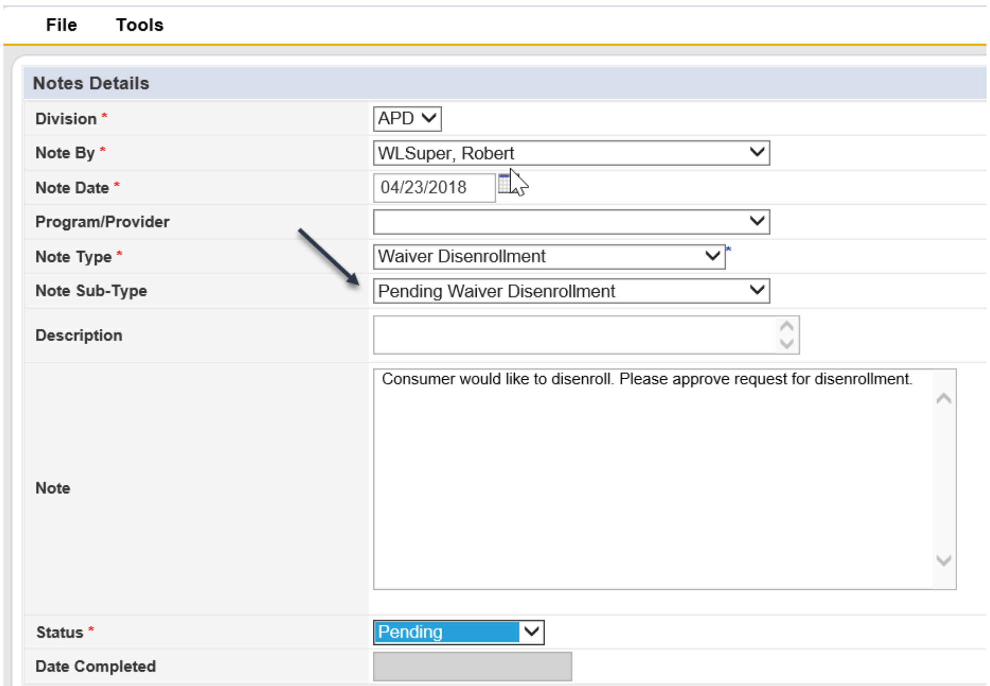


3. Navigate to the consumer's record and click **Notes > File > Add Note.**



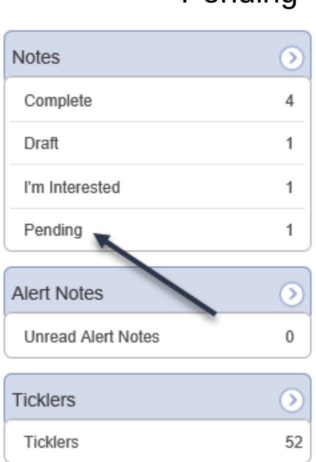
4. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Waiver Disenrollment
   c. Note Subtype = Pending Waiver Disenrollment
   d. Status = Pending
   e. Attach the necessary documents
   f. Route Note record to the Waiver Work Stream Lead by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

5. When finished, click **File > Save and Close Notes.**



6. The Waiver Work Stream Lead will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. To do so, log into iConnect and set Role = Region Workstream Lead. Click **Go.**

    a. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending



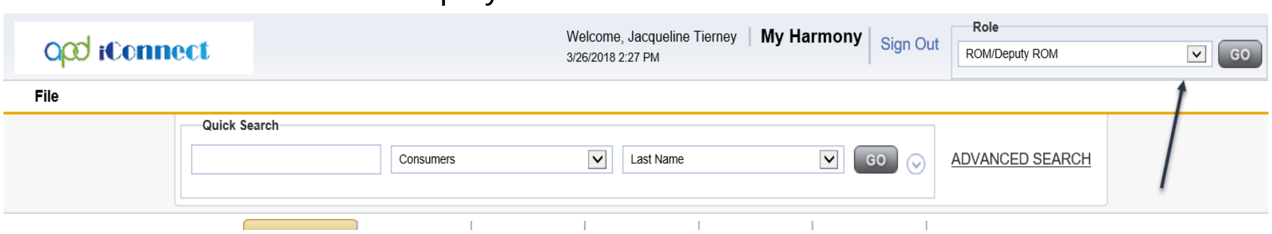
7. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Pending Disenrollment:

8. Review the contents of the Note to determine next steps. Update the Note accordingly. Leave Status = Pending.

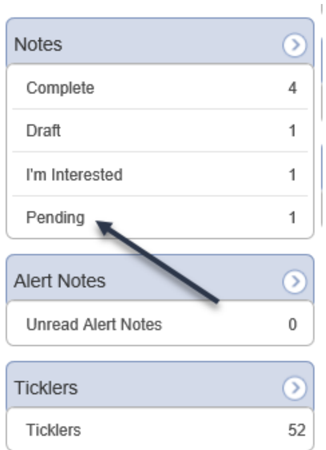
9. Route the Note record ROM/Designee for approval by clicking the **Ellipsis** button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

10. When finished, click **File > Save and Close Note**

11. The ROM/Designee will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. Log into iConnect and set Role = ROM/Deputy ROM. Click **Go.**



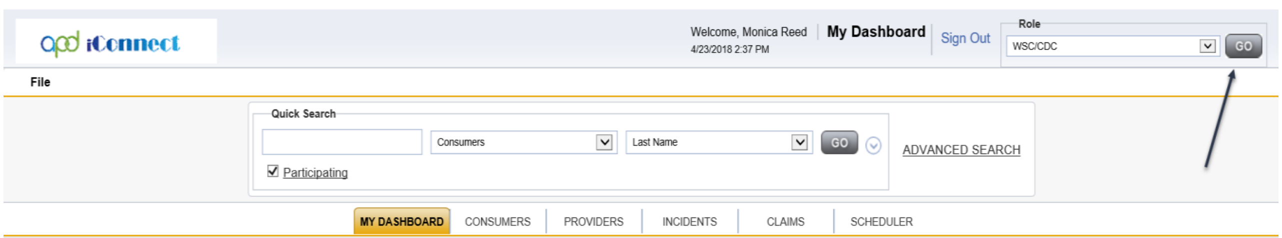
12. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending



13. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Pending Disenrollment:
    a. Review the contents of the Note and attachments
    b. Update Note Subtype = Waiver Disenrollment Approved OR Waiver Disenrollment Denied
    c. Set Status = Pending
    d. Route the Note record back to the Waiver Workstream Lead and the Waiver Support Coordinator by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

14. When finished, click **File > Save and Close Notes.**

15. The Waiver Support Coordinator will monitor their **My Dashboard** for Notes related to Waiver Disenrollment. Log into iConnect and set Role = WSC/CDC. Click **Go.**



    a. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending.

16. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Waiver Disenrollment Approved or Denied

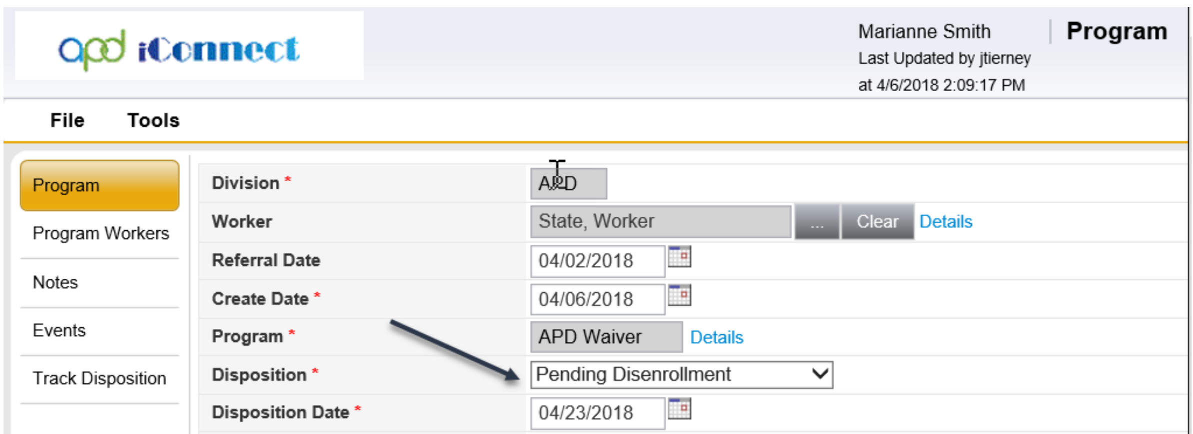
17. In the Note record, review the ROM/Designee's decision.

18. When finished, click **File > Close Notes.**

19. Update the consumer's Waiver Program Enrollment record to indicate pending disenrollment. Navigate to the consumer's record > click on the **Programs** tab > open the APD waiver Program record.

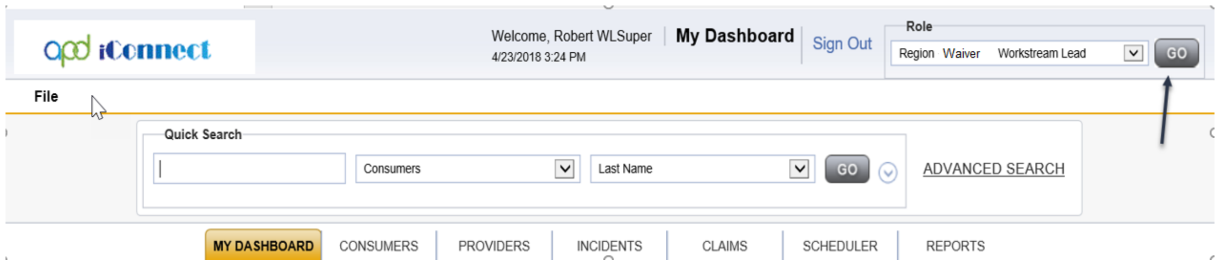
20. In the Program record, update the following fields:
    a. Disposition = Pending Disenrollment
    b. Disposition Date = Date Disposition was changed

21. When finished, click **File > Save and Close Programs.**

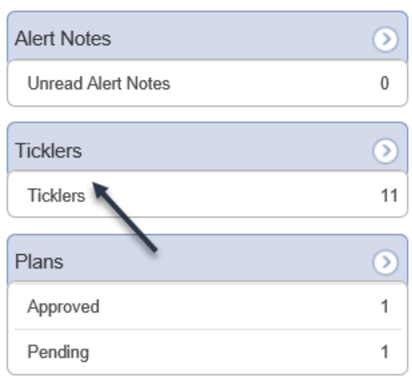


22. Upon saving the Program record with Disposition = Pending Disenrollment, a Workflow Wizard will trigger the following Ticklers:
    a. Send Notice of Pending Termination of Waiver Services (Only for Non-Compliance), *Assigned to Waiver Workstream Lead,* Due Immediately
    b. Send Notice of Pending Termination of Waiver Services, *Assigned to Waiver Workstream Lead,* Due in 30 Days

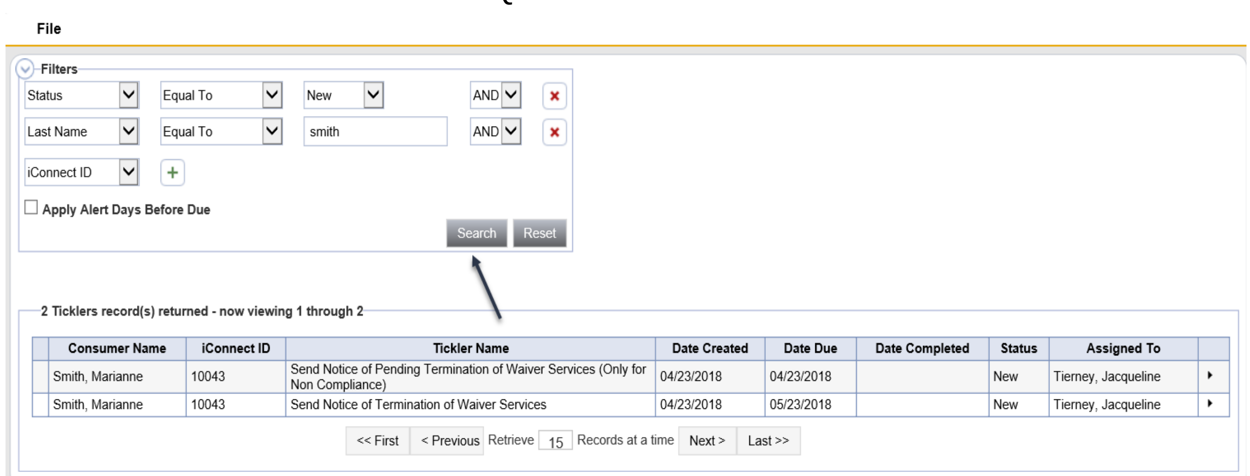
23. To complete the Ticklers, the Waiver Workstream Lead will log into iConnect and set Role = Region Waiver Workstream Lead. Click **Go.**



a. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



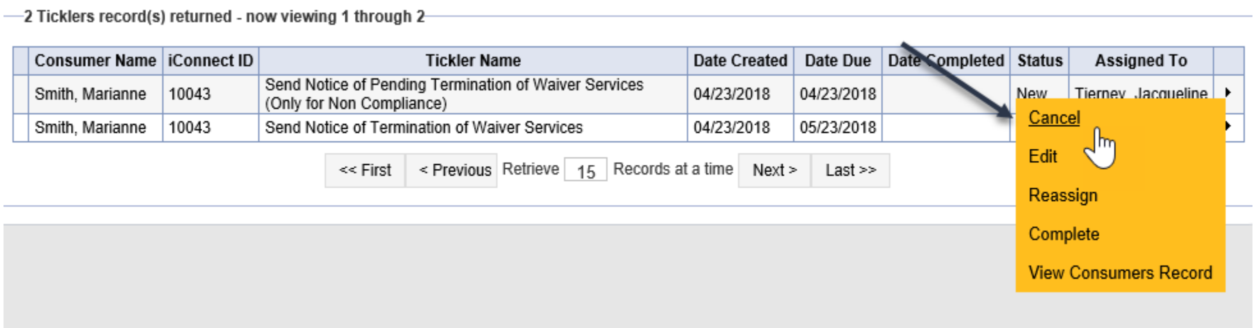
b. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**



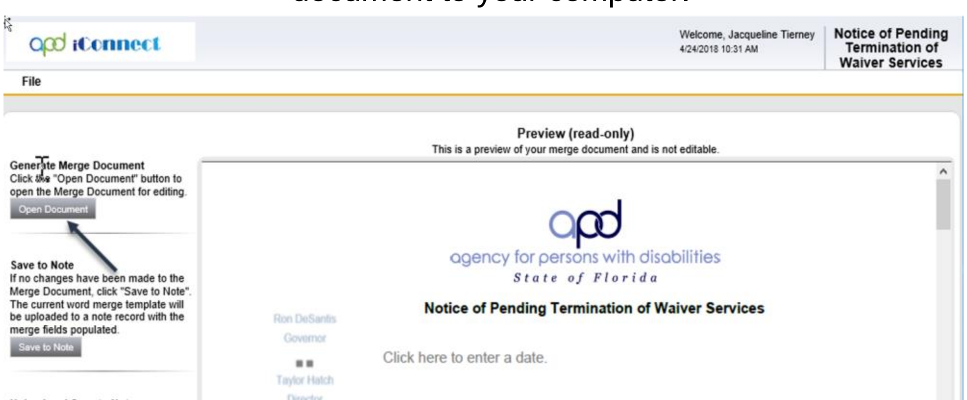
Tip

When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking ***Search****.*

24. Locate the Tickler called Send Notice of Pending Termination of Waiver Services (sent only for Non-Compliance) in the Tickler Queue.
    a. If the termination of Waiver Services is NOT related to non-compliance, cancel the Tickler. To do so, hover over the arrow next to the Tickler and click **Cancel.**



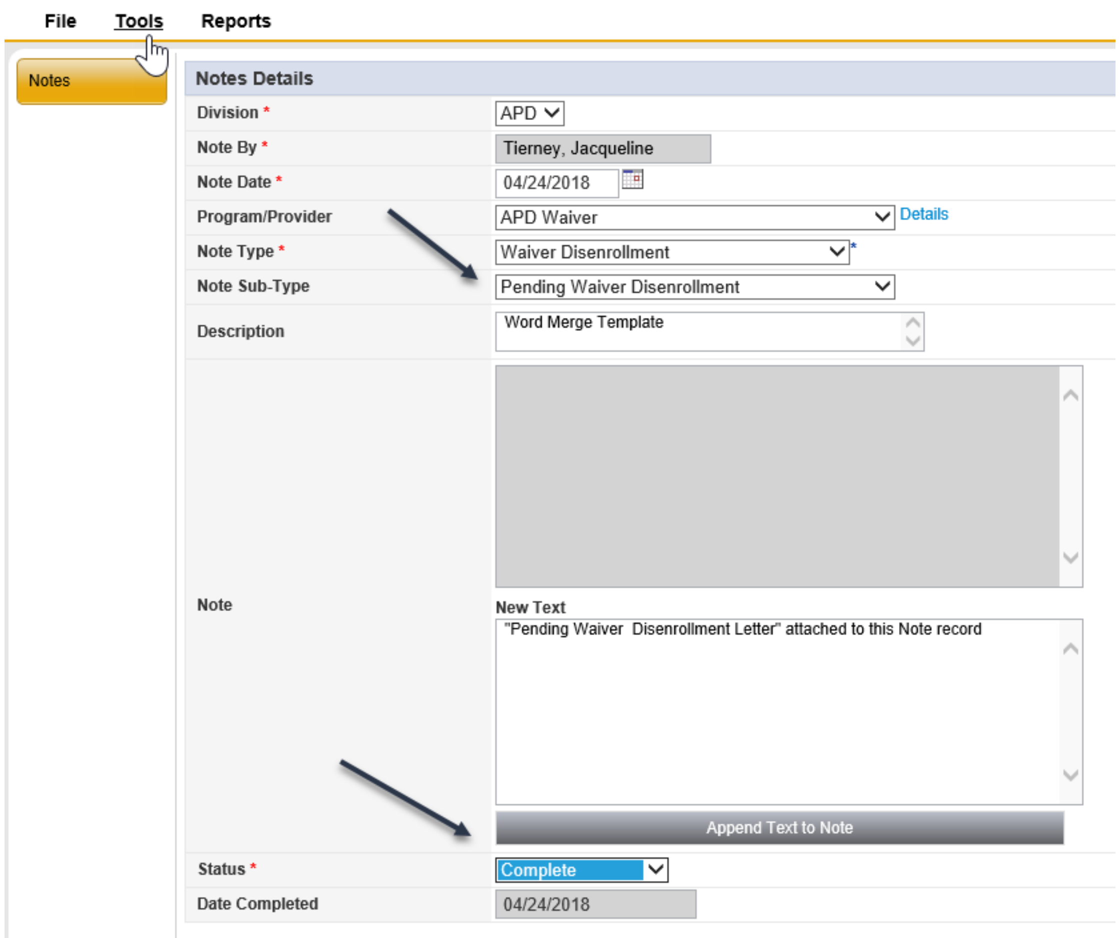
    b. If the termination of Waiver Services IS related to non-compliance, click to open the Tickler.
        i. Upon doing so, the Notice of Pending Termination of Waiver Services letter will open in Word Merge Preview mode.
        ii. Click **Open Document** to edit the contents of the letter in Microsoft Word. Save the document to your computer.



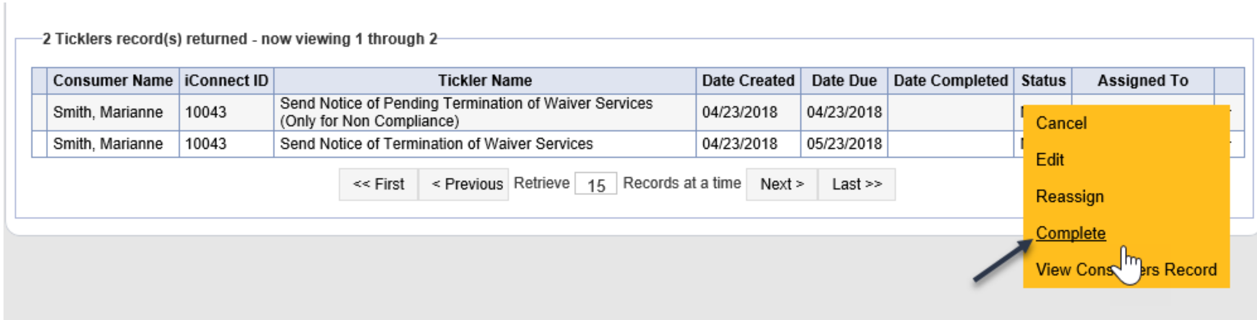
    c. Print and mail the letter to the Consumer.

d. Back in the Word Merge preview screen, click **Upload and Save to Note.** In the new Consumer Note record, update the following fields:
   i. Division = APD
   ii. Note Type = Waiver Disenrollment
   iii. Note Subtype = Pending Waiver Disenrollment
   iv. Status = Complete

e. When finished, click **File > Save and Close Notes**



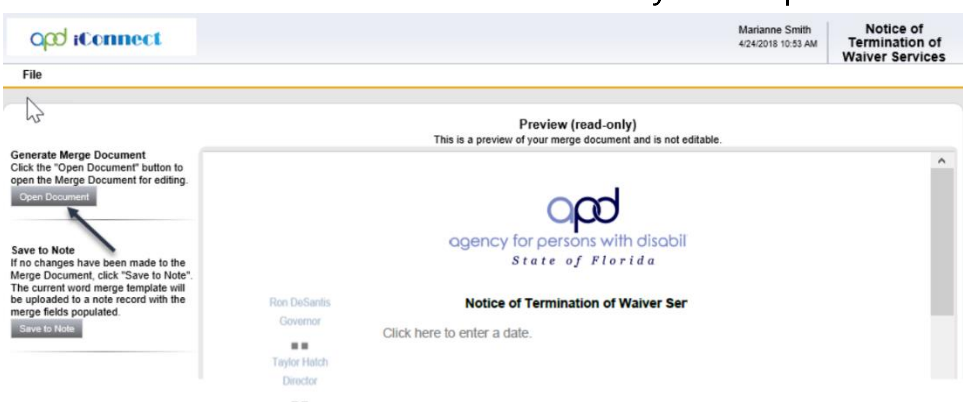
25. Back in the Tickler Queue, hover over the arrow next to the Tickler to click **Complete:**



26. In the Tickler Queue, click to open the tickler called Send Notice of Termination of Waiver Services.

27. Upon doing so, the Notice of Pending Termination of Waiver Services letter will open in Word Merge Preview mode.

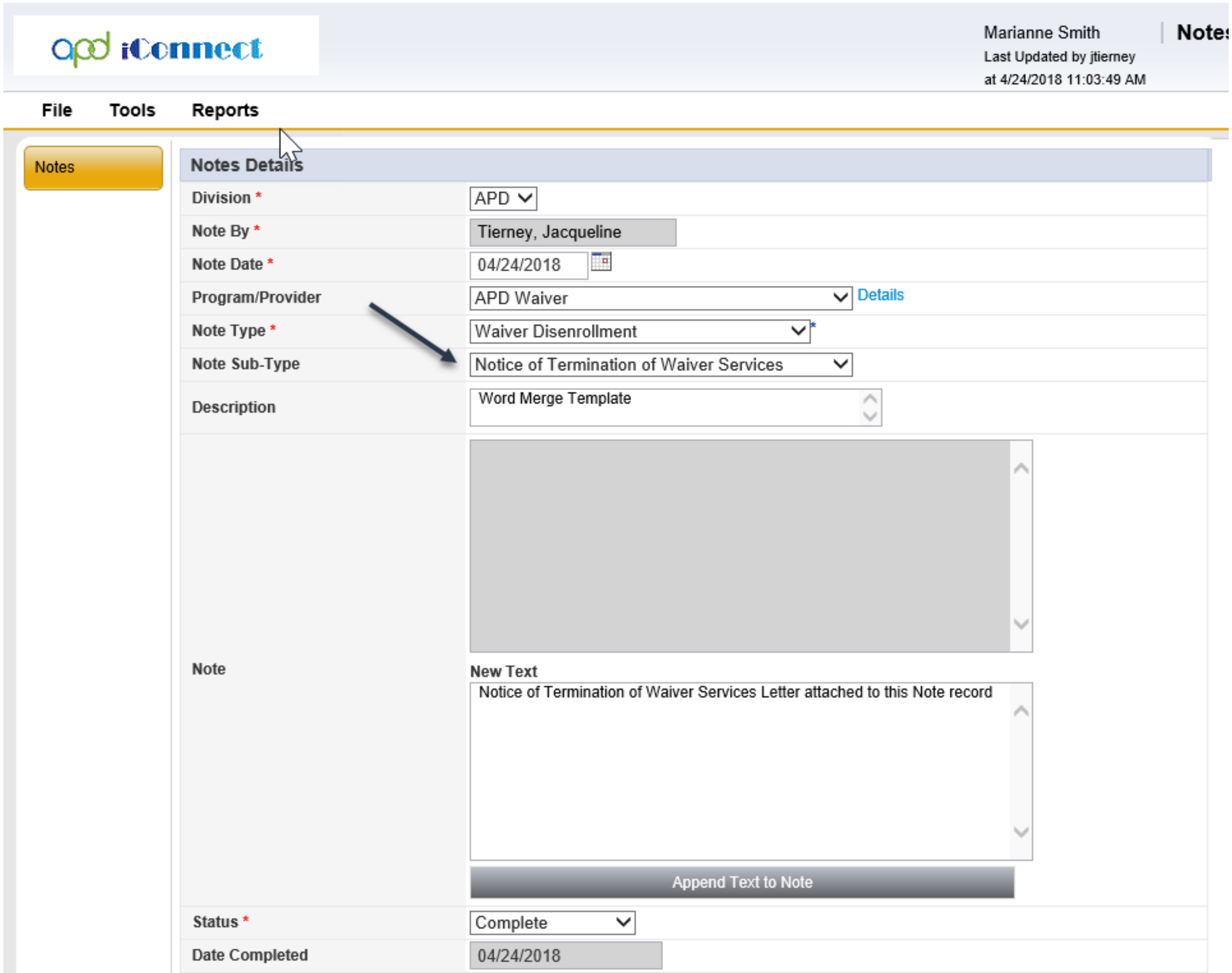
28. Click **Open Document** to edit the contents of the letter in Microsoft Word. Save the document to your computer.



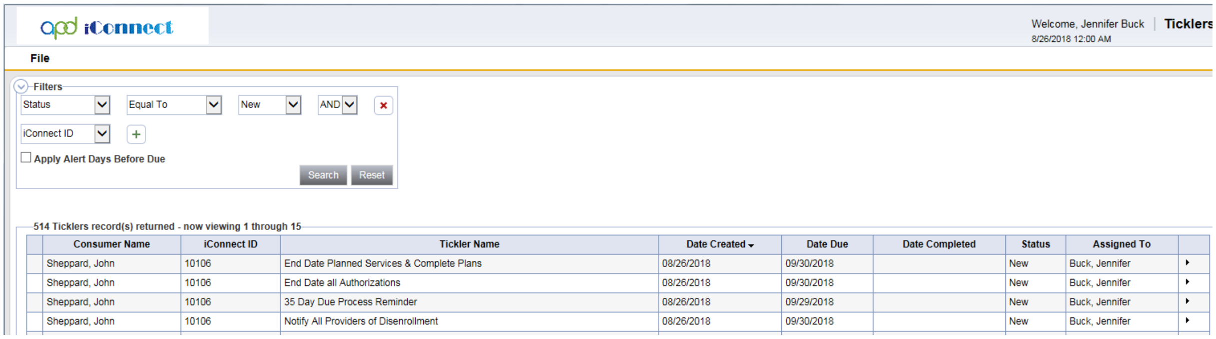
29. Print and mail the letter to the Consumer.

30. Back in the Word Merge preview screen, click **Upload and Save to Note.** In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Disenrollment
    c. Note Subtype = Notice of Termination of Waiver Services
    d. Status = Complete

31. When finished, click **File > Save and Close Notes**



32. Upon saving the Note record, a Workflow Wizard will trigger with the following Tickler:
    a. 35 Day Due Process Reminder – *Assigned to Self (Waiver Workstream Lead),* Due 35 Days from the date that the Final Notice of Termination of Waiver Services Letter was sent to the Consumer
    b. Notify all Providers of Disenrollment, *Assigned to WSC,* Due 35 Days from the date that the Final Notice of Termination of Waiver Services Letter was sent to the Consumer
    c. End Date Planned Services and Complete Plans – *Assigned to WSC,* Due Immediately
    d. End Date All Authorizations – *Assigned to WSC,* Due Immediately



33. Ticklers are visible from My Dashboard.

34. The Waiver Workstream Lead will work through each Tickler listed in the Workflow Wizard window.

35. To begin, hover over the arrow next to the Tickler called 35 Day Due Process Reminder to click **Open.**

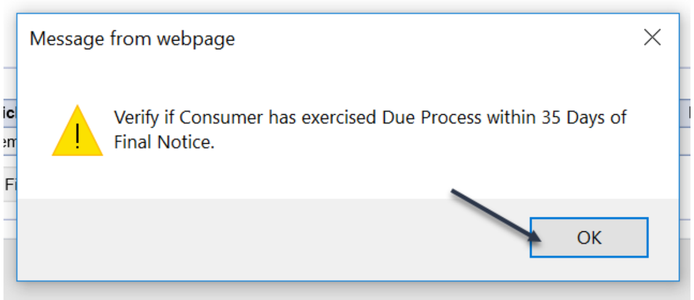
Remember!

There are only 3 instances in which the Waiver Workstream Lead should not wait the 35 days and send the request immediately.

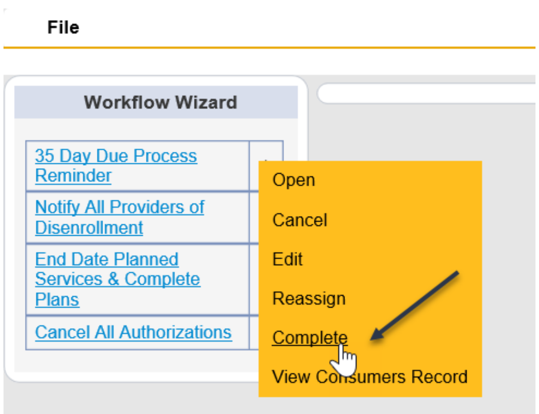
1. *Consumer moves to ICF*
2. *Consumer admitted to DDC*
3. *Consumer dies (proceed to Chapter on Death Reporting).*

*If the closure is for other circumstances, not outlined above, the Waiver Workstream Lead **MUST** wait the 35 days.*

36. Upon doing so, a Message Tickler will appear - Verify if Consumer has exercised Due Process within 35 Days of Final Notice. Click **OK.**



37. After verifying if the Consumer exercised Due Process, hover on the arrow next to the Tickler to click **Complete.**

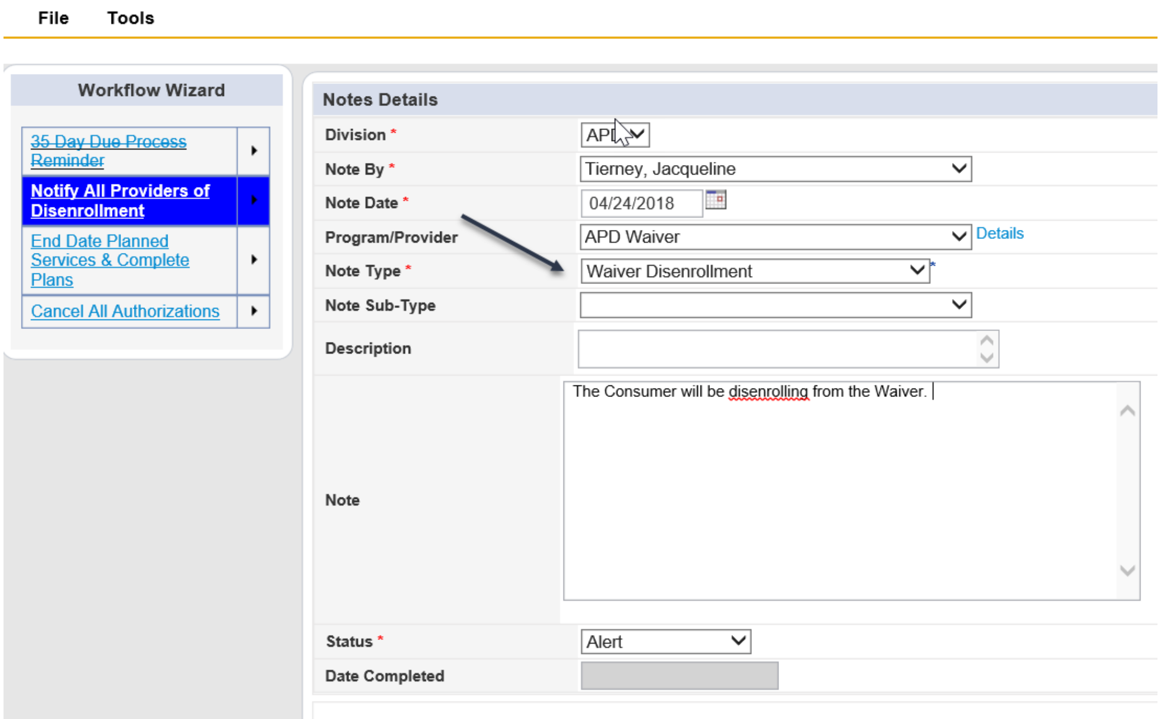


38. Back in the Workflow Wizard window, hover over the arrow next to the Tickler called Notify All Providers of Disenrollment to click **Open.**

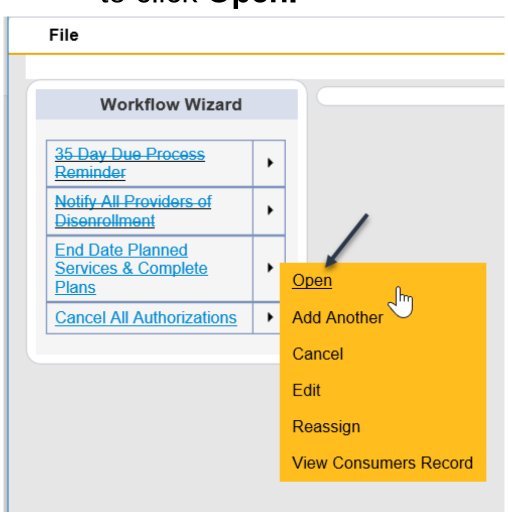
39. Upon doing so, a new Consumer Note record will open. Update the following fields:
    a. Division = APD
    b. Program/Provider = Update as necessary
    c. Note Type = Waiver Disenrollment
    d. Note Subtype = N/A
    e. Status = Alert
    f. Route the Note to the Waiver Workstream Lead by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient

40. When finished, click **File > Save Notes**

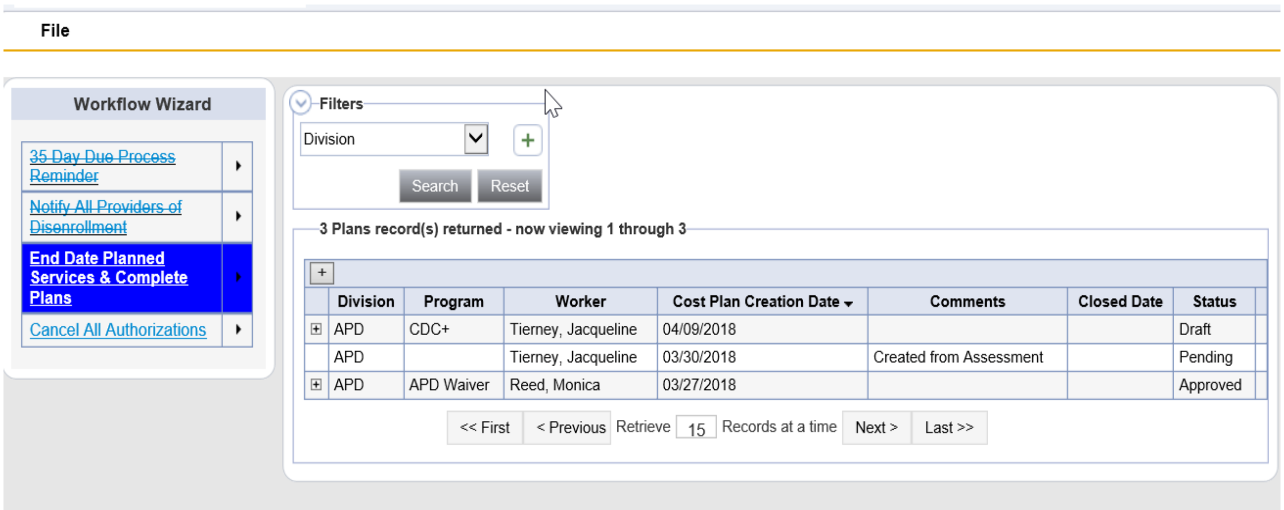
41. Complete this process for all relevant Service Providers by clicking **Add Another**



42. Back in the Tickler Queue, hover over the arrow next to the Tickler called End Date Planned Services & Complete Plans to click **Open.**



43. Upon doing so, the consumer’s Plans List View Grid will open.



44. Click into the relevant Plan record and update all necessary fields.

45. When finished, click **File > Save Plans**

46. Hover over the arrow next to the Tickler to click **Complete**

47. Back in the Tickler Queue, click to open the Tickler called End Date All Authorizations.
48. Upon doing so, the consumer’s Authorizations List View Grid will open

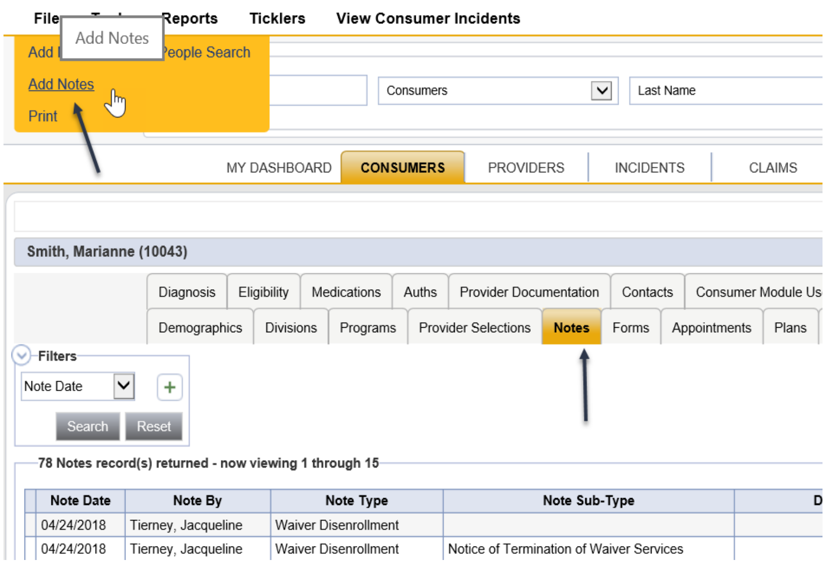
49. Click into each relevant Authorization record and update the End Date field.

50. When finished, click **File > Save Auth Service** and **File > Close Workflow Wizard**

51. Make a determination about the consumer’s Case:
    a. Did the Consumer Exercise Due Process? If so, proceed to Chapter on Due Process.
    b. If the Consumer did NOT Exercise Due Process, make a decision if one of the following applies to the consumer’s Case:

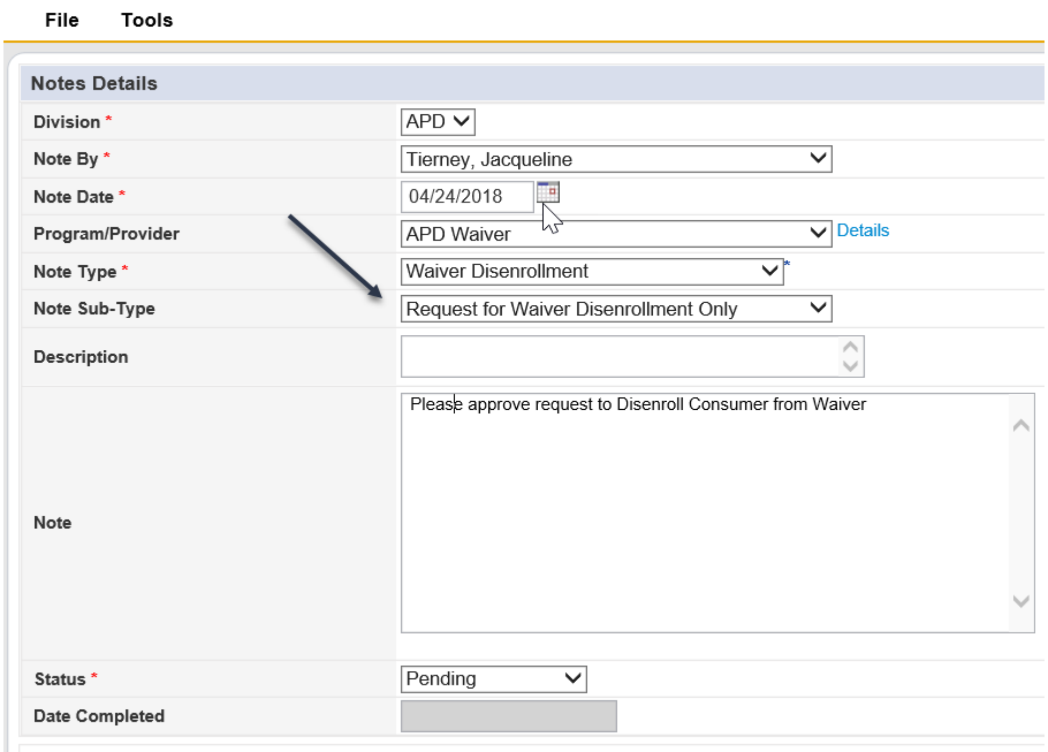
i. If any of the following apply, proceed below to Waiver Disenrollment
    i. Should the consumer's Case be fully Closed? or
    ii. Should the Consumer be Disenrolled and put back on the Waiver Pre-Enrollment? or

52. To proceed with Waiver Disenrollment, the Waiver Workstream Lead will navigate to the consumer's record and click **Notes > File > Add Note.**



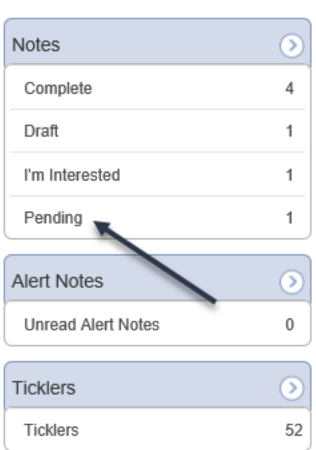
53. In the new Note record, update the following fields:
    a. Division = APD
    b. Note Type = Waiver Disenrollment
    c. Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment
    d. Status = Pending
    e. Route the Note record to the State Office Worker by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

54. When finished, click **File > Save and Close Notes**

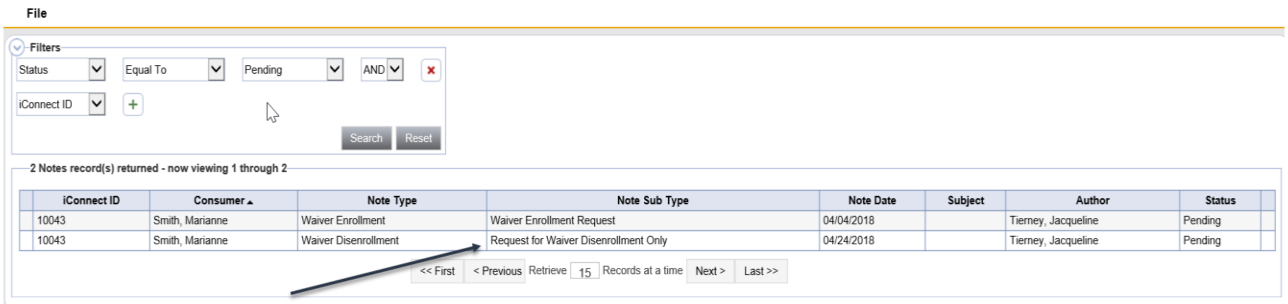


55. The State Office Worker will monitor their **My Dashboard** for Note records related to Waiver Disenrollment. To do so, log into iConnect and set Role = State Office Enrollment. Click **Go.**

56. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending

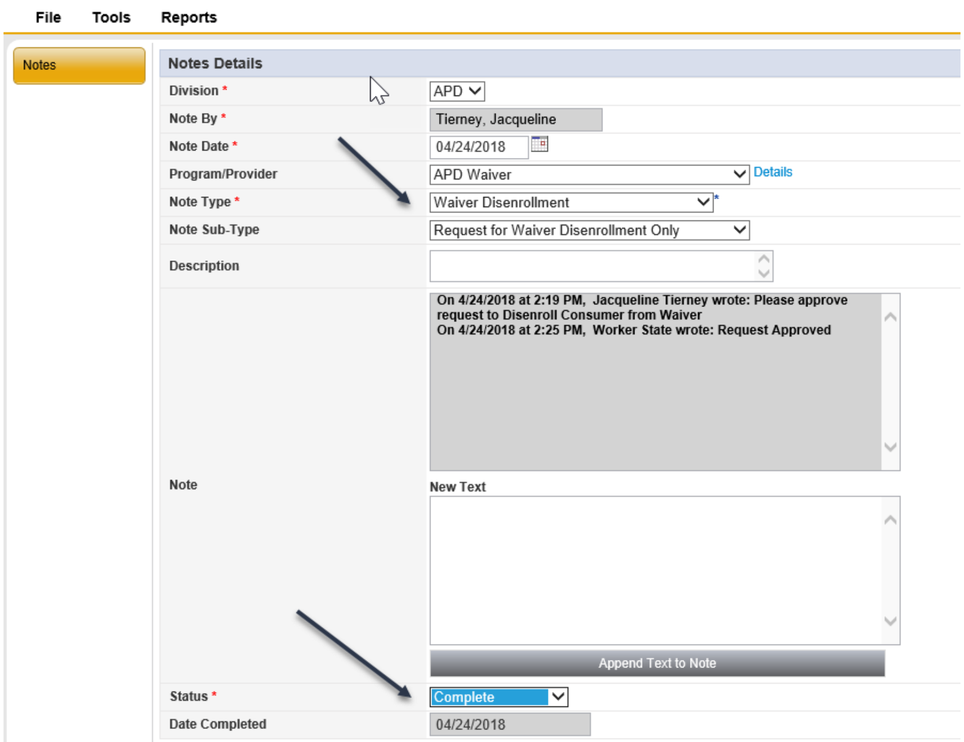


57. In the Pending Notes queue, open the Note record with Note Type = Waiver Disenrollment and Note Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment

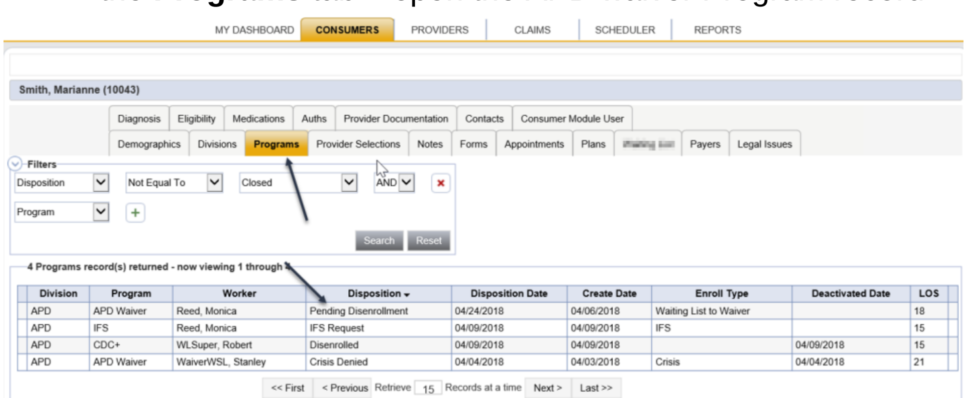


58. Review the contents of the Note record and update the following fields:
    a. Note = Indicate whether the disenrollment request is approved or disapproved
    b. Status = Complete
    c. Route the Note record to the Waiver Workstream Lead and/or the Pre-Enrollment Workstream Lead as a Note Recipient by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

59. When finished, click **File > Save and Close Notes**

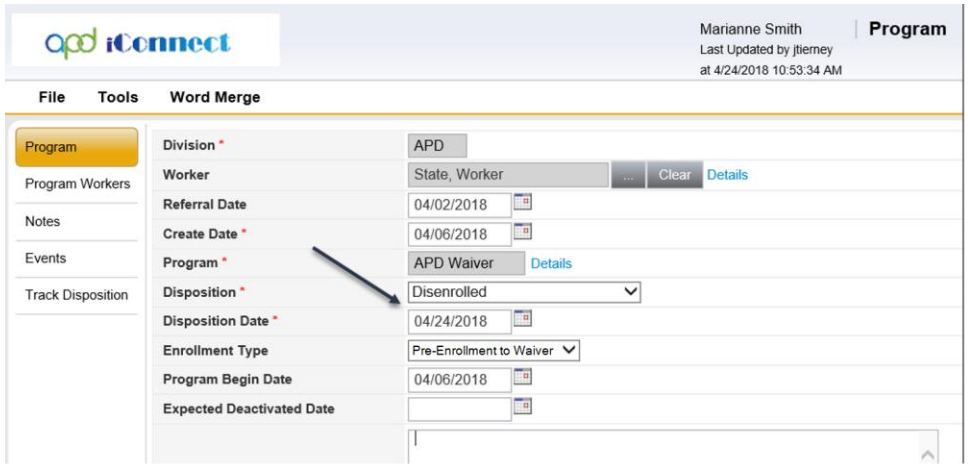


60. To disenroll the Consumer, the State Office Enrollment Worker will navigate to the consumer's record and click on the **Programs** tab > open the APD waiver Program record.



61. Update the following fields:
    a. Disposition = Disenrolled
    b. Deactivated To = set to correct value
    c. Deactivated Date = defaults to today's date

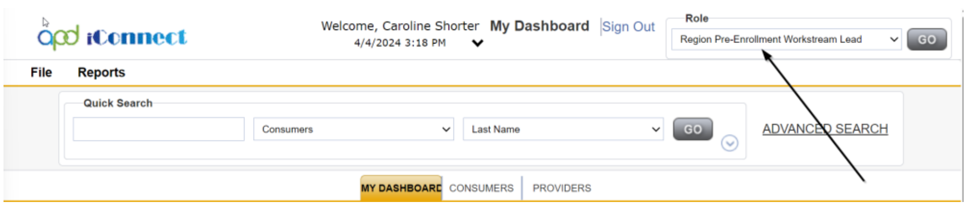
62. When finished, click **File > Save and Close Programs**



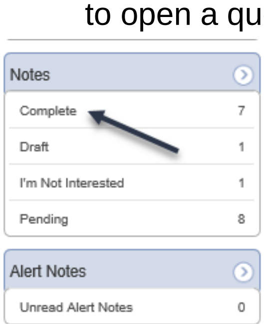
63. If the Consumer needs to return on the Pre-Enrollment, proceed to the [Chapter on Pre-Enrollment processes.](#) Otherwise, proceed below.

64. The Waiver Workstream Lead and/or Pre-Enrollment Workstream Lead will monitor their **My Dashboard** for Note records related to Waiver Disenrollment status.

65. To begin, log into iConnect and set Role = Region Waiver OR Region Pre-Enrollment Workstream or Region Waiver Workstream Lead. Click **Go.**



66. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Complete** link to open a queue of Notes with Status = Complete.



a. Use the multi variable search to narrow down the search results. Open the Note record with Note Type

= Waiver Disenrollment and Note Subtype = Request for Waiver Disenrollment Only OR Request to Disenroll and Return to Pre-Enrollment

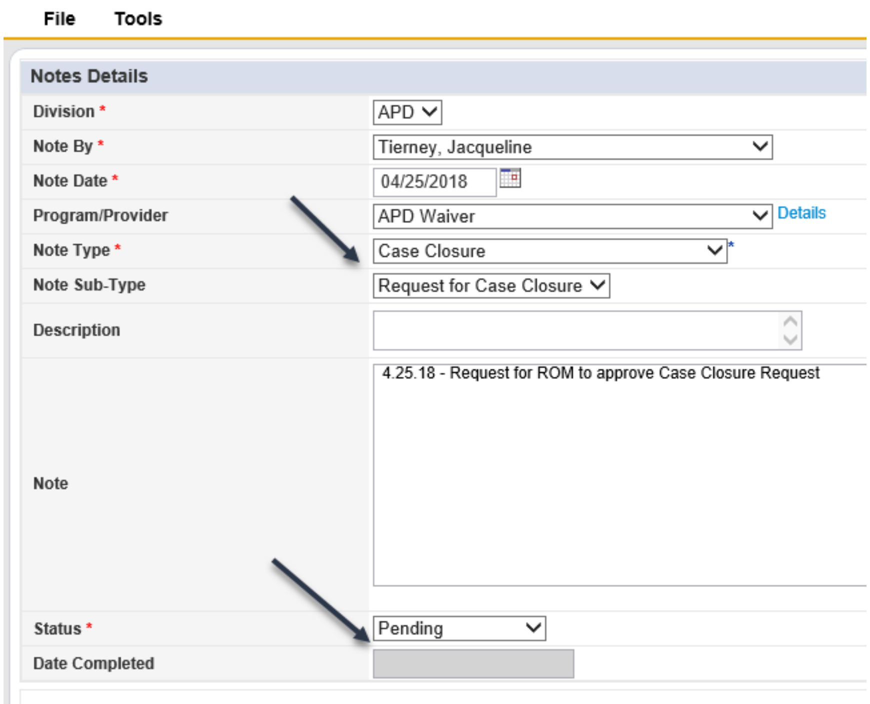
67. Review the contents of the Note. If the request was approved, create a new request for Case Closure via a new Consumer Note record.

Request for Case Closure

1. To create the request for Case Closure, navigate to the consumer's record and click **Notes > File > Add Note.**

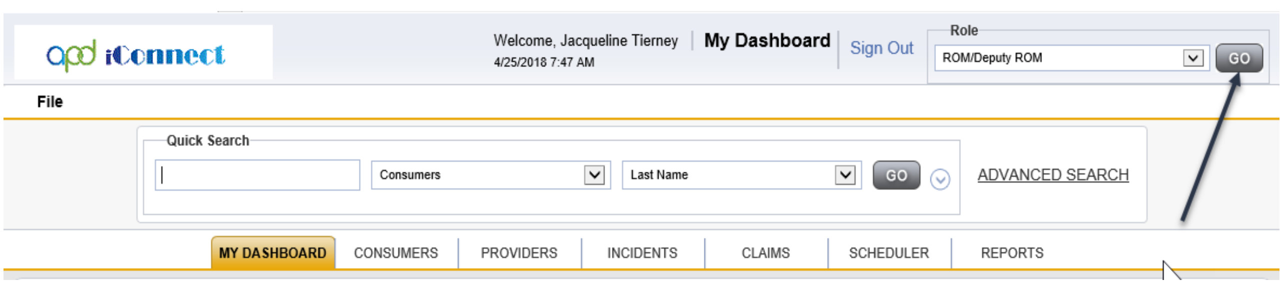
2. In the new Note record, update the following fields:
   a. Division = APD
   b. Note Type = Case Closure
   c. Note Subtype = Request for Case Closure
   d. Status = Pending
   e. Route the Note record to the ROM or designee by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

3. When finished, click **File > Save and Close Notes**

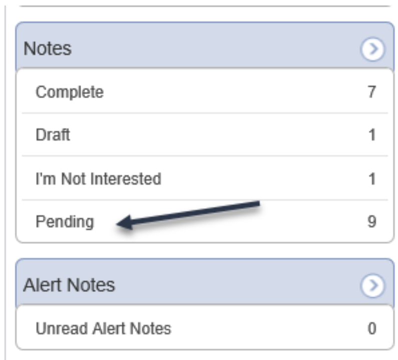


4. The Region Operations Manager (ROM) will monitor their **My Dashboard** for Note records related to Waiver Disenrollment status.

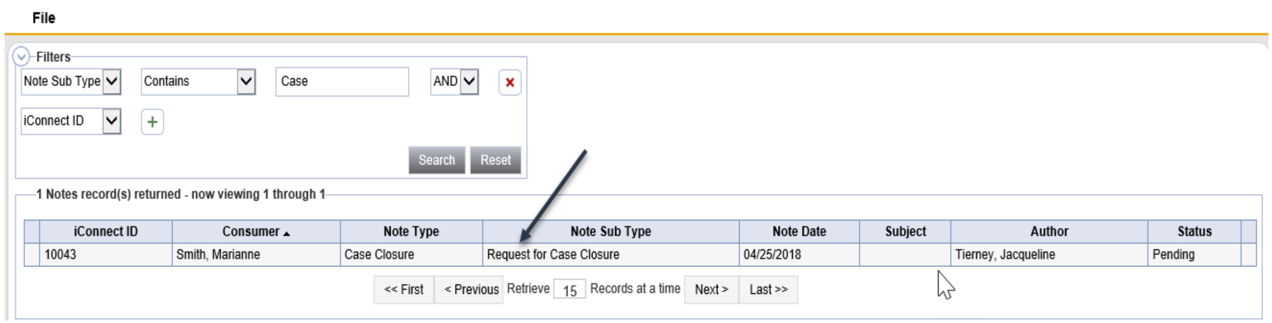
5. To begin, log into iConnect and set Role = ROM/Deputy ROM. Click **Go.**



6. On the **My Dashboard**, locate the Consumers panel and scroll down to the Notes section. Click on the **Pending** link to open a queue of Notes with Status = Pending.



7. Use the multi variable search to narrow down the search results. Open the Note record with Note Type = Case Closure and Note Subtype = Request for Case Closure.

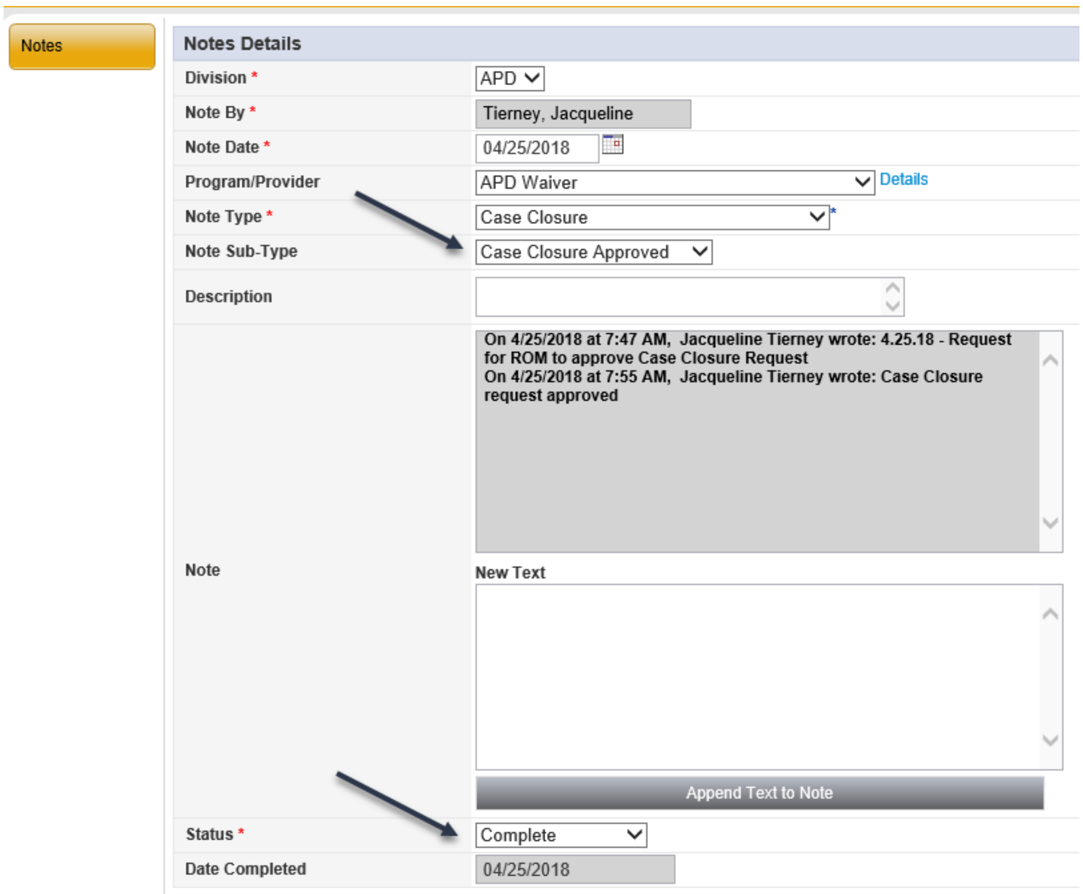


8. Review the contents of the Note. If additional info is needed, update the following fields:
   a. Note Subtype = Additional Information Needed
   b. Status = Pending
   c. Route the Note back to the designated Waiver Workstream Lead or Pre-Enrollment Workstream Lead by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results, click on the matching Worker Name to route the note to that recipient.

9. If no additional info needed, update the following fields:
   a. Note Subtype = Case Closure Approved OR Case Closure Denied
   b. Status = Complete
   c. Route the Note back to the designated Waiver Workstream Lead or Pre-Enrollment Workstream Lead by clicking the Ellipsis button next to Add Note Recipient. In the pop-up window, type in the Worker's Last Name and click **Search**. In the Search results,

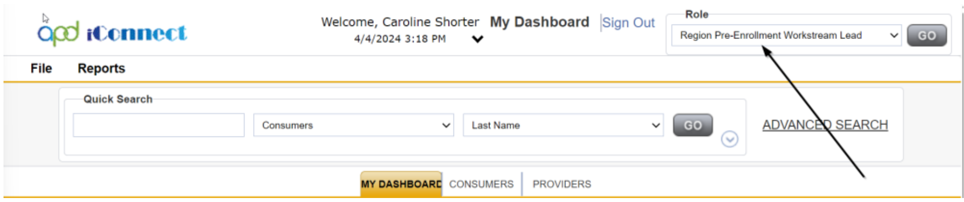
click on the matching Worker Name to route the note to that recipient.

10. Click **File > Save and Close Notes.**

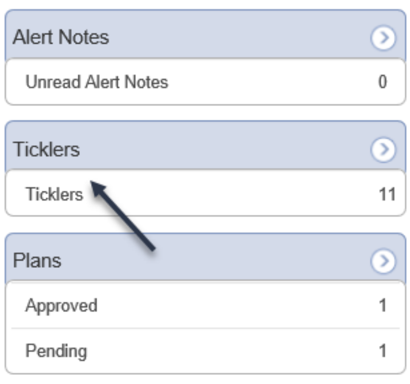


11. Upon saving the Note record with Note Type = Case Closure Note Subtype = Case Closure Approved with Status = Complete, a Workflow Wizard will trigger the following Ticklers:
    a. Send the Notice of Case Closure – *Assigned to Waiver or Pre-Enrollment Workstream Lead,* Due Immediately
    b. Close the Case – *Assigned to Waiver or Waiting Workstream Lead,* Due 10 days from Note Date Completed date
    c. Close the Division Record - *Assigned to Waiver or Pre-Enrollment Workstream Lead,* Due 365 days from Note Date Completed date

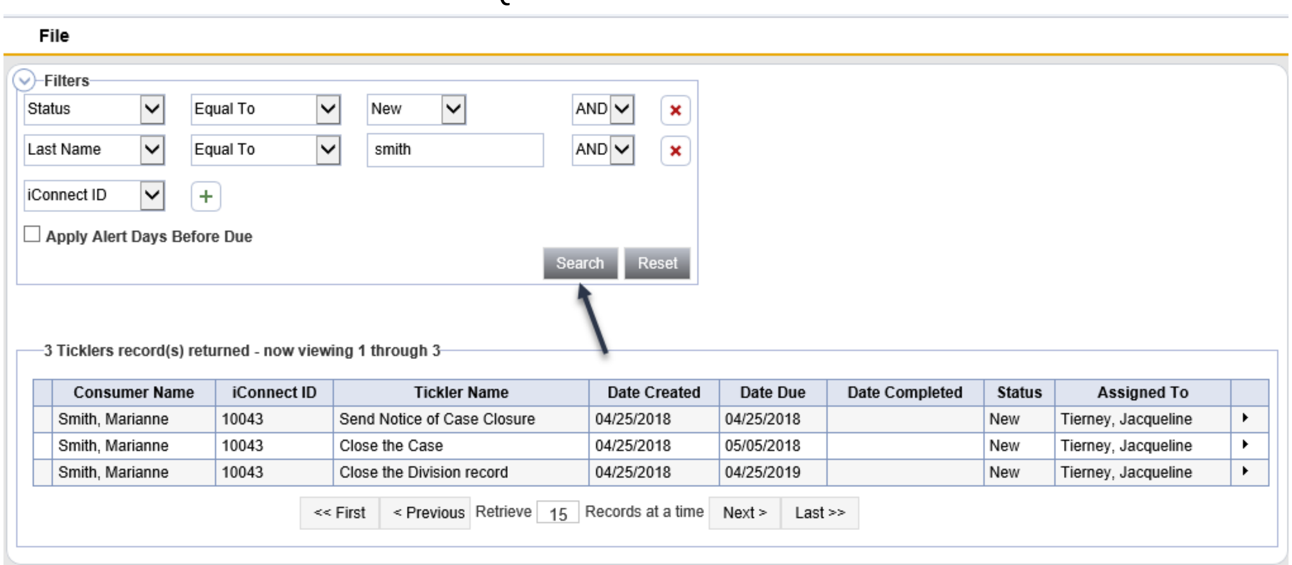
12. To complete the Ticklers, the Waiver Workstream Lead or Pre-Enrollment Workstream Lead will log into iConnect and set Role = Region Pre-Enrollment Workstream Lead. Click **Go.**



13. On the **My Dashboard,** find the Consumers Section and scroll down to the Ticklers Panel. Click on **Ticklers Due** to access the Tickler Queue:



a. Use the multi variable search to narrow down the results in the Tickler Queue. Click **Search.**



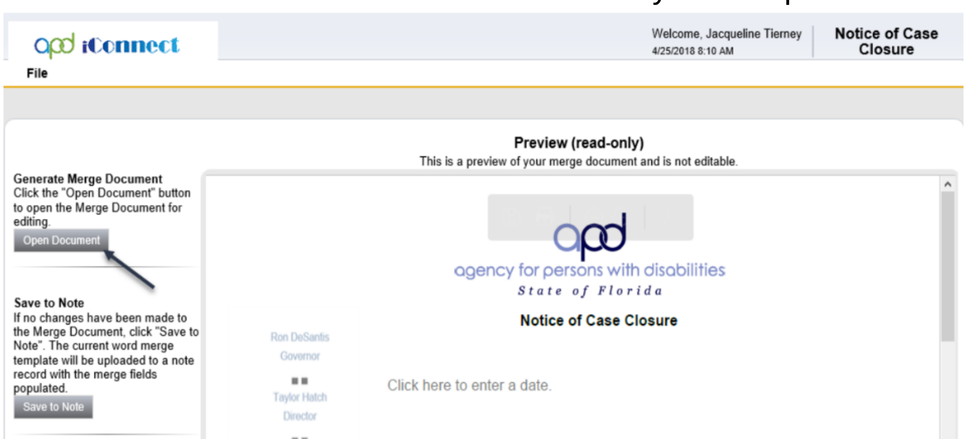
Tip

*When searching for a future Tickler, remember to clear the check box next to Apply Alert Days Before Due prior to clicking **Search**.*

14. Click to open the Tickler called Send Notice of Case Closure.

15. Upon doing so, the Notice of Case Closure letter will open in Word Merge preview mode.

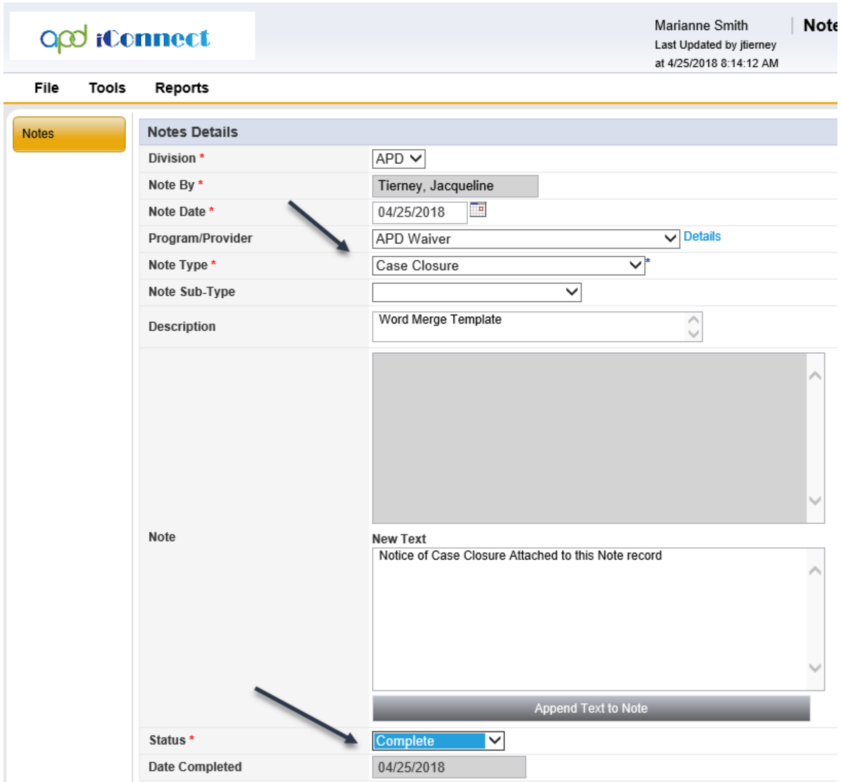
16. Click **Open Document** to edit the contents of the letter in Microsoft Word. Save the document to your computer.



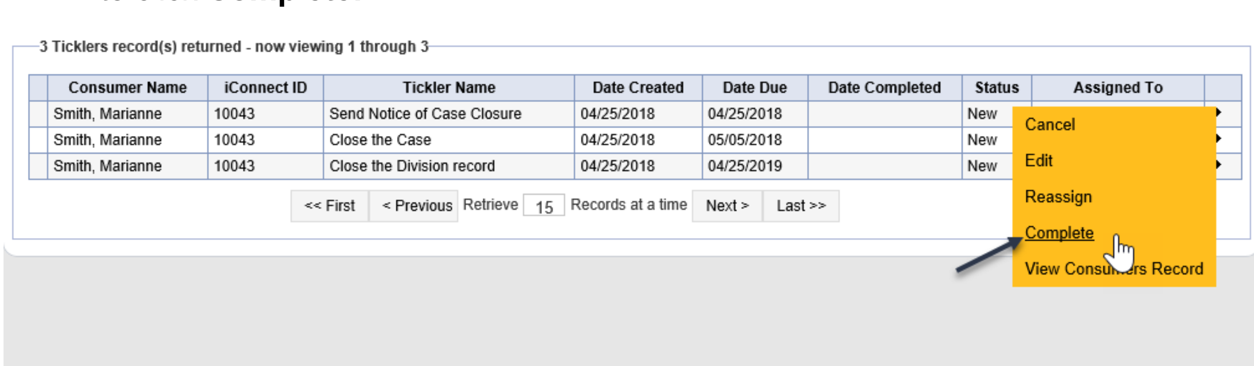
17. Print and mail the letter to the Consumer.

18. Back in the Word Merge preview screen, click **Upload and Save to Note.** In the new Consumer Note record, update the following fields:
    a. Division = APD
    b. Note Type = Case Closure
    c. Status = Complete

19. When finished, click **File > Save and Close Notes**

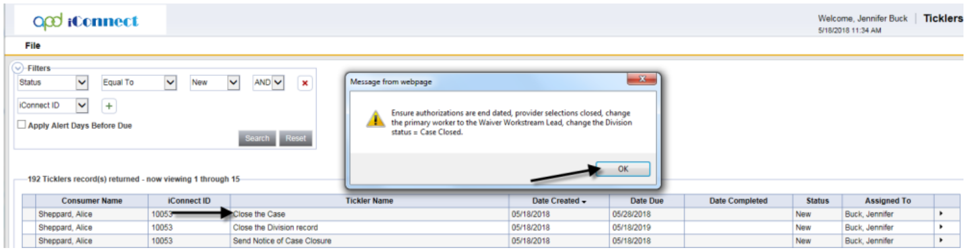


20. In the Tickler Queue, hover over the arrow next to the Tickler to click **Complete:**



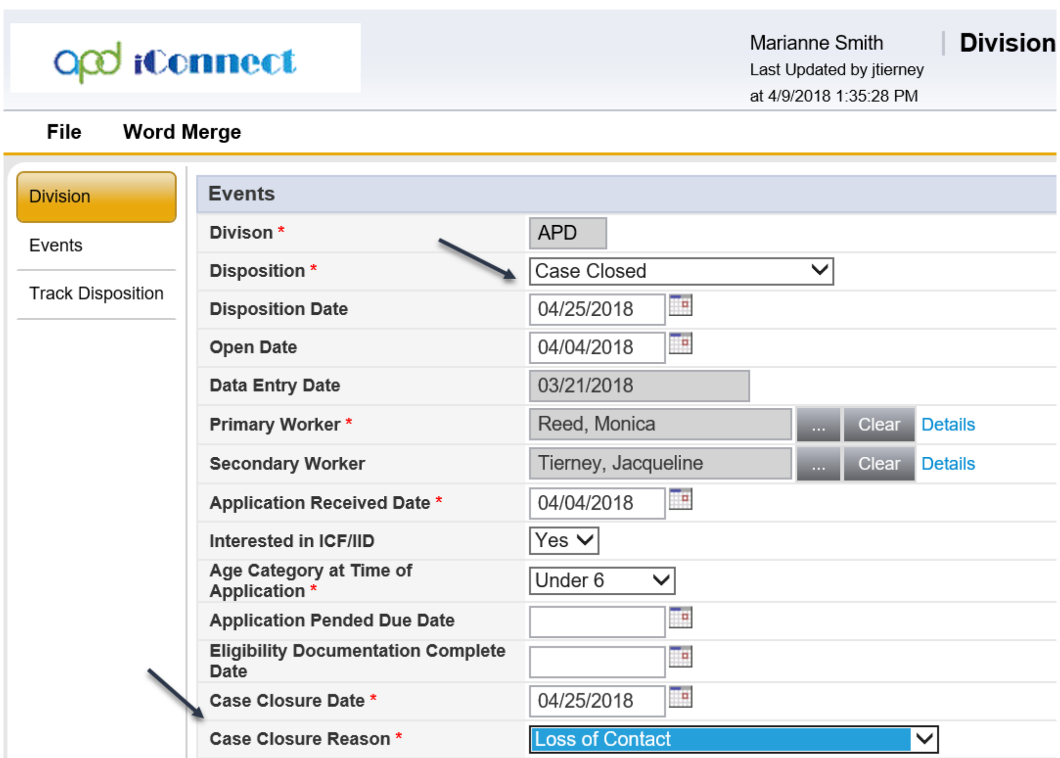
21. Back in the Tickler Queue, click to open the next Tickler called Close the Case.

22. Upon doing so, a Message Tickler will appear – Ensure auths are end dated, provider selections closed, change primary worker to the WS Lead (same as secondary worker). Click **OK.**



23. To close the consumer's Case, navigate to the consumer's record > click on the **Divisions** tab > open the consumer's APD Division record and update the following fields:
    a. Disposition = Case Closed
    b. Primary Worker = change to the Waiver Workstream Lead – Same as the Secondary Worker.
    c. Case Closure Date = Update as appropriate
    d. Case Closure Reason = Update as appropriate

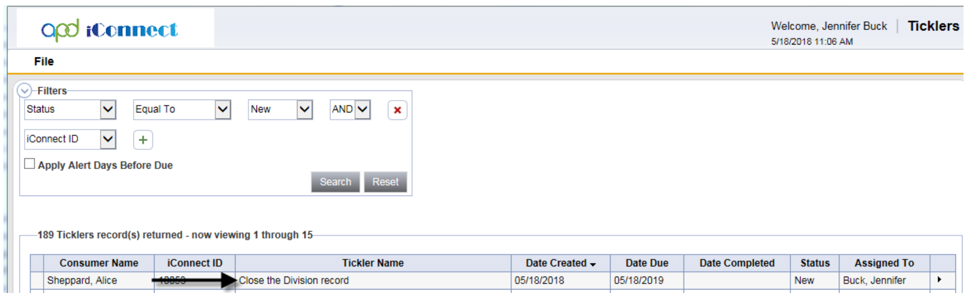
24. When finished, click **File > Save and Close Divisions**



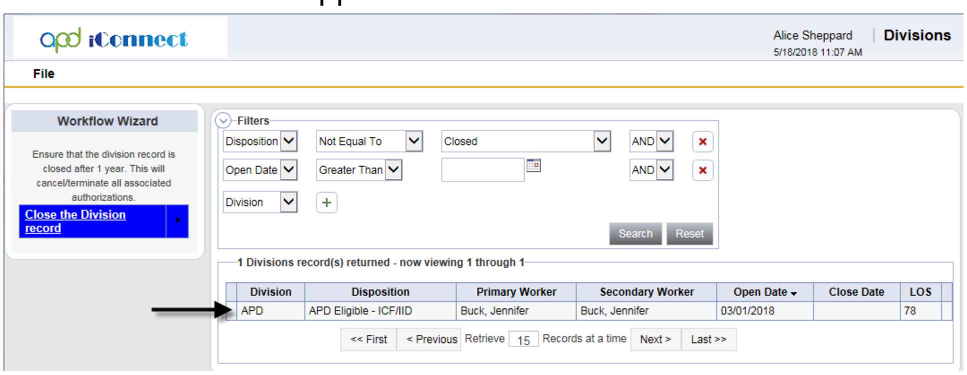
25. On the consumer's record, click on **Provider Selections** to verify that all Provider Selection records are closed.

26. On the consumer's record, click on **Authorizations** to verify that each Authorization record is appropriately end dated.
27. Back in the Tickler Queue, hover over the arrow next to the Tickler to click **Complete.**

28. In 365 days after Case Closure Request was approved, the Pre-Enrollment Workstream Lead or Waiver Workstream Lead will return to the Tickler Queue to complete the final Tickler called Close the Division Record.



29. Upon clicking on the Tickler, the consumer's Divisions List View Grid will appear.

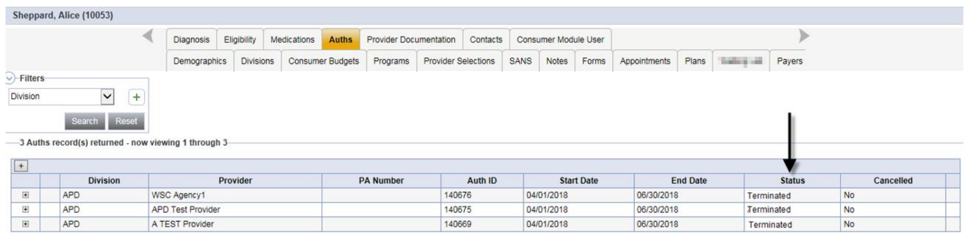


30. Click to open the APD Division record. Update the following fields:
    a. Disposition = Closed
    b. Closure Date = Update as appropriate
    c. Closure Reason = Update as appropriate

31. When finished, click **File > Save and Close Divisions**

32. Now that the Consumer is closed to the APD Division, ensure that all Authorizations are terminated automatically when the Division was closed. Navigate to the consumer's

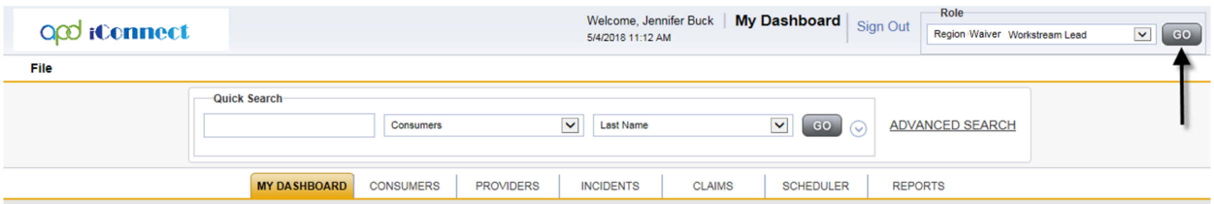
record and click on the **Authorizations** tab (Note those records with Status = Terminated).



Chapter 21 | WSC Case Load Transfers

Single Case Load Transfer

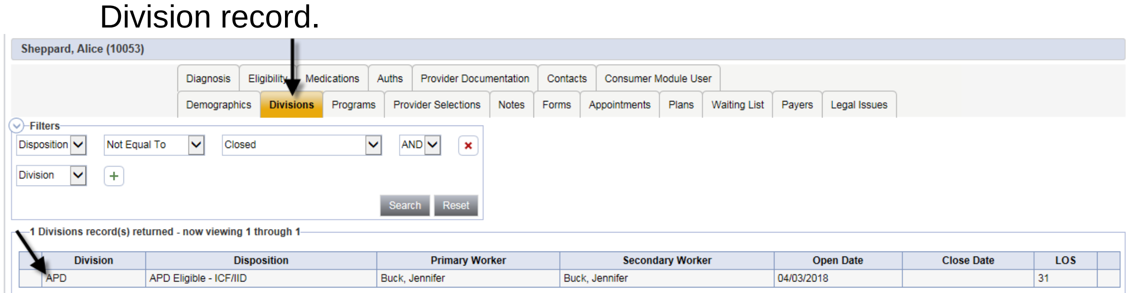
1. To begin, log into iConnect and set Role = Waiver or Pre-Enrollment Workstream Lead. Click **Go.**



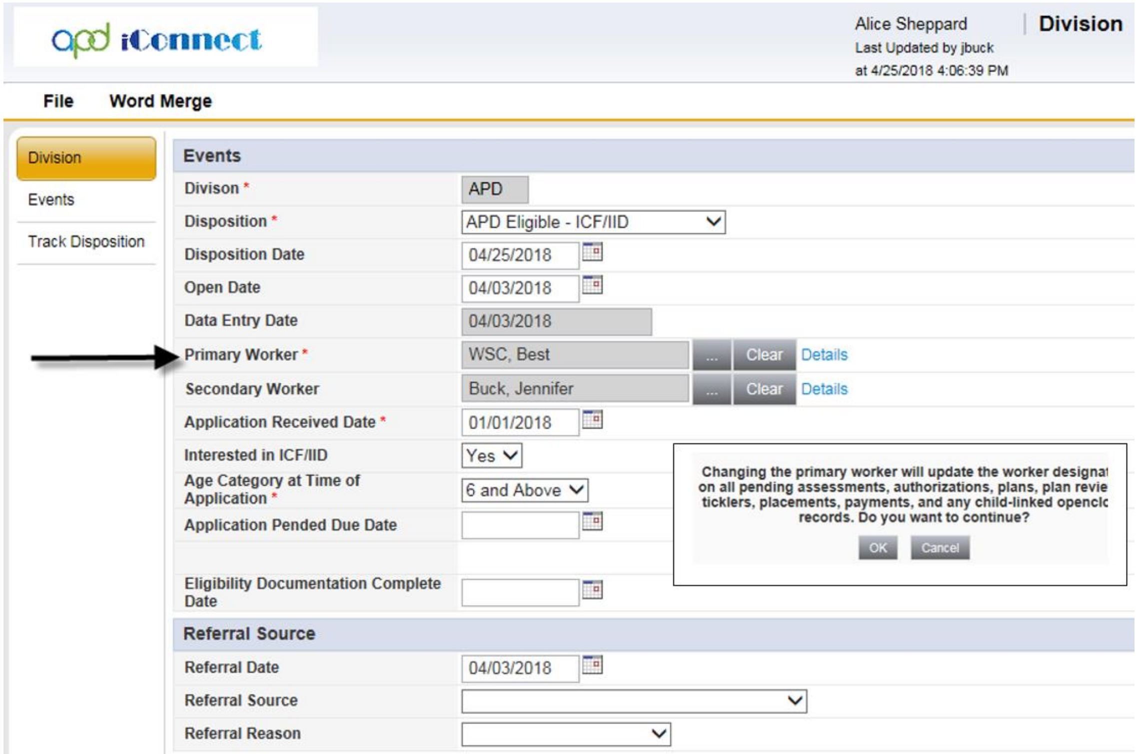
NOTE: For Waiver, a single case load transfer would only happen in specific circumstances like if the WSC leaves the agency with no notice and the caseload needs to transfer to a supervisor temporarily until a new WSC can be selected.

2. Navigate to the consumer's record, click on the **Division** tab.

3. The list of open Division records displays. Select the APD Division record.



4. The Division details page displays. Update the following fields:
   a. Primary Worker = select the ellipsis to search for and select the new Waiver Support Coordinator worker that will receive the case load.
   b. When prompted, select Yes to transfer any pending ticklers to the new worker

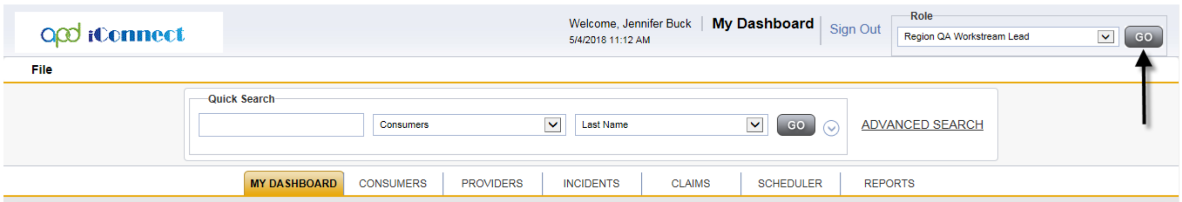


5. Click **File** > **Save and Close Division**.

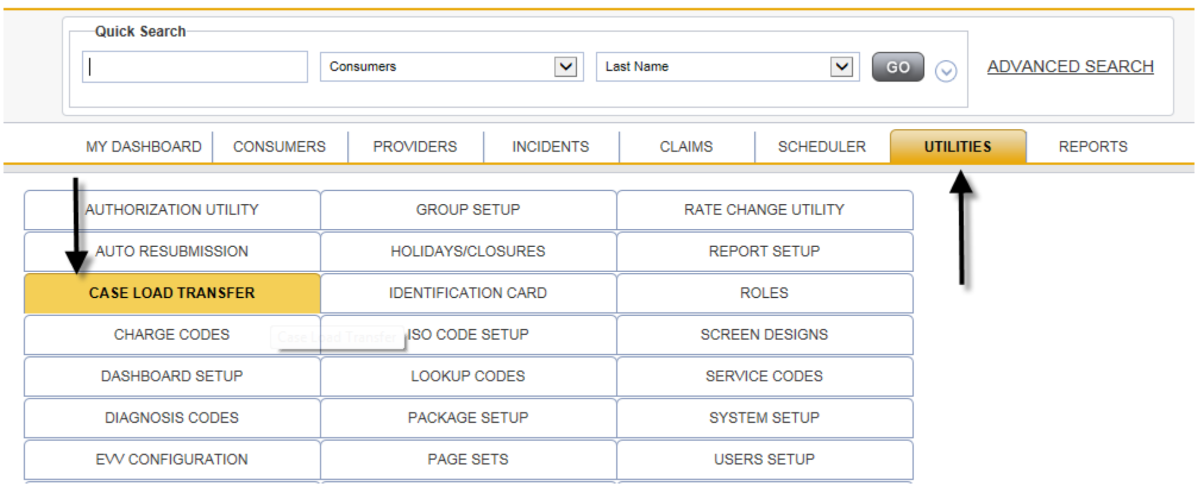
6. Repeat this step for all applicable active Division records

Bulk Case Load Transfer

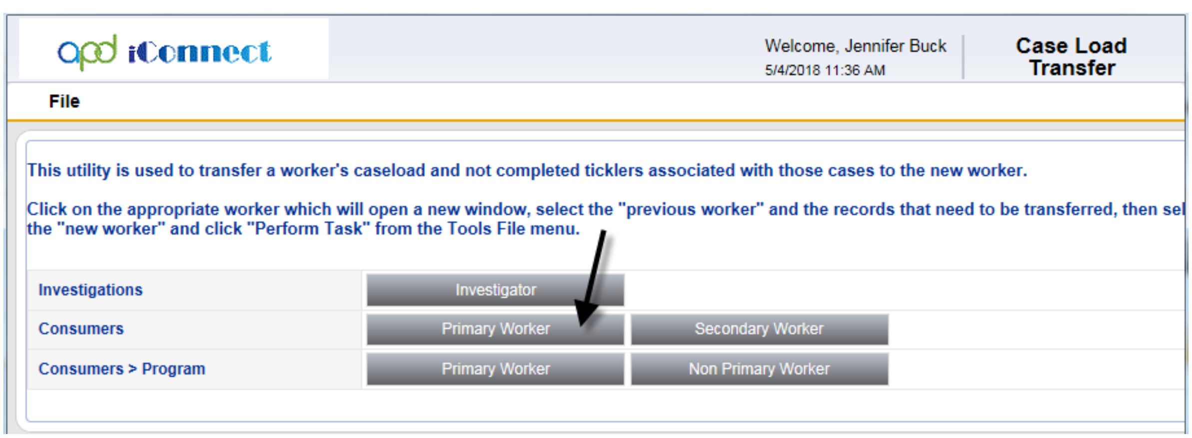
1. To begin, log into iConnect and set Role = Region QA Workstream Lead. Click **Go.**



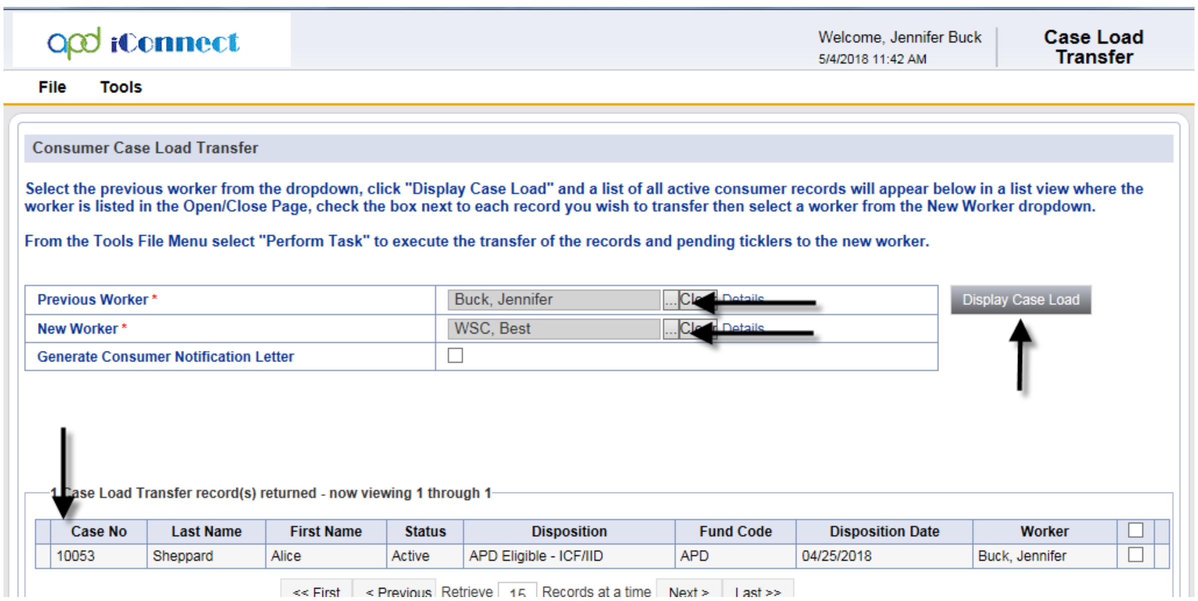
2. Navigate to the **Utilities** Chapter. Select **Case Load Transfer.**



3. Click **Consumers** > **Primary Worker** to transfer part of or the full case load of one Waiver Support Coordinator to another.

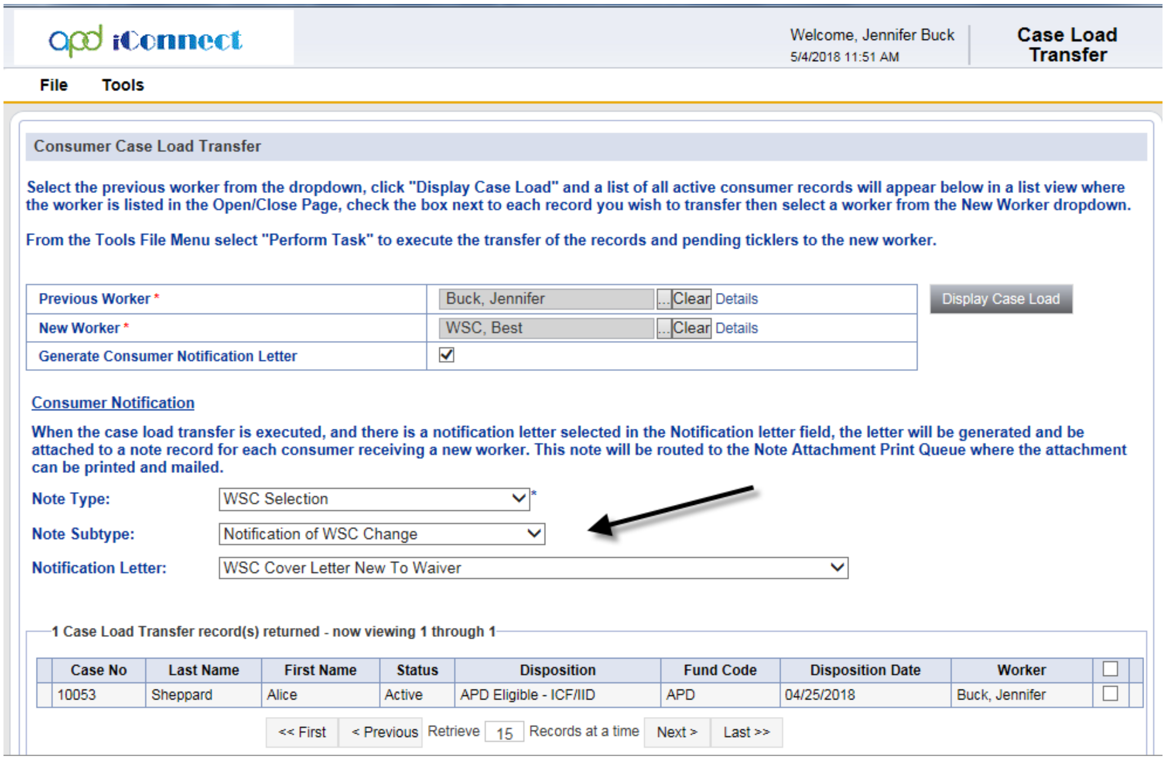


4. The Case Load Transfer page displays. Update the following fields:
    a. Click the Ellipsis next to **Previous Worker,** search for and select the current Waiver Support Coordinator Worker record.
    b. Once the worker is selected, click **Display Case Load**
    c. Click the ellipsis next to **New Worker,** search for and select the new Waiver Support Coordinator Worker record.



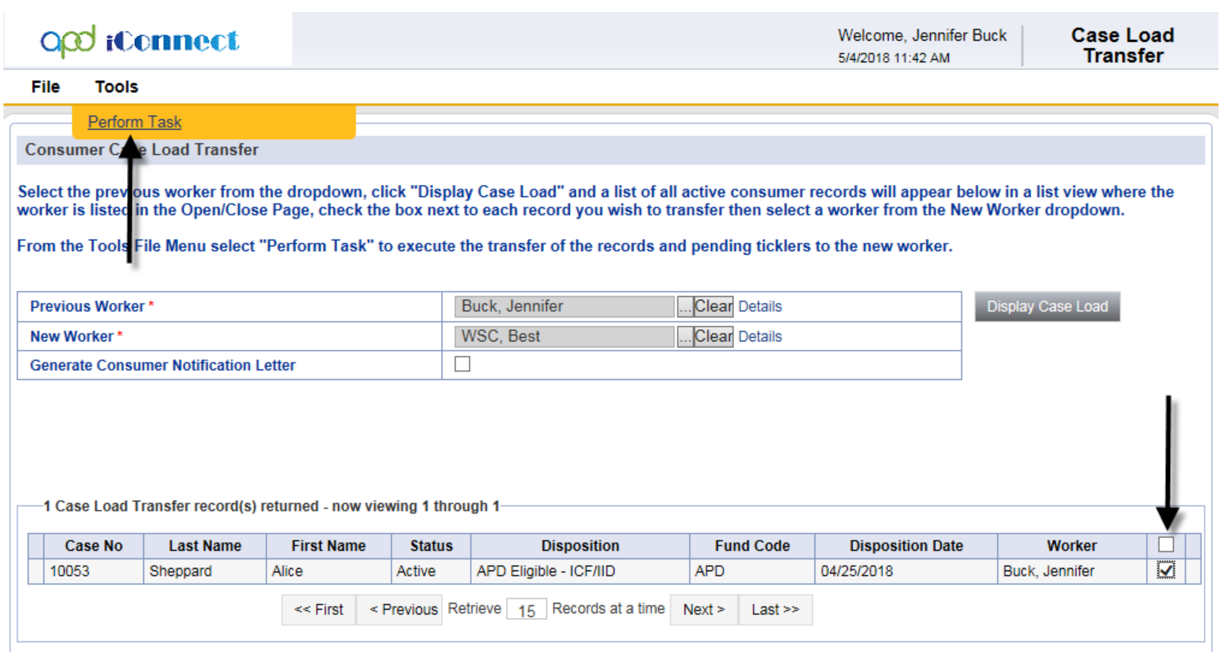
5. Click the **Generate Consumer Notification Letter** box to save a Note with the WSC change notification attached for every Consumer record/Case that is being transferred.

6. The page refreshes. Update the following fields:
    a. Note Type = WSC Selection
    b. Note Subtype = Notification of WSC Change
    c. Notification Letter = WSC Cover Letter New to Waiver

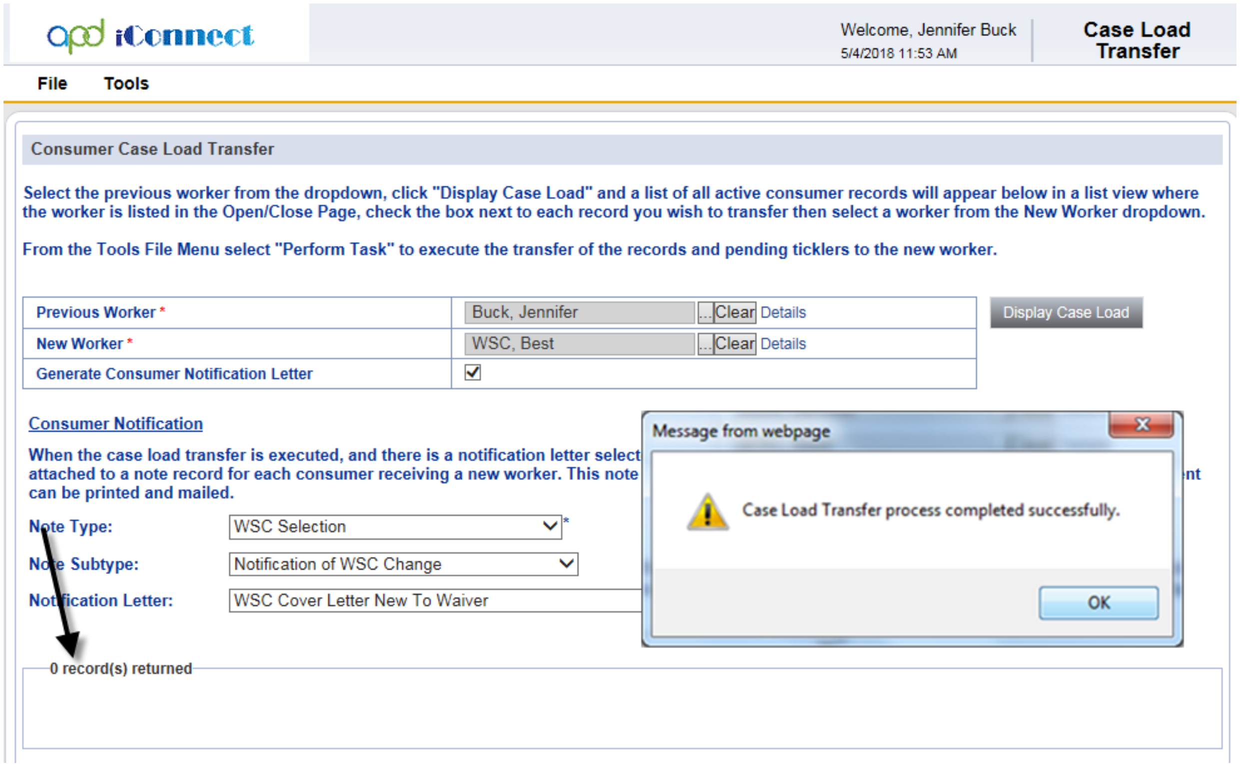


7. From the Case Load Transfer list view grid, select each case to be transferred by **checking the box** next to each case.

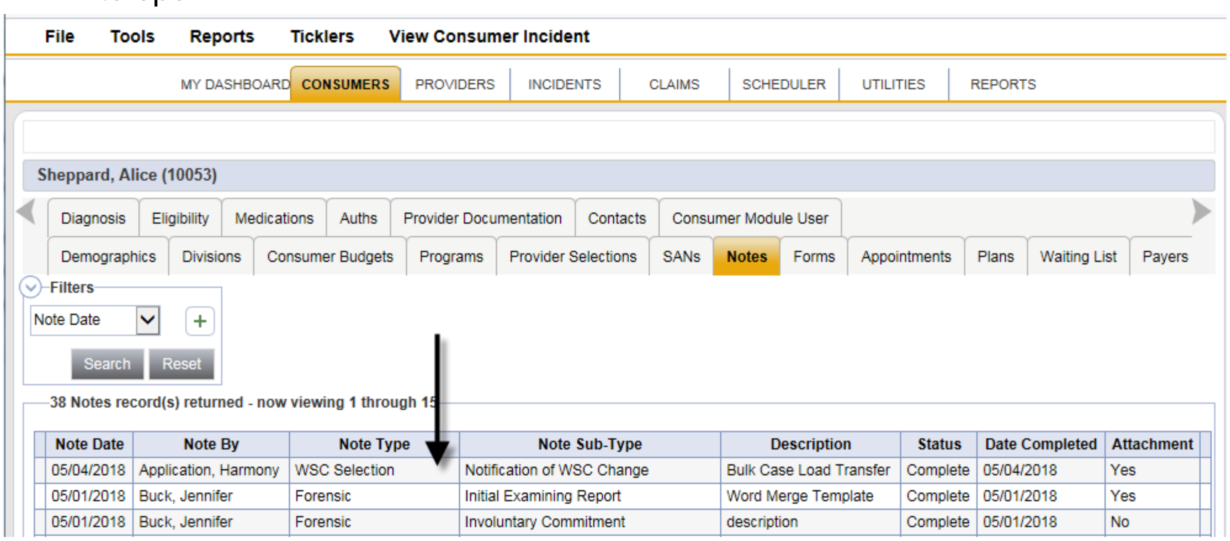
8. Click **Tools** > **Perform Task**.



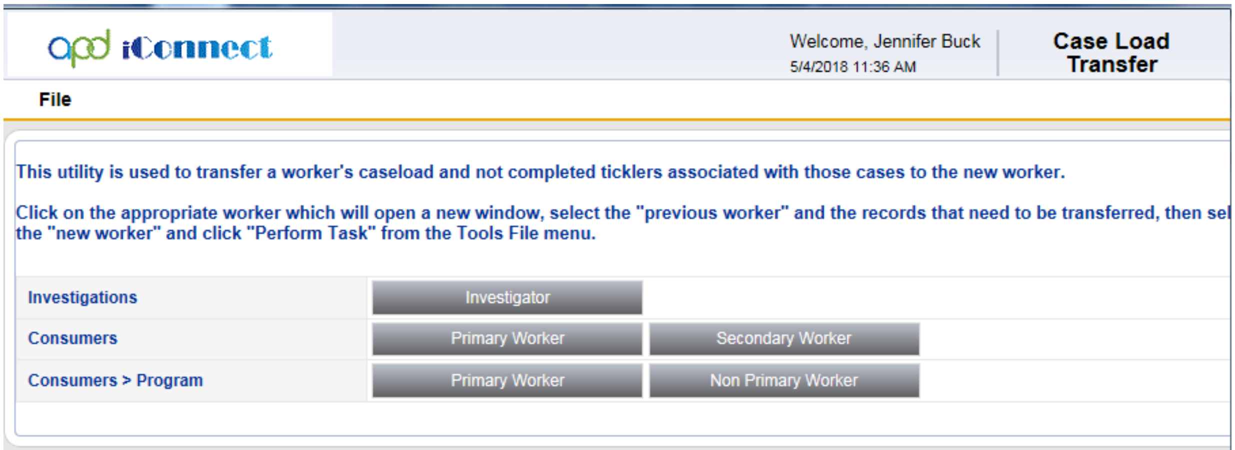
9. Accept the acknowledgement. The page refreshes and transferred caseloads no longer appear in the Case Load transfer records list view.



10. The Note is visible by navigating to the consumer's record. Click **Notes**. Select the **WSC Selection** Note in the list view to open.



11. Repeat this process to transfer secondary worker caseloads as well as program caseloads as necessary.


iConnect
Welcome, Jennifer Buck
5/4/2018 11:36 AM
Case Load Transfer
File
This utility is used to transfer a worker's caseload and not completed ticklers associated with those cases to the new worker.
Click on the appropriate worker which will open a new window, select the "previous worker" and the records that need to be transferred, then sel
the "new worker" and click "Perform Task" from the Tools File menu.
Investigations
Investigator
Consumers
Primary Worker
Secondary Worker
Consumers > Program
Primary Worker
Non Primary Worker