

## Assessments – Notes and Provider Documentation

Assessments are documented using 2 tabs in iConnect:

- Notes to attach the assessment and
- **<u>Provider Documentation</u>** to document the time period in which the assessment was conducted.

Please refer to the <u>Developmental Disabilities Individual Budgeting Waiver Services</u> <u>Coverage and Limitations Handbook</u> for specific documentation requirements.

- 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 (1<sup>st</sup> field on the left)
  - b. Ensure that the second field contains Consumers, third field contains last name and click "Go

| apd iConnect | Welcome, My Dashboard Sign Out                 | Role<br>Service Provider |  |
|--------------|--|--------------------------|--|
| File Reports | Consumers Cast Name GO                         | ADVANCED SEARCH          |  |
| MY DASHBOARD | CONSUMERS PROVIDERS CLAIMS SCHEDULER UTILITIES | REPORTS                  |  |

3. Click the Note tab > click File > Add Note

| opd iConnect  | Chuck Simulation Notes Sign Out Service Provider           | GO |
|---|--|----|
| Elle Tools Reports Tick<br>Add Notes<br>Prime Participating         | Consumers V Last Name V GO O ADVANCED SEARCH               |    |
|   | MY DASHBOARD CONSUMERS PROVIDERS                           | _  |
| Simulation, Chuck (215422) Diagnosis Medication: Demographics Notes | Provider Documentation     Contacts     Forms Appointments |    |

The Note Details page is displayed. Update the following fields:

a. Program/Provider = Name of your Agency

If the Program/Provider is not available – contact the WSC to have a Provider Selection Record for your organization added to the consumer's record.

- *b.* Note Type = Specialty Assessment/Treatment Plans
  - i. This note type is also used to attach a Nursing Plan of Care.



| Notes Details    |  |
|------------------|--|
| Division *       | APD V                                  |
| Note By *        | Simulation, Working                    |
| Note Date *      | 12/13/2022                             |
| Program/Provider | Simulation Therapeutic Provider        |
| Note Type *      | Speciality Assessments/Treatment Plans |
|                  |  |

- c. Note Subtype = Select the applicable service
  - i. Dental
  - ii. Dietician
  - iii. Environmental Accessibility Adaptation
  - iv. Nursing
  - v. Occupational Therapy
  - vi. Physical Therapy
  - vii. Respiratory Therapy
  - viii. Specialized Mental Health
  - ix. Speech Therapy
- d. Description = Service Assessment conducted on MM/DD/YY
  - i. Ex. Speech Therapy Assessment conducted on 05/06/2022
- e. Status = Complete
- f. Attach assessment to this Note
  - i. Use the "Add Attachment" link provided to search for the documents on your desktop.
  - ii. File Upload Window opens, click the Choose File button, and locate the document on your computer's local files using the windows explorer
  - iii. Select the File and click the open button
    - 1. The document is listed in the File field
      - a. <u>OPTIONAL</u>: Use the File Name and Description fields to update the name and description of the files, if needed
        - i. File Name = Select Create New & type the new name of the file.
          - Ensure that you include the file extension at the end of the file name

Updated February 7, 2024



Assessments – Notes and Provider Documentation

- Ex. MayAssessment.pdf
- Ex. MayRx.docx
- ii. Description = Type in a description in the text box
- iv. Click Upload
  - 1. The File name will be listed as a Document.

*IMPORTANT:* When attaching a file in iConnect, please **do not include** <u>any</u> <u>punctuation or special characters in the name of the file</u>. This will ensure the file can be opened and viewed by other iConnect users, including Qlarant.

g. Note Recipient = Waiver Support Coordinator

| Note Recipients     |           | $\frown$ |             |  |
|---------------------|-----------|----------|-------------|--|
| Add Note Recipient: |           | lear     |             |  |
| Name Date Sent      | Date Read | Status   | Date Signed |  |

- i. Use the Add Note Recipient ellipsis (three dots) button to open the worker search popup.
- ii. Type the WSC's last name and click the search button.
  - 1. A list people with the last name will appear in the grid below.
- iii. Double click on the WSC's name to include the WSC as a Note Recipient. In this example, we searched for individuals with the last name equal to WSC.
  - 1. The WSC's name will now appear in the last field as a Note Recipient.
    - a. If an error was made, delete the selection, and add a new note recipient.

| Juna ter, Garante 🔹                    |                      |           |                       |                      |               |                |
|--|----------------------|-----------|-----------------------|----------------------|---------------|----------------|
| 01/31/2023                             |                      | Search by | Last Name 💙 Sean      | ch Text: WSC 🤇       | Search Cancel |                |
| Search by: Last Name  Search Text: WSC | Search               | ^         | 39 record(s) returned |                      |               |                |
| MEMBERID Worker                        | Title User ID Active |           | MEMBERID              | Worker               | Title         | User ID Active |
|  |                      |           | 1000                  | WSC_1, 7 and 6 and 6 |               | Yes            |
|  |                      |           | 1000                  | WSC_10.              |               | Yes            |
|  |                      |           | 1000                  | WSC_11,              |               | Yes            |
|  |                      |           | 100                   | WSC_12,              |               | Yes            |
|  |                      |           | -                     | WSC_13,              |               | Yes            |
|  |                      |           | -                     | WSC_14.              |               | Yes            |
|  |                      |           |                       | WSC_15.              |               | Yes            |
|  |                      |           |                       | WSC_10,              |               | Yes            |
|  |                      |           | -                     | WSC_17,              |               | Yes            |
|  |                      |           |                       | WSC_18,              |               | Yes            |
|  |                      |           |                       | WSC_19.              |               | Yes            |
|  |                      |           |                       | WSC_2, 1             |               | Yes            |
|  |                      |           |                       | WSC_20,              |               | Yes            |
|  |                      |           |                       | WSC_21.              |               | Yes            |
|  |                      |           | -                     | WSC_22.              |               | Yes            |

h. File > Save and Close Note



## Assessments – Notes and Provider Documentation

| Notes Details  |             |   |                            |         |     |                      |                  |
|--|-------------|---|----------------------------|---------|-----|----------------------|------------------|
| Division *   | AF          | APD V   |                            |         |     |                      |                  |
| Note By *  | Si          | Simulation, Working   |                            |         |     |                      |                  |
| Note Date *  | 12          | 12/13/2022  |                            |         |     |                      |                  |
| Program/Provider   | Si          | Simulation Therapeutic Provider 🗸 Details                                       |                            |         |     |                      |                  |
| Note Type *  | Sp          | peciality Assessme  | ents/Treatment Pla         | ans 🗸   |     |                      |                  |
| Note Sub-Type  | N           | ursing  |                            | ~       |     |                      |                  |
| Description  |             | Residential Nursing Assessment conducted on 05/06/2022 by<br>Working Simulation |                            |         |     |                      |                  |
| Note   | B B         |   | •                          |         |     | •                    |                  |
|  |             |   | Append Text to Note        | _       | _   |                      |                  |
| Status *   | Pendir      | ng 🗸  | Append Text to Note        | _       |     |                      |                  |
| Status * (<br>Date Completed   | Pendir      | ng 🗸  | Append Text to Note        |         |     |                      |                  |
| Date Completed   | Pendir      | ng 💙  | Append Text to Note        | _       |     | ·                    |                  |
|  | Pendir      | ng 🗸  | Append Text to Note        | _       |     | T                    |                  |
| Date Completed   | Pendir<br>↔ |   | Append Text to Note        |         |     | Ţ                    |                  |
| Date Completed Attachments   |             |   | Append Text to Note        |         |     | Category             | Action           |
| Date Completed Attachments Add Attachment  | ¢           |   |                            |         |     | Category             | Action<br>Remove |
| Date Completed Attachments Add Attachment Document   | ¢           |   | Description                |         |     | Category             |                  |
| Date Completed Attachments Add Attachment Document ResidentialNursingAssessment.                 | ¢           |   | Description<br>Working Sim |         |     | Category             |                  |
| Date Completed Attachments Add Attachment Document ResidentialNursingAssessment. Note Recipients | ¢           |   | Description<br>Working Sim | ulation | Dat | Category<br>e Signed |                  |

## 4. Click the **Provider Documentation** tab > click **File** > **Add Provider Documentation.**

5. The Provider Documentation Details page is displayed. Update the following fields:

The date is the date that the service was provided, and the time is the time in which the service was provided.

- a. Start Date: Defaults to today and can be changed
- b. Start Time: Select from dropdown menu
- c. End Date: Defaults to today and can be changed
- d. End Time: Select from dropdown menu
- e. Click Add

Updated February 7, 2024



- 6. Click the box next to the Auth ID field that contains an ellipsis (three dots) to display a list of authorizations.
- 7. Click on the appropriate Authorization. The Authorization ID is populated on the Provider Documentation details page.
- 8. 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.
  - f. The Activity Services details are populated on the Provider Documentation details page.
- 9. Verify/update the number of Units as needed. Note the Total Cost value changes as the number of Units are added.

| opd iConi         | nect                        |                              |                 | Thurgood Simulation<br>12/13/2022 2:29 PM | Provider<br>Documentation |
|-------------------|-----------------------------|------------------------------|-----------------|---|---------------------------|
| File              |                             |                              |                 |   |                           |
| Activity Times    |                             |                              |                 |   |                           |
| Start Date *      | Start Time                  | End Date *                   | End Time        | Total Minutes                             |                           |
| 05/06/2022        | 10 🗸 30 🗸 AM 🗸              | 05/06/2022                   | 11 🗸 30 🗸 AM 🗸  | 60  | Delete                    |
| 12/13/2022        |                             | 12/13/2022                   |                 |   | Add                       |
| Authorization     |                             |                              |                 |   |                           |
| Auth ID           | 257190                      |                              | PA Number       |   |                           |
| Activity Details  |                             |                              |                 |   |                           |
| Division          | APD 🗸                       |                              | Worker*         | Simulation, Working                       | Clear Details             |
| Provider          | Simulation Therapeutic Prov | atails                       | Status          | Pending V                                 |                           |
| Activity Services |                             |                              |                 |   |                           |
| Service *         | T1001:UC:SC (4200) Reside   | ntial Nursing - Assessme 📖 🛛 | lear Total Cost | \$29.12                                   |                           |
| Units *           | 4 -                         |                              |                 |   |                           |
| Rate              | \$7.28                      |                              |                 |   |                           |
| Secondary Code    | T1001:UC:SC                 |                              |                 |   |                           |
| Unit Type         | 15 mins                     |                              |                 |   |                           |

- 10. Provider Documentation type = Progress Note
- 11.Note "Please see full assessment attached to the {MM/DD/YYYY} "Specialty Assessments/Treatment Plans" note on the Notes tab."

The date is the date that the service was provided.

| Documentation                       |   |                     |        |  |
|-------------------------------------|---|---------------------|--------|--|
| Provider<br>Documentation<br>Type * | Annual Report<br>Daily Attendance Log<br>Monthly R&B<br>Monthly Summary<br>Quarterly Summary<br>Service Log<br>Trin Log | Progress Note     V | Note * | <b>B <i>I</i> U</b> 12pt • <b>A</b> •<br>"Please see full assessment attached to the 05/06/2022 "Specialty<br>Assessments/Treatment Plans" note on the Notes tab." |
|                                     |   |                     |        | 49882 characters remaining   |

Status = Complete.

## 12. Click File > Save and Close Provider Documentation.

Updated February 7, 2024