

State of Florida Agency for Persons with Disabilities

iConnect DDMC Training Manual Version 2 09/05/2024



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Introduction | Case Management Module Training Guide

Preceding Training Guide

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

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Summary

This training guide covers all aspects of clients enrolling into the DDMC Pilot Program along with documenting the Person-Centered Support Plan, HCBS Waiver Eligibility Worksheet and maintaining the client's record.

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.

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Chapter 1 | Developmental Disabilities Managed Care (DDMC) Pilot Program Enrollment

Introduction

This Chapter outlines the workflow from the point in time when a client on Pre-Enrollment is approved for iBudget Waiver enrollment or the Developmental Disabilities Managed Care (DDMC) Pilot Program.

The process begins with steps completed externally to iConnect when the APD State Office team evaluates and makes a determination of Pre-Enrollment to iBudget Waiver Enrollment Eligibility.

APD State Office will mail interest letters to eligible APD clients (combination interest letters for Pre-Enrollment clients in categories 3, 4, and 5, who reside in the pilot counties and who are eligible for enrollment in the Managed Care Pilot and iBudget Waiver, iBudget Waiver letters for individuals in categories 3, 4, 5 statewide and pilot interest letters for individuals who are in Pre-Enrollment category 6 in pilot counties). Pilot counties include Hardee, Hillsborough, Miami-Dade, Manatee, Monroe, Polk and Highlands. Copies of these interest letters will be uploaded to a Note in the client's record within iConnect.

Regional Pre-Enrollment staff will identify individuals who are approved for iBudget Waiver enrollment in categories 1 and 2 in pilot counties that are age 18 or older. Once identified a notification is sent outside iConnect via the APDEnrollments inbox. State Office monitors the inbox to process interest forms, respond to inquiries, and region's requests to send interest letters to individuals in categories 1 and 2.

State Office staff will mail combination interest letters to individuals in categories 1 and 2 that are 18 years old or older and reside in pilot counties. State Office staff will update the client's iConnect record by uploading the letter to a Note and updating their Pre-Enrollment status from "2 – Waiting" to "3 – Offered".

The individual submits the interest form by mail or email to the APDEnrollments inbox.

State Office will date stamp interest forms for individuals accepting the offers and enter time of receipt on the master spreadsheet along with the individual's response (acceptance or decline).



Chapter 2 | iConnect Steps

Document Combo Letter Sent /Update Pre-Enrollment Record

Role: State Office Worker or State Office Enrollment

State Office will monitor the APDEnrollments inbox daily to identify clients who need a "Combo Letter" mailed out, prepare combo letter packet and mail out immediately.

- 1. State Office will upload each interest letter (those mailed out by State Office) to the client's record in iConnect by adding a new Note record and updating the following fields:
 - a. Division = APD
 - b. Note Type = Waiver Enrollment
 - c. Note Sub-Type = Offer Sent
 - d. Description = Combo Letter, DD Managed Care Pilot Offer OR iBudget Waiver Interest Letter
 - e. Status = Complete
 - f. Attachment = Copy of Offer Letter

n asterisk (*) indicates a requ	uired field	
lotes Details		
)ivision *	APD V	
lote By *	Baer, Sylvia	•
lote Date *	06/05/2024	
Program/Provider	· · · ·	
lote Type *	Waiver Enrollment	• *
lote Sub-Type	Offer Sent 🗸	
Description	Combo Letter, DD Managed Care Pilot Offer OR iBut Interest Letter	dget Waiver
iote	B / II 10pt · A · Any Notes Needed	
itatus *	Complete 🗸	
ate Completed	06/05/2024	
Attachments		
dd Attachment		
dd Attachment Attachments Grid		

2. When finished, click File > Save and Close Notes



- 3. Navigate to the client's **Pre-Enrollment** tab in iConnect, open the existing Pre-Enrollment record and update the following fields:
 - a. Pre-Enrollment Status = 3-Offered
 - b. Pre-Enrollment Status Date = enter date

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

Document Interest Form Received

Role: State Office Worker or State Office Enrollment

As the interest forms are **received**:

- Date stamp all acceptance forms with postmark date and time 8:00am or date/time of email and enter the postmark date or email/date time the interest forms were received in the Master Tracking Spreadsheet for both, the DD Managed Care Pilot and the iBudget Waiver.
- 2. If the client **accepts** either one of the programs, navigate to the **Notes** tab in the client's record in iConnect. (If the client declines, proceed to step 7.)

Add a new Note and update the following fields:

- a. Division = APD
- b. Note Type = Waiver Enrollment
- c. Note Sub-Type = Offer Response Accepted
- d. Description = DD Managed Care Pilot Interest OR iBudget Waiver Interest



- e. Status = Complete
- f. Upload the client's acceptance document and click
 File > Save Notes

An asterisk (*) indicates a r	equired field		
Notes Details			
Division *	APD 🗸		
Note By *	Baer, Sylvia	•	
Note Date *	06/20/2024		
Program/Provider		~	
Note Type *			
Note Sub-Type	Offer Response – Accepted	∨ *	
Description	DD Managed Care Pilot Interest OR iB	udget Walver Interest	
Note			
Status *	Complete ~		
Date Completed	06/20/2024		
Attachments			
Add Attachment			
Attachments Orid			
Attachments Grid			
Document	Description	Category	Action

- 3. Verify that the Questionnaire for Situational Information (QSI) is current.
 - a. If the QSI is current, proceed to the next step.
 - b. If there is no QSI or the QSI was completed more than 3 years ago, notify the Regional Clinical supervisor by email, request an expedited QSI evaluation, and enter the date the request for the QSI was made in the Master Tracking Spreadsheet.
 - c. Once the QSI is complete, the Regional Clinical supervisor will respond to the original email to notify State Office that the QSI is complete. State Office will enter the QSI completion date in the Master Tracking Spreadsheet and proceed to the next step.
- Verify completion of the Home and Community-Based Services (HCBS) Waiver Eligibility Worksheet (coordinate completion with the Regional Pre-Enrollment Workstream supervisor, if needed) and track the completion in the Master Tracking Spreadsheet.
- 5. Verify that the client has Medicaid.
 - a. If the client already has Medicaid, proceed to the next step.
 - b. If the client needs to apply for Medicaid, notify the Regional Pre-Enrollment Workstream supervisor by



email and request their assistance with guiding the client /legal representative through the Medicaid application process and sending the Form 2515 to DCF as part of this process. Notify APD State Office immediately when the client has been approved for Medicaid.

- c. State Office will provide DCF with a list of clients applying for Medicaid for assistance, as needed, and will track the Medicaid eligibility process in the Master Tracking Spreadsheet.
- d. Once the client has obtained Medicaid, then proceed to the next step.
- Navigate to the client's **Pre-Enrollment** tab and update the Pre-Enrollment Status to "7-Removed PR" ("PR" = "Pilot Recipient") (Do not change if person requests iBudget Waiver enrollment. This only applies to persons interested in enrolling in the DD Managed Care Pilot.)

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			D	lays in Pre-Enrolline	int	86							
			R	leason for Closure							*		
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- 7. If the client declines either one of the programs:
 - a. Navigate to the **Notes** tab in the client's record in iConnect record, **add a new Note** and update the following fields:
 - i. Division = APD
 - ii. Note Type = Waiver Enrollment
 - iii. Note Sub-Type = Offer Response Declined
 - iv. Description = DD Managed Care Pilot Declined or iBudget Waiver Declined
 - v. Note = Explain client's reason for declining the offer and indicate whether the client wishes to remain in Pre-Enrollment status.
 - vi. Status = Complete
 - vii. When finished, click File > Save and Close Note



An asterisk (*) indicates a r	equired field			
Notes Details				
Division *	APD 🗸			
Note By *	Baer, Syl	via 🗸		
Note Date *	06/20/20	24		
Program/Provider		~		
Note Type *	~			
Note Sub-Type	Offer Res	sponse – Declined 💙		
Description	DD Mana	ged Care Pilot Interest OR iBudget Waiver Inte	erest //	
Note				
Status *	Complete	• •		
Date Completed	06/20/20	24		
Attachments				
Add Attachment				
Attachments Grid				
Document		Description	Category	Action
OfferLetter.docx				Remove

- b. If the client elects to remain in Pre-Enrollment, navigate to the Pre-Enrollment tab, open the existing Pre-Enrollment record, and update the following fields:
 - i. Pre-Enrollment Status = 2-Waiting

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

					Consumers			Last N	ame			v 60	•	DVANCED SEA	€СН
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Filters		.0												-	-
re-Enroliment Category +	1		J FL Train			e Chrome								- 0 ×	
Search Reset	3		== hssf	lapdstage.w	ellsky.com	/training-hur	manservice	s/Pages/H	larmon	y.aspx?Cha	pterID=	288&ViewTyp	e≈SubP	ageView&Page	
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3 - Offered	2		File	Word M	erge										
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					Pre-Enrol	Iment Status		2 - Wa	iting		~				
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					Date Plac	ed in Pre-Enro	liment	03/12	2024						
					Dave in D	na Enrollmont		86							

c. If the client elects to be removed from the Pre-Enrollment, notify the Regional Pre-Enrollment Workstream Lead by email and request that they follow established closure procedures.

If the interest letter is returned due to an incorrect address, State Office staff will follow normal contact procedures to determine if the case should be closed or if the address needs updating in the system.



Every interest letter response will be handled on a first-come-firstserve basis until the maximum number of enrollments has been reached. State Office staff will keep a record of the order in which they were received as described above for possible enrollment in the DD Managed Care Pilot or the iBudget Waiver.

For individuals who meet the enrollment criteria for the DD Managed Care Pilot and are identified as such on the Pre-Enrollment record, the Data Unit will include all clients with a Pre-Enrollment Status = "7-Removed PR" in their daily file to the Florida Agency for Health Care Administration (AHCA) as an indication that those clients meet the criteria for enrollment in the DD Managed Care Pilot on the first of the next month.

AHCA will send an auto assignment letter to the client once they are officially enrolled onto the pilot program and AHCA will provide APD State Office with the names of all clients enrolled in the DD Managed Care Pilot on a monthly basis.

DDMC Coordinator is Assigned to Client's Record

Role: Role: State Office Worker or State Office Enrollment

Once a DDMC Coordinator is assigned to a client, State Office will need to add a Program.

- 1. Navigate to the client's record and click the **Program** tab. Go to **File** and select **Add Program**. Update the following fields:
 - a. Create Date = enter date
 - b. Program = DDMC
 - c. Disposition = Enrolled
 - d. Disposition Date = enter date
 - e. Enrollment Type = Enrolled in DDMC
 - f. Primary Worker = choose the DDMC Coordinator
 - g. Program Begin Date = enter date
 - h. File > Save and Close Program



File Tools		
An asterisk (*) indicates a required fie	əld	
Division *	APD 🗸	
Referral Date	MM/DD/YYYY	
Create Date *	06/01/2024	
Program *	DDMC	✓ Details
Disposition *	Enrolled	~
Disposition Date *	06/01/2024	
Enrollment Type *	Enrolled in DDMC	~
Primary Worker *	WSC, Regina	Lookup Clear Details
Program Begin Date *	06/01/2024	
Expected Deactivated Date	MM/DD/YYYY	
Comments		
LOC completed prior to enrollment		

Role: State Office Enrollment

Once the client's record has been updated, the State Office Enrollment will update the Division tab of the client's record.

- 2. Navigate to the client's record and click the **Division** tab and select the Division in the list view grid. Update the following fields:
 - a. Primary Worker = DDMC Coordinator's name
 - b. Secondary Worker = Region Pre-Enrollment Lead's name
 - c. Disposition = APD Eligible DDMC
 - d. Disposition Date = enter date
 - e. File > Save and Close Divisions

An asterisk (*) indicates a required field				
Events				
Divison *	APD			
Disposition *	APD Eligible - DDMC	~		
Disposition Date	06/19/2024			
Open Date	05/25/2010			
Data Entry Date				
Primary Worker *	Baer, Sylvia	Lookup	Clear	Details
Secondary Worker	Nipper, Susan	Lookup	Clear	Details
Application Received Date *	04/09/2024			
Interested in ICF/IID	~			
Age Category at Time of Application *	6 and Above 🗸			
Application Pended Due Date	MM/DD/YYYY			
Eligibility Documentation Complete Date	MM/DD/YYYY			
Referral Source				



Chapter 3 | Demographics and Contacts

The Care Coordinator must ensure that the Consumer Demographics within iConnect are up to date. The Care Coordinator is responsible for entering, updating and ensuring the accuracy of all demographics and recipient-related information pertinent to the recipient in iConnect. Information includes recipient address, type of residence, living setting, legal representative name, and address (if applicable), employment information and type of benefits received.

The Care Coordinator must update this information within 7 days of becoming aware of the change.

Updating Basic Demographics

- 1. To begin, log into iConnect and set Role = DDMC. Click Go
- Navigate to the Consumer Demographics record and click Edit > Edit Demographics



- 3. The Consumer Demographics Details page is displayed. Update the following fields, as needed:
 - a. Salutation = select the client's salutation (Dr., Miss, Mr., Mrs., or Ms.)
 - b. Alias = add the client's alias when applicable
 - c. Title = add the client's title when applicable
 - d. Gender* = select male or female
 - e. Race = select the client's race when known
 - f. **Ethnicity** = select the client's ethnicity when known
 - g. **Competency*** = select the client's competency
 - i. Has been Adjudicated Incapacitated
 - ii. Has Capacity
 - iii. Incompetent, Guardian Available
 - iv. Information not Available
 - v. Legally Competent, Cannot Give Consent
 - vi. Legally Competent/ Guardian Advocate Appt.
 - vii. Minor
 - viii. Minor Adjudicated Dependent



- ix. Minor, Not Adjudicated Dependent, Parent Available
- x. Minor, Not Adjudicated Dependent, Parents Unknown
- Marital Status* = select the client's marital status (Divorced, Married, Separated, Single/Never Married or Widowed)
- Living Setting* = select the client's living setting (see list of definitions in <u>Living Settings Defined</u>)
- j. Medicare ID (required* if client has Medicare)
- k. Medicare Type (required* if client has Medicare)
- I. **Demographics Verified On*** = enter date the Demographics were verified.

** Best Practice ** If there are no changes to the above listed Demographics, update the "Demographics Verified On" field at the time of the Support Plan to acknowledge that demographics are current and accurate.

000	iCor	mect	Last Updated by 📟	and an advertise of	landar and	Demogr	aphics
			at 2/28/	2022 12:16:13	PM		
File	Tools	Reports					
Demograph	iics	Basic Demographics					
Consumer 4	Addresses	Salutation	~				
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onsumer l	Phones	First Name*	Capita				
onsumer I	Emails	Consumer Photo					
onsumer I	dentifiers	Middle Name	nin characters rem	aining			
		Suffix	~	3			
		Alias					
		Title					
		Date of Birth *	01/01/1990				
		Age	32.1				
		Date of Death	02/16/2022				
		DOD Action					
		DOD File Number					
		Vital Statistics Cause of Death					
		Gender *	Male 🗸				
		Race	Other	~			
		Ethnicity	USA	~			
		Suspected Developmental Disability	Autism Intellectual Dis Unknown Prader-Willi Sy Spina Bifida Down Syndrom Phelan McDerr	ability ndrome le nid Syndrome	* : * : * :	Cerebral Palsy	
		Competency *	Has Capacity			~	
		Marital Status	Single/Never N	larried 🗸			
		Living Setting	Family Home			~	
		Referral Source	School			~	
		SSN *	111-11-1111				
		Medicaid ID	XXXXX				
		Medicare ID					
		Medicare Type	$\overline{}$				
		ABC PIN					
		CBC Flag					
		Demographics Verified On	07/19/2022				



 Proceed to the next section to update the client's contact information. If no additional information is needed go to File > Save and Close Demographics

Updating Consumer Contact Information (ie. Addresses)

5. If contact information needs to be updated, the Care Coordinator must delete the existing address and use all 6 clear buttons to remove existing data.

Contact Information	
CASS Validation	
Address Type *	Residence Address 🗸
Address *	
Adrress 2	
City *	
State *	
Zip Code *	
County *	
Field Office *	•
	•
Region *	4
Main Dhann	

- 6. Update the following fields:
 - a. Address Type = The "Residence Address" must always appear here for ALL clients (waiver, pre-enrollment, DDMC Managed Care Pilot Program or other active) and must reflect the individual's physical address. Allow iConnect to auto-populate as indicated. (For further instructions on how to fill out this section for clients without a permanent "Residence Address" (DDDP, ICF, jail, etc.) proceed to the "As Needed: Individuals without a Residential Address.")
 - Address = current residential address for client (use USPS standard Addresses, for ex. 1234 Felper Rd. or 43210 W. End Ave.)
 - c. Address 2 = leave blank unless Apt. or Suite is necessary
 - d. Skip to Zip Code = type in current zip code and select the zip code in the selection menu when it appears



Contact Information		
CASS Validation		
Address Type *	Residence Address 🗸 🗸	
Address *	400 W Robinson St	
Adrress 2		
City *	-	Clear
State *		Clear
Zip Code *	32801	Clear
County *	Please wait	Clear
Field Office *	32801	Clear
Region *	۲	Clear
Main Phone	(000)000-1212	

- e. The following will auto-populate after entering the zip code. Verify that the information is accurate.
 - i. City
 - ii. State
 - iii. County
 - iv. Field Office
 - v. Region

Contact Information			
CASS Validation			
Address Type *	Residence Address	~	
Address *	400 W Robinson St		
Adrress 2			
City *	ORLANDO	-	Clear
State *	FL	-	Clear
Zip Code *	32801	•	Clear
County *	ORANGE	-	Clear
Field Office *	07	-	Clear
Region *	CENTRAL	-	Clear

*** Allow time for the address utility to provide the selection. Do not override the system. ***

- f. Main Phone = current phone number
- g. Business Phone = as applicable
- h. Extension = as applicable
- i. Cell Phone = current phone number
- j. Fax Number = as applicable
- k. Email = current email address
- I. Verified = click Verify



Contact Information				
CASS Validation				
Address Type *	Residence Address	~		
Address *	1313 N. Tampa St.			
Adrress 2				
City *	TAMPA	-	Clear	
State *	FL	-	Clear	
Zip Code *	33602	-	Clear	✓ Verify
County *	HILLSBOROUGH	-	Clear	
Field Office *	23	•	Clear	
Region *	SUNCOAST	•	Clear	
Main Phone	(813)123-4567			
Business Phone		0		
Extension				
Cell Phone	(813)987-6543			

7. This is a valid USPS address so the record updates as valid and the date validated as today.

Contact Information		
CASS Validation		
Address Type *	Residence Address	~
Address *	1313 N. Tampa St.	
Adrress 2		
City *	TAMPA	Clear
State *	FL	Clear
Zip Code *	33602	Clear
County *	HILLSBOROUGH	Clear Verified
Field Office *	23	Clear
Region *	SUNCOAST	Clear
Main Phone	(813)123-4567	
Business Phone		
Extension		
Cell Phone	(813)987-6543	
Fax Number		
Email	email@email.com	
Address Valid		
Date Address Validated	07/19/2022	
Physical Description		

 Proceed to the next section to update the client's Physical Description fields. If no additional information is needed go to File > Save and Close Demographics

Updating Physical Description Fields

- 9. Update the following fields:
 - a. Written Language
 - b. Spoken Language



- c. Understood Language
- d. Interpreter Needed
- e. Medication Administration Capacity Date = leave blank

Date Address Validated	07/01/2021	
Physical Description		
Written Language	English	~
Spoken Language	English	~
Understood Language	English	Ý
Interpreter Needed		_
Medication Administration Authorization Date	MM/DD/YYYY	

10. Proceed to the next section to update the client's Employment fields. If no additional information is needed go to File > Save and Close Demographics

Update Employment Fields

- 11. Benefit and employment information is required for all APD active clients (Waiver, PE, DDMC Managed Care Pilot, and other active). Update the following fields:
 - a. Social Security Monthly Benefit Amount
 - b. 3rd party Health Insurance? = select yes or no
 - c. Competitively Employed? = select yes or no
 - i. If yes, fill out the additional fields:
 - 1. Indicate Hire Date
 - 2. Average Monthly Earnings from Employment
 - 3. Hourly Wage
 - d. Not Employed and Wants Competitive Employment = select yes or no
 - i. If yes, fill out the additional fields:
 - 1. Phase of Employment Services Needed = Phase 1 or Phase 2
 - 2. Referred to VR? = select yes or no
 - a. If yes, fill out the additional fields:
 - i. Date of VR Referral
 - ii. VR Response



Employment	
Social Security Monthly Benefit Amount	\$800.00
3rd Party Health Insurance?	No 🗸
Competitively Employed? *	Yes 🗸
Indicate Hire Date	08/01/2023
Average Monthly Earnings from Employment *	\$900.00
Hourly Wage *	\$13.00
Sheltered Workshop Below Minimum Wage?	~
Not Employed and Wants Competitive Employment? *	No 🗸
Phase of Employment Services Needed	~

12. Proceed to the next section to update the client's mailing address, if their mailing address is different than their residence. If no additional information is needed go to File > Save and Close Demographics

As Needed: Adding/Updating the Mailing Address

- If a client's mailing address is different than the residence, an additional address must be included within the Consumer's Demographics. Navigate to the client's record and go to File > Edit Demographics. Click Consumer Address to open a list view grid of address listed for the individual.
- To enter the Legal Representatives,' contact information proceed to <u>"As Needed Adding Legal Representatives into Contacts Tab"</u> <u>section.</u>



- 3. The Address page is displayed. Update the following fields as needed:
 - a. Address Type = select Mailing Address
 - b. Address = current mailing address for client
 - c. Address 2 = leave blank unless Apt. or Suite is necessary
 - d. Skip to Zip Code and enter the current zip code. Select the zip code that appears in the selection box.





- e. The following should auto-populate after entering the zip code. Verify that the information is accurate.
 - i. City = current city
 - ii. State = current state

*** Allow time for the address utility to provide the selection. Do not override the system. ***

- f. Start Date = start date of mailing address
- g. End Date = as applicable
- h. Active = check if Active
- i. Comments = as needed
- j. Address Valid

apd iConnect	7/19/2022 11-22 AM
File	7/17/2022 11,22 PM
Consumer Address	
Address Type *	Mailing Address 🗸
CASS Validation	
Primary	
Address *	4202 E. Fowler Ave.
Address 2	
City *	TAMPA Clear
State *	FL Clear
Zip Code *	33620 Clear Verify
Start Date	07/01/2022
End Date	
Active	
Comments	
Address Valid	0
Date Address Validated	

- 4. This is a valid USPS address so the record updates as valid and the date validated as today.
- 5. Once completed navigate to **File > Save and Close**.

oper iConnect	7/19/2022 11:22 AM
File	
Consumer Address	
Address Type *	Mailing Address 🗸
CASS Validation	
Primary	
Address *	4202 E. Fowler Ave.
Address 2	
City *	TAMPA Clear
State *	FL Clear
Zip Code *	33620 Clear Verified
Start Date	07/01/2022
End Date	
Active	
Comments	
Address Valid	
Date Address Validated	07/19/2022

*** To deactivate a mailing address, navigate to the Consumer Addresses bookmark and uncheck the Active box. Once completed, go to File and select Save and Close. ***



As Needed: Adding Legal Representatives into Contacts Tab

1. If the client has a legal representative or if there is a change in the legal representative, the Care Coordinator will make the necessary updates in iConnect. Navigate to the client's record and click the **Contacts** tab.

File Tools Ticklers		M Last Updated at 6/2	artin Kastners by sylvia.baer@apdcan 0/2024 3:12:34 PM	Contacts Sig	n Out	Role	♥ G0
Quick Search	Consumers	~	Last Name	▼ GO		VANCED SEARCH	
		MY DASHBOARD	CONSUMERS				
Kastners, Martin (209730)	¥						
Diagnosis Eligibil	ty Medications Contacts						
Demographics Di	visions Notes Forms Appoint	ments					
Active Cequal To	Yes						
Relation ID ¥							
	Searc	th Reset					
	w viewing 1 through 3						
Relation ID Primary Relationship	Last Name 🔺 First Name	Address City	State Zip	Main Phone Ema	I Active	Active Military Status	Member ID
71618 Legal Representative	Dog Jacob				Yes	No	

2. The list view grid will display showing the current contacts associated with the client's record. It is important to note that the filters feature is automatically activated, and the list view grid will only show the Active contacts. The filters can be edited as needed.

Filters					Dem	nographics
Active	~	Equal To	~	Yes	AND	· ×
Relation ID	~	+				
					Search	Reset

 To add a new Contact, navigate to File > Add New Contact Search

opd iConnect				
File H ools Ticklers	i			
Add New Contacts Search	>			
Print				

4. iConnect requires a search to be done to avoid duplication. Enter the Last Name and First Name of the Contact. Press **Search**.



opd iC	onnect			7/19/2022 1	:54 PM	Contacts Search
File						
Filters					-	
Last Name	Equal To	~	Brunch	AND 🗸	×	
First Name	Begins With	~	A	or 🗸	*	
Last Name	• +					
				Search R	eset	

5. The user has searched for an existing contact record but did not find a match in iConnect. A new contact record will be added. Select the **Add New** button.

- 6. The Consumer Contacts Details page is displaced. Update the following fields as needed:
 - a. Primary Relationship = Legal Representative
 - Always use Legal Representative as the Primary when the client has a Legal Representative.
 However, if an adult client does not have a Legal Representative, please select the appropriate Primary Relationship that is **not** Legal Representative.
 - Relationship(s) = select one of the following applicable relationships:
 - i. Guardian
 - ii. Guardian Advocate
 - iii. Power of Attorney
 - iv. Durable Power of Attorney
 - v. Parent If the consumer is a minor, the Primary Relationship should still be selected as Legal Representative and then Parent may be selected from the Relationship(s) menu. Do not select this option for adults from whom the parent is not the legal representative.
 - vi. Medical Proxy
 - c. Active Military Status
 - d. Active
 - e. Comments
 - f. Last Name
 - g. First Name
 - h. Title



- i. Legal Representative Organization
- j. Address
- k. Address 2
- I. City
- m. State
- n. Zip Code
- o. Main Phone
- p. Business Phone
- q. Extension
- r. Cell Phone
- s. Fax Number
- t. Email

		11 ED CORE 2100 EM
File		
Contact Detail		
Instructions	For ALL types of legal repr a minor) so they can receiv	esentative, the primary relationship must ALWAYS be Legal re all legal notices.
Primary Relationship*	Legal Representative	~
Relationship(s)	Advocate Attorney Caregiver Case Manager CDC Representative Circle of Supports Circle of Supports	Parent *
Active Military Status	0	
Active	2	
Demographic Information		
Last Name *	Abrunch	
First Name *	Appreciate	
Title		
Legal Rep. Organization		
Address	1313 N. Tampa St.	
Address 2		
City	Tampa	Clear
State	FL	Clear
Zip Code	33602	Clear
Zip Code Main Phone	33602 (813)444-5555	Clear
Zip Code Main Phone Business Phone	33602 (813)444-5555	Clear
Zip Code Main Phone Business Phone Extension	33602 (813)444-5555	
Zip Code Main Phone Business Phone Extension Cell Phone	33602 (813)444-5555 (902)555-0098	
Zip Code Main Phone Business Phone Extension Cell Phone Fax Number	33602 (813)444-5555 (902)555-0098	

- 7. File > Save and Close Contacts.
- 8. The Care Coordinator will then upload the legal documentation showing that the client has a legal representative if the client is not a minor or if the client is a minor, the legal representative is not their parents.
- 9. The Care Coordinator will navigate to the **Notes** tab of the client's record.
 - a. In the Notes tab, go to File > Add Notes
 - b. The Notes detail page will display. Fill out the following fields:
 - i. Division = APD
 - ii. Note By = defaults to worker's name



- iii. Note Date = today's date
- iv. Note Type = Confidential Documentation
- v. Description = "Type of Guardianship" (Legal Guardian/Advocate/etc.) Documentation
- vi. Note = as needed
- vii. Status = Complete
- viii. Attachment = add the legal documentation of the client's guardianship/legal representative. For further instructions on how to add an attachment precede to <u>"Notes in iConnect."</u>

opd iConnect	
File Tools	
An asterisk (*) indicates a required fi	eld
Division *	APD V
Note By *	Baer, Sylvia
Note Date *	06/20/2024
Program/Provider	· · · · · · · · · · · · · · · · · · ·
Note Type *	Confidential Documentation
Note Sub-Type	▼*
Description	"Type of Guardianship" (Legal Guardian/Advocate/etc.) Documentation
Note	
Status *	Complete 🗸
Date Completed	06/20/2024
Confidential	
Attachments	
Add Attachment	
Attachments Grid	
Document	Description Category
LegalDocument.pdf	

c. File > Save and Close Notes

As Needed: Adding New Contacts into Contacts Tab

1. If the client has a new Contact, the Care Coordinator will make the necessary updates in iConnect. Navigate to the client's record and click the **Contacts** tab.



op	00 iCc	nnect				Last	Ma Updated b at 6/20	rtin Kas y sylvia.b)/2024 3:	tners aer@apdca 12:34 PM	Contac ares.org	ts Sign	Out	K0Ie DDMC
File	Tools	Ticklers	Search		Consumers		• 1	.ast Name		~	60		VANCED SEARCH
	MY DASHBOARD CONSUMERS												
Kastner	rs, Martin	(209730)											
		Diagnosi	Eligibil	ity Medications	Contacts								
		Demogra	phics Di	visions Notes	Forms Appoin	tments							
Filters Ves AND V Relation ID V													
					Sear	ch Reset							
-3 Con	- 3 Consumers Contacts record(s) returned - now viewing 1 through 3												
Re	elation ID	Primary Rela	ionship	Last Name 🔺	First Name	Address	City	State	Zip	Main Phone	Email	Active	Active Military Status
7161	18	Legal Representat	ive	Dog	Jacob							Yes	No
7090	8	Friend		Gray	Sarah	123 Lane	Orlano	FL	33333	(555)555-5555		Yes	No

2. The list view grid will display showing the current contacts associated with the client's record. It is important to note that the filters feature is automatically activated, and the list view grid will only show the Active contacts. The filters can be edited as needed.

O 574						Demo	graphics	Div
Active	~	Equal To	~	Yes		AND 🗸	×	
Relation ID	~	+						
					S	arch	Reset	
	Contacts	record(s) return	ned - nov	v viewing 1 throu	ah 3	arch	Reset	

 To add a new Contact, navigate to File > Add New Contact Search



4. iConnect requires a search to be done to avoid duplication. Enter the Last Name and First Name of the Contact. Press **Search**.

nnect		7/19/2022 1:5	i4 PM	Contacts Search
Equal To	✓ Brunch	AND 🗸	×	
Begins With	✓ A	OR 🗸	*	
+				
		Search Res	et	
	Equal To Begins With +	Equal To V Brunch Begins With V A	Equal To Frunch AND * Begins With A OR * + Search Res	Equal To Brunch AND × × Begins With A OR × × + Search Reset



5. The user has searched for an existing contact record but did not find a match in iConnect. A new contact record will be added. Press the **Add New** button.

GOO iCO	7/19/2022 1:58	PM	Search		
Filters			20. Dec. a. 20.	1	
Last Name 🗸	Equal To 🗸	Brunch	AND 🗸	×	
First Name 🗸	Begins With 🗸	A	OR 🗸	*	
Last Name 🗸	+				
		Sea	arch Rese Add P	lew	
	_	Sea	arch Rese Add I	lew	

6. The Consumer Contacts Details page is displayed. Update the fields as needed.

ope reconnect		7/19/2022 1:59 PM
File		
Contact Detail		
Instructions	For ALL types of legal repre- a minor) so they can receiv	esentative, the primary relationship must ALWAYS be Legal e all legal notices.
Primary Relationship *	Legal Representative	~
Relationship(s)	Advocate Attorney Caregiver Case Manager CDC Representative Circle of Supports Clicel Advocate	Parent
Active Military Status		
Active		
Demographic Information		
Demographic information	1	
Last Name *	Abrunch	
First Name *	Appreciate	
Line Organization		
Address	1212 N. Tampa St	
Address 2	1515 N. Tampa Gr.	
City	Tampa	Clear
State	FL	Clear
Zip Code	33602	Clear
Main Phone	(813)444-5555	
Business Phone		
Extension		
Cell Phone	(902)555-0098	
Fax Number		
Email	dadmail@apd.com	

7. File > Save and Close Contacts



Living Settings Defined

Agency for Persons with Disabilities (APD) iConnect Living Settings Released 2/10/2020

Please choose the appropriate living setting in iConnect based on the definitions below.

AHCA Licensed Adult Family Care Home: A residential Adult Family Care Home designed to provide personal care services to individuals requiring assistance. The provider must live in the home and offers personal services for up to 5 residents.

AHCA Licensed Assisted Living: An Assisted Living Facility designed to provide personal care services in the least restrictive and most home-like environment. These facilities can range in size from one resident to several hundred and may offer a wide variety of personal and nursing services designed specifically to meet an individual's personal needs.

AHCA Licensed Private ICF: A privately owned and operated Intermediate Care Facility in Florida.

AHCA Licensed Nursing Home: A nursing home operated in Florida.

APD Developmental Disabilities Center: A public Intermediate Care Facility, owned and operated by APD, at either the Sunland Center (in Marianna) or Tacachale (in Gainesville).

APD Developmental Disabilities Defendant Program: A secure APD-operated residential facility (located on the grounds of Florida State Hospital in Chattahoochee or the Pathways program in Marianna) to which individuals are court-ordered for placement as a result of felony charges.

APD Licensed Facility - Foster Home (Capacity 1-3): An APD licensed foster home with the capacity of no more than 3 individuals.

APD Licensed Facility - Large Group Home (Capacity 7-15): An APD licensed group home with the capacity of 7 to 15 individuals.

APD Licensed Facility - Residential Habilitation Center: An APD licensed facility which includes either the Duvall



Home's Allgair Cottage in Volusia County or the United Community Options Hope Center in Dade County.

APD Licensed Facility - Small Group Home (Capacity 4-6): An APD licensed group home with the capacity of 4 to 6 individuals.

DCF Licensed Home - Foster Home (Capacity 1 to 3): A foster home licensed by DCF with the capacity of no more than 3 individuals.

DCF Licensed Home - Small Group Home (Capacity 4 to 6): A facility licensed by DCF with a capacity of 4 to 6 individuals.

DCF Licensed Home - Large Group Home (Capacity 7 to 15): A facility licensed by DCF with a capacity of 7 to 15 individuals.

DCF Commitment Facility: A forensic facility operated by DCF for individuals who are found incompetent to proceed on a felony offense or acquitted of a felony offense by reason of insanity, such as Florida State Hospital.

Department of Juvenile Justice Facility: A residential program or detention facility for youth required by the court system to stay in the care of the Department of Juvenile Justice.

Family Home: The primary residence occupied by the client and member(s) of the family including parents and siblings, including stepchildren, stepparents, stepsiblings and in-laws.

Hospital – Non-Psychiatric: A hospital placement for medical treatment.

Hospital – Psychiatric: A hospital placement for the purpose of treatment and the implementation of interventions to reduce symptoms of mental illness.

Independent Living: A client's own home where they live without Personal Supports or Supported Living Coaching.

Jail/Prison: Incarcerated in a state prison or county jail.

Supported Living: A client's own home where they live and receive Personal Supports and/or Supported Living Coaching, and that home is available for lease or sale to individuals in the community.



As Needed: Individuals without a Residential Address

How to add a Residence Address in iConnect for APD consumers without a Residence Address

Below are instructions on how to document residence address and "home" Region for clients who are homeless or in a different Region at DDDP, in an ICF, jail, hotel, etc. iConnect is programmed to only show a "Region" designation when there is a "Residence Address" type. In the example below, the client is at DDDP in Chattahoochee with a "Temporary Address," but his home region is Suncoast, so DDDP cannot be designated as the "Residence Address," or it will incorrectly designate Northwest as his home Region:

Contact Informati	ion
Address Type	Temporary Address
Address	PO Box 1000
Address 2	Dddp
City	Chattahoochee
State	FL
Region	
Zip Code	32324

The details in the Consumer Address screen show that he has two "Temporary Addresses" (one for DDDP and one for the jail in Tampa). This client has no real residence address and no legal representative:

Address	City	State	Zip code	Active	Primary	Addess Type
520 Falkenburg Road	TAMPA	FL	33619	No	No	Temporary Address
PO Box 1000	Chattahoochee	FL	32324	Yes	Yes	Temporary Address

When State Office runs reports his Region designation is blank because he does not have a "Residence Address":

Contact Information			
Address Type	Temporary Address	County	
Address	PO Box 1000	Field Office	
Address 2	Dddp	Main Phone	(813) 247-8300
City	Chattahoochee	Business Phone	
State	FL	Cell Phone	
Region		Email	
Zin Code	32324		

Below are the instructions on how to document a "Residence Address" for someone who does not have one:



For clients with no home residence address and no legal representative:

1. Add the Regional APD address as the client's "Residence Address"

- 2. Update the following fields:
 - Address = enter the corresponding Regional Street Address
 b.
 - c. Address 2 = enter the word: "Non-Residence"
 - d. City = enter the Regional APD city
 - e. State = FL
 - f. Zip Code = "home" Region Zip Code
 - g. Main Phone = enter APD Regional office main phone
- 3. The correct "home" Region will show up in iConnect
- 4. The "Residence Address" must be updated when (or if) a client moves into a more permanent living setting (such as family home, group home, own home, supported living, etc.) in the "home" Region.

For clients with no home residence address who have a legal representative residing in the "home" Region:

- 1. Add a "Residence Address"
- 2. Enter the legal representative address
- 3. Validate address as usual
- 4. The correct "home" Region will show up in iConnect

For clients with no home residence address who have a legal representative residing in another Region (or State) enter the Regional APD address as indicated in "A" above.

Add as many "Temporary Addresses" as necessary and mark the client's physical location as "primary.



Chapter 4 | Support Plan

Introduction

The Person-Centered Support Plan (PCSP) must be created in iConnect. 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 PCSP. The Care Coordinator will review the QSI responses and address those needs during person-centered planning.

Once the Care Coordinator has completed the PCSP process, the PCSP will be created in a form in iConnect.

Schedule the Support Plan

Role: DDMC

Upon enrolling the client into the DDMC Pilot Program the Care Coordinator will schedule the initial face to face meeting within 5 days of enrollment and begin the support planning process.

- 1. Contact the individual to schedule the PCSP meeting and to identify PCSP participants. Document each contact in a Note in the client's record.
- To do so, navigate to the Consumer's record and click on the Notes tab > File > Add Note:

opd it	ennect		Last Updat at	Martin Kastners ed by sylvia.baer@apdcares.org 6/20/2024 3:12:34 PM	Notes Sign Out	Role DDMC	
File Tools	5 Ticklers						
Print Note Attac <u>Add Notes</u> Print	hment(s)	Irch Consum	ors 🗸	Last Name	▼ G0 _⊘	ADVANCED SE	ARCH
			MY DASHBOAR	CONSUMERS			
Kastners, Marti	in (209730) Diagnosis	Eligibility Medications Conta	acts				
)-Filters Note Date 🛛 🗸	Demograph	ics Divisions Notes Prms	Appointments				
Search 14 Consumers	Reset Notes record(s) retur	ned - now viewing 1 through 14-					
Note Date +	NOLE BY	Note Type	note sub-type	"Type of Guardianship" (Legal Gu	iption ardian/Advocate/etc.)	Status	Date C

- 3. In the new Note record, update the following fields:
 - a. Division = APD
 - b. Note Type = Support Plan
 - c. Note Sub-Type = Pre-Support Planning Activities



d. Status = Complete

File Tools	
Notes Details	
Division *	APD V
Note By *	Reed, Monica V
Note Date *	03/29/2018
Program/Provider	✓
Note Type *	Support Plan
Note Sub-Type	Pre-Support Planning Activities V
Description	0
Note	3/29/18 - Attempted to contact the Consumer. Left voicemail.
Status *	Complete V
Date Completed	03/29/2018

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

- Upon identifying Consumer Participants, add them to the client's record. Use <u>"As Needed: Adding New Contacts into Contacts</u> Tab" for further instructions.
- Upon identifying the client's PCSP participants, reach out to invite them to participate in the PCSP meeting. Document each participant outreach attempt in a Consumer Note. To do so, navigate to the client's record and click on the Notes tab > File > Add Note.
 - a. In the new Note record, update the following fields:
 - b. Division = APD
 - c. Note Type = Support Plan
 - d. Note Sub-Type = Pre-Support Planning Activities
 - e. Status = Complete
 - f. When finished, click File > Save and Close Note.
- 7. Prior to conducting the Initial Support Plan/Support Plan meeting, the Care Coordinator will prepare the documentation. Care Coordinators will take a meeting signature sheet to the Initial Support Plan/Support Plan meeting with the client. A blank PCSP output report is printed. It will be filled out when face to face with the consumer and then keyed into the PCSP form in iConnect.



Create the Support Plan

Role: DDMC

1. To begin, log into iConnect and set Role = **DDMC**. Click **Go**.

; ∽ G0

2. Navigate to the client's record and click on the **Forms** tab:

op	d iCoi	mect		M. Last Updated I at 6/2	artin Kastners vy sylvia.baer@apdcares.org 0/2024 3:12:34 PM	Forms Sign Out	Role DDMC		GO
File	Tools	Ticklers							
		Quick Search	Consumers	✓ La	st Name	▼ GO _⊘	ADVANCED SEAR	СН	
				MY DASHBOARD	CONSUMERS	←			
Kastner	s, Martin (2	09730)							
		Diagnosis Eligibility Medications Demographics Divisions Notes	Contacts	ents					
Filters Form Sear 218 Co	Ch Rese	+ t rms record(s) returned - now viewing 1 thro	ugh 15						
		Form		Review	Review Date -	Worker	Divis	ion Stat	

3. To add a new PCSP, use File and select Add Form.



4. A new Form Details window displays. In the "Please Select Type:" dropdown, choose the Person-Centered Support Plan eff. 11/4/2021



opd iConnect



- 5. Complete the header information. In the header of the form, update the following fields:
 - a. Review = Initial
 - b. Status = Open

NOTE: There should be only one PCSP for the year. The Care Coordinator 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.

- 6. Information from other forms such as the QSI Assessment can be copied over into the PCSP record automatically using the Copy Shared Response functionality in iConnect.
- The Care Coordinator will select File > Copy Shared Response and select the QSI Assessment from the list of available forms.



8. A list of Assessments with Shared Responses is displayed. Select the QSI form.



			with Shar Respons
e			indiversity of the second s
The second			
Assessments with Shared Responses record(s) returned - now	viewing 1 through 5	Review Date -	Rater
Assessments with Shared Responses record(s) returned - now Form Name EZ iBudget Calculator	v viewing 1 through 5 Review Initial	Review Date -	Rater Buck, Jennifer
Assessments with Shared Responses record(s) returned - now Form Name EZ iBudget Calculator Questionnaire Situational Information	v viewing 1 through 5 Review Initial Initial	Review Date - 04/17/2018 04/17/2018	Rater Buck, Jennifer Buck, Jennifer
Assessments with Shared Responses record(s) returned - now Form Name EZ iBudget Calculator Questionnaire Situational Information Person Cerviced Support Plan	v viewing 1 through 5 Review Initial Initial Initial	Review Date → 04/17/2018 04/17/2018 04/13/2018	Rater Buck, Jennifer Buck, Jennifer Buck, Jennifer
Assessments with Shared Responses record(s) returned - now Form Name EZ iBudget Calculator Questionnaire Situational Information Person Cerviced Support Plan Person Centered Support Plan	r viewing 1 through 5 Review Initial Initial Initial Initial	Review Date → 04/17/2018 04/17/2018 04/13/2018 04/04/2018	Rater Buck, Jennifer Buck, Jennifer Buck, Jennifer Buck, Jennifer

- 9. Once selected, the system will pull the information from the QSI to fill in the scores of the QSI section on the PCSP form.
- 10. Please note that the PCSP in iConnect should be filled out in the same way as the hard copy PCSP. For questions related to what type of information should be included in the various sections of the PCSP, please refer to the Person-Centered Support Plan Training modules found on the <u>APDcares.org</u> <u>website</u>.

11	Upc	late	all	rema	ininc	ı fields	S.
	. ope	1010	an	101110		,	· ·

	Alic	e Sheppard	Forms
	L85 877	75/2018 2:40:43 PM	
File Reports			
Person Centered Support Plan	8		
Consumer Forms			
Review *	Initial V Worker* Buck, Jennifer Citar Details		
Review Date *	07/05/2018 🕮 Status * Open 🗸		
Division *	APD V Provider/Program V		
Approved By	Approved Date		
Note	2		
	PERSON CENTERED SUPPORT PLAN		
Support Plan Effective Date*	05/01/2018		
My Waiver Support Coordina			
WSC Name*	Buck, Jennifer 🗸		
WSC Agency Name:			
WSC Phone Number:			
WSC Email:			
My Family, Friends, and Supp	1.System		
	Add New Relation Edit Relation Search Existing Relations Clear		
	Namo		

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



Add Medication

The Care Coordinator can add a medication in the Medication tab of the client record or add a medication from the PCSP form, which will go to the Medication tab of the client record.

Add a new Medication from a Form

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

opd iconnect						Martin Kastners Forms Sign Out Down Viria berefores.org at #20/2024 31:12:34 PM					
File Tools Tic	klers										
Add Forms	urch										
Print Add Forms			Consumer	5	~	Last Name		▼ GO	ADVANCED SEARCH		
					🕄 FL Trai	ning (copy of IT1) -	Google Chro	me			
				M	1 hss	flapdstage.wellsk	v.com/train	ing-humanservices/Pag	es/Harmony.aspx?ChapterID=677	&ViewType=DetailVie	
Kastnore Martin (2007)	101										
Naschers, marchi (2031)	[] []				0	po iConr	lect				
	Diagnosis Eligibil	ity Medications	Contac	ts							
	Demographics Di	ivisions Notes	Forms	Appointments	File	Reports					
Filters											
Form ¥ +										18	
Search Reset											
218 Consumers Forms	record(s) returned - n	low viewing 1 thr	ough 15		My Me	dication Informa	tion (curren	it as of date of support p	plan meeting)		
					Medi	cations					
	For	m			0	record(s) returned					
Diagnoses - Mental H	ealth and Medical			Initi	el.						
EZ iBudget Calculator				Initi	al l						
Family Risk Factors				Initi	Add	New Medication	Search	Remove			
HCBS Waiver Eligibili	ty Worksheet			Initi	al Impo	rtant Unalth Uistor	water and the l	Family and Mar			
HCBS Waiver Eligibili	ty Worksheet			Initi	al anipo	real real ristor	y owould my r	uning and mg.			

- 2. Medications are captured in the Medications tab of iConnect and can be added to the PCSP without the Care Coordinator retyping the information.
- 3. Care Coordinators can also add new medications from the PCSP form and the medication will be added to the PCSP and the Medications tab of iConnect.
- 4. To add an existing medication from the Medication tab to the PCSP, select **Search** and a list of medications from the Medications tab of the client's record will be displayed. Select the check box for each medication that needs to be added to the PCSP. Click ADD to insert the medication into the PCSP.





- 5. To add a new medication from the PCSP that will be added to the PCSP form and to the Medication tab, use the Medication Control on the PCSP form.
- 6. In the My Health section of the PCSP form, select **Add New Medication.**

My Health
Important Information About My Health
Hospitalizations in the past year?
My Medication Information (current as of date of support plan meeting)
Medications
0 record(s) returned
Add New Medication Search

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. If the medication does not auto populate in search, type in "Other" in the Medication search. Select "Other" and then a new text box will display "Other Medication." Type in the name of the Medication in the text box.

Medication *		Clear
Order Date (start date)	MM/DD/YYYY	
D/C Date (end date)	MM/DD/YYYY	
Status *		~
Dose *		
Dose Units *		~
Frequency *		~
Route *		~
Where Obtained		~
Mail Order		~
Packaging		~
Type of Assistance *		~
Medication Assistance *		~
Prescribed By		
Instructions per Label		
Reason for Medication		
Side Effects/Problems Experienced		
Save Cancel		

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



Add Medication to the Medication Tab

- 1. Navigate to the **Medication** tab on the client's record.
- 2. Go to File > Add Medication.

ord iConn	ect				Ma Last Updated by at 6/20	rtin Kastners • sylvia.baer@apdcares.org /2024 3:12:34 PM	Medications	Sign Out	Role DDMC	~
File Ticklers										_
rint		h		Consumers	~	Last Name	~ (GO	ADVANCED SEARCH	
					MY DASHBO	ARD CONSUMERS				
astners, Martin (20973)))									
	Diagnosis	Eligibility	Medications	Contacts						
	Demograph	ics Division	s Notes	Forms App	pointments					
Filters	Demograph + eset	ics Division	is Notes	Forms App	pointments					
-16 Consumers Medicatio	ons record(s) returned - no	ow viewing 1	through 15						
								-		

3. Complete the Medication details page.

ledication *	Clear
NDC Code	
Dose *	
Dose Units *	▼
Strength *	
Frequency *	✓
Route *	
Prescribed By *	
Order Date (start date) *	04/08/2024
D/C Date (end date)	MM/DD/YYYY
Status *	······································
PRN?	
Instructions per Label	
Reason for Medication	
Side Effects/Problems Experienced	
_	
Where Obtained	✓
Mail Order	v
Packaging	v
Type of Assistance *	v
Medication Assistance *	✓
Send To Emar	
Dispense Time 1	v v v
Dispense Time 2	
Dispense Time 3	
Dispense Time 4	
Dispense Time 5	v v v

4. If the medication does not auto populate in search, type in "Other" in the Medication search. Select "Other" and then a new text box will display "Other Medication." Type in the name of the Medication in the text box.



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

Add Contacts

Similar to adding the Medication, a Contact can be added into the Contacts tab or in the PCSP. When adding a Contact into the PCSP, that Contact will also be added to the Contacts tab.

Add a new Contact from a Form

1. In the PCSP, there are buttons that say Add New Relation and Search Existing Relations. To add a new relation, select the **Add New Relation** button.



 Enter the Name of the new contact in the text box as instructed. Change the Family Relation to Case Relation. Every Relation in iConnect is a Case Relation. Press Search.



3. After the Search, a list view grid will appear. If there are no contacts with that name, select the **Add New** button.

								\frown			
First Name:	Type first name	Last Name	and last nam	e Case Relatio	n 🗸	Search	Cancel	Add New			
								\smile			
Contact ID	First N	ame	ast Name	Middle Name	Street	City		State	Zip Code	Residence County	H

4. Fill out the New Relation as indicated. Choose the primary relationship from the drop-down menu titled "Relationship." Once completed, press **Save and Close**.



Relation Category	Case Relation	~	
Relationship *		~	K
Multiple Relationships	Advocate Attorney Caregiver Case Manager CDC Representative	Î	
	Circle of Supports	-	
Last Name *			
Middle Name			
First Name *			
Street			
Street 2			
City			
State			
Zip Code			
Residence County		~	
Home Phone	x(xxx)xxx-xxxx		
Cell Phone	х(ххх)ххх-хххх		
Work Phone	х(ххх)ххх-хххх		
Email Addrose	Email Format @mail.com		

Search an Existing Contact from a Form

1. To add an existing contact to a form, select the **Search Existing Relations** button.

~				
Add New Relation	Edit Relation	Search Existing Relations	Clear	
Name				
Address				
Phone Numbers				
Email Address				
Relationship(s)				
Add New Relation	Edit Relation	Search Existing Relations	Clear	

2. Click the proper contact to add them to the form.

Re	elatio	n Search				×	
	RecID	Name	Relationship	Phone	Date Of Birth		
	72029	Bailey Hatguy	Parent				

3. The form will update with their information.



Complete the Support Plan Process

There will be a second meeting with the client. The completed PCSP report output is printed from iConnect. The PCSP is signed by the client and added as an attachment to Notes in iConnect.

To print the PCSP, navigate to the **Forms** tab. Open the PCSP form from the list view grid.

astners, Martin (2097)	30)								
	Diagnosis I	Eligibility	Aedications	Contacts					
	Demographics	Divisions	Notes	Forms	Appointments				
Filters									
orm 👻 Equa	То 🗸	Person-Ce	ntered Supp	ort Plan eff.	11/4/2021 🗸	AND 🗸 🗙			
orm 🗸 +									
					S	earch Reset			
2 Consumers Forms re	cord(r) returned	nowviewin	a 4 through	2					
5 Consumers Points re	cord(s) returned -	- HOW VIEWIN	a i unougn	5					
		Form 🗸			Review	Review Date	Worker	Division	Status
Person-Centered Sup	port Plan eff. 11/4/	2021	-		Initial	12/14/2021	Worker_19248, Training	APD	Complete
Person-Centered Sur	nort Plan eff 11/4/	2021			Initial	11/03/2022	Brown-Ferrier Mollie	APD	Open

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

File	Reports		
Person	Consumer Assessment		
	Person Centered Suppo	ort Plan	
Consu	QSI Synopsis Report		
Review	1^	Initia	×
Review	/ Date *	06/07/2019	9
	- C		

2. This will launch a new window. The Care Coordinator can either save directly to Note or save as pdf to their computer. Either option will give the Care Coordinator a printable pdf version of the PCSP to be used when gathering client/legal representative signatures.



HIML	VE	xport Save to Note					
	of 2 🕨 🄰 💠 🗍	Find N	lext 🛃 🔹 😨				
opency for a		Perso	XML file CSV (co	with report data mma delimited)	יי		
Sía.	te of Florida		MHTML Excel	web archive)	J Plan Effictive Da	te:	02/11/2019
			TIFF file		Support Plan Upd	ate:	04/01/2019
About Me			Word				
Last Name Sh	eppard	First Name	John Ni	ckname	Date	of Birth	01/01/1988
		Medicaid ID	12314588 iC	onnect ID 101	06 Legal	Status	
Living Setting	Hospital - Psychiatric	Spoken Languag	e English	Alte	rnate Communicat	ion	Braille
Where I Live		10100 (11 12 000 12 12 10 10 10 10 10 10 10 10 10 10 10 10 10		10			
Street Addre	ess 12 Sippany Road	City	MIAMI St	ate FL		Zip	33101
Email Addre	ss info@wellsky.com	Cell/Home Phone	(205)854-9875 W	ork Phone (55	9)874-4894	Region	SOUTHERN
Deliver my mai	I to 12 Sippany Road	City	MIAMI St	ate FL		Zip	33101
Best way to c	ontact me Work Phonell	Permission to leave	a voicemail messad	e			. <u> </u>
My Lenal Rer	resentative(s)						
#1	resentative(s)						
#1	Adminsion	First Name	Control	Quantization	Description		Logal Depresentative
Last Name	Carogivor	rirst Name	e Genuar	Guardian/Leg	jai representative	ype_	Legar Representative
Deletionshie	Galegiver			Other		Zin	32399
Relationship	1234 Ecolonado Way Si	uito 100 C				C (D)	14 17 7
Relationship Address	1234 Esplanade Way, St	uite 100 C	ity TALLAHASSEE	Coll Dhone	-	Lip_	02000

3. If the Save to Note option is chosen, a Note window will launch with the pdf output listed as an attachment. Type in any additional information and click the **Append Text to Note** button. The signed signature page of the PCSP will need to be attached. Skip to step 5.

Notes Details	
Division *	
Note By *	Mult Evela
Note Date *	06/07/2019
Program/Provider *	WSC Agency1 V Details
Note Type *	Support Plan
Note Sub-Type	Signatures
Description	Person Centered Support Plan
Note	New Text Printable output to share with consumer / legal representative and to obtain signatures.
Status *	Pending
ents	
chment	
nt	



4. Attach a copy of the signed PCSP to a Note in iConnect. On the client's record, click on **Notes > File > Add Note:**

	iect	Last Update at	Martin Kastners d by sylvia.baer@apdcares.or 6/20/2024 3:12:34 PM	Notes Sign C
Print Note Attachment(Add Notes Print Add Notes	S) urch Con	sumers 🗸	Last Name	GO
Kastners, Martin (209	730)	MY DASHBOARD	CONSUMERS	
	Diagnosis Eligibility Medications C	rontacts		
-Filters				

- 5. In the new Note record, update the following fields:
 - a. Note Type = Support Plan
 - b. Note Sub-Type = Signatures
 - c. Status = Complete
 - Attach the signed Person-Centered Output Report to the Note record by clicking Add Attachment > Browse > select the appropriate file from your computer > Upload

An asterisk (*) indicates a	required field			
Notes Details				
Division *	APD 🗸			
Note By *	Baer, Sylvia	~		
Note Date *	06/20/2024			
Program/Provider		~		
Note Type *	Support Plan	✓*		
Note Sub-Type	Signatures	♥*		
Description	Signed Support Plan	n	A	
Note				
Status *	Complete 🗸			
Date Completed	06/20/2024			
Confidential				
Attachments				
Add Attachment				
Attachments Grid				
Document		Description	Category	Action
SignedSupportPlan.pdf				Remove

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



Support Plan Update

- 1. Throughout the PCSP year, the Care Coordinator may need to update the existing PCSP based on changes in the client's needs or desires. The existing PCSP form will be amended/updated. A new PCSP form will not be created.
- 2. The Care Coordinator will locate the PCSP form from the Consumer's record > **Forms** tab and select the form to edit.
- 3. The form must be in Draft, Pending or Open status to be editable. Forms in the Complete status are read only and cannot be edited. Forms in the Draft status are perceived to not be done and should only be used when in the drafting stages.
- 4. Update the fields as needed. Click **File > Save and Close Forms**.
- 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 PCSP

opd iConnect						Alice Sheppard Last Updated by jbuck at 7/5/2018 2:39:41 PM	Forms
File Reports							
Copy Shared Response							
Duplicate Assessment Spell Check Save Forms	ial 🗸		Worker * Status *	Buck, Jennifer Draft	Clear Details		
Save and Close Forms			Provider/Program Approved Date	``			
Close Forms	7						
		9			Open		
		PERSON CENTER	ED SUPPORT PLAN		Complet	e	

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



File					
listory Viewer					
This recor	rd was updated by jbuck a	t 7/5/2018 2:39:41 PM			
•					
erson Centered Sup	oport Plan 🔗				
Consumer Forms					
Review *	Initial		Worker *	Buck, Jennifer	
Review Date *	07/05/2018		Status *	Draft	
Division *	APD		Provider/Program		
Approved By			Approved Date		
Note	2				
		PERSON CEN	ITERED SUPPORT F	PLAN	
Support Plan Effection	ve Date*	05/01/2018			
Ny Waiver Support	Coordinator				
WSC Name*		Buck, Jennifer			
WSC Agency Name:			_		
WSC Phone Number					
WSC Email:					
			*		

Annual Support Plan Review

- 1. The PCSP expires after a year. The Care Coordinator usually begins the process 90 days in advance.
- 2. Navigate to the client's record and click on the **Forms** tab. Click the **PCSP** form with Status = Open.

stners, wartin (209750)								
	Diagnosis Elig	gibility Me	dications	Contacts					
	Demographics	Divisions	Notes	Forms Appoin	ntments				
ters									
1 Y Equal T	īo 🖌 F	Person-Cente	ered Suppo	ort Plan eff. 11/4/20	021 🗸 AND 🔪	· ×			
us * Equal 7	ĩo 🗸 (Open 🗸			AND N	· ·			
						· ·			
• • +									
					Search	Reset			
Consumers Forms reco	ord(s) returned - no	ow viewing 1	l through	1	Search	Reset			
Consumers Forms reco	ord(s) returned - no	ow viewing 1	l through	1	Search	Reset			
Consumers Forms reco	ord(s) returned - no	ow viewing 1 Form v	l through	1	Search	Reset Review Date	Worker	Division	Statu
Consumers Forms reco	ord(s) returned - no F iort Plan eff. 11/4/20	ow viewing 1 Form - 121	l through	1	Search Device:	Reset	Worker Buffington, Christine	Division APD	Statu Open
Consumers Forms reco Person-Centered Supp	ord(s) returned - no F ort Plan eff. 11/4/20	ow viewing 1 Form v 121	I through	1 Previous Re	Search Initial cords per page 15	Reset Review Date 05/02/2024 Next Last	Worker Buffington, Christine	Division APD	State Open
Consumers Forms reco	ord(s) returned - no F ort Plan eff. 11/4/20	ow viewing 1 Form v 121	I through First	1 Previous Re	Search Provident Initial cords per page 15	Reset Review Date 05/02/2024 Next Last	Worker Buffington, Christine	Division APD	State Open

3. Care Coordinators should never utilize the same PCSP form year to year. However, some information may not change. While goals, needs, and other important factors must be reviewed and updated each year, Care Coordinators may use the **Duplicate Assessment** feature to copy information such as the social history. However, the Care Coordinator must update all sections of the PCSP with new information and change the effective date of the plan.



 Click File > Duplicate Assessment. A notification window displays. Click OK. The new PCSP form that is a copy of the existing PCSP form will be displayed.

opd iConnect		Alice Sheppard Last Updated by jbuck at 7/5/2018 2:39:41 PM	Forms
File Reports			
Copy Shared Response			
History			
Dupicate Assessment	Initial V Worker* Buck Jennifer Court Details		
Spell Check	07/05/2018 Draft V		
Save Forms	APD V Provide:/Program V		
Print	Approved Date		
Close Forms			
	PERSON CENTERED SUPPORT PLAN		
Support Plan Effective Date*			
My Waiver Support Coordinator			
WSC Name*	Buck, Jenniter		
WSC Agency Name:			
WSC Phone Number:			

- a. In the Form header, change the Review Type = Annual
- b. Update the PCSP effective date.
- c. Make updates to goals, needs, and other important factors.
- d. When finished, update Status = Open
- e. Click File > Save and Close Forms
- 5. The Forms list view grid displays. Select the existing (previous year's) PCSP form.
 - a. In the header, update the Status = Complete.
 - b. Click File > Save and Close Forms



Chapter 5 | Level of Care

Introduction

Level of Care (LOC) assessments are completed by the Care Coordinator, to assist in determining if an individual meets eligibility requirements and to what level of service is required to accommodate the client's needs. The Care Coordinator will utilize the HCBS Waiver Eligibility Worksheet to document the LOC determinations. The initial HCBS Waiver Eligibility Worksheet will be done by APD staff and thereafter the annual HCBS Waiver Eligibility Worksheet will be done by the Care Coordinator due in 365 days.

Complete Waiver Eligibility Worksheet

- To begin, the Case Coordinator will log into iConnect and set Role
 = DDMC. Click Go.
- 2. The client's initial HCBS Waiver Eligibility Worksheet will be available by navigating to the client's record and clicking on the **Forms** tab.

File Tools Tick	klers					
	Quick Search	rs	✓ Last Name	▼ GO _S ADM	ANCED SEARCH	
		MY	DASHBOARD CONSUMERS			
Kastners, Martin (20973	0)					
	Diagnosis Eligibility Medications Conta	cts				
	Demographics Divisions Notes Forms	Appointments				
Form V Equal	To HCBS Waiver Eligibility Worksho	eet 🔹	AND V X			
			Search Reset			
	cord(s) returned - now viewing 1 through 3					
	Form	Review	Review Date -	Worker	Division	Status
HCBS Walver Eligibilit	ty Worksheet	Initial	05/02/2024	Buffington, Christine	APD	Complete

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

File					
ease Select Type	:		~		
An asterisk (*) ir	Diagnoses - Mental H	lealth and Medical			
Consumer For	HCBS Waiver Eligibil	ity Worksheet			
Review *	Person-Centered Su	pport Plan eff. 11/4/202	1		
Review Date *	06/	20/2024			
Division *	API				
Approved By			Lookup	Clear	



- 4. In the new HCBS Waiver Eligibility Worksheet, complete all relevant fields
- 5. Update the fields in the header:
 - a. Review = Annual
 - b. Division = APD
 - c. Status = Complete

6. When finished, click File > Save Forms

oped iConnect					Bowler Hatguy 6/21/2024 3:33 PM	Forms
File						
Please Select Type: HCBS Waiver Eligibility Worksheet	S					
An asterisk (*) indicates a required field						
Consumer Forms						
Review * Initial V		Worker *	Baer, Sylvia	Lookup Clear	Details	
Review Date * 06/21/2024		Status *	Complete V			
Division * APD V		Provider/Program	_			
Approved By Baer, Sylvia	Lookup Clear Details	Approved Date	06/21/2024			
	HCBS WAIVER ELIGI	BILITY WORKSHI	EET			
Client First Name:	Bowler					
Client Last Name:	Hatguy					
*Social Security Number:	111-11-1111					
Region:	Clear					
Support Plan Effective Date:	MM/DD/YYYY					
	LEVEL OF CAP					

7. To print the form, navigate to the **Word Merge** menu and select **HCBS Waiver Eligibility Work Sheet**.

opd iCom	nect			Bo Last Updated by at 6/21	wler Hatguy / sylvia.baer@apdcares.org /2024 8:48:04 AM
File Reports	Word Merge				
HCBS Waiver Elig	HCBS Waiver Eligibility Work Sh	eet			
An asterisk (*) indicat	es a required field				
Consumer Forms					
Review *	Initial		Worker *	Baer, Sylvia	Details
Review Date *	06/21/2024		Status *	Complete	
Division *	APD		Provider/Program		
Approved By	Baer, Sylvia	Details	Approved Date	06/21/2024	
		HCBS WAIVER	ELIGIBILITY WORI	KSHEET	
Client First Name:	E	Bowler			

8. The Word Merge will be displayed. Download and print the Word Merge to obtain the necessary signatures.



GOD iConnect		Bowler Hatguy HCBS Waiver 62/2504 8:34 MI	Eligibility Work Shee
Generate Morge Document Click the "Open Document" button to open the Merge Document for activition	WordMergePDFPreview.ashx	Preview (read-only) This is a preview of your marge document and is not editable. 1 / 1 - 100% + 2	± a :
Open Document Save to Note In o charges have been made to the Merge Document, click Save to Note Up of Contract and the Merge Document, click gehaded to an end read with the merge fields populated		Budget Florida	
Save to Note Upload and Save to Note If changes were made to the Merge Document, click "Upload	1	Name. Booker Halpay Sign (11-11-11) Region: CENTRAL Support Phile Effective Date: 07.01/2024 I. Level of Care Epigility: The Individual is an APC date with a Developmental Disability who meets one of the following criteria and is eligible	
end Save to Note" to select the saved file and upload that document to a note record. Don't forget to detek the saved document after you have attached it to the note record. Upload and Save to Note	_	of interview provided in an interview of the set of the	

- 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:
- 10. In the new Note record, update the following fields:
 - a. Division = APD
 - b. Note Type = APD Waiver Eligibility Verification
 - c. Note Sub-Type = LOC Met/Medicaid Eligible
 - d. Status = Complete
 - e. Attachments = Signed HCBS Eligibility Work Sheet

11. From the File menu > select Save and Close Notes.

Notes Details	
Division *	APD 🗸
Note By *	Baer, Sylvia 🗸
Note Date *	06/21/2024
Program/Provider	×
Note Type *	APD Waiver Eligibility Verification 🗸
Note Sub-Type	LOC Met/ Medicaid Eligible
Description	ß
Note	B I U 16px • A •
Status *	Complete V
Date Completed	06/21/2024
Confidential	
Attachments	
Add Attachment	
Attachments Grid	
Document	Description Category
HCBS signed	



Chapter 6 | Other Non-Waiver Eligible Settings – Admission

- The Care Coordinator or Pre-Enrollment Worker will document the client's admission to a jail, nursing home, rehab center, hospital. To begin, log into iConnect and set **Role = DDMC** or Region Pre-Enrollment Workstream Worker. Click **Go**.
- 2. Navigate to the client'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 Sub-Type = 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 DD Managed Care Pilot (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**.

opd iConnect					John Sheppard Last Updated by jbuck at 8/25/2018 10:16:34 PM	Demographics
File Edit Tools Rep	orts Word Merge					
Edit Demographics						
Workflow Wizard	Demographics					
Change the living	iConnect ID	10106	Medicaid ID	12314588		
setting on the demographics page	Salutation		Age	47.6		
	Last Name	Sheppard	Race			
	First Name	John	Ethnicity			
	Consumer Photo		Marital Status			
	Middle Name		Living Setting			

- 7. Update the following fields:
 - a. Living Setting = select applicable value



ope	iConnect	John Sheppard Demograph Last Updated by jbuck at 62/5/2016 10:16:34 PM
File	Tools Reports	
	Date of Death	
	DOD Action	▼
	DOD File Number	
	Vital Statistics Cause of Death	1000 charaders remaining
	Gender *	AHCA Licensed Adult Eamily Care Home
	Race	AHCA Licensed Addit Family Care Home AHCA Licensed Assisted Living
	Ethnicity	AHCA Licensed ICF/DD AHCA Licensed Nursing Home
	Suspected Developmental Disability	APD Developmental Disabilities Center APD Developmental Disabilities Defendant Program APD Licensed Facility - Comprehensive Transitional Education Program (CTEP) , APD Licensed Facility - Large Group Home (Capacity 1-3) APD Licensed Facility - Large Group Home (Capacity 7-15) APD Licensed Facility - Residential Habilitation Center APD Licensed Facility - Small Group Home (Capacity 4-6)
	Competency *	DCF Licensed Foster or Group Home Department of Juvenile Justice Facility
	Marital Status	Family Home
	Living Setting	Hospital - Non-Esychiatric
	Referral Source	Independent Living Jail/Prison
	SSN *	Supported Living

- 8. When complete, click **File > Save and Close Demographics.**
- 9. Navigate to the client's record to verify that the client is Medicaid eligible, and all other criteria have been met to enroll in the iBudget waiver.
- 10. If the consumer will not remain in Pre-Enrollment or the DD Managed Care Pilot, the Care Coordinator will contact the Pre-Enrollment Worker (secondary worker).
- 11. If the client will remain in Pre-Enrollment or DD Managed Care Pilot, send a note to the Pre-Enrollment or Waiver Workstream Worker (Secondary Worker).
- 12. Navigate to the client's record and click **Notes > File > Add Note.**
- 13. In the new Note record, update the following fields:
 - a. Division = APD
 - b. Note Type = Facility Placement
 - c. Description = Remains on Pre-Enrollment or DD Managed Care Pilot
 - d. Note = enter details
 - e. Note Status = Complete
 - f. Note Recipient = search for and select the Pre-Enrollment or DDMC Care Coordinator.
- 14. When finished, click **File > Save and Close Notes**



Chapter 7 | Safety Plan

Introduction

In some cases, clients exhibit behavior that indicates 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. A plan is needed to address their unique needs and create a safe environment for everyone and facilitate successful community living. In these instances, a Safety Plan developed by the Care Coordinator with consultation from the authorized behavior analysis (BA) provider or Area Behavior Analyst (ABA), when needed. These plans are integrated into the PCSP and implemented where the client resides. The following Chapter outlines how the Safety Plan should be documented within iConnect.

- 1. To begin, the Care Coordinator will log into iConnect and set Role = **DDMC**. Click **Go**.
- 2. Navigate to the client's record and click on the **Forms** tab. Click the current Person-Centered Support Plan to edit.

stners,	Martin	(209730)										
			r	Ť		r							
			Diagnosis	Eligibility Me	edications	Contacts							
			Demographics	Divisions	Notes	Forms	Appointments						
ilters						_							
m	~	Equal T	• •	Person-Cent	tered Suppo	ort Plan eff.	11/4/2021	✓ AND ·	~ X				
atus	*	Equal T	• •	Onen ¥	-			AND 1	•				
				opon -									
m	~	+											
								Search	Reset				
Conou	more Fe		rd(a) raturnad	nowydawina	4 through				_				
Consu		Anna reco	ru(a) returneu	now viewing	ranougn								
				Form 🗸				Devium		Review Date	Worker	Division	Status
Perso	on-Cente	red Supp	ort Plan eff. 11/4	/2021				Initial	05/02/2	024	Buffington, Christine	APD	Open
					Firet	Provio	e Records no	ar name 15	Next 1	act			
					1 11 31	1.104100	10		read L				

3. Navigate to the Personal Rights: (not related to guardianship) section of the PCSP.

Personal Rights: (not related to guardianship)	
Is there a right I would like to learn more about?	~
My WSC provided information about abuse, neglect, and exploitation to me this year, and I know about the reporting process and requirements.	~
Do I have restrictions on my rights?	~
Safety Plan required and included (if applicable choose Yes or No).	~
<u>My Health</u>	



4. Safety Plan required and included (if applicable choose Yes or No) = select "Yes"



5. A new section of the PCSP will be displayed with information to be filled out regarding the Safety Plan.

Safety Plan	
Summary of Historical Events: : List by date, any behaviors or charges that are safety concerns for the person or the community. What concerns do you have or do you think the community might have about your behavior in the past?	
pecial Considerations:	
a) If there is a court order, indicate what it requires:	
b) If there is a Probation Officer, identify who, their location, contact numbers and any other court requirements:	
c) If required, identify where the person must register locally as a "sex offender":	
ieneral Precautions and Preventative Measures	
 a) Identify any triggers, high-risk situations, environmental and personal stressors that might lead to re-offending: 	
b) What predatory "grooming" behaviors are known:	

6. Fill out the necessary fields and once completed go to File > Save and Close Forms



Chapter 8 | Diagnosis – Mental Health and Medical Form

Introduction

In some cases, clients may have additional diagnoses. These are different than the original diagnosis that allowed the client to become eligible for DD Managed Care Pilot Program or the iBudget Waiver. To document the additional diagnosis, follow the steps outlined in this chapter.

- 1. To begin, the Care Coordinator will log into iConnect and set Role = **DDMC**. Click **Go**.
- 2. Navigate to the client's record and click on the **Forms** tab. Go to **File** and select **Add Forms**.



 In the "Please Select Type:" dropdown menu, select Diagnoses – Mental Health and Medical

File					
lease Select Ty	pe:		~]	
An asterisk (*) inc Diagnos	es - Mental Health and	Medical		
Consumer F	orn HCBS V	Vaiver Eligibility Worksh	leet		
Review *	Person-	Centered Support Plan	eff. 11/4/2021		
Review Date	•	06/20/2024			
Division *		APD 🗸			
				Lookup	Clear

- 4. Fill out the form header:
 - a. Review = as applicable
 - b. Status = Open
- 5. Fill out the form. Use the ellipses to search for the diagnoses.





6. Utilize the search fields to locate the proper diagnosis.

earch By:	Diagnosis Code 🗸	Search	Text:	O ICD-9 🔘 I	CD-10			
	Diagnosis Code				Search	Clear	Cancel	
	Description				Search	Clear	Cancer	

- 7. Once done, navigate to File > Save and Close Form.
- 8. The form can be edited in Open Status. To make updates to the form, navigate to the client's record and click **Forms**. The list view grid will display. Utilize the filters to locate the form. Press the green plus sign to add filters.

		Quick Sea	arch		Consumers	~	Last Nam	le	• GO 📎	ADVANCE	D SEARCH
						MY DASHBO/	RD CO				
Ka	stners, Martin (20973	30)				/					
		Diagnosis	Eligibility	Medications	Contacts						
		Demographi	cs Divisio	ns Notes	Forms Appoir	tments					
For	ilters m + Search Reset 18 Consumers Forms	record(s) retu	rned - now v	riewing 1 thro	ugh 15						
			Form			Review		Review Date -	Worker		Divisio

9. In the drop-down menu, choose the appropriate form.

-218 Consumers Forms record(s) returned - now viewing 1 through 15-

		Di	iagnosis	Eligibility	Medications	Contacts	5	1	
		De	emographic	s Divisio	ons Notes	Forms	Appointments		
	-Filters-					_			
	Form 🗸	Equal To	~					✓ AND ✓	×
	Form ▼ —218 Consumers	+ Forms reco	ord(s) r tur	Assgn Behav Behav Crisis Diagn EZ iBu Family Euncti	int of Duties & ior Analysis Se ioral Summary Identification To oses - Mental F idget Calculato RISK Factors onal Communi	Responsibil rvices Plan Report bol lealth and N	(BASP) ledical	Search	Reset
				- HCBS	Waiver Eligibil	ity Workshe	et	Review	R
	Diagnoses - M	Aental Health	and Medic	al Housir	ng Survey Support	ported Living	Services	-	06/12/20
	EZ iBudget C	alculator		Individ	ual Financial F	rofile		_	05/10/20
0. Press	Search rs Equal To	♥ Dia	ignoses - Ment	al Health and	Medical	✓ ANE		2003	



11. The form will be displayed in the list view grid. Select the form to open.

)–Filters– Form	~	Equal To	~	Diagnos	es - Me	ental Healt	h and Medic	al 🗸	AND N	• ×		
Form	~	+						s	earch	Reset		
-1 Consun	ners F	orms record(s)	returned	- now view	ing 1 t	hrough 1-			_			
–1 Consun	ners F	orms record(s)	returned F	- now view orm	ing 1 t	hrough 1-		Review		Review	Date 🗸	



Chapter 9 | Notes in iConnect

Introduction

Notes is a feature in iConnect that allows the user to upload attachments that are relevant to the client's record such as a court order documentation of a legal representative. The following instructions will go over how to create a Note and how to mark a Note as Read if one is on the My Dashboard.

Creating a New Note

1. Once logged into iConnect, the Care Coordinator will navigate to the client's record and select the **Notes** tab.

File To	ools Ticklers				
	Quick	Search			
		Consum	ers 🗸	Last Name 🗸 GO 📀	ADVANCED SEAF
			MY DASHBOAR		
Kastners, N	lartin (209730)				
	Diagnosis	Eligibility Medications Cont	acts		
	Demogra	phics Divisions Notes	Appointments		
-Filters					
Note Date	✓ +				
Searc	h Reset				
14 Consur	nore Notes record(s) ret	urned now viewing 1 through 14			
14 Consul	ners notes record(s) red	amed - now viewing 1 anough 14			
Note Dat	e 🗸 Note By	Note Type	Note Sub-Type	Description	Status D
06/20/202	4 Baer, Sylvia	Confidential Documentation		"Type of Guardianship" (Legal Guardian/Advocate/etc.) Documentation	Complete 06
05/22/202	4 Baer, Sylvia	Facility Placement			Complete 05

2. The list view grid of all Notes created in the client's record will display. To create a new Note, go to **File > Add Notes.**



- 3. Fill out the Note fields as follows:
 - a. Division = APD
 - b. Note By = defaults to worker's name
 - c. Note Date = defaults to today's date
 - d. Note Type = choose the appropriate Note Type
 - e. Note Sub-Type = choose the appropriate Note Sub-Type if needed.
 - f. Description = as needed
 - g. Note = as needed



- h. Status = as needed (Do not leave a Note in Draft unless the Note is still being worked on. Notes should be in Complete Status if done or Pending Status if a response is needed or additional information needs to be added. Only use Alert Notes for Facility Placement as indicated in the workflow.)
- Add Attachment = Add any attachments as needed. Each Note can hold up to 10 attachments. If additional attachments are needed additional Notes can be created. The maximum size of the attachment is 18.46 Mbytes.
 - i. To add an attachment, click the Add Attachment hyperlink.

		Append Text to
Status *	Pending 🗸	
Date Completed		
Attachments		
Add Attachment		
Attachments Grid		
Document	Description	
here are no attachments to display		
Note Recipients		

ii. Click Choose File to locate the document to attach to the Note. Files cannot contain special characters.

🕄 File Upload Form - Google Chrome		-		
hssflapdstage.wellsky.com/treit	ning-humanservices/Dialogs/FileUploadForm.aspx?C	hapterID=	=312&Vi	ie
File	Choose File No file chosen			
File Name	from uploaded file			
	🔿 create new			
Descriptio	n			
Category	~			
Upload	Upload and Add Another			
Note: Max	imum size for attachment is set to 18.46 MBytes.			

iii. Select the file and click Open

All Eller (* *)	
 All Files (*.*)	×
Open	Cancel

iv. To create a new name for the file, select the radio button "create new." Type in the new name along with the extension. (i.e. .pdf, .doc, .docx, etc.)



3 F	ile Upload Form - Google Cl	nrome		-		×
°	hssflapdstage.wellsky.c	om/training-hum	nanservices/Dialogs/File	UploadFo	orm.asp	x?
	File	Choose File	aptivate notes.docx			
	File Name	from uploade	d file			
		create new	Name of Document docx			
	Description					
	Category		~			
	Upload	Upload and A	dd Another			
	Note: Maxim	um size for attach	ment is set to 18.46 MByte	es.		

- v. A Description can be added if needed.
- vi. Click Upload if that is the only file or select Upload and Add Another to add additional attachments.

15 hssfla	pdstage.wellsky.c	om/training-hum	anservices/Dialogs/File	UploadForm.asp
	File File Name	Choose File c from uploaded create new	aptivate notes docx file Name of Document.doc	
	Description		v	
	Upload	Upload and A	dd Another	

vii. The attachment will be displayed in the Attachments Grid.

Description	Category	Action
		Remove
	Description	Description Category

- viii. Add additional attachments as needed up to 10.
- ix. To Remove an attachment, click the Remove hyperlink.

Document Description Calegory Action Name of Document.docx Remove Remove	Attachments Grid			
Name of Document.docx Remove	Document	Description	Category	Action
	Name of Document.docx		\subset	Remove

j. Adding a Note Recipient to a Note will allow the Note to land on their My Dashboard. This is how to notify an individual in iConnect of information or actions needed. Note Recipients are only individuals in iConnect. To add a Note Recipient, follow the instructions below: i. Click the Lookup button



x. In the Search Text: add the recipient's last name. Press Search

Worker Search Popup	
Search by: Last Name 🗸 Search Text:	Baer
Search	

xi. The list view grid of workers with that last name will display. Be mindful of the Title and if the User is active or not. If the User ID Active = No, do not select that worker. Click the appropriate worker to add them to the Note.

orker Search Popup						
	Duoi					
Search						
4 record(s) returned						
MEMBER ID	Worker	Title	User ID Active			
9486	Baer, Romy		No			
9950	Baer, Sylvia		Yes			
0035	0	Don't use	No			
9487	Baer, Sylvia	Dontuae				
9487 2877	BaergadeVazquez, Rosa	Dontase	No			

xii. Their name will be displayed in the Note Recipients Grid.

Note Recipients					
Add Note Recipient:		Lool	kup Clear		
Note Recipients Grid					
Name	Date Sent	Date Read	Status	Date Signed	
Baer, Sylvia	6/11/2024		Unread		Remove

xiii. To remove a Note Recipient, click the Remove hyperlink.

Note Recipients					
Add Note Recipient:		Look	clear		
Note Recipients Grid					
Name	Date Sent	Date Read	Status	Date Signed	
Baer, Sylvia	6/11/2024		Unread	(Remove

xiv. Repeat the steps needed to add any additional Note Recipients.



k. Once done, go to File > Save and Close Notes



Marking Notes as Read

Notes can be marked as Read from the Note itself or from the Note List View Grid.

Marking Notes as Read from the Note

 Once logged into iConnect, the Care Coordinator will land on the My Dashboard. Under CONSUMERS there is a heading titled "Notes." This will only display if there are Notes that the user has been added to as a Note Recipient and the Notes are not marked as Read.

opd iConnect	Welcome, Sylvia Baer 6/11/2024 3:04 PM 🗸
File Reports	
Quick Search	
Participating	Last Name
	MY DASHBOARD CONSUMERS
CONSUMERS	TASKS
Division	 ✓ Links
My Enrollments	iConnect eLearning Library
	iConnect Help Desk
Provider Selections	✓ My Management
Notes	S Current Active Cases
Pending	7 DOD OpenClose Open List

If the caret is pointing down, click the caret to show the Pending or Complete Notes.





2. Click the Pending or Complete under Notes. Once clicked, a list view grid will display all the Pending or Complete Notes.

COD iConnect Welcome, Sylvia Baer Not							ote	
ile Tools								
ilters atus 🗸	Equal To	♥ Pending ♥ A	ND V X					
7 My Dashboar	rd Notes record(s)	returned - now viewing 1 thro	ough 7					
7 My Dashboar iConnect ID	rd Notes record(s) Consumer 🔺	returned - now viewing 1 thro Note Type	Note Sub Type	Note Date	Subject	Author	Status	
My Dashboar iConnect ID 215761	rd Notes record(s) Consumer ▲ Baer, Theodore	returned - now viewing 1 thro Note Type Cost Plan Review	Note Sub Type Plan Validation Review	Note Date 03/15/2024	Subject	Author Baer, Sylvia	Status Pending	
My Dashboar iConnect ID 215761 215491	Consumer Baer, Theodore French, Kate	returned - now viewing 1 thro Note Type Cost Plan Review AIMs	Note Sub Type Plan Validation Review Initiate AIM	Note Date 03/15/2024 03/07/2024	Subject	Author Baer, Sylvia Chulig, Fanny	Status Pending Pending	
iConnect ID 215761 215491 209730	Consumer Baer, Theodore French, Kate Kastners, Martin	returned - now viewing 1 thro Note Type Cost Plan Review AIMs Facility Placement	Note Sub Type Plan Validation Review Initiate AIM Review Referral form	Note Date 03/15/2024 03/07/2024 03/07/2023	Subject Form for Martin Kastner to be reviewed for Placement	Author Baer, Sylvia Chulig, Fanny Pye, Travis	Status Pending Pending Pending	
My Dashboar iConnect ID 215761 215491 209730 209636	Consumer Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy	returned - now viewing 1 thro Note Type Cost Plan Review AIMs Facility Placement Support Plan	Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021	Subject Form for Martin Kastner to be reviewed for Placement Class Test	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie	Status Pending Pending Pending Pending	
My Dashboar iConnect ID 215761 215491 209730 209636 215492	Consumer ▲ Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy Maid, Mer	returned - now viewing 1 thro Note Type Cost Plan Review AIMs Facility Placement Support Plan Cost Plan Review	Vugh 7 Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024	Subject Form for Martin Kastner to be reviewed for Placement Class Test	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie Central, WSC3	Status Pending Pending Pending Pending Pending	
My Dashboar iConnect ID 215761 215491 209730 209636 215492 215523	Consumer ▲ Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy Maid, Mer Tide, Rollin	returned - now viewing 1 thro Note Type Cost Plan Review AlMs Facility Placement Support Plan Cost Plan Review Confidential Documentation	Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Plenning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024 11/03/2022	Subject Form for Martin Kastner to be reviewed for Placement Class Test APD IConnect Scavenger Hunt	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie Central, WSC3 Central, WSC12	Status Pending Pending Pending Pending Pending Pending	

3. To view a Note, click the hyperlink to open the Note.

Op iO	onnect					Welcome, Sylvia I 6/11/2024 3:10 F	Baer No
ile Tools	;						
Filters							
atus 🗸	Equal To	✓ Pending ✓ A	ND 🗸 🗙				
Jimect ID •) (†						
		Sear	ch Reset				
7 My Dashboar	rd Notes record(s)	Sear	ch Reset				
7 My Dashboar	rd Notes record(s)	Sear returned - now viewing 1 thro	ugh 7				
7 My Dashboar iConnect ID	rd Notes record(s)	Sear returned - now viewing 1 thro Note Type	ch Reset ugh 7 Note Sub Type	Note Date	Subject	Author	Status
7 My Dashboar iConnect ID 215761	rd Notes record(s) Consumer Baer, Theodore	Sear returned - now viewing 1 thro Note Type Cost Plan Review	ch Reset ugh 7 Note Sub Type Plan Validation Review	Note Date 03/15/2024	Subject	Author Baer, Sylvia	Status Pending
7 My Dashboar IConnect ID 215761 215491	Consumer Baer, Theodore French, Kate	Sear returned - now viewing 1 thro Note Type Cost Plan Review AIMs	ch Reset ugh 7 Note Sub Type Plan Validation Review Initiate AIM	Note Date 03/15/2024 03/07/2024	Subject	Author Baer, Sylvia Chulig, Fanny	Status Pending Pending
7 My Dashboar iConnect ID 215761 215491 209730	rd Notes record(s) Consumer Baer, Theodore French, Kate Kastners, Martin	Sear returned - now viewing 1 thro Note Type Cost Plan Review AlMs Facility Placement	ch Reset ugh 7- Note Sub Type Plan Validation Review Initiate AIM Review Referral form	Note Date 03/15/2024 03/07/2024 03/07/2023	Subject Form for Martin Kastner to be reviewed for Placement	Author Baer, Sylvia Chulig, Fanny Pye, Travis	Status Pending Pending Pending
7 My Dashboar IConnect ID 215761 215491 209730 209636	rd Notes record(s) Consumer Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy	Sear returned - now viewing 1 thro Note Type Cost Plan Review AlMs Facility Placement Support Plan	ch Reset ugh 7 Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021	Subject Form for Martin Kastner to be reviewed for Placement Class Test	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie	Status Pending Pending Pending Pending
Connect ID 215761 215491 209730 209636 215492	Consumer ▲ Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy Maid, Mer	Sear returned - now viewing 1 thro Note Type Cost Plan Review AIMs Facility Placement Support Plan Cost Plan Review	ch Reset ugh 7 Note Sub Type Plan Validation Review Initiate AlM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024	Subject Form for Martin Kastner to be reviewed for Placement Class Test	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie Central, WSC3	Status Pending Pending Pending Pending Pending
Connect ID 215761 215491 209730 209636 215492 215523	rd Notes record(s) Consumer Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy Maid, Mer Tide, Rollin	Sear returned - now viewing 1 thro Cost Plan Review AMs Facility Placement Support Plan Cost Plan Review Confidential Documentation	ch Reset ugh 7 Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024 11/03/2022	Subject Form for Martin Kastner to be reviewed for Placement Class Test APD iConnect Scavenger Hunt	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie Central, WSC3 Central, WSC12	Status Pending Pending Pending Pending Pending Pending

4. The Note will display. If a response is needed (the user is only able to reply to a Pending Note, no edits can be made on a Complete Note), scroll to the Note section and in the New Text field, enter the needed text. Then press **Append Text to Note**.



D iCon	inect	Le
Tools		
	An asterisk (*) indicates a re	equired field
	Notes Details	
	Division *	APD V
	Note By *	Brown-Ferrier, Mollie
	Note Date *	12/09/2021
	Program/Provider *	APD Waiver V Details
	Note Type *	Support Plan
	Note Sub-Type	Pre-Support Planning Activities 🗸
	Description	Class Test
		Un 12/9/2021 at 3:05 PM, Mollie Brown-Fernier wrote: Testing to see if you receive this and respond
	Note	X New Text
		B <i>I</i> <u>U</u> 10pt - A -
		Additional information here.
		Append Text to Note
	Status *	Pending 💙

a. After clicking Append Text to Note, a popup will display letting the user know that the Append Text to Note was successful and to save any changes. Press OK.



b. The additional information keyed in will be displayed in the Note.

Description	Class Test
	On 12/9/2021 at 3:05 PM, Mollie Brown-Ferrier wrote: Testing to see if you receive this and respond On 6/11/2024 at 3:16 PM, Sylvia Baer wrote: Additional information here.
Note	New Text
	В <u><i>I</i></u> <u>16рх</u> • <u>А</u> •



c. To send the response to the individual, the individual needs to be added as a Note Recipient in the Note. Note Recipients can only be users of iConnect. If the Note Recipient is already on the Note with a Status of Unread, they will not be able to be added back to the Note. If they are marked as Read, they will need to be added back onto the Note for the Note to display on their My Dashboard.

Note Recipients					
Add Note Recipient:		Lookup C	lear		
Note Recipients Grid					
Name	Date Sent	Date Read	Status	Date Signed	
Baer, Sylvia	03/07/2024		Unread		Remove
Central, WSC1	12/09/2021		Unread		Remove
Central, WSC2	12/09/2021		Unread		Remove
Central, WSC3	12/09/2021		Unread		Remove
Central, WSC4	12/09/2021		Unread		Remove
Central, WSC5	12/09/2021		Unread		Remove

d. Once completed with the Note, go to File > Save Notes.

OpyiConnec	t
File Tools	
History	terisk (*) ind
Spell Check	Details
Save Notes	on *
Save and Close Notes	3y ★
Print)ate *
Close Notes	am/Provider *

 To mark the Note as Read, go to Tools > Mark as Read and Close. The Note will be off your My Dashboard, until added back as a Note Recipient.





Marking Notes as Read from the Note List View Grid

 Once logged into iConnect, the Care Coordinator will land on the My Dashboard. Under CONSUMERS there is the heading titled, "Notes."



2. Click the Pending or Complete under Notes. Once clicked a list view grid will display all Pending or Complete Notes.

Q	OC iConnect Welcome, Sylvia Baer 6/11/2024 3:10 PM ✔							otes	
File	File Tools								
-Filter	Filters								
Status	~	Equal To	✓ Pending ✓ A	ND 🗸					
iConnee	ct ID 🗸 🗸	+							
			Sear	ch Reset					
7 My	Dashboar	d Notes record(s)	returned - now viewing 1 thro	uah 7					
,	Duombour	a notoo nooona(o)	rotaniou - non rioning r the	agir i					
iCo	onnect ID	Consumer 🔺	Note Type	Note Sub Type	Note Date	Subject	Author	Status	
2157	761	Baer, Theodore	Cost Plan Review	Plan Validation Review	03/15/2024		Baer, Sylvia	Pending	
2154	491	French, Kate	AIMs	Initiate AIM	03/07/2024		Chulig, Fanny	Pending	
2097	730	Kastners, Martin	Facility Placement	Review Referral form	03/07/2023	Form for Martin Kastner to be reviewed for Placement	Pye, Travis	Pending	
2096	636	Kersten, Tracy	Support Plan	Pre-Support Planning Activities	12/09/2021	Class Test	Brown-Ferrier, Mollie	Pending	
2154	492	Maid, Mer	Cost Plan Review		03/07/2024		Central, WSC3	Pending	
215	523	Tide, Rollin	Confidential Documentation		11/03/2022	APD iConnect Scavenger Hunt	Central, WSC12	Pending	
2155	522	Tide, Tim	Confidential Documentation		11/03/2022	APD Iconnect scavenger hunt	Central, WSC11	Pending	

3. The checkboxes on the right can be selected individually or in mass by clicking the checkbox on the top.

Opd HC	onnect					Welcome, Sylvi 6/11/2024 3:1	a Baer No	tes
File Tools								
Filters								
Status 👻	Equal To	✓ Pending ✓	AND 🛩 💌					
iConnect ID 👻	+							
			Search Reset					
7 My Dashboar	d Notes record(s)	returned - now viewing 1	through 7					
							-	-
iConnect ID	Consumer .	Note Type	Note Sub Type	Note Date	Subject	Author	S tous	0
215761	Baer, Theodore	Cost Plan Review	Plan Validation Review	03/15/2024		Baer, Sylvia	Pending	
215491	French, Kate	AiMs	Initiate AIM	03/07/2024		Chuig, Fanny	Pending	
200720	Kacinors Martin	Eaclib: Discomant	Davian Datarral form	03/07/2023	Form for Martin Martney to be environed for Disconney	Due Temis	Desiden	0

- 4.
- 5. Once the proper Notes have been selected, navigate to **Tools > Mark as Read.**



	npect					Welcome, 6/11/202	Sylvia Baer 4 4:51 PM 💙	Note
Tools								
nect ID	Equal To V	Pending V AND V X						
		Gearch Reper						
ly Dashboard N	otes record(s) returne	d - now viewing 1 through 7	Note Sub Type	Note Date	Subject	Author	Status	
ly Dashboard N iConnect ID 15761	otes record(s) returne Consumer ▲ Baer, Theodore	d - now viewing 1 through 7 Note Type Cost Plan Review	Note Sub Type Plan Validation Review	Note Date 03/15/2024	Subject	Author Baer, Sylvia	Status Pending	1
ly Dashboard N iConnect ID 15761 15491	otes record(s) returne Consumer . Baer, Theodore French, Kate	d - now viewing 1 through 7 Note Type Cost Plan Review Alths	Note Sub Type Plan Validation Review Initiate AIM	Note Date 03/15/2024 03/07/2024	Subject	Author Baer, Sylvia Chulig, Fanny	Status Pending Pending	1
ly Dashboard N iConnect ID 15761 15491 09730	Consumer A Baer, Theodore French, Kate Kastners, Martin	d - now viewing 1 through 7-	Note Sub Type Plan Validation Review Indiate AIM Review Referral form	Note Date 03/15/2024 03/07/2024 03/07/2023	Subject Form for Martin Kasher to be reviewed for Placement	Author Baer, Sylvia Chulig, Fanny Pye, Travis	Status Pending Pending Pending	
ly Dashboard N iConnect ID 15761 15491 09730 09636	Consumer Consumer Baer, Theodore French, Kate Kastners, Martin Kersten, Tracy	derich neset d	Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021	Subject Form for Martin Kasther to be reviewed for Placement Class Test	Author Baer, Sylvia Chulig, Fanny Pye, Travis Brown-Ferrier, Mollie	Status Pending Pending Pending Pending	
ly Dashboard N iConnect ID 15761 15491 09730 09636 15492	Consumer . Baer, Theodore French, Kate Kastners, Martin Karsten, Tracy Maid, Mer	d - now viewing 1 through 7 Note Type Cost Plan Review Altis Facility Placement Support Plan Cost Plan Review Cost Plan Review	Note Sub Type Plan Validation Review Initiate AlM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024	Subject Form for Martin Kasther to be reviewed for Placement Class Test	Author Baer, Sylvia Chulg, Fanny Pye, Travis Brown-Ferrier, Mollie Central, WSC3	Status Pending Pending Pending Pending Pending	
ly Dashboard N IConnect ID 15761 15491 09730 09636 15492 15523	Consumer . Baer, Theodore French, Kate Kastners, Martin Karsten, Tracy Maid, Mer Tide, Rollin	d - now viewing 1 through 7 Note Type Cost Plan Review AlMs Facility Placement Support Plan Cost Plan Review	Note Sub Type Plan Validation Review Initiate AIM Review Referral form Pre-Support Planning Activities	Note Date 03/15/2024 03/07/2024 03/07/2023 12/09/2021 03/07/2024 11/03/2022	Subject Form for Martin Kasther to be reviewed for Placement Class Test APD iConnect Scavenger Hunt	Author Baer, Sylvia Chula, Fanny Pye, Travis Broom-Fernier, Molle Central, WSC3 Central, WSC3	Status Pending Pending Pending Pending Pending Pending	

- 6. The Notes selected will be cleared from the My Dashboard; however, they will still be in the client's record > Notes tab within iConnect.
- 7. To close the Notes List View Grid, go to **File > Close Notes**.

File Fiools	
Print	
Close Notes	✓ Pending ✓



Chapter 10 | Ticklers

Introduction

Ticklers are a feature in iConnect. The workflows for our DDMC Care Coordinators do not require Ticklers. If there is a Tickler that displays on the My Dashboard, the Care Coordinator can either Cancel or Complete the Tickler to get the Tickler off of the My Dashboard.

Ticklers from Workflow Wizard

Complete the following steps to remove any Ticklers:

1. If a Tickler pops-up from a Workflow Wizard, simply navigate to the caret to display a menu option.

apo	iConneo	ct	
File		1	
Wor	rkflow Wizard	1	F
Initiate Pe Support P	erson Centered Plan	•	

2. Depending on the options that are available, select Cancel, Delete or Complete.



3. Once the appropriate option is selected, the Tickler will be crossed out and deleted from the My Dashboard.

Q	iCoi	mect
File	Reports	
Comple	Vorkflow W ate Cost Plan	izard



4. Once done, go to File > Save and Close Workflow Wizard



Ticklers on My Dashboard

Complete the following to remove any Ticklers from the My Dashboard:

1. On the My Dashboard, navigate to the Ticklers menu under Consumers and click to open the list view grid.



2. Once the list view grid is opened, navigate to the caret at the end of the record displayed. The pop-up menu will display. Select Cancel, Complete or the Delete option.

File							
Filters							
Status 👻 Equal To	✓ New ✓	AND 🗸 🗶					
Connect ID ¥ +							
Apply Alert Days Before Due		Search Reset					
683 My Dashboard Ticklers recor Consumer Name	rd(s) returned - now viewin iConnect ID	ng 1 through 15 Tickler Name	Date Created	Date Due .	Date Completed	Status	Assigned To
Kastners, Martin	209730	Generate Notice of APD Eligbility/Ineligbility	05/09/2024	03/01/2020		New C	Man Consumers Record
Kastners, Martin	209730	Generate Notice of APD Eligbility/Ineligbility	04/08/2024	03/01/2020		New	Herr Consumers Recture
Cake, Patti	215527	Assign Initial QSI	04/12/2022	07/01/2021		New	Complete
Kashan Casa	200720	Individual Cinematel Ocelite	07/07/2024	07/07/2024		Alan	Dans Chain

- 3. Once selected, the Tickler will be removed from the list grid view.
- 4. When all ticklers are deleted, go to **File > Close Ticklers**



Chapter 11 | Personal Disaster Plan Note

Introduction

The Care Coordinator will ensure that the Disaster Plan is current in iConnect for their clients and at least once a year, the Care Coordinator will upload the Disaster Plan as a Note in iConnect.

Creating a Disaster Plan Note

 Once the Disaster Plan has been completed, the Care Coordinator will log into iConnect and set Role to DDMC. The Care Coordinator will navigate to the client's record and select the Notes tab.

F	ile Tool	5 Ticklers					_
		Quick S	earch				
			Consu	mers 🗸	Last Name 🗸 GO 😞	ADVANCED SEA	<u>\F</u>
_				MY DASHBOAF	RD CONSUMERS		
K	astners, Mart	in (209730)					
		Diagnosis	Eligibility Medications Cor	ntacts			
		Demograph	nics Divisions Notes	Appointments			
9	Filters						
N	ote Date	· +					
	Search	Reset					
	14 Consumer	Notes record(a) retur	ned new viewing 4 through 44				
	ra consumers	notes record(s) retur	ned - now viewing 1 birough 14-				
	Note Date 🗸	Note By	Note Type	Note Sub-Type	Description	Status	D
	06/20/2024	Baer, Sylvia	Confidential Documentation		*Type of Guardianship* (Legal Guardian/Advocate/etc.) Documentation	Complete	96
	05/22/2024	Baer, Sylvia	Facility Placement			Complete	05

2. The list view grid of all Notes created in the client's record will display. To create a new Note, go to **File > Add Notes.**



- 3. Fill out the Note fields as follows:
 - a. Division = APD
 - b. Note By = defaults to worker's name
 - c. Note Date = defaults to today's date
 - d. Note Type = Support Plan
 - e. Note Sub-Type = Documentation
 - f. Description = Personal Disaster Plan
 - g. Note = as needed



- h. Status = Complete
- i. Add Attachment = Add the Personal Disaster

opd iConnect

File Tools			
An asterisk (*) indicates a required field Notes Details			
Division *	APD 🗸		
Note By *	Baer, Sylvia	v	
Note Date *	09/05/2024		
Program/Provider		•	
Note Type *	Support Plan	*	
Note Sub-Type	Documentation	•	
Description	Personal Disaster Plan	//	
Note	B I U 16px - A - Notes if needed		
Status *	Complete 🗸		
Date Completed	09/05/2024		
Confidential	0		
Attachments Add Attachment			
Province of the		Description	Calar
Document		Description	Categoi
PersonalDisasterPlan.pdf			

j. Once done, go to File > Save and Close Notes

