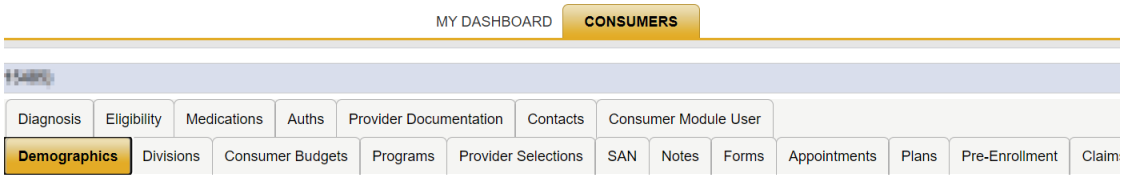
Quick Reference – Status Definitions per Tab

Introduction

This document gives status definitions by tab within the Consumer's Record. Depending on the Role of the user, the Status and/or Disposition values may vary from the screenshots in this document.



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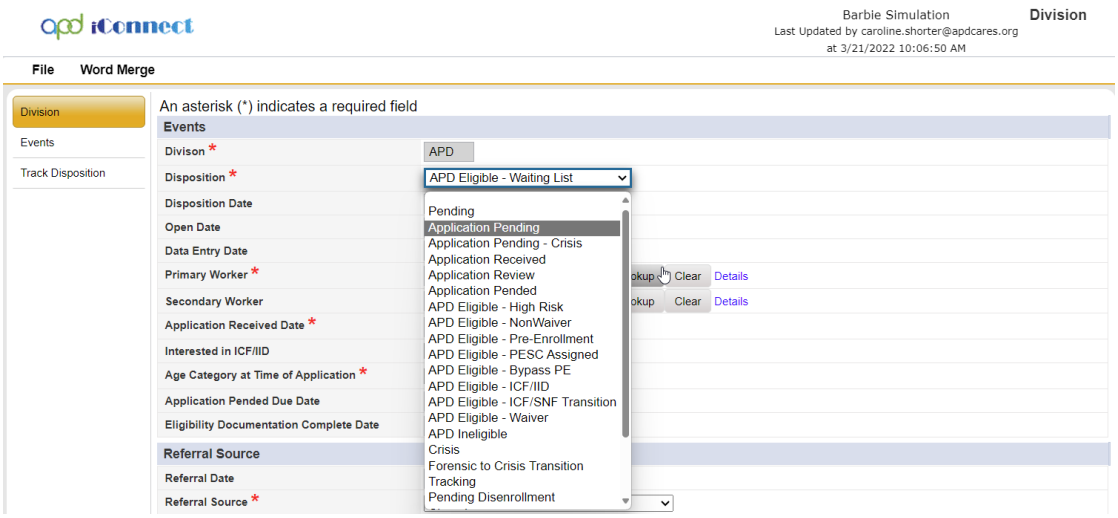
Division



1. **Pending:** The default disposition upon creating a new division record
2. **Application Pending:** A prospective applicant has been identified and began the application process but has not completed the application process.
3. **Application Pending – Crisis:** A prospective applicant has been identified to be in a potential crisis and has begun the application process but has not completed the application process.
4. **Application Received:** APD has received and date-stamped an application, and it is ready to be keyed into iConnect.
5. **Application Review:** An application has been keyed into iConnect and is available for all required parties to review.
6. **Application Pended:** An application reviewer has determined the received application was not complete and/or did not have adequate collateral documents.
7. **APD Eligible – NonWaiver:** A Consumer has been determined eligible to receive APD services but not eligible to receive waiver funding for those services.
8. **APD Eligible – Pre-Enrollment:** A Consumer has been determined eligible to receive APD services and eligible to receive waiver funding for those services, but funding is not immediately available. The Consumer has therefore been placed on the Pre-Enrollment.
9. **APD Eligible – PESC Assigned:** A Consumer placed on the Pre-Enrollment has been assigned a Pre-Enrollment Support Coordinator
10. **APD Eligible – Bypass PE:** Consumer has been determined eligible to receive APD services, eligible to receive waiver funding for those services, and is in a circumstance that warrants them bypassing the Pre-Enrollment, e.g., Phelan-McDermid, Dependent of Active Military Personnel, and/or is High-Risk.
11. **APD Eligible – ICF/IID:** Consumer has been determined eligible to receive APD services and eligible to receive waiver funding for those services and has requested to enter an Intermediate Care Facility for Individuals with Intellectual Disabilities.
12. **APD Eligible – Waiver:** Consumer has been determined eligible to receive

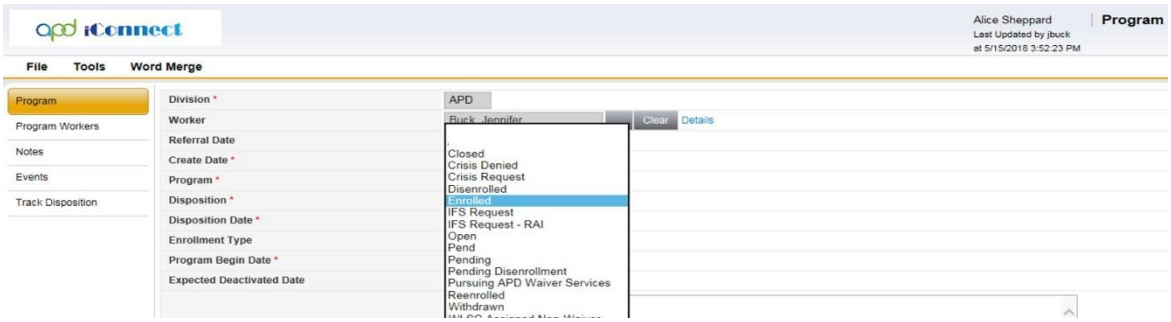
APD services and eligible to receive waiver funding for those services, and funding has been identified for the Consumer.

13. **APD Ineligible:** An applicant has been determined to be ineligible to receive any services from APD.
14. **Crisis:** A Consumer has been identified as having an immediate need for APD services and a Crisis tool for the waiver is being considered.
15. **Forensic to Crisis Transition:** A Consumer has been released from incarceration or forensic services and has been identified as having an immediate need for APD services. A Crisis tool for the waiver is being considered.
16. **Tracking (Specific to the FOR Division):** A Consumer has been court-ordered for involuntary commitment, determination that the charges will be dismissed has been made, and now the Consumer's record is being tracked for next steps.
17. **Pending Disenrollment (Specific to Report of Death):** APD has been informed that a Consumer is now deceased, and verification of the death has been done.
18. **Closed:** It has been a year since a Consumer's case has been confirmed as closed and all auths/services have been reconciled.
19. **Forensic Open (Specific to the FOR Division):** A Consumer has been determined incompetent to stand trial due to their developmental disability and the court has ordered them to receive APD services.
20. **Forensic Closed (Specific to the FOR Division):** This status is used to close only the Forensic Division, as there will be times when the FOR case is closed and the full case (APD Division) may not be.
21. **Case Closed:** The need to close a Consumer's record has been identified, but the case is left open for a year to allow for outstanding auths/services to be reconciled.

Consumer Budget

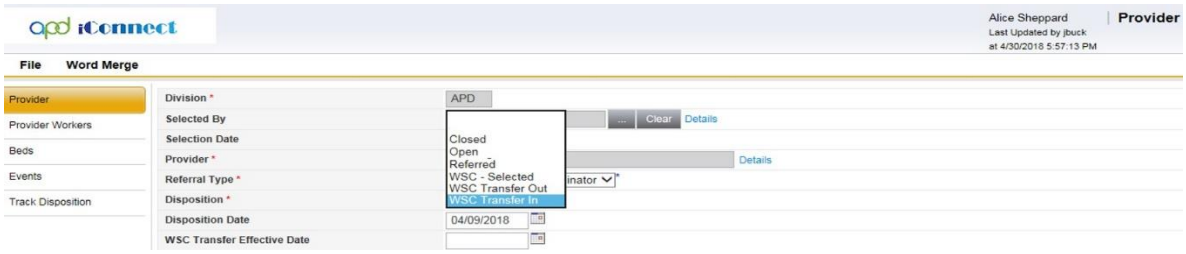
No status values exist.

Program



1. **Closed:** Used when an active program is no longer relevant to a Consumer's record.
2. **Crisis Denied (Specific to Crisis):** Used when the ROM and Crisis Committee have determined the Consumer is not truly in Crisis.
3. **Crisis Request (Specific to Crisis):** Used when a Consumer has been identified as being in need of immediate services and a Crisis request has been submitted for review.
4. **Disenrolled:** Used when a Consumer is leaving the CDC+ program and when the State office is disenrolling a Consumer from the Waiver.
5. **Enrolled:** Used when a Consumer is eligible for Waiver Funding and/or has expressed interest in the CDC+ program. Only the State Office Enrollment role has access to this status.
6. **Non-Waiver:** Used when it has been identified that a Consumer is eligible to receive APD services but either is not eligible for Waiver funding and/or the services needed are not Waiver- funded services.
7. **Open (Specific to ICF/IID):** Used when a Consumer has expressed interest in entering an ICF/IID. This initiates the process.
8. **Pend (Specific to Crisis):** Used when a Crisis request has been initiated for a Consumer, but additional information is necessary to determine if the request would be approved.
9. **Pending:** This is the default value.

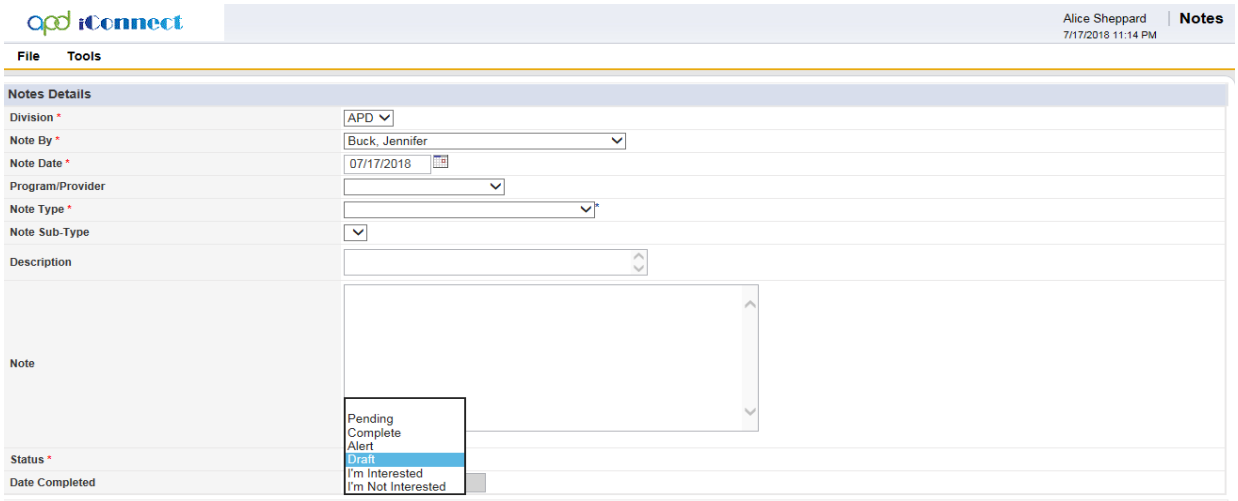
Provider Selection



The Disposition values listed below are visible to the user based on the Referral type selected.

1. **Closed:** Used to close out Provider Selection records that are no longer relevant to a Consumer's record. Doing so removes the provider's ability to access the Consumer's record if they are not currently providing services to that Consumer.
2. **Open:** Used as a method to identify when a referred provider has accepted a Consumer to provide services and is now added to the Consumer's record.
3. **Referred:** Used when a provider has been selected to provide services after he/she has indicated interest in taking on a new patient.
4. **WSC – Selected:** Used when a Waiver Support Coordinator has been selected as the provider of service for a Consumer.
5. **WSC Transfer Out:** Used when a Waiver Support Coordinator's services are ending for a Consumer and the Provider Selection record is being closed.
6. **WSC Transfer In:** Used when a Waiver Support Coordinator is replacing a previously selected Waiver Support Coordinator to become the Provider of Service.

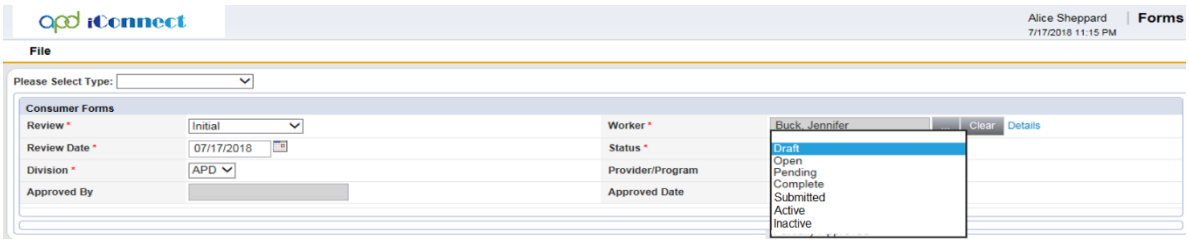
Notes



1. **Pending:** Used when a note is used as a method to allow a documented "conversation" between multiple parties on a Consumer's record. It allows for tracking until a resolution is made or a process has been completed.

2. **Complete:** Used when a note is in a final stage and no additional information is required to be added to the note
3. **Alert:** Used when a note needs to "pop up" on a Consumer's record every time it's accessed. Once created, it lives in a dialogue box that shows up each time that Consumer's record is opened. The dialogue box gets bigger based on the number of alert notes added.
4. **Draft:** The default status, used when a note may need additional details before sending it to a recipient, completing it, and/or making an alert
5. **I'm Interested:** Used when a Provider is responding to a request to take on a new patient and he/she is accepting of that patient
6. **I'm Not Interested:** Used when a Provider is responding to a request to take on a new patient and he/she is declining to take on the patient

Forms

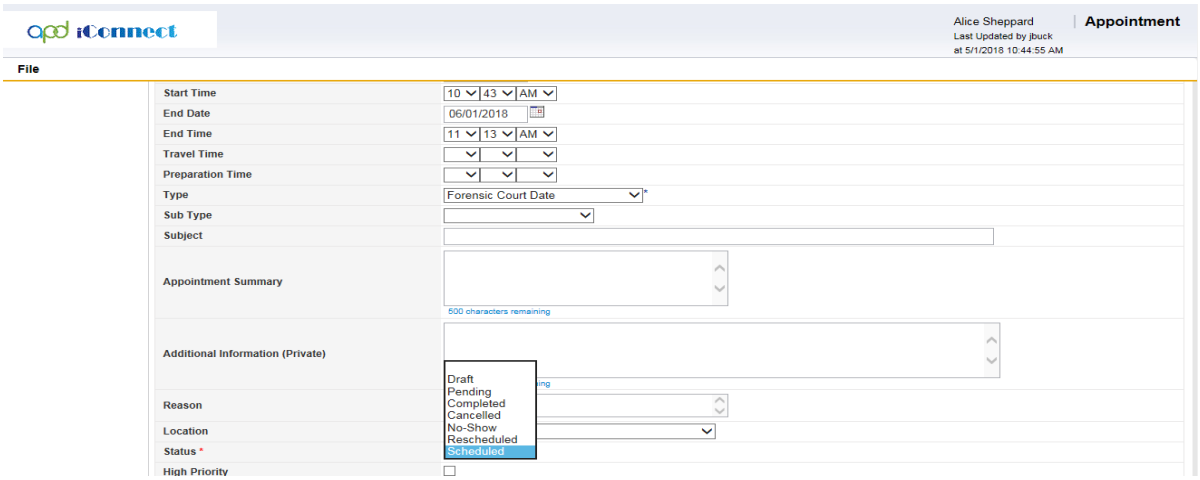


1. **Draft:** The default status, used when a form needs to be saved but not completed. It allows the form to remain available to be completed later, once saved.
2. **Open:** When the form has been completed including all reviews, and will remain open for updates (such as the PCSP)
3. **Pending:** When the form is complete but is awaiting supervisory/consumer/legal rep/provider review
4. **Complete:** Used when a form is completed in its entirety
5. **Submitted:** Used when a form must be sent to a supervisor/other for review prior to becoming complete

The remaining statuses are visible on the Form Record but apply to the Diagnosis Status and should be ignored.

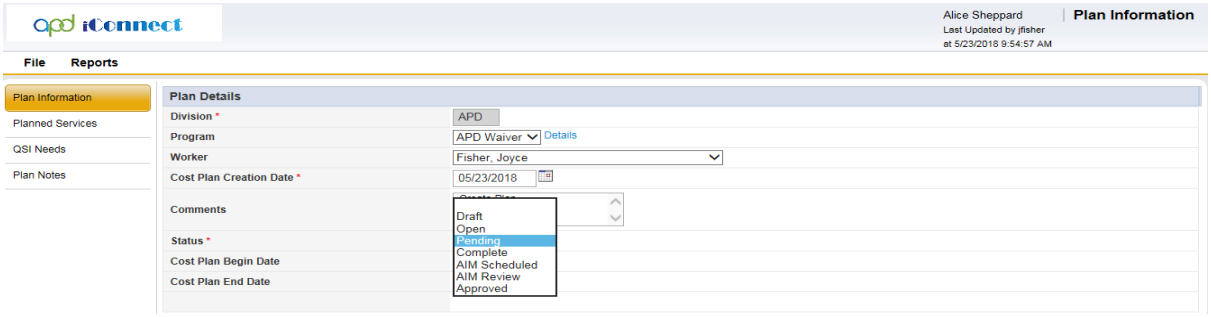
1. **Active**
2. **Inactive**

Appointments



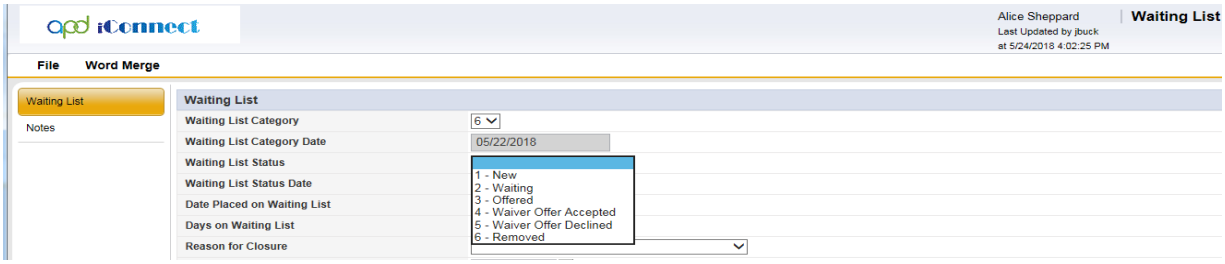
1. **Draft:** Used when an appointment setup has begun but needs to be saved and allowed to update later
2. **Completed:** Used when a previously scheduled appointment has been completed by all parties showing up and completing the task for which the appointment was set
3. **Cancelled**: Used when a previously scheduled appointment has been cancelled and not rescheduled
4. **No-Show:** Used when a previously scheduled appointment date/time has come and not all expected participants show up, preventing completion of the identified task(s) planned for the appointment
5. **Rescheduled**: Used when a request has been made to change the date of a previously scheduled appointment
6. **Scheduled**: Used when all required participants agree on a date and time to complete an identified task(s)

Plans



1. **Draft:** The default status
2. **Pending:** Used when the initial Plan record is created
3. **Complete:** Used at the end of the current fiscal year for the Plan, when a new Plan is created for the next fiscal year
4. **Approved:** Used after Plan Validation is complete and all errors/issues have been resolved

Pre-Enrollment

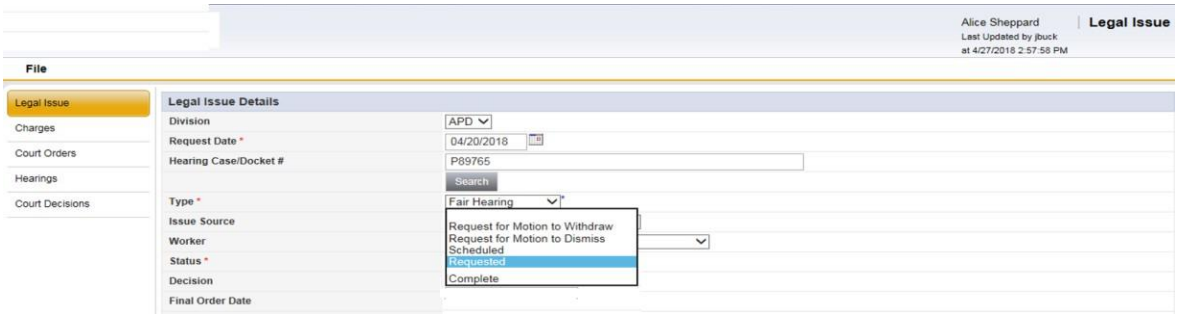


1. **New:** Used when a new Pre-Enrollment record has been added to the Pre-Enrollment after consumers have been deemed APD & Waiver Eligible
2. **Waiting:** Used when a Pre-Enrollment record has been assigned to a category 6 or 7 or an existing record has been reviewed and updated to a category 6 or 7. “Waiting” means waiting for prioritization and funding to be moved into the Waiver program.
3. **Offered:** Used when a Consumer on the Pre-Enrollment has been identified as meeting the criteria to move into the Waiver program and an Offer Letter has been sent to the Consumer
4. **Waiver Offer Accepted:** Used when a Consumer has accepted the offer of Waiver Funding.
5. **Waiver Offer Declined:** Used when a Consumer has declined the offer of Waiver Funding.
6. **Removed:** Used when APD has enrolled a Consumer into the Waiver program.

Payers

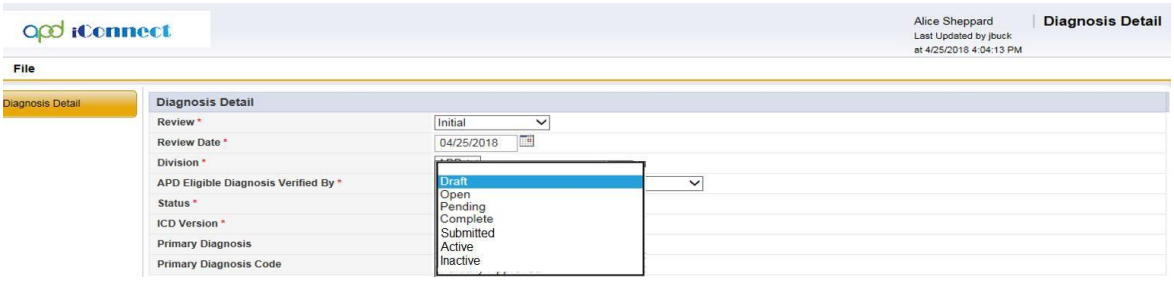
The Payer tab doesn’t have statuses. These records are created by the Eligibility interface and will just indicate Active or Inactive with a check box.

Legal Issue



1. **Request for Motion to Withdraw:** Used when the Region has received a notice from the Court of a pending case to be withdrawn.
2. **Request for Motion to Dismiss:** Used when the Region has received a notice from the Court of a pending case to be dismissed.
3. **Scheduled:** Used when a pending case has identified an upcoming hearing.
4. **Requested:** Default value used when a new Legal Issue record is created.
5. **Complete:** Used when a court has notified the Region of a final order. Examples: a consumer has been deemed competent; used when the court has ruled that the Consumer needs competency training, the training was successful and now is deemed competent (usually happens after an annual review); court has dismissed/terminated a case.

Diagnosis



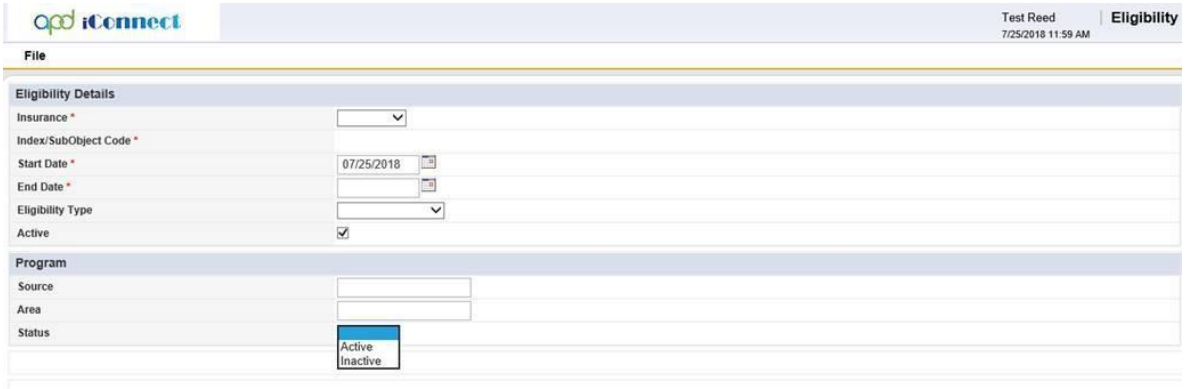
1. **Active:** Used for most diagnosis records as current diagnoses for the Consumer.
2. **Inactive:** Used for inactive/past diagnoses for the consumer.

The remaining statuses are visible on the Diagnosis Record but apply to the Form Status and should be ignored.

1. **Draft**
2. **Open**
3. **Pending**
4. **Complete**
5. **Submitted**

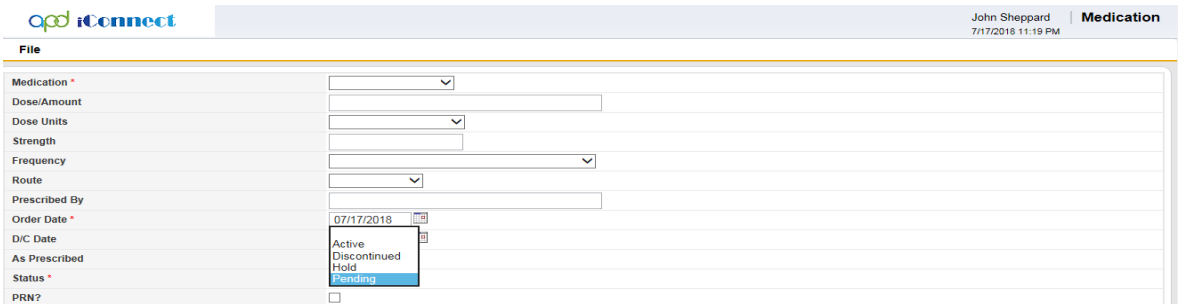
Eligibility

The Eligibility tab does have a status field; this record is created by the Eligibility interface and will mark the record as Active or Inactive.



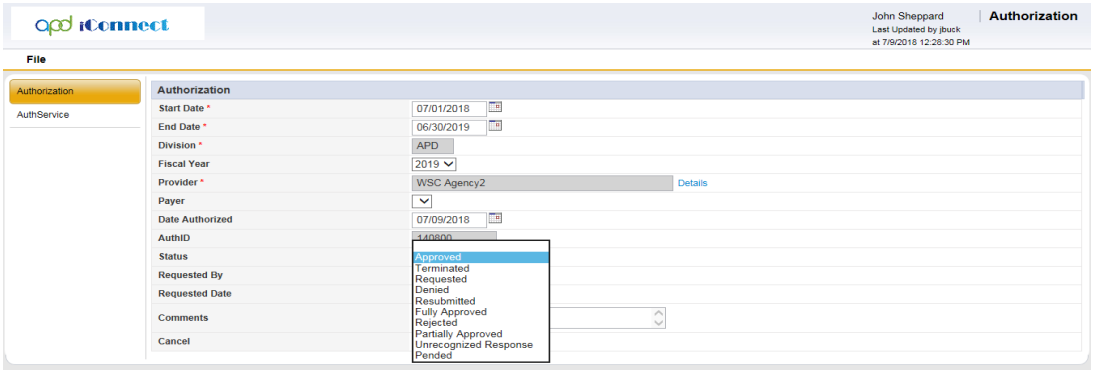
1. **Active**: Consumer is Active for this insurance.
2. **Inactive**: Consumer is Not Active for this insurance.

Medication



1. **Active:** Used when a medication is currently active and a part of a Consumer's record.
2. **Discontinued:** Used when a medication has been discontinued.

Auth



Status will be updated/changed as necessary via the interface.

1. **Approved**: iConnect Approved (from plan validation).
2. **Terminated**: Terminates Auths/No further claims can be submitted.
3. **Denied:** Denied by FMMIS/DFS.
4. **Fully Approved:** All services were approved by FMMIS/DFS.
5. **Partially Approved**: One or more services were denied by FMMIS/DFS, but one or more were also approved (The Auth service will indicate exactly which service was approved or denied).
6. **Unrecognized Response**: This occurs if we receive a response from FMMIS/DFS that we are unable to translate.

Provider Documentation

1. **Pending:** the provider is still working on this documentation.
2. **Complete:** the provider documentation is complete and the provider can submit claims through FMMIS.

Contacts

No status values exist.