

## Pre-Enrollment and Waiver Support Coordination Updating Consumer Demographics

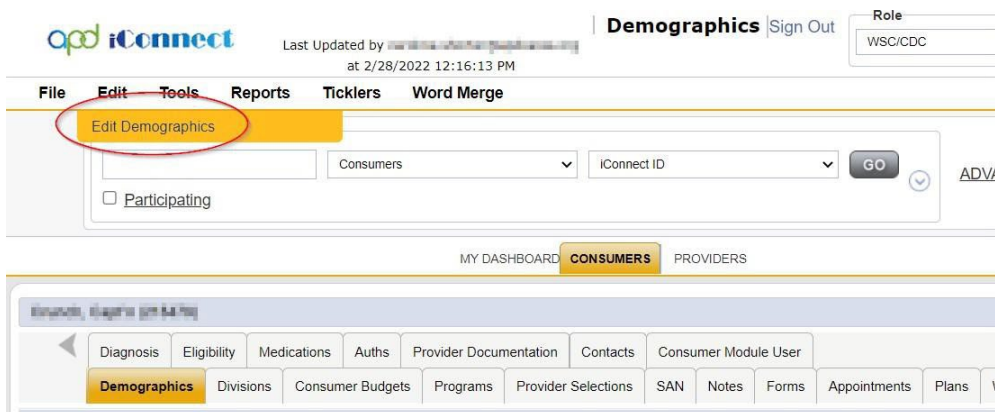
Pre-Enrollment and Waiver Support Coordinators (WSCs) must ensure that the Consumer Demographics within iConnect are up to date.

The Support Coordinator is responsible for entering, updating, and ensuring the accuracy of all demographic and recipient-related information pertinent to the recipient in iConnect. Information includes recipient address, county of residence, living setting, legal representative name, and address (if applicable), employment information, and type of benefits received.

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

### Access the Consumer Record

1. To begin, log into iConnect and set Role = WSC/CDC or Pre-Enrollment Workstream Worker. Click **Go**
2. Navigate to the Consumer Demographics record and click **Edit > Edit Demographics**




The screenshot shows the iConnect user interface. At the top, there is a navigation bar with the 'apod iConnect' logo, a 'Last Updated by' field, and a 'Demographics | Sign Out' button. Below this is a role selection dropdown menu currently set to 'WSC/CDC'. A main menu bar includes 'File', 'Edit', 'Tools', 'Reports', 'Ticklers', and 'Word Merge'. The 'Edit' menu is expanded, and 'Edit Demographics' is highlighted with a red circle. Below the menu, there are input fields for 'Consumers' and 'iConnect ID', a 'GO' button, and a 'Participating' checkbox. At the bottom, there is a dashboard with tabs for 'MY DASHBOARD', 'CONSUMERS', and 'PROVIDERS'. A secondary navigation bar contains various modules: 'Demographics', 'Divisions', 'Consumer Budgets', 'Programs', 'Provider Selections', 'SAN', 'Notes', 'Forms', 'Appointments', 'Plans', and 'V'.

### Updating Basic Demographics

3. The Consumer Demographics Details page is displayed. Update the following fields, as needed:
  - a. Salutation = select the consumer's salutation (Dr., Miss, Mr., Mrs., or Ms.)
  - b. Alias = add the consumer's Alias when applicable
  - c. Title = add the consumer's title when applicable

- d. **Gender\*** = select male or female
- e. **Race** = select the consumer's race when known
- f. **Ethnicity** = select the consumer's ethnicity when known
- g. **Competency\*** = select the consumer'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
- h. **Marital Status\*** = select the consumer's marital status (Divorced, Married, Separated, Single/Never Married or Widowed)
- i. **Living Setting\*** = select the consumer's living setting ([see list of definitions in Appendix A](#))  
***IMPORTANT: WSCs must change the living setting 24 hours prior to adding Residential Habilitation Services to the Cost Plan. If the living setting is not updated timely, it will cause errors when completing the Plan Validation.***
- j. Medicare ID (required\* if consumer has Medicare)
- k. Medicare Type (required\* if consumer has Medicare)
- l. 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 or Annual Status Review (for Pre-Enrollment consumers) to acknowledge that demographics are current and accurate.


Demographics  
 Last Updated by \_\_\_\_\_  
 at 2/28/2022 12:16:13 PM

File Tools Reports

**Demographics**

Consumer Addresses

Consumer Phones

Consumer Emails

Consumer Identifiers

**Basic Demographics**

Salutation

Last Name \*

First Name \*

Consumer Photo

Middle Name  800 characters remaining

Suffix

Alias

Title

Date of Birth \*

Age

Date of Death

DOD Action

DOD File Number

Vital Statistics Cause of Death

Gender \*

Race

Ethnicity

Suspected Developmental Disability 

- Autism
- Intellectual Disability
- Unknown
- Prader-Willi Syndrome
- Spina Bifida
- Down Syndrome
- Phelan McDermid Syndrome

Competency \*

Marital Status

Living Setting

Referral Source

SSN \*

Medicaid ID

Medicare ID

Medicare Type

ABC PIN

CBC Flag

Demographics Verified On

4. **File > Save Demographics** and proceed to the next section to update the consumer's contact information or **File > Save and Close Demographics** (if no additional changes are needed)

## Updating Consumer Contact Information (ie. Addresses)

5. If Contact Information needs to be updated, the WSC must delete the existing address and use all 6 clear buttons to remove existing data.

| Contact Information |                            |
|---------------------|----------------------------|
| CASS Validation     |                            |
| Address Type *      | Residence Address ▼        |
| Address *           | <input type="text"/>       |
| Address 2           | <input type="text"/>       |
| City *              | <input type="text"/> Clear |
| State *             | <input type="text"/> Clear |
| Zip Code *          | <input type="text"/> Clear |
| County *            | <input type="text"/> Clear |
| Field Office *      | <input type="text"/> Clear |
| Region *            | <input type="text"/> Clear |

6. Update the following fields
  - a. Address Type = The “Residence Address ” must always appear here for ALL consumers (waiver, pre-enrollment or other active) and must reflect the individual’s physical address ([For further instructions on how to fill out this section for consumers without a permanent “Residence Address” \(DDDP, ICF, jail, etc.\) proceed to “How to add a Residence Address in iConnect for APD consumers without a Residence Address.”](#))
  - b. Address = current residential address for consumer (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. City = current city
  - e. State = FL
  - f. Zip Code = current zip code
  - g. County = current county
  - h. Field Office
  - i. Region


\*\*\*\*When Selecting the City, State, Zip Code, County, Field Office, and Region, the address utility will provide available options. **Allow the time for the address utility to provide selection. Do not override the system.**

| Contact Information |                                                                                                                                             |
|---------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| CASS Validation     |                                                                                                                                             |
| Address Type *      | Residence Address                                                                                                                           |
| Address *           | 1313 N. Tampa St.                                                                                                                           |
| Address 2           |                                                                                                                                             |
| City *              | Tamp <span>Clear</span>                                                                                                                     |
| State *             | <div style="border: 1px solid black; padding: 2px;">             TAMPA<br/>             TAMPICO           </div> <span>Clear</span>         |
| Zip Code *          | <div style="border: 1px solid black; padding: 2px; text-align: center;">             Items 1-2 out of 2           </div> <span>Clear</span> |

- j. Main Phone = current phone number
- k. Business Phone
- l. Extension
- m. Cell Phone
- n. Fax Number
- o. Email
- p. **Verified** = click Verify

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

- 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.                                                                              |
| Address 2              |                                                                                                |
| City *                 | TAMPA ▼ Clear                                                                                  |
| State *                | FL ▼ Clear                                                                                     |
| Zip Code *             | 33602 ▼ Clear                                                                                  |
| County *               | HILLSBOROUGH ▼ Clear <span style="color: green;">✓ Verified</span>                             |
| 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          | <input checked="" type="checkbox"/>                                                            |
| Date Address Validated | 07/19/2022  |

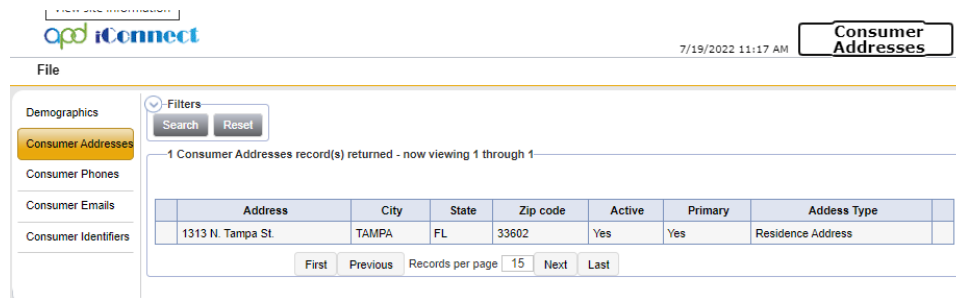
- File > Save Demographics** and proceed to the next section to update the consumer's mailing address or File > Save and Close Demographics (if no additional changes are needed)

### Adding/Updating the Mailing Address

- If a consumer's mailing address is different than the residence, an additional address must be included within the consumer's demographics. Click Consumer Addresses to open a list view grid of addresses listed for the individual.

To enter the Legal Representative's contact information. Proceed to [Adding Legal Representatives into Contacts Tab](#) section.

Hint: This tab is located on the upper left side of the Demographics page.



10. Click File > Add Address

- a. If the existing address needs to be updated, then click on the existing line for Mailing Address.


11. The Address page is displayed. Update the following fields, as needed:

- a. Address Type = select Mailing Address
- b. Address = Current mailing address for consumer
- c. Address 2 = Leave blank unless Apt or Suite is necessary
- d. City, State, Zip Code = current city, state and zip code of mailing address for consumer

\*\*\*\*When Selecting the City, State, and Zip Code, the address utility will provide available options. **Allow the time for the address utility to provide selection. Do not override the system.**

- e. Start Date
- f. End Date
- g. Active
- h. Comments
- i. Address Valid

j. **Verified** = click Verify


Address  
 7/19/2022 11:22 AM


File

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**Consumer Address**

|                        |                                     |                     |
|------------------------|-------------------------------------|---------------------|
| Address Type *         | Mailing Address                     |                     |
| CASS Validation        |                                     |                     |
| Primary                | <input type="checkbox"/>            |                     |
| Address *              | 4202 E. Fowler Ave.                 |                     |
| Address 2              |                                     |                     |
| City *                 | TAMPA                               | Clear               |
| State *                | FL                                  | Clear               |
| Zip Code *             | 33620                               | Clear <b>Verify</b> |
| Start Date             | 07/01/2022                          |                     |
| End Date               |                                     |                     |
| Active                 | <input checked="" type="checkbox"/> |                     |
| Comments               | <input type="text"/>                |                     |
| Address Valid          | <input type="checkbox"/>            |                     |
| Date Address Validated |                                     |                     |

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


Address  
 7/19/2022 11:22 AM

File

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**Consumer Address**


|                        |                                     |                       |
|------------------------|-------------------------------------|-----------------------|
| Address Type *         | Mailing Address                     |                       |
| CASS Validation        |                                     |                       |
| Primary                | <input type="checkbox"/>            |                       |
| Address *              | 4202 E. Fowler Ave.                 |                       |
| Address 2              |                                     |                       |
| City *                 | TAMPA                               | Clear                 |
| State *                | FL                                  | Clear                 |
| Zip Code *             | 33620                               | Clear <b>Verified</b> |
| Start Date             | 07/01/2022                          |                       |
| End Date               |                                     |                       |
| Active                 | <input checked="" type="checkbox"/> |                       |
| Comments               | <input type="text"/>                |                       |
| Address Valid          | <input checked="" type="checkbox"/> |                       |
| Date Address Validated | 07/19/2022                          |                       |



13. **File > Save and Close Address then click on the Demographics tab** to proceed to the next section to update the consumer's Physical Description

### Update Physical Description fields

14. Update the following fields:
- Written Language
  - Spoken Language
  - Understood Language
  - Interpreter Needed
  - Medication Administration Capacity = leave blank
  - Medication Administration Capacity Date = leave blank

| Physical Description                    |                                                                                                            |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------|
| Written Language                        | English ▼                                                                                                  |
| Spoken Language                         | English ▼                                                                                                  |
| Understood Language                     | English ▼                                                                                                  |
| Interpreter Needed                      | <input type="checkbox"/>                                                                                   |
| Medication Administration Capacity      | No ▼                                                                                                       |
| Medication Administration Capacity Date | <input type="text"/>  |
| Additional Information                  |                                                                                                            |

15. **File > Save Demographics** and proceed to the next section to update the consumer's additional information or File > Save and Close Demographics (if no additional changes are needed)

### Update Additional Information fields

16. Update the following fields:
- \*\*Benefit and employment information is required for all APD active clients (Waiver, WL, and other active)**
- Social Security Monthly Benefit Amount
  - 3<sup>rd</sup> Party Health Insurance? = select yes or no
  - Competitively Employed? = select yes or no
    - If yes, Indicate Hire Date
  - Average Monthly Earnings from Employment

- e. Not Employed and Wants Competitive Employment = select yes or no

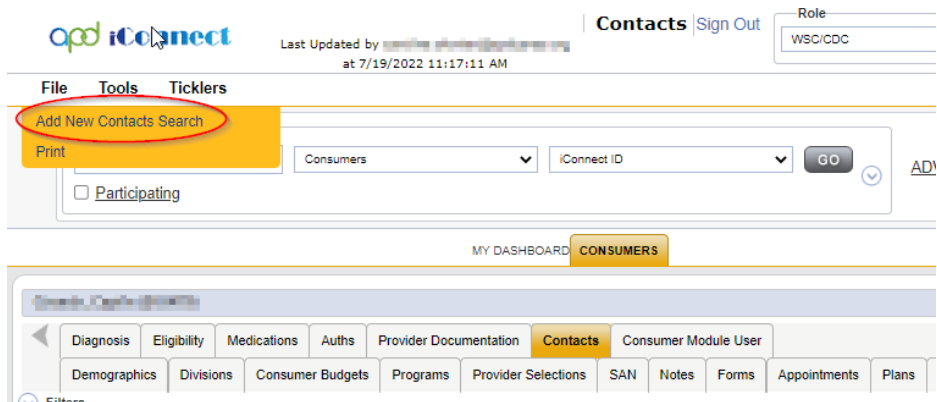
| Additional Information                         |            |
|------------------------------------------------|------------|
| Social Security Monthly Benefit Amount         | \$200.00   |
| 3rd Party Health Insurance?                    | No ▼       |
| Competitively Employed?                        | Yes ▼      |
| If yes, Indicate Hire Date                     | 05/01/2022 |
| Average Monthly Earnings from Employment       | \$800.00   |
| Not Employed and Wants Competitive Employment? | ▼          |
| Account Information                            |            |
| Payments                                       | ▼          |

17. File > Save and Close Demographics

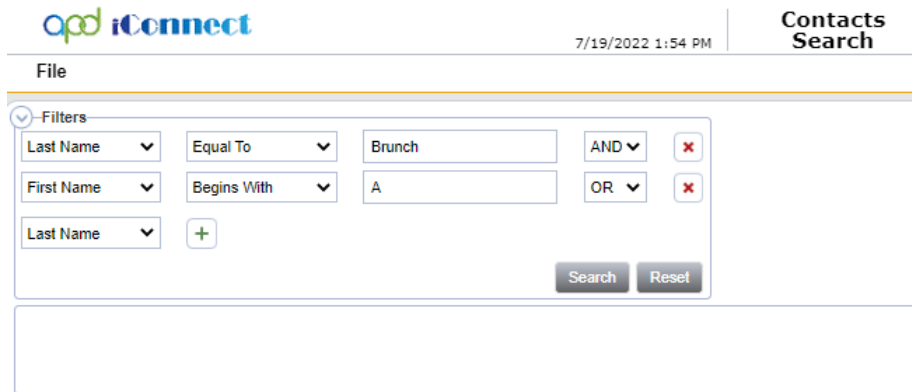
18. Additional information can be found on [WSC Advisory #2019-037 Employment and Benefit Data in APD iConnect](#)

### Adding Legal Representatives into Contacts Tab

19. Navigate to the Consumer Contacts record and click **File > Add New Contacts Search**



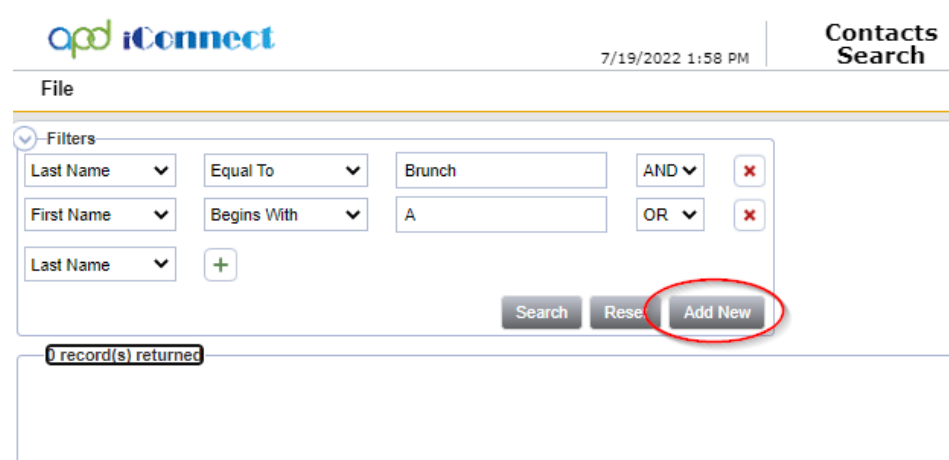
20. The Contact Search page is displayed. Update the Last Name text box and First Name text box



apod iConnect 7/19/2022 1:54 PM Contacts Search  
 File

Filters  
 Last Name Equal To Brunch AND  
 First Name Begins With A OR  
 Last Name +

21. The user has searched for an existing contact record but did not find a match in iConnect. A new contact record will be added.



apod iConnect 7/19/2022 1:58 PM Contacts Search  
 File

Filters  
 Last Name Equal To Brunch AND  
 First Name Begins With A OR  
 Last Name +

0 record(s) returned


22. From the Demographic search page, select Add New.

23. The Consumer Contacts Details page is displayed.  
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.

In order to ensure that Legal Representatives receive client notices, it is critical to document the Legal Representative under the Primary Relationship.

- b. Relationship(s) = select one of the following applicable relationships:
- Guardian
  - Guardian Advocate
  - Power of Attorney
  - Durable Power of Attorney
  - 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 form whom the parent is not the legal representative.**
  - 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
- l. City
- m. State
- n. Zip Code
- o. Main Phone
- p. Business Phone
- q. Extension
- r. Cell Phone
- s. Fax Number
- t. Email


7/19/2022 1:59 PM
Contacts

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File

**Contact Detail**

**Instructions** For ALL types of legal representative, the primary relationship must ALWAYS be Legal (a minor) so they can receive all legal notices.

**Primary Relationship \*** Legal Representative

**Relationship(s)**

|                                                                                                                  |        |
|------------------------------------------------------------------------------------------------------------------|--------|
| Advocate<br>Attorney<br>Caregiver<br>Case Manager<br>CDC Representative<br>Circle of Supports<br>Client Advocate | Parent |
|------------------------------------------------------------------------------------------------------------------|--------|

**Active Military Status**

**Active**

**Comments**

**Demographic Information**

|                                |                   |
|--------------------------------|-------------------|
| <b>Last Name *</b>             | Abrunch           |
| <b>First Name *</b>            | Appreciate        |
| <b>Title</b>                   |                   |
| <b>Legal Rep. Organization</b> |                   |
| <b>Address</b>                 | 1313 N. Tampa St. |
| <b>Address 2</b>               |                   |
| <b>City</b>                    | Tampa             |
| <b>State</b>                   | FL                |
| <b>Zip Code</b>                | 33602             |
| <b>Main Phone</b>              | (813)444-5555     |
| <b>Business Phone</b>          |                   |
| <b>Extension</b>               |                   |
| <b>Cell Phone</b>              | (902)555-0098     |
| <b>Fax Number</b>              |                   |
| <b>Email</b>                   | dadmail@apd.com   |

## Appendix A: 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, Supported Living Coaching, and that home is available for lease or sale to individuals in the community.

## Workaround: Individuals without a Residential Address

A Temporary Workaround

### 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’s a “Residence” address type. In the example below, the client is at DDDP in Chattahoochee with a “Temporary” address, but his home region is SC, so DDDP cannot be designated as the “Residence” address or it will incorrectly designate NW as his home Region:

| Contact Information |                   |
|---------------------|-------------------|
| 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, shows 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:

2 Consumer Addresses record(s) returned - now viewing 1 through 2

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

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

When State Office runs reports his Region designation is blank because he doesn’t 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          |                |
| Zip Code            | 32324             |                |                |



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

**A. 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:
  - a. Address – Enter the corresponding Regional Street Address
  - b. Address 2 – Enter the word: "Non-Residence"
  - c. City – Enter the Regional APD city
  - d. State – FL
  - e. Zip Code – "home" Region Zip Code
  - f. Main Phone – Enter APD Regional office main phone
3. When running the CASS validation let it fail if it doesn't recognize the word "Non-Residence" in Address 2
4. The correct "home" Region will show up in iConnect
5. 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.

**B. 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

**C. 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.**

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