

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

### Introduction

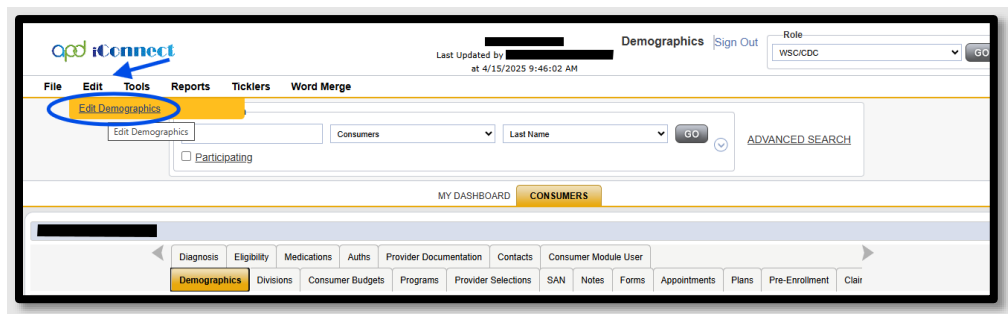
Pre-Enrollment, Waiver Support Coordinators (WSCs), and Consumer-Directed Care Plus (CDC+) Consultants must verify that the Consumer Demographics within iConnect are up to date.

The Support Coordinator and CDC+ Consultant are responsible for entering, updating, and verifying 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 and the CDC+ Consultant must update this information within 7 days of becoming aware of the change.

### Assess the Consumer Record

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

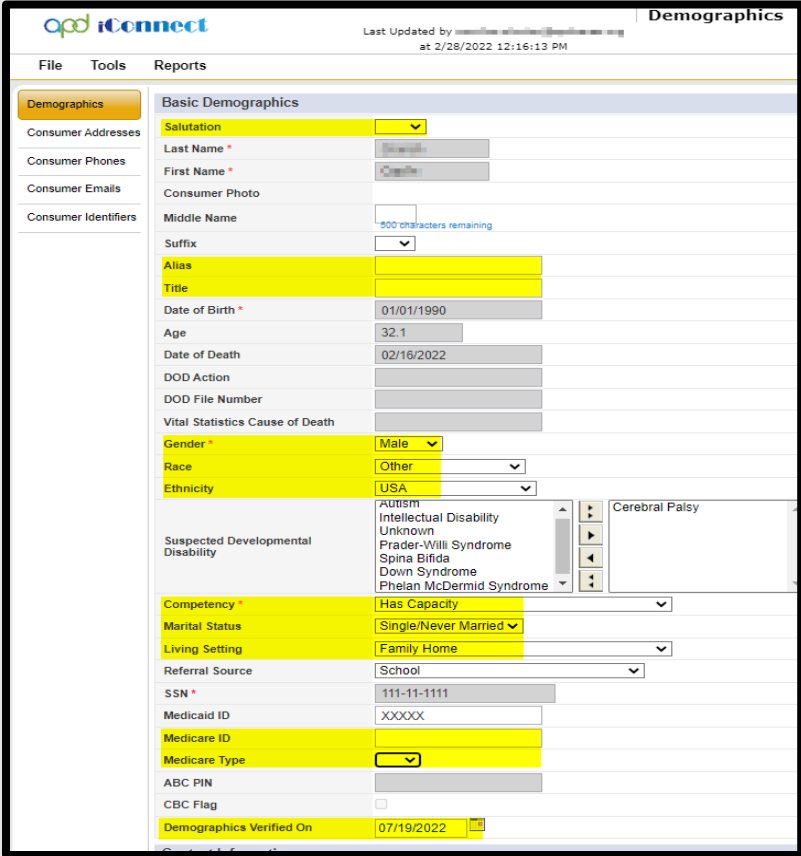


### Updating Basic Demographics

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 and CDC+ Consultants 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.

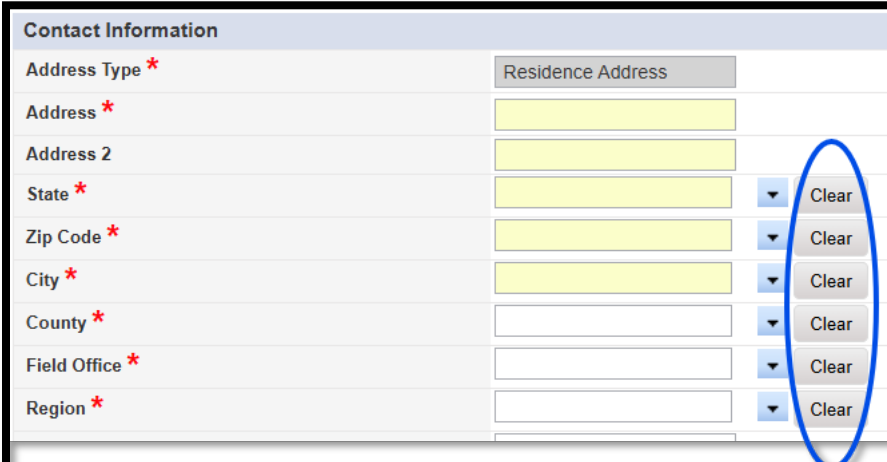
Best Practice - if there are no changes to the above listed Demographics, update the "Demographics Verified On" field at the time of the Support Plan or Annual Status Review (for Pre- Enrollment consumers) to acknowledge that demographics are current and accurate.



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)

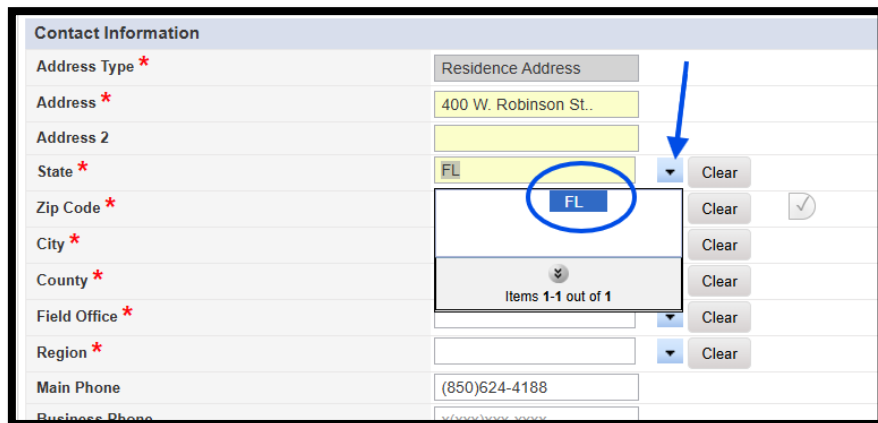
5. If Contact Information needs to be updated, the WSC and CDC+ Consultant must delete the existing address and use all 6 clear buttons to remove existing data.



6. Update the following fields:

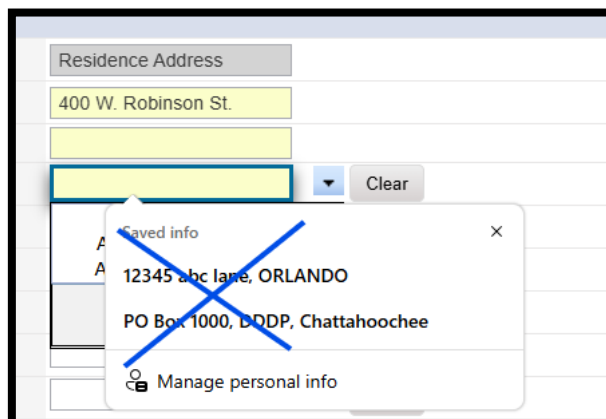
- a. Address Type = The “Residence Address ” must always appear here for ALL consumers (waiver, pre-enrollment or other active) and must reflect the individual’s physical address (For further instructions on how to fill out this section for consumers without a permanent “Residence Address” (DDDP, ICF, jail, etc.) proceed to [“Workaround: Individuals without a Residential 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. State = Begin typing in the state and select the state information using the blue arrow dropdown or the selection box.

*Example of how to select the appropriate information.*



The screenshot shows the 'Contact Information' form. The 'Address Type' is set to 'Residence Address'. The 'Address' field contains '400 W. Robinson St.'. The 'Address 2' field is empty. The 'State' field is highlighted with a blue circle, and a blue arrow points to the dropdown arrow next to it. The dropdown menu is open, showing 'FL' selected. The 'Zip Code', 'City', 'County', 'Field Office', 'Region', 'Main Phone', and 'Business Phone' fields are also visible.

*Below is NOT an example of how to select the appropriate information. Do not utilize the browser’s saved information to auto-populate the consumer’s demographics.*



The screenshot shows the 'Contact Information' form. The 'Address' field contains '400 W. Robinson St.'. The 'Address 2' field is empty. The 'State' field is highlighted with a blue circle, and a blue arrow points to the dropdown arrow next to it. A browser's saved information popup is visible, showing '12345 abc lane, ORLANDO' and 'PO Box 1000, DDDP, Chattahoochee'. A large blue X is drawn over the popup, indicating that this method is incorrect.

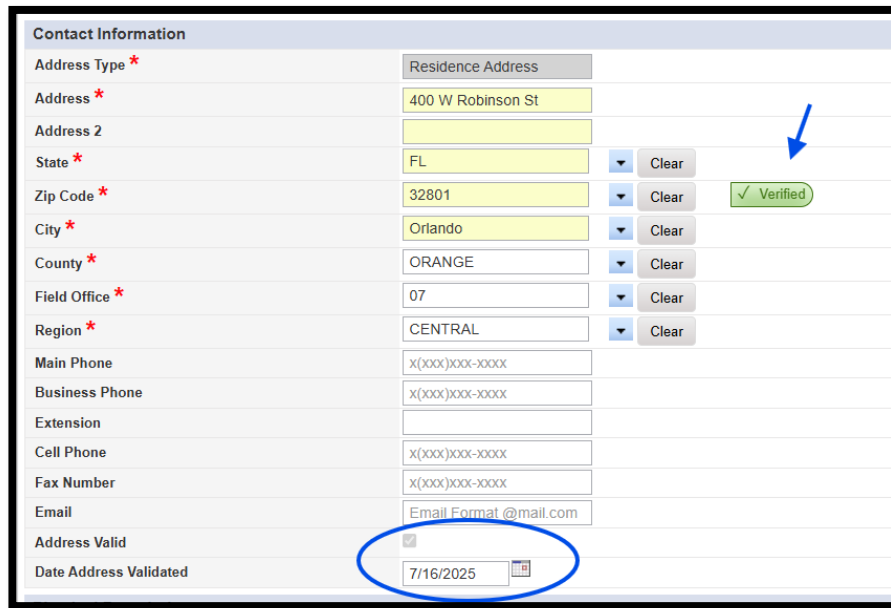
- e. Zip Code = Enter zip code information and select the zip code from the selection box
- f. City = Enter city information and select the city from the selection box
- g. County = Enter county information and select the county from the selection box

**IMPORTANT:** Allow time for the address utility to provide the selection. **Do not override the system.** If the information is not accurate, do a Help Desk Ticket using the client's iConnect ID and notify the Help Desk of the discrepancy.

- h. Main Phone = current phone number
- i. Business Phone = as applicable
- j. Extension = as applicable
- k. Cell Phone = current phone number
- l. Fax Number = as applicable
- m. Email = current email address
- n. Verified = click **Verify**

Contact Information			
Address Type *	Residence Address		
Address *	400 W. Robinson St..		
Address 2			
State *	FL	▼	Clear
Zip Code *	32801	▼	Clear
City *	ORLANDO	▼	Clear
County *	ORANGE	▼	Clear
Field Office *	07	▼	Clear
Region *	CENTRAL	▼	Clear

7. This is a valid USPS address, so the record updates as valid and the date validation updates to today's date.



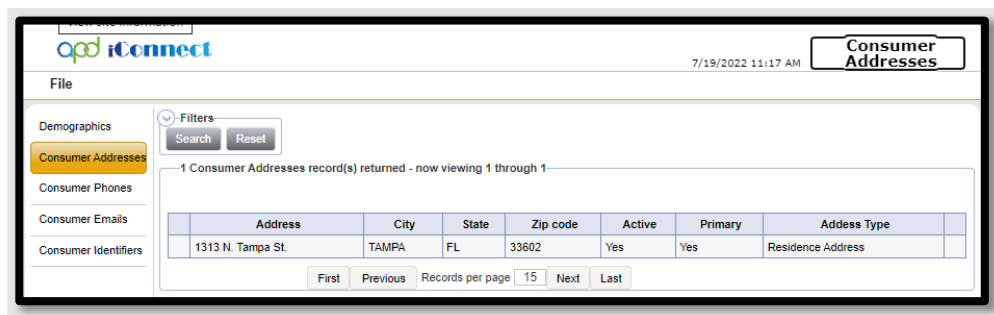
8. Proceed to the next section to update the client's Physical Description fields. If no additional information is needed go to **File > Save and Close Demographics**

### Adding/Updating the Mailing Address

9. 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**

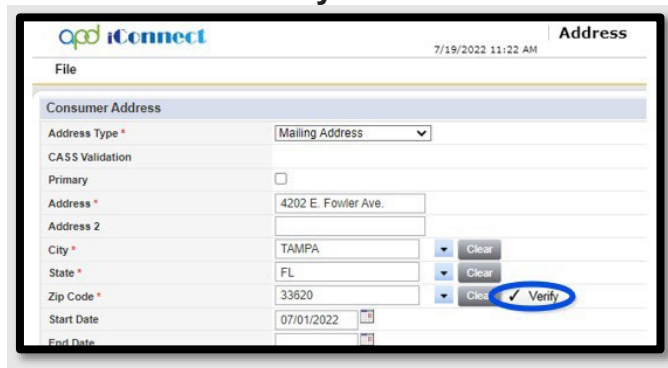
- a. If the existing address needs to be updated, then click on the existing line for Mailing Address.

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. Skip to Zip Code = type in current zip code and select the zip code in the selection menu when it appears.
- e. The following will auto-populate after entering the zip code. Verify that the information is accurate.
  - i. City
  - ii. State

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

- f. Start Date
- g. End Date
- h. Active
- i. Comments
- j. Address Valid
- k. Verified = click **Verify**



APD iConnect  
 7/19/2022 11:22 AM  
 Address

File

Consumer Address

Address Type \* Mailing Address

CASS Validation

Primary ☐

Address \* 4202 E. Fowler Ave.

Address 2

City \* TAMPA

State \* FL

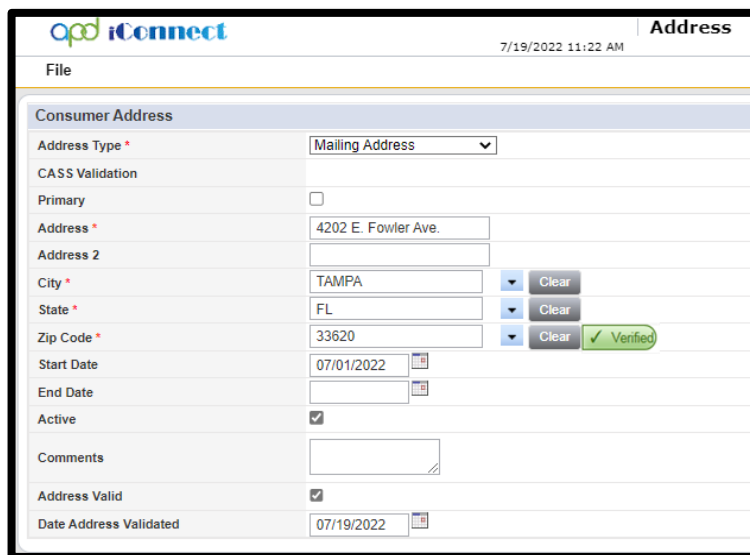
Zip Code \* 33620

Start Date 07/01/2022

End Date

Clear Clear Clear Verify

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



The screenshot shows the 'iConnect' interface with the 'Address' tab selected. The 'Consumer Address' section contains the following fields:

- Address Type: Mailing Address (dropdown)
- CASS Validation: (checkbox, unchecked)
- Primary: (checkbox, unchecked)
- Address: 4202 E. Fowler Ave.
- Address 2: (empty)
- City: TAMPA (dropdown)
- State: FL (dropdown)
- Zip Code: 33620 (dropdown)
- Start Date: 07/01/2022 (calendar icon)
- End Date: (empty)
- Active: (checkbox, checked)
- Comments: (text area)
- Address Valid: (checkbox, checked)
- Date Address Validated: 07/19/2022 (calendar icon)

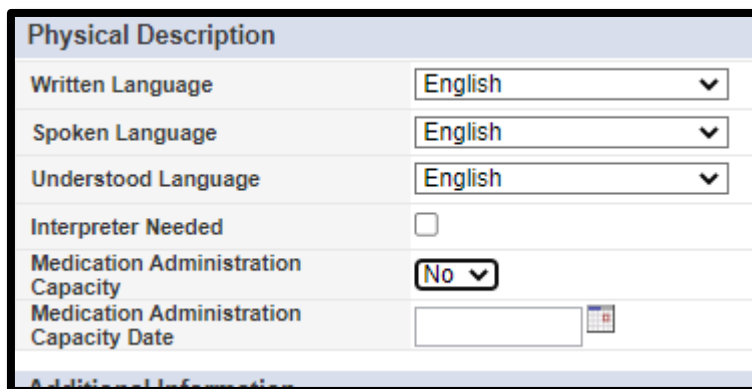
Buttons for 'Clear' are present next to the City, State, and Zip Code dropdowns. A green 'Verified' badge is next to the Zip Code field.

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



The screenshot shows the 'Physical Description' section of the form with the following fields:

- Written Language: English (dropdown)
- Spoken Language: English (dropdown)
- Understood Language: English (dropdown)
- Interpreter Needed: (checkbox, unchecked)
- Medication Administration Capacity: No (dropdown)
- Medication Administration Capacity Date: (empty)

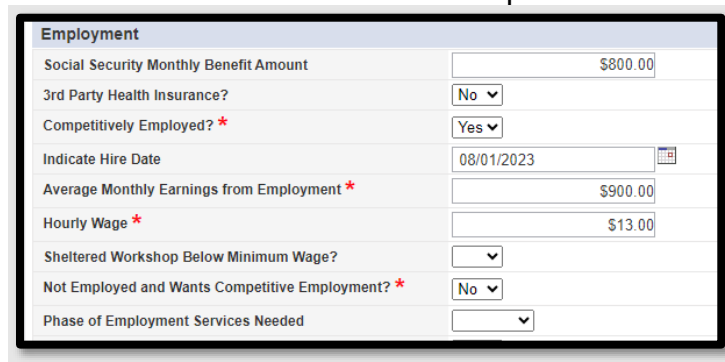
- Medication Administration Capacity Date = leave blank

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:

- 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
  - ii. Not Employed and Wants Competitive Employment = select yes or no
    1. If yes, fill out the additional fields:
      2. Phase of Employment Services Needed = Phase 1 or Phase 2
      3. Referred to VR? = select yes or no
        - a. If yes, fill out the additional fields:
          - i. Date of VR Referral
          - ii. VR Response



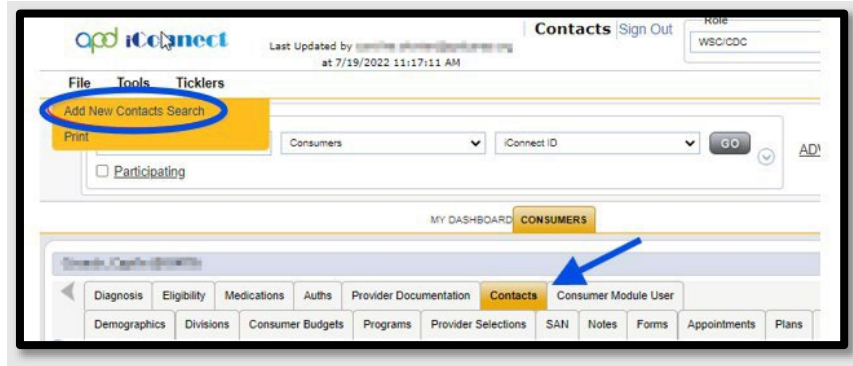
Employment	
Social Security Monthly Benefit Amount	\$800.00
3rd Party Health Insurance?	No
Competitively Employed? *	Yes
Indicate Hire Date	08/01/2023
Average Monthly Earnings from Employment *	\$900.00
Hourly Wage *	\$13.00
Sheltered Workshop Below Minimum Wage?	
Not Employed and Wants Competitive Employment?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

17. **File > Save and Close Demographics**

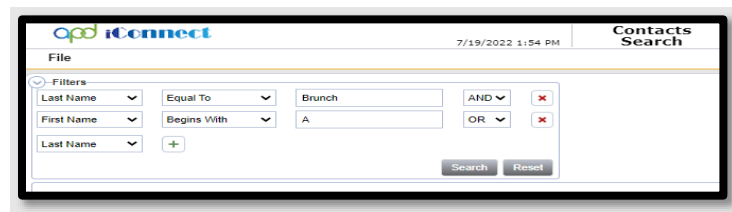
18. Additional information can be found on [WSC Advisory #2019-037 Employment and Benefit Data in APD iConnect](#)

## Adding Legal Representatives into Contacts Tab

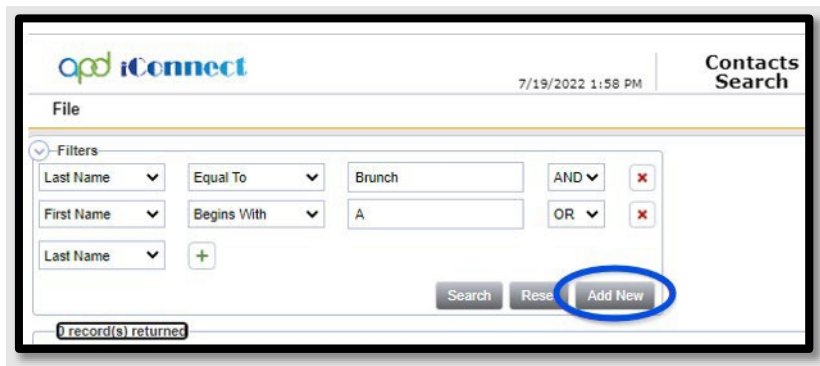
19. Navigate to the Consumer Contacts record and click **File > Add New Contacts Search**



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



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.




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

**IMPORTANT:** 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 for 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

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

Attorney

Caregiver

Case Manager

CDC Representative

Circle of Supports

Client Advocate

Parent

Active Military Status

☐

Active

☒

Comments

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

Main Phone

(813)444-5555

Business Phone

Extension

Cell Phone

(902)555-0098

Fax Number

Email

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

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. Skip to Zip Code = type in current zip code and select the zip code in the selection menu when it appears.
  - d. The following will auto-populate after entering the zip code. Verify that the information is accurate.
    - i. City – the Regional APD city
    - ii. State – the Regional APD State
    - iii. County - the Regional APD county
    - iv. Filed Office
    - v. Region – "home region"
  - e. 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.”**