

HCBS Phase Transition Training Desk Reference

Healthy Connections Prime
Updated December 8, 2016

Agenda

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Overview of Online Resources

Resources available on “Policy & Procedure/Help Documents” page

BETTER CARE. BETTER VALUE. BETTER HEALTH. PHOENIX RESOURCES | MMPS

Phoenix Resources 

There is a wealth of resources available in the Phoenix “Policy & Procedure/Help Documents” page. These documents are created and maintained by Community Long Term Care (CLTC). Please note that Healthy Connections Prime-specific documents are shown at the bottom of page 2.

Note: The documents that cover the topics most requested by MMPs during the Healthy Connections Prime HCBS Phase II transition are highlighted in **red font**.

Policy & Procedure/Help Documents	Scopes of Service	Phoenix Help Documents
<ul style="list-style-type: none"> • Ch 1, Intake • Ch 2, Assessment • Ch 3, Level of Care • Ch 4, Eligibility • Ch 5, Case Management • Ch 6, Service Plan • Ch 7, Service Authorization • Ch 8, Nursing Home • Ch 9, PASARR • Ch 10, Termination Transfer • Ch 11, Appeals • Appeals Presentation Guide • CLTC Participants who are Family Members of CLTC Workers • Children’s Personal Care Service Policy and Procedure • Incontinence Supplies Policy • Contact List for Incontinence Supplies Administrative Case Management • Incontinence Supplies Contractor Flowchart • HASCI Level of Care Policy • HIV/Aids Waiver • Level of Care Manual • TEFRA Policy • Ventilator Dependent Policy • Home Again Policy • Processing List Procedures • Optional Supplement Care for Assisted Living Participants (OSCAP) • PACE Guide • PACE Assessment and Enrollment • PACE Intake Workflow 	<ul style="list-style-type: none"> • Adult Care Home Services • Adult Day Health Care Services • Adult Day Health Care Transportation • Case Management Services • CLTC Standards for Bathroom Safety Products • Companion Services • General Ramp Specifications • Home Delivered Meals • Individual Attendant Care Provider Standards and Duties • Medically Complex Children Skilled Respite • Nursing Services • Pediatric Medical Day Care • Personal Care (PC I) Services • Personal Care (PC II), PC I Services • Personal Emergency Response (PERS) Services • Pest Control Standards • Residential Personal Care II • Respite Care in a Community Residential Care Facility • Mechanical Ventilator Waiver (MVA) Respite • Respite Care Institutional • Respite Care Institutional Services • Transition Coordination Service 	<ul style="list-style-type: none"> • Assessments • Authorizations • Caregiver Supports • Claims • CM Overlap Hierarchy • Complaints • Conversations • Conversation Updates • Eligibility Determination • Editing User Information • Forms • General Information • Home Assessment • Intake Criteria • Medication • Multiple Service Requests • Narratives • New Participant • July 2016 Phoenix/Care Call Provider Training • Referrals • Reporting a Problem • Reports • RSP Overlap Table • Scanning • Service Plan • Transferring Cases • User Profile • Users • Waiver Service Matrix • Waiver Interactions with Community Residential Care Facility
<p>Medicaid Bulletins</p> <ul style="list-style-type: none"> • Home Health Policy Updates 	<p>In-home Care</p> <ul style="list-style-type: none"> • Guidelines for Determining in-home Hours • Questions Related to in-home Care 	

BETTER CARE. BETTER VALUE. BETTER HEALTH. PHOENIX RESOURCES | MMPS

Authenticate Mobile App	Policy Documents	Help Documents
<ul style="list-style-type: none"> • Mobile Phone Device Requirements • Care Call Mobile Application Webinar • Mobile Application Webinar Q&A • Android Mobile App User Guide • iOS Mobile App User Guide 	<ul style="list-style-type: none"> • 15 Minute Case Management Units Guide • 15 Minute Case Management Questions and Answers • 15 Minute Case Management: Requesting Additional Units • Abbreviations • CLTC Participant Fund • HIPPP Policy • Hospice Benefit Interactions • Service Level Approval Process • Scan Tag Descriptions 	<ul style="list-style-type: none"> • Antivirus/Spyware Removal • Care Call Activity Codes • Care Call Observation Codes • Care Call IVR and Mobile App Training Environment • Care Call Mobile App Webinar • CLTC ELearning • Guide to Developmental Stages of Children • Laptop Specs • Medicaid Categories • Medicaid Categories Details • Prior Approval of Waivered Services Guidelines • Prior Approval of Waivered Services Requests • RSP Codes • Strike Policy
<p>Directives</p> <ul style="list-style-type: none"> • 30 Day Requirement • Attendant Care Skilled Service Activities • Incontinence Supplies • Medically Complex Children Waiver Interactions • Tracking Release of Information • Incontinence Supplies • CM Provider Choice for Ventilator Dependent Waiver • Notification Form Requirements and Appeals Notice • Medicaid Status Inquiry/Release of Information Requirement • SCDHHS Medicaid Eligibility LTCC Regions 	<p>Generic Forms</p> <ul style="list-style-type: none"> • ADHC Nursing Physician’s Orders • Appeals Notice • Appeals Summary • Attendant Care Daily Log • Authorized Representative Form for Providers • Children’s Personal Care Physician Information Form CC • Children’s Personal Care Physician Information Form NC • Children’s Personal Care Physician Cover Letter CC • Children’s Personal Care Physician Cover Letter NC • Community Choices Prescreening for TALENT • Estate Recovery Notification • Medicaid Eligibility Form 3400B • MTCM Freedom of Choice Form • Physician’s Input Letter: Community Choices and Nursing Home • Physician’s Input Letter: TEFRA • Protocol for Submission of Eligibility Application Status Inquiries (EAST spreadsheet) 	
<p>Healthy Connections Prime / Managed Care</p> <ul style="list-style-type: none"> • Changing a Healthy Connections Prime Application from Initial to Participating • CLTC Interactions with Targeted Case Management • Healthy Connections Prime FAQ • Healthy Connections Prime FAQ 2 • Managed Care Organizations (MCOs) Fact Sheet • MTCM Freedom of Choice Form • PRIME Phase II Transition Directive • Terminating a Healthy Connections Prime Application 		



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Process Overview

Scenario 1: New Healthy Connections Prime member (and new to the waiver process)

Scenario 1 Waiver Process

Notes

- In Phoenix help documents and resources: (1) the Waiver Case Manager is called the “ongoing Case Manager” or simply “Case Manager”, and (2) the State Case Manager is also called the “Case Manager II.
- LOC refers to “Level of Care”

1. Referral

- Referrals will be received by CLTC Centralized Intake area through sources such as: the applicant, physician, or MMP staff.
- Centralized Intake will process the referral.

2. Eligibility and LOC Determination

- If individual meets necessary financial and medical criteria, then the application is released to a Nurse Consultant in an Area Office by COB the day following the completion of the referral processing.
- The Nurse Consultant must conduct the initial assessment within 10 business days of case assignment. The LOC determination must be made by two Nurse Consultants within 3 business days of LOC assessment completion.

Scenario 1 Waiver Process (cont'd)

3. Waiver Enrollment

- If an individual meets LOC criteria, the Nurse Consultant transfers the case to the State Case Manager within 5 business days of the participant being determined medically and financially eligible for the waiver (Note: in rare situations, a participant may require another financial eligibility determination following a LOC determination).
- The State Case Manager will:
 - Enroll the applicant in the waiver
 - Develop the Initial Service Plan within 7 business days from enrollment date
 - Contact the member/primary contact to confirm or obtain Provider Choice for the Waiver Case Manager and providers for any other identified service needs within 7 business days from enrollment date
 - Make referral(s) to the Waiver Case Manager and other service providers in the order of preference and establish initial services

Scenario 1 Waiver Process (cont'd)

4. Case Transfer Notification

- The Waiver Case Manager must accept the referral in Phoenix within 48 business hours. (The State Case Manager will receive a Phoenix notification when the referral is accepted or declined.
 - Note: If the selected Waiver Case Manager does not respond within 48 business hours, the Phoenix system will proceed to the next Waiver Case Manager choice.)
 - If CLTC suspends a provider, the provider cannot accept new clients and will not show up on the provider choice list. Plans will be made aware of this from the daily update files. When the suspension ends, the provider's status returns to active.
- The Waiver Case Manager then must contact the State Case Manager and the **MMP Care Coordinator** (in person or by phone) within 2 business days to complete a case transfer conference.

Scenario 1 Waiver Process (cont'd)

5. Case Transfer to MMP

- The **MMP Care Coordinator** will work with the Waiver Case Manager. The Waiver Case Manager will:
 - Conduct an Initial Visit within 30 days of enrollment date
 - Complete the Home Assessment and Caregiver Supports

Note: Refer to the Community Choices Policy and Procedures Manual, Chapter 5 (Case Management) for additional activities

- Waiver Case Manager's Responsibilities If There Are Changes
 - Work with the member and his or her family to determine additional needs
 - Make changes to the Service Plan, to include new services and modifications
 - Obtain/confirm Provider Choice for newly identified service needs

If there are significant changes, a re-evaluation may be needed, including a new LOC assessment and service plan.

Scenario 1 Waiver Process (cont'd)

6. Finalize Service Plan

- The Waiver Case Manager will amend or confirm the Initial Service Plan based upon the Initial Visit.
- All documentation must be completed within 3 business days of the activity.

7. MMP Reviews Service Plan

- The **MMP Care Coordinator** will review/approve the services submitted by the Waiver Case Manager. This occurs on the same day or next day in most cases. If additional information is needed, the Waiver Case Manager may have to provide additional information and approval/denial may be delayed.*
- The **MMP Care Coordinator** will enter comments in the “Comments” section as appropriate.

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Ongoing Responsibilities

- **MMP Care Coordinator** will monitor the plan for each member on a regular basis and review/approve subsequent Prior Approval requests in the service level request section of the Service Plan in Phoenix
- The Waiver Case Manager will complete the LOC reassessment and Service Plan within 365 days from the last assessment in Phoenix (sooner if there has been a change in the LOC).
- The Waiver Case Manager will create Prior Approval requests.
- The **MMP Care Coordinator** will review and approve or deny the requests, sign and date the Service Plan, and save the plan*.

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.

Scenario 2: New Healthy Connections Prime members (already enrolled in a waiver)

Scenario 2 Waiver Process Notes

Notes

- 6 month continuity of care period. Services, providers, and service authorization levels are maintained (unless there is a change in service needs)
- Existing documents:
 - Initial LOC assessment
 - Initial LOC determination
 - Enrollment
 - Initial Service Plan
 - Service provision form

Scenario 2 Waiver Process

1. Case Transfer Notification

- After enrollment, the MMP sends the members to Phoenix via API. If there is an existing CLTC record, the Healthy Connections Prime team will verify the records match. Once processed by the Healthy Connections Prime team, the member becomes visible to the MMP's dashboard.
- The MMP Care Coordinator must contact the Waiver Case Manager within 2 business days to complete a case transfer conference.

During the six month continuity of care period, the MMP Care Coordinator will work with the Waiver Case Manager to join the network or enter a single case agreement.

- **If Waiver Case Manager is in network:** Proceed to Step 2.
- **If Waiver Case Manager is not in network**

Interested in contracting

Refer them to the MMP's contracting representative

Not interested in contracting

- The member will be transitioned to a in-network provider. Contact the member/primary contact to confirm or obtain new choices within 7 business days
- Make referral(s) to the Waiver Case Manager in the order of preference and continue services
- Note: If CLTC suspends a provider, the provider cannot accept new clients and will not show up on the provider choice list. Plans will be made aware of this from the daily update files. When the suspension ends, the provider's status returns to active.

Scenario 2 Waiver Process (cont'd)

3. Case Transfer to MMP

The MMP Care Coordinator will work with the Waiver Case Manager. If/when there are changes in the member's needs (for example, discovered as part of the Comprehensive Assessment that the MMP conducts on its new members), refer to the "Waiver Case Manager's Responsibilities If There Are Changes" table | Scenario 1.

5. Finalize Service Plan

6. Review Service Plan

7. Monitoring and Re-evaluation

Same as Scenario 1



phoenix
Dashboard Review

Administrative View

As user with Administrator access, you may access all cases assigned to your Healthy Connections Prime plan. This includes members assigned to you directly as well as members assigned to members of your care coordination team. Users who do not have administrative rights will ONLY see members assigned to them. When you log into Phoenix, your Administrator dashboard will now appear as follows:

The screenshot shows the administrative dashboard for Brenda Barrows. At the top, there is a navigation bar with links for Home, Participants, Providers, Reports, Waiting Lists, and Administration. Below this, the dashboard title is "Dashboard for Brenda Barrows" and the plan name is "Healthy Connections Prime Sample". There are tabs for "My Caseload", "My Plan", and "Notifications". A section titled "My Participants" contains a search bar and a checkbox for "include Nursing Home Placement and Incontinence Supplies applications". A table lists participants with columns for County/CLTC #, Name, Med. Elig., Med. RSP, Program, Activity Due/ Due Date, Date Done, Next QV Due, and Next RE Due. A callout box points to the table headers with the text "Sort columns by clicking column headers in head".

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Activity Due/ Due Date	Date Done	Next QV Due	Next RE Due
Sumter 9629680	Test20161661 TEST Sr.			Healthy Connections Prime - Init.	-			
Richland 0000049	WILLIE AAFUPPGQ 			VENT - Init.	Initial Assessment - 07/28/2014			
Richland 0000049	WILLIE AAFUPPGQ 			Incontinence Supplies - Init.	Initial Assessment - 04/22/2016			

New CLTC Referral

View Caseloads

The first tab called 'My Caseload' filters and shows cases assigned directly to you. This view includes the following:

- My Participants – Shows all members (waiver and non-waiver)
- My Waivered Participants – Filters by participants with waiver services
- My Prior Authorization Approvals – Shows Prior Authorizations to be approved by Care Coordinator

Dashboard for Prime Sample

My Caseload ▾ My Plan ▾ Notifications

My Participants
My Waivered Participants
My Prior Authorization Approvals

Search:

include Nursing Home Placement and Incontinence Supplies applications

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Activity Due/ Due Date	Date Done	Next QV Due	Next RE Due
Sumter 9629680	Test20161661 TEST Sr.			Healthy Connections Prime - Init.	-			
Richland 0000049	WILLIE AAFUPPGQ 			VENT - Init.	Initial Assessment - 07/28/2014			
Richland 0000049	WILLIE AAFUPPGQ 			Incontinence Supplies - Init.	Initial Assessment - 04/22/2016			

New CLTC Referral

View Activities Due by Waiver Participant

An important feature of this dashboard is its ability to show what activities are due for Waivered Participants. By clicking on 'My Waivered Participants' from the dropdown menu under the 'My Caseload' tab, you can see:

- Activities Due
- Date of Completion
- Next Quarterly Visit
- Next Re-evaluation due

The screenshot shows a dashboard titled "Dashboard for Prime Sample". It features a navigation bar with "My Caseload", "My Plan", and "Notifications". A prominent orange button labeled "My Waivered Participants" is visible. Below this is a search bar and a checkbox for "include Nursing Home Placement and Incontinence Supplies applications". A table displays participant information with columns for County/CLTC #, Name, Med. Elig., Med. RSP, Program, Case Manager, Activity Due/ Due Date, Date Done, Next QV Due, and Next RE Due. One participant, WILLIE AAFUPPGQ, is listed with a due date of 07/05/2012. A "New CLTC Referral" button is located at the bottom left of the dashboard area.

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Case Manager	Activity Due/ Due Date	Date Done	Next QV Due	Next RE Due
Richland 0000049	WILLIE AAFUPPGQ			VENT - Part.	Julia Roberts	Re-evaluation - 07/05/2012		06/30/2012	07/05/2012

View Team Caseload

As an Administrator for your Healthy Connections Prime program, you can also view and manage the caseload of Care Coordinators within your team. Under the 'My Plan' tab, click 'Prime Care Coordinators For My Plan', to view your team's caseloads along with other items.

Welcome Healthy Connections | Dashboard | Inbox | Issues | Stop Mimicking Brenda Barrows | Account Settings | Help | Logout

Home Participants Providers Reports Waiting Lists Administration

Dashboard for Brenda Barrows

My Caseload My Plan Notifications

Prime Care Coordinators For My Plan

Prior Authorization Approvals for My Plan

Search: [] [Q]

include Nursing Home Placement and Incontinence Supplies applications

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Activity Due/ Due Date	Da Do	N D
Sumter 9629680	Test20161661 TEST Sr. []			Healthy Connections Prime - Init.	-		
Richland 0000049	WILLIE AAFUPPGQ []			VENT - Init.	Initial Assessment - 07/28/2014		
Richland 0000049	WILLIE AAFUPPGQ []			Incontinence Supplies - Init.	Initial Assessment - 04/22/2016		

New CLTC Referral

Healthy Connections
Prime Sample

Click here and you will have a more in-depth view of upcoming activities for your team.

Welcome Healthy Connections | Dashboard | Inbox | Issues | Stop Mimicking | Account Settings | Help | Logout

Home Participants Providers Reports Waiting Lists Administration

Dashboard for Brenda Barrows

My Caseload My Plan Notifications

Prime Care Coordinators for My Plan

Search: [] [Q]

Care Coordinator	Caseload	Comprehensives Due	Total Comprehensives	ICPs Due	Total ICPs
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0
Laurie Bailey-Thomas	1	0	0	0	0

View Team Prior Authorization Approvals

As an administrator, you can also view 'Prior Authorization Approvals For My Plan' within your care coordinators' case load. In order to do this, click 'Prior Authorization Approvals For My Plan' under the 'My Plan' tab.

The screenshot illustrates the navigation process within the Healthy Connections Prime Sample interface. The top navigation bar includes links for 'Welcome Healthy Connections', 'Dashboard', 'Inbox', 'Issues', 'Stop Mimicking Brenda Barrows', 'Account Settings', 'Help', and 'Logout'. Below this, a secondary navigation bar features icons for 'Home', 'Participants', 'Providers', 'Reports', 'Waiting Lists', and 'Administration'. The main content area is titled 'Dashboard for Brenda Barrows' and includes tabs for 'My Caseload', 'My Plan', and 'Notifications'. A red box highlights the 'My Plan' tab, which has a dropdown menu containing 'Prime Care Coordinators For My Plan' and 'Prior Authorization Approvals for My Plan'. A red arrow points from the 'Prior Authorization Approvals for My Plan' option to a larger, detailed view of the same page. This detailed view shows a search bar and a table of prior authorization approvals.

Healthy Connections Prime Sample

Welcome Healthy Connections | Dashboard | Inbox | Issues | Stop Mimicking Brenda Barrows | Account Settings | Help | Logout

Home Participants Providers Reports Waiting Lists Administration

Dashboard for Brenda Barrows

My Caseload My Plan Notifications

Prime Care Coordinators For My Plan
Prior Authorization Approvals for My Plan

Dashboard for Brenda Barrows

My Caseload My Plan Notifications

Prior Authorization Approvals for My Plan

Search:

Area-CLTC #	Program	Participant	Case Worker	Service Plan	Last Request	Worker Flags
Columbia 0000018	Ventilator Waiver	CODY D AACKMPY	Jill White	complete service plan for 02/03/2014	April 21, 2015 02:56:13 PM	
Columbia 0000013	Community Choices	Elnoria Molina	Rita Gold	complete service plan for 02/04/2014	July 09, 2015 11:17:56 AM	
Columbia 0000015	Ventilator Waiver	Ruth Molina	Mary Black	complete service plan for 06/09/2011	January 28, 2016 02:24:04 PM	

View Team Prior Authorization Approvals (Continued)

Within this dashboard, you are able to view all notifications for participants in your dashboard. You can view these by clicking the 'Notifications' tab.

Healthy Connections
Prime Sample

Welcome Healthy Connections | Dashboard | Inbox | Issues | Stop Mimicking Brenda Barrows | Account Settings | Help | Logout

Home Participants Providers Reports Waiting Lists Administration

Dashboard for Brenda Barrows

My Caseload My Plan **Notifications**

Prior Authorization Approvals for My Plan

Search:

Area-CLTC #	Program	Participant	Case Worker	Service Plan	Last Request
Columbia 0000018	Ventilator Waiver	CODY D AACKMPY	Jill White	complete service plan for 02/03/2014	April 21, 2015 02:56:PM
Columbia 0000013	Community Choices	Elnoria Molina	Rita Gold	complete service plan for 02/04/2014	July 09, 2015 11:17:55 AM
Columbia 0000015	Ventilator Waiver	Ruth Molina	Mary Black	complete service plan for 06/09/2011	January 28, 2016 02:56:PM

Welcome Healthy Connections | Dashboard | Inbox | Issues | Stop Mimicking Brenda Barrows | Account Settings | Help | Logout

Home Participants Providers Reports Waiting Lists Administration

Dashboard for Brenda Barrows

My Caseload My Plan **Notifications**

My Dashboard Notifications

Search:

Prev 1 2 Next

Notification	Time
Personal Care II authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Case Management authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Personal Care II authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Case Management authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Personal Care II authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Case Management authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Personal Care II authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Case Management authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:43 PM
Case Management authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:32 PM
Personal Care II authorization for (0000049) WILLIE AAFUPPGQ is pending	07/15/2015 02:32 PM



phoenix
LOC Assessment



Creating an LOC Assessment



- From the Participant's dashboard, click "Assessment"
- Click "Create a New Assessment"



Dashboard (000062) John Last

Dashboard Participant Information Intake Workflows Applications **Assessments** Narratives

Snapshot General Information Status Changes Services Complaints Alerts

Participant Overview

Overall Status active	Area (County) Columbia (Richland)
Initial Intake Date 01/18/2011	Primary Language English

Current Address & Phone Number

Street	City	State	Zip
1805 Devine St	Columbia	SC	29201

Primary Phone Number
(803) 779-1830 +unlisted number

CareCall Phone Numbers
(803) 779-1830 +unlisted number

Assessments (000062) John Last

Dashboard Participant Information Intake Workflows Applications **Assessments** Narratives

Create a New Assessment

Completed Assessments (3)

Program	Create Date	Assessment Date	Assessed By	Actions
Community Choices assessment completed 04/29/2014	04/29/2014	04/29/2014	Roy Smith	Review View PDF Create service plan Remove
Community Choices assessment completed 03/13/2012	03/12/2012	03/12/2012	Elizabeth Livingston	Review View PDF View service plan Remove
Community Choices phone assessment completed 02/24/2012	02/24/2012	02/24/2012	Ella Hadley	Review View PDF Remove



Creating an LOC Assessment



- From the “Assessments” screen, select program from drop box. **Note: Only the programs with an open “Application” will be displayed as a choice**
- Enter date in the “Assessed on” Field
- Click “Phone Assessment”, if you are doing a Phone Assessment. **Note: Selecting Phone Assessment will show different tabs on the Assessment section**
- Click “Create Assessment” **Note: LOC Assessments are tailored to the program (i.e. HIV has all sections, NHT has less sections)**

Assessments (0000062) John Last

Dashboard Participant Information Intake Workflows Applications Assessments Narratives

Create a new assessment ?

* Program Community Choices

* Assessed on 09/17/2014

* Phone Assessment (intake)

Create Assessment



Creating an LOC Assessment



- The “**Assessment**” screen contain tabs and sub tabs
- On the Assessment screen, **ALL** the **red** lights for each tab must be **green** in order to have a completed LOC assessment

Community Choices assessment assessed 09/17/2014 (0000062) John Last

Dashboard Participant Intake Applications **Assessments** Narratives

Medical ! Skin/Nutrition ! ADLs ! Communication/Psychosocial ! IADLs ! Review ! Source of Information/Level of Care !

Diagnoses/Conditions ! Treatments and Therapies ! Risk Factors !

Diagnoses

Existing Current/New Diagnoses ? Previous

Category:
Select a category...

Diagnosis:
Select a diagnosis...

+ Add Diagnosis

Search:

Anxiety Disorder
Hyperplasia of Prostate
Metastatic Cancer
Schizophrenia
Suicidal Risk



Creating an LOC Assessment



- At the bottom of each Assessment tab, there are two options:
 - “**Save**” - Save function allow users to save data entered, make edits, visit other sections, and complete the LOC assessment at a later time. **Note: The lights will remain red until the section is “Save and Complete”**
 - “**Save and Complete**” - Saves data on each completed Assessment tab. The lights will turn **green** when the section is “Save and Complete” **Note: Edits can be made to Assessment tabs until the LOC Assessment is signed and saved**

The screenshot displays a form for a LOC Assessment. It includes several input fields: 'Hospital admits past 12 months:' (text box), 'Left alone 6 or more hours daily:' (dropdown menu with 'No' selected), 'Able to stay alone:' (dropdown menu with 'No' selected), and 'Number of medications:' (text box with a blue icon). There are also two 'Able to stay alone:' fields, one above and one below the 'Number of medications:' field. A 'Comments' section is located below the input fields, featuring a text area and a plus sign icon. At the bottom of the form, there are two buttons: 'Save' and 'Save and Complete', both of which are circled in red. Two red arrows point from the 'Save and Complete' button to the 'Save' button, indicating a transition or relationship between the two actions.



LOC Assessment-Medical



- Under the **Medical** tab of the Assessment, there are 3 sub tabs:
 - “**Diagnoses/Conditions**”
 - “**Treatments and Therapies**”
 - “**Risk Factors**”
- Any previous information will be displayed
- Comments can be made in the “**Comments**” section
- Enter appropriate information for each sub tab then click “**Save**” or “**Save and Complete**” for each sub tab

Community Choices assessment assessed 09/17/2014 (0000062) John Last

Dashboard Participant Information Intake Workflows Applications Assessments Narratives

Medical Skin/Nutrition ADLs Communication/Psychosocial IADLs Review Source of Information/Level of Care

Diagnoses/Conditions Treatments and Therapies Risk Factors

Diagnoses

Existing

Anemia

Current/New Diagnoses ?

Category:

Select a category...

Diagnosis:

Select a diagnosis...

Add Diagnosis

Search:

Previous

Anxiety Disorder

Hyperplasia of Prostate

Metastatic Cancer

Schizophrenia

Suicidal Risk

Current Data

Past Data

Overall medical condition: Stable

Daily skilled medical monitoring: No

Terminal illness indicated by an MD: Yes

Lab data: Within normal limits

Vital signs: Within normal limits

Overall medical condition: Stable

Daily medical monitoring: No

Terminal illness indicated by an MD: No

Lab data: Within normal limits

Vital signs: Within normal limits

Dementia registry consent signed:

Height and Weight

Comments

[Roy Sm] 04/29/2014 MEDICAL comments

Save

Save and Complete



LOC Assessment-Skin/Nutrition



- Under the “**Skin/Nutrition**” tab of the Assessment, there are 2 sub tabs:
 - **Nutrition**
 - **Skin Condition**
- Previous information will be displayed if any
- Comments can be made in the “**Comments**” section
- Enter the appropriate information for each sub tab then click “**Save**” or “**Save and Complete**” for each sub tab

Community Choices assessment assessed 09/17/2014 (000062) John Last

Dashboard Participant Information Intake Workflows Applications Assessments Narratives

Medical Skin/Nutrition ADLs Communication/Psychosocial IADLs Review Source of Information/Level of Care

Nutrition Skin Condition

Nutritional Conditions Past Nutritional Conditions

Complains about the taste of many foods

Diabetic

Did NOT consume all/almost all liquids provided in the last 3 days

Dietary supplement between meals

Fluid restriction

Insufficient fluid; dehydrated

Leaves 25% of food uneaten at meals

Low fat

Mechanically altered diet

No concentrated sugars

No diet restriction

Non-compliant with diet

Plate guard, stabilized built-up utensil, etc.

Regular complaint of hunger

Renal diet

Salt-restricted Diet

Significant weight-gain problem

Significant weight-loss problem

Swallowing problem

Syringe (oral feeding)

Wasting of body mass

Diabetic

Significant weight-loss problem

Mechanically altered diet

No concentrated sugars

No diet restriction

Non-compliant with diet

Plate guard, stabilized built-up utensil, etc.

Regular complaint of hunger

Renal diet

Salt-restricted Diet

Significant weight-gain problem

Significant weight-loss problem

Swallowing problem

Syringe (oral feeding)

Wasting of body mass

Comments

Save

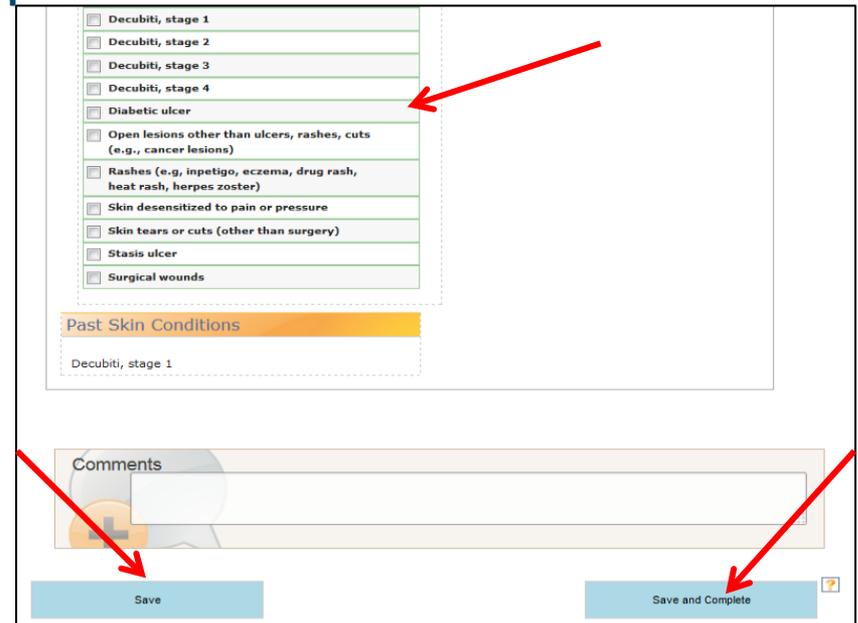
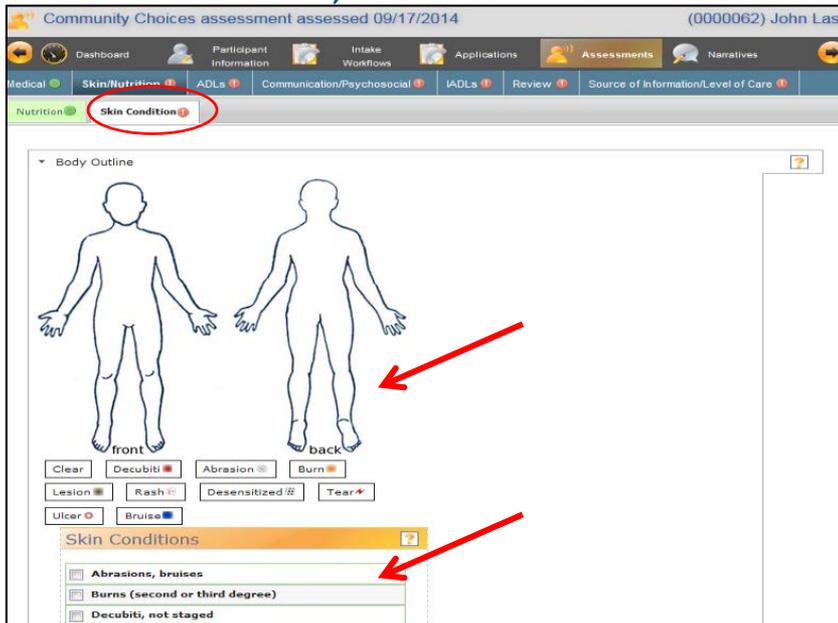
Save and Complete



LOC Assessment-Skin/Nutrition

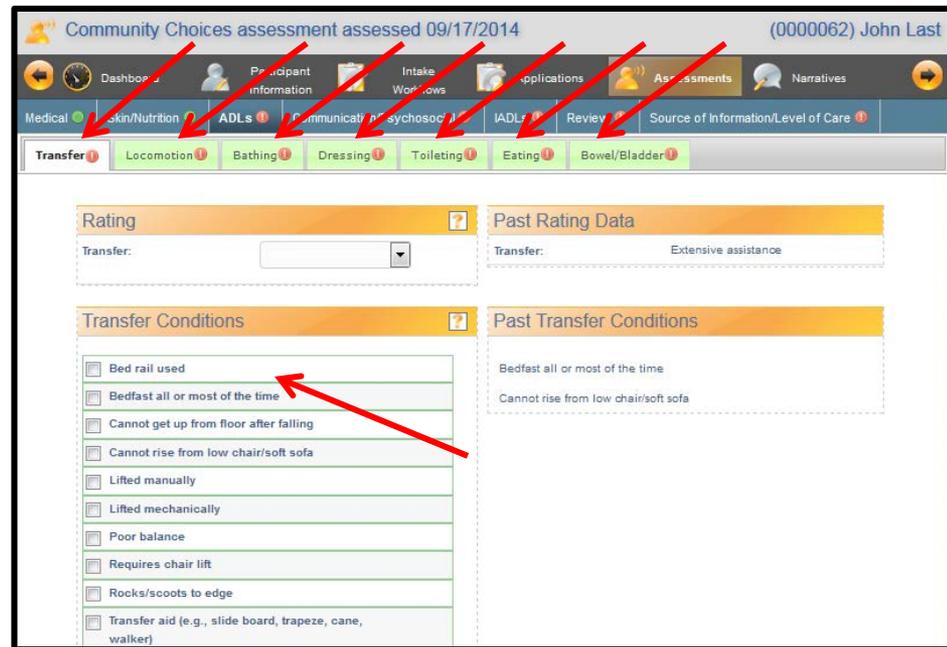


- Under the “**Skin Condition**” sub tab, a front and back diagram of the human body is available to mark any skin condition
 - Click on skin condition below then mark on the body where the occurrence is present. **Note: Whatever Skin condition is marked on the body, it MUST be selected on the Skin Condition menu below**
- Previous information will be displayed if any
- Comments can be made in the “**Comments**” section
- When finish, click “**Save**” or “**Save and Complete**”



- Under the **ADLs** tab of the Assessment, there are 7 sub tabs:

- **Transfer**
- **Locomotion**
- **Bathing**
- **Dressing**
- **Toileting**
- **Eating**
- **Bowel/Bladder**



Community Choices assessment assessed 09/17/2014 (000062) John Last

Medical Skin/Nutrition **ADLs** Communication/Psychosoc IADLs Review Source of Information/Level of Care

Transfer Locomotion Bathing Dressing Toileting Eating Bowel/Bladder

Rating
Transfer: [dropdown]

Past Rating Data
Transfer: Extensive assistance

Transfer Conditions
 Bed rail used
 Bedfast all or most of the time
 Cannot get up from floor after falling
 Cannot rise from low chair/soft sofa
 Lifted manually
 Lifted mechanically
 Poor balance
 Requires chair lift
 Rocks/scoots to edge
 Transfer aid (e.g., slide board, trapeze, cane, walker)

Past Transfer Conditions
Bedfast all or most of the time
Cannot rise from low chair/soft sofa

- Enter the appropriate information in the fields. **Note: A rating MUST be entered for each ADL in order for an LOC assessment to be complete**



LOC Assessment-ADLs



- Select the appropriate “Rating” and/or “Conditions” for each “ADL” sub tab
- Previous information will be displayed if any
- Comments can be made in the “Comments” section
- Click “Save” or “Save and Complete” Note: “Save and Complete” function will turn the lights green

Community Choices assessment completed 09/17/2014 (0000062) John Last

Dashboard Participant Information Intake Workflows Applications Assessments Narratives

Transfer ● Locomotion ● Bathing ● Dressing ● Toileting ● Eating ● Bowel/Bladder ●

Rating

Transfer: Extensive assistance

Past Rating Data

Transfer: Extensive assistance

Transfer Conditions

Past Transfer Conditions

Bedfast all or most of the time

Cannot rise from low chair/soft sofa

Bed rail used

Bedfast all or most of the time

Cannot get up from floor after falling

Cannot rise from low chair/soft sofa

Lifted manually

Lifted mechanically

Poor balance

Requires chair lift

Rocks/scoots to edge

Transfer aid (e.g., slide board, trapeze, cane, walker)

Unsteady on feet

Weakness/SOB/Poor endurance

Weight bearing/holding to objects

Cannot rise from low chair/soft sofa

Lifted manually

Lifted mechanically

Poor balance

Requires chair lift

Rocks/scoots to edge

Transfer aid (e.g., slide board, trapeze, cane, walker)

Unsteady on feet

Weakness/SOB/Poor endurance

Weight bearing/holding to objects

Comments

Save

Save and Complete



- Under the **ADLs** tab of the Assessment, there are 7 sub tabs:
 - **Communication**
 - **Vision**
 - **Memory**
 - **Cognitive**
 - **Mood/Behavior**
 - **Problem Behavior**
 - **MSQ**
- Enter the appropriate information in the fields.

Community Choices assessment completed 09/17/2014 (000062) John Last

Dashboard Participant Information Intake Workflows Application Assessments Narratives

Medical Skin/Nutrition ADLs **Communication** Psychosocial IADLs Source of Information Level of Care

Communication Vision Memory Cognitive Skills Mood/Behavior Patterns Problem Behavior MSQ

Rating

Hearing: Hears special situations

Making Self Understood: Sometimes understood

Ability to Understand Others: Sometimes understands

Speech Clarity: Clear speech

Past Data

Hearing: Hears special situations

Making Self Understood: Sometimes understood

Ability to Understand Others: Sometimes understands

Speech Clarity: Clear speech

Communication Conditions

American Sign Language or Braille

Aphasia

Communication board

Left hearing aid

Right hearing aid

Past Communication Conditions



LOC Assessment-Communication/Psychosocial



- Previous information will be displayed if any
- Comments can be made in the “**Comments**” section
- Click “**Save**” or “**Save and Complete**” Note: “**Save and Complete**” function will turn the lights green

The screenshot shows a web-based assessment form. The 'Rating' section contains four dropdown menus: 'Hearing' (set to 'Hears special situations'), 'Making Self Understood' (set to 'Sometimes understood'), 'Ability to Understand Others' (set to 'Sometimes understands'), and 'Speech Clarity' (set to 'Clear speech'). The 'Communication Conditions' section has a list of checkboxes for: American Sign Language or Braille, Aphasia, Communication board, Left hearing aid, Right hearing aid, Signs/gestures/sounds, Speech, Trach or speaking valve, and Writing messages to express or clarify needs. The 'Past Data' section is a table with the same four categories as the 'Rating' section, with values: 'Hears special situations', 'Sometimes understood', 'Sometimes understands', and 'Clear speech'. The 'Past Communication Conditions' section is empty. The 'Comments' section is a large text area. At the bottom, there are two buttons: 'Save' and 'Save and Complete'. Both buttons are circled in red, and red arrows point from the 'Comments' section to each button.



LOC Assessment-IADLs



- Under the **IADLs** tab of the Assessment, there is only 1 sub tab:

➤ **IADL**

Community Choices assessment completed 09/17/2014 (000062) John Last

Dashboard Participant Information Intake Workflows Applications Assessments Narratives

Medical Skin/Nutrition ADLs Communication/Psychosocial IADLs Source of Information/Level of Care

IADL

IADLs ?

Medications: Total assistance

Telephone/communications: Some assistance

Financial management: Some assistance

Housework/chores/laundry: Total assistance

Shopping/errands: Total assistance

Transportation: Total assistance

Escort: Total assistance

Past Data

Medications:

Telephone/communications:

Financial management:

Housework/chores/laundry:

Shopping/errands:

Transportation:

Escort:

- Enter the appropriate information in the fields.



LOC Assessment-IADLs



- Previous information will be displayed if any
- Comments can be made in the “**Comments**” section
- Click “**Save**” or “**Save and Complete**” Note: “**Save and Complete**” function will turn the lights **green**

IADLs

Medications: Some assistance

Telephone/communications: Some assistance

Financial management: Total assistance

Housework/chores/laundry: Some assistance

Shopping/errands: Total assistance

Transportation: Total assistance

Escort: Some assistance

Past Data

Medications:	Total assistance
Telephone/communications:	Some assistance
Financial management:	Total assistance
Housework/chores/laundry:	Total assistance
Shopping/errands:	Total assistance
Transportation:	Total assistance
Escort:	Total assistance

Comments

Save

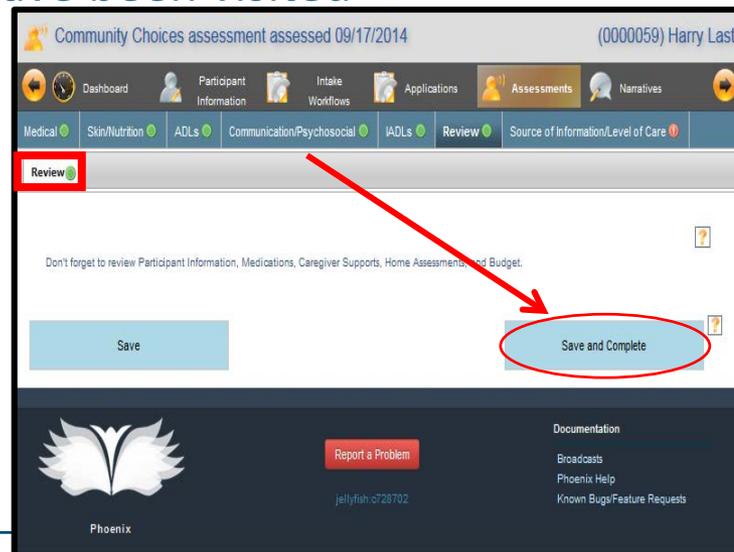
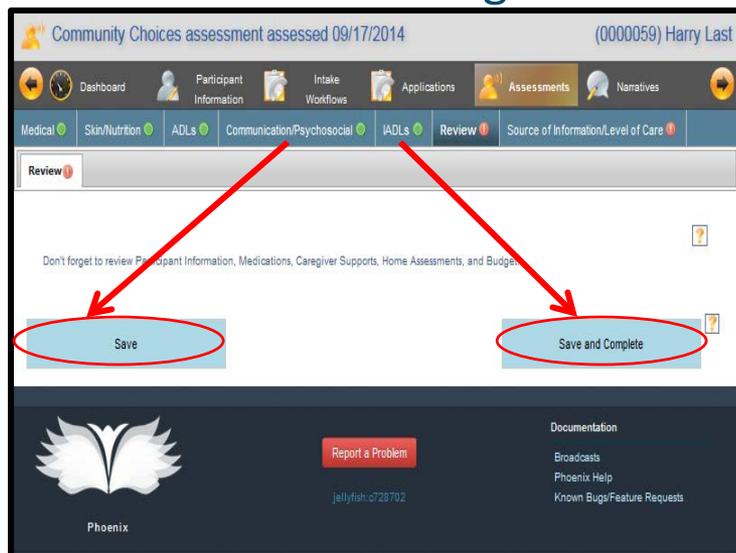
Save and Complete



LOC Assessment-Review



- The Review Section is a reminder to the user to visit Participant Information, Medication, Caregiver Supports, Home Assessment and Budget section. **Note: These sections may have an impact on the Participant's Level of Care**
- Click **“Save”** or **“Save and Complete”** **Note: “Save and Complete” function will turn the lights green**
- Selecting **“Save and Complete”** function in the Assessment **“Review”** section is confirming that the sections have been visited





LOC Assessment- Source of Information/Level of Care



- The “**Level of Care**” section is locked until all lights are **Green** in the Assessment
- Under the **Source of Information/LOC** tab of the Assessment, there is only 1 sub tab:
 - **General**
- Enter the appropriate Source of Information
- A recommended Level of Care is displayed.
 - **Note: A different Level of Care may selected.**
- Enter “**Level of Care**”
- Enter “**Level of Care Date**”

Note: The recommended LOC is located at the top of the signature screen. The LOC is determined using an algorithm based on a national model of standards. Please see Chapter 3 of the Community Choices Policy and Procedure Manual for more information on LOC.

The screenshot shows the 'Community Choices assessment assessed 09/17/2014' interface for user '(0000059) Harry Last'. The 'Source of Information/Level of Care' tab is active, with the 'General' sub-tab selected. The 'Source of Information' section has checkboxes for 'Family' (checked), 'Medical Record', 'Other', 'Participant' (checked), and 'Physician'. The 'Level of Care' section shows a 'Recommended level of care: Intermediate' and a 'Level of care:' dropdown menu set to 'Intermediate'. The 'Level of care date:' is set to '10/09/2014'. Below these are sections for 'Assessor Signature and Date' and 'Reviewer Signature and Date', each with a 'Clear signature' button and a 'Date signed:' field. Red arrows highlight the 'Family' checkbox, the 'Level of Care' dropdown, the 'Level of care date' field, and the 'Clear signature' button in the assessor section.



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LOC Assessment Review - CICO



LOC Assessment



- Any LOC Assessment that is incomplete will be displayed
- Incomplete LOC Assessment options are:
 - Edit
 - View PDF
 - Viewing PDF files requires a password (The Participant's CLTC Number)

The screenshot displays a web application interface for managing LOC Assessments. The top navigation bar includes links for Dashboard, Participant Information, Intake Workflows, Applications, Assessments, and Narratives. A green button labeled 'Create a New Assessment' is visible in the top right. The main content area is divided into two sections: 'Incomplete Assessments (2)' and 'Completed Assessments (4)'. The 'Incomplete Assessments' section contains a table with two rows of data. The first row shows a 'Community Choices phone assessment' assessed on 06/08/2012 by Laura Kelley, with 'Edit' and 'View PDF' links and a 'Remove' button. The second row shows a 'Community Choices assessment' assessed on 06/01/2012 by Laura Kelley, also with 'Edit', 'View PDF', and 'Remove' options. The 'Completed Assessments' section contains a table with one row showing an 'OSS Program assessment' completed on 04/02/2013 by Linda Thomas, with 'Review', 'View PDF', and 'Create service plan' options. Red arrows in the image point to the 'Incomplete Assessments (2)' header and the 'Edit' and 'View PDF' links in the first row of the incomplete assessments table.

Program	Create Date	Assessment Date	Assessed By	Actions
Community Choices phone assessment assessed 06/08/2012	06/08/2012	06/08/2012	Laura Kelley	Edit View PDF <input type="button" value="Remove"/>
Community Choices assessment assessed 06/01/2012	06/01/2012	06/01/2012	Laura Kelley	Edit View PDF <input type="button" value="Remove"/>

Program	Create Date	Assessment Date	Assessed By	Actions
OSS Program assessment completed 04/02/2013	02/21/2013	02/21/2013	Linda Thomas	Review View PDF Create service plan

LOC Assessment-Signature - CICO Role

- The LOC assessor fills out the “Assessor Signature and Date” field then the reviewer (Care Coordinator) fills out the “Review Signature and Date” field. **Note: The LOC assessor can not complete the LOC assessment until the reviewer signs in the “Review Signature and Date” field.**
- Once the LOC assessor and Reviewer (Care Coordinator) has signed and dated, click “Save” or “Save and Complete” **“Save and Complete” function will turn the light green.**
- LOC exceptions: Not using the recommended LOC may require a 3rd signature from Central office. The waiver case manager will email CLTC to request an exception and request the signature once the assessment is updated with the new LOC.

CLTC Phoenix Web Mode - Mozilla Firefox

File Edit View History Bookmarks Tools Help

state.sc.us https://demo.cltc.state.sc.us/assessments/1513/sub_sectionsf

CLTC Phoenix Web Mode

Assessor Signature and Date

Rogers/Keith

Date signed: 05/19/2010

Reviewer Signature and Date

Janice Bell

Date signed: 05/18/2010

CLTC Phoenix Web Mode - Mozilla Firefox

File Edit View History Bookmarks Tools Help

state.sc.us https://demo.cltc.state.sc.us/assessments/1513/sub_sectionsf

CLTC Phoenix Web Mode

Reviewer Signature and Date

Janice Bell

Date signed: 05/18/2010

Select date

Comments

Save Save and Complete

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Note: The reviewer will change the LOC date to reflect the date of approval if it is not the same date entered by the CM. For example, the CM may sign off on 8/22 but the CC doesn't sign off until 8/23. The LOC date will need to be changed to 8/23.



LOC Assessment Signature



- The LOC Assessor and Reviewer do not have to sign the LOC Assessment from the same computer.
- Once the LOC Assessor signs the “**Assessor Signature and Date**” field then the Reviewer can open the LOC assessment and sign the “**Review Signature and Date**” field from another computer
- Once the “**Review Signature and Date**” is signed, click “**Save and Complete**”

The dashboard shows MMP Care Coordinators assessments that need their signature but it is recommended for Waiver Case Managers to contact the MMP Care Coordinators via Conversation tool as well.*

* See the *Scan Tag Types* slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.



LOC Assessment – CICO Review



- Once LOC Assessment is completed, the options are:
 - “Review”
 - “View PDF”
 - “Create Service Plan”, “Edit Service Plan” or “View Service Plan”

The screenshot shows a web interface for 'Assessments'. At the top right, it says '(000062) John Last'. Below that is a navigation bar with icons for Dashboard, Participant Information, Intake Workflows, Applications, Assessments (highlighted), and Narratives. A green button 'Create a New Assessment' is visible. Below the navigation bar, there's a section for 'Completed Assessments (4)' with a help icon. A table lists three assessments with columns for Program, Create Date, Assessment Date, Assessed By, and Actions. Red arrows point to the 'Review', 'View PDF', and 'Edit service plan' links in the first row.

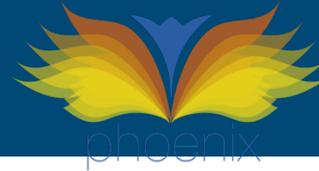
Program	Create Date	Assessment Date	Assessed By	Actions
Community Choices assessment completed 09/17/2014	09/17/2014	09/17/2014	Roger Kinlaw	Review View PDF Edit service plan Remove
Community Choices assessment completed 04/29/2014	04/29/2014	04/29/2014	Roy Smith	Review View PDF Remove
Community Choices assessment completed 03/13/2012	03/12/2012	03/12/2012	Elizabeth Livingston	Review View PDF View service plan Remove



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Service Plan



Creating a Service Plan



- On the carousel, click “Assessment”  **Note: A current LOC assessment must be completed in order to create a service plan.**
- Click “Create Service Plan”

Program	Create Date	Assessment Date	Assessed By	Actions
Community Choices assessment completed 09/17/2014	09/17/2014	09/17/2014	Roger Andrew	Review View PDF Create service plan Remove
Community Choices assessment completed 04/29/2014	04/29/2014	04/29/2014	Roy Smith	Review View PDF Remove
Community Choices assessment completed 03/13/2012	03/12/2012	03/12/2012	Elizabeth Livingston	Review View PDF View service plan Remove



Creating a Service Plan



- Enter date in the “Effective Date” field then click “Create Service Plan”

The screenshot displays the 'Service Plans' section of a user interface. At the top, the user is identified as '(0000062) John Last'. A navigation bar includes icons for Narratives, Medications, Service Plans (which is highlighted), Personal Goals, Caregiver Supports, and Home Assessment. The main content area features an 'Effective Date:' label followed by a text input field containing '09/22/2014'. A red arrow points to the calendar icon on the right side of the date field. Below the date field is a green button with a plus sign and the text 'Create Service Plan', with another red arrow pointing to it. The footer contains the Phoenix logo, a 'Report a Problem' button, the ID 'eel:16caa49', and a list of links: Documentation, Broadcasts, Phoenix Help, and Known Bugs/Feature Requests.

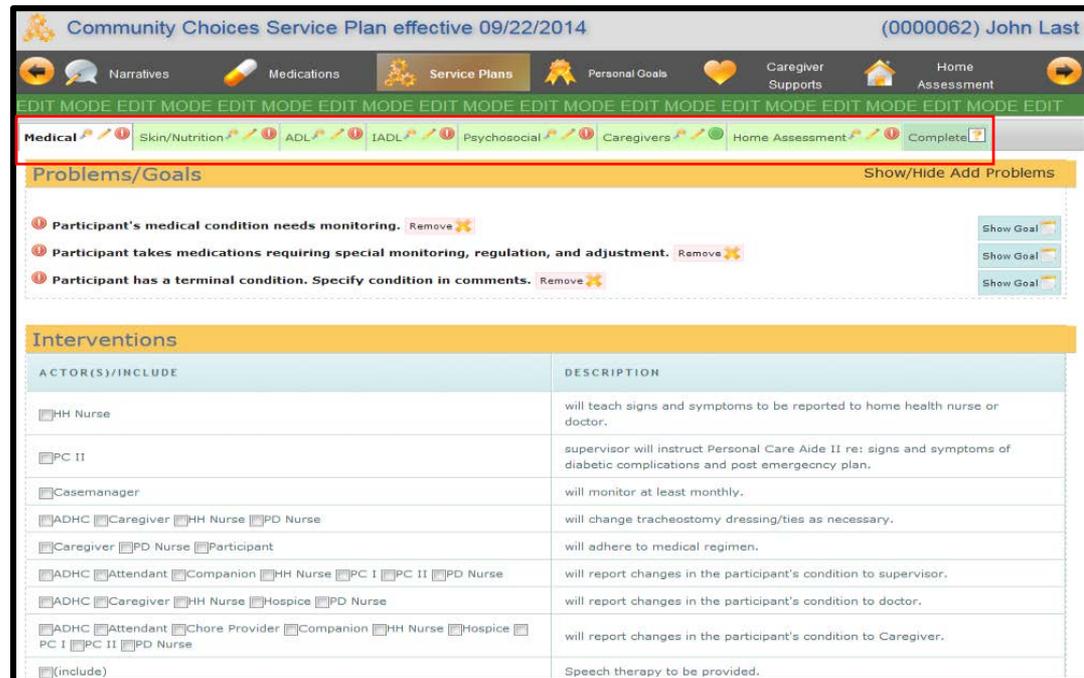
- Under the Service Plan, there are 8 sub tabs:

- Medical
- Skin/Nutrition
- ADL
- Psychosocial
- IADL
- Caregivers
- Home Assessment

- Under each sub tab, there are 2 options:

- View 
- Edit 

Note: Sample provided illustrates a personal care authorization.



ACTOR(S)/INCLUDE	DESCRIPTION
<input type="checkbox"/> HH Nurse	will teach signs and symptoms to be reported to home health nurse or doctor.
<input type="checkbox"/> PC II	supervisor will instruct Personal Care Aide II re: signs and symptoms of diabetic complications and post emergency plan.
<input type="checkbox"/> Casemanager	will monitor at least monthly.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input type="checkbox"/> HH Nurse <input type="checkbox"/> PD Nurse	will change tracheostomy dressing/ties as necessary.
<input type="checkbox"/> Caregiver <input type="checkbox"/> PD Nurse <input type="checkbox"/> Participant	will adhere to medical regimen.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input type="checkbox"/> PC I <input type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to supervisor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to doctor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Chore Provider <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input type="checkbox"/> PC I <input type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to Caregiver.
<input type="checkbox"/> (include)	Speech therapy to be provided.



Creating a Service Plan



- Under the Service Plan, there are 3 sections
 - Problems/Goals **Note: Added Problems can be shown or hidden by clicking “Show Problem” button**
 - Interventions
 - Add/Custom Problems/Interventions

Community Choices Service Plan effective 09/22/2014 (000062) John Last

Medical Skin/Nutrition ADL IADL Psychosocial Caregivers Home Assessment Complete

Problems/Goals Show/Hide Add Problems

- Participant's medical condition needs monitoring. Remove Show Goal
- Participant takes medications requiring special monitoring, regulation, and adjustment. Remove Show Goal
- Participant has a terminal condition. Specify condition in comments. Remove Show Goal

Interventions

ACTOR(S)/INCLUDE	DESCRIPTION
<input type="checkbox"/> HH Nurse	will teach signs and symptoms to be reported to home health nurse or doctor.
<input type="checkbox"/> PC II	supervisor will instruct Personal Care Aide II re: signs and symptoms of diabetic complications and post emergency plan.
<input type="checkbox"/> Casemanager	will monitor at least monthly.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input type="checkbox"/> HH Nurse <input type="checkbox"/> PD Nurse	will change tracheostomy dressing/ties as necessary.
<input type="checkbox"/> Caregiver <input type="checkbox"/> PD Nurse <input type="checkbox"/> Participant	will adhere to medical regimen.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input type="checkbox"/> PC I <input type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to supervisor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to doctor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Chore Provider <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input type="checkbox"/> PC I <input type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to Caregiver.

Add Custom Problems/Goals/Interventions

PROBLEM GOAL INTERVENTION ACTORS

Problem:

Goal:

Intervention:

Actors:

- ADHC
- ADHC Nurse
- Attendant
- Casemanager
- Chore Provider
- Companion
- DME Provider
- DSS
- HH Nurse
- HHA
- Hospice
- Participant
- PC I
- PC II
- PD Nurse
- Respite Nurse



Creating a Service Plan



- Under the Service Plan, each “**Problem/Goal**” section has a **red** light that **MUST** turn **green** by selecting the appropriate Actor(s) in the “Intervention” section.
Note: Selecting actor(s) in the “Intervention” section plays a role into the referral/authorization process.
- Click “**Save**” the light for the sub tab will turn **green**

Community Choices Service Plan effective 09/22/2014 (000062) John Last

Narratives Medications Service Plans Personal Goals Caregiver Supports Home Assessment

Medical Skin/Nutrition ADL IADL Psychosocial Caregivers Home Assessment Complete

Problems/Goals Show/Hide Add Problems

- Participant's medical condition needs monitoring. Remove
- Participant takes medications requiring special monitoring, regulation, and adjustment. Remove
- Participant has a terminal condition. Specify condition in comments. Remove

Interventions

A C T O R (S) / I N C L U D E	D E S C R I P T I O N
<input type="checkbox"/> HH Nurse	will teach signs and symptoms to be reported to home health nurse or doctor.
<input type="checkbox"/> PC II	supervisor will instruct Personal Care Aide II re: signs and symptoms of diabetic complications and post emergency plan.
<input checked="" type="checkbox"/> Casemanager	will monitor at least monthly.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> HH Nurse <input type="checkbox"/> PD Nurse	will change tracheostomy dressing/ties as necessary.
<input checked="" type="checkbox"/> Caregiver <input type="checkbox"/> PD Nurse <input type="checkbox"/> Participant	will adhere to medical regimen.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input checked="" type="checkbox"/> PC I <input checked="" type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to supervisor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to doctor.
<input type="checkbox"/> ADHC <input type="checkbox"/> Attendant <input type="checkbox"/> Chore Provider <input type="checkbox"/> Companion <input type="checkbox"/> HH Nurse <input type="checkbox"/> Hospice <input checked="" type="checkbox"/> PC I <input type="checkbox"/> PC II <input type="checkbox"/> PD Nurse	will report changes in the participant's condition to Caregiver.

Actors:

- ADHC
- ADHC Nurse
- Attendant
- Caregiver
- Casemanager
- Chore Provider
- Companion
- DME Provider
- DSS
- HH Nurse
- HHA
- Hospice
- Participant
- PC I
- PC II
- PD Nurse
- Respite Nurse

+ Add Problem/Goal/Intervention

Comments
Add comment:

Save



Service Plan



- All services must be prior approved before authorizing
- Click **“Complete”** tab
- Enter number of units for service
 - **Justification must be entered for each service that is authorized**
- Assessor will sign the **“Assessor Signature and Date”**
- Click **“Save”**

SERVICE	REQUEST	REVIEW	WORKER FLAG	OPEN AUTH'S	COMMENTS
Case Management	No reviewed request			1.0	
Case Management Contact	No reviewed request			0	
Case Management Visit	No reviewed request			0	
Hand Held Shower	5.0			0	Enter justification.

Assessor Signature and Date

Reviewer Signature and Date

Clear signature

Clear signature

Comments

Save



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Service Plan – CICO Signature



Requests for Prior Approval of Services



- Reviewer enter approved Hours/Units in the “**Reviewer**” section
- Reviewer enter comments in the “**Comments**” section
- Reviewer sign the “**Reviewer Signature and Date**” then Click “**Save**”

The screenshot shows three rows of service plans. Each row has a 'No reviewed request' field, a 'Reviewer' input field, and a 'Comments' field. Red arrows point to the 'Reviewer' input fields, which contain the value '10.0' for Personal Care II and Personal Care I, and '1.0' for Pest Control. The 'Comments' field for Personal Care II contains the text 'Reviewer's comments'.

The screenshot shows the signature and date section. The 'Assessor Signature and Date' section contains a signature and the date 'signed on 09/23/2014'. The 'Reviewer Signature and Date' section contains a signature and a 'Clear signature' button. A red box highlights the 'Reviewer Signature and Date' section. Below the signature sections is a 'Comments' section with a plus sign icon. At the bottom, a blue 'Save' button is circled in red.

Note: Reviewer in this scenario is the CICO.

The dashboard shows MMP Care Coordinators service plans that need their signature but it is recommended for Waiver Case Managers to contact the MMP Care Coordinators via conversation tool as well.

Please refer to the Community Choices Policy and Procedure Manual Chapter 7 (Service Authorizations) for additional information on which services require approval via Phoenix.



Service Plan- CICO Signature



- The Assessor and Reviewer do not have to sign the Service Plan from the same computer.
- Once the Assessor signs the **“Assessor Signature and Date”** field then the Reviewer can open the Service Plan and sign the **“Review Signature and Date”** field from another computer
- Once the **“Review Signature and Date”** is signed, click **“Save”**
- **CICOs refer to slides 77-89 for Community Choices Level of Care Policy and Support**

* See the **Scan Tag Types** slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.



Service Plan Review



- From the “Service Plans” section, options are:
 - View
 - Edit
 - View PDF
 - Viewing PDF files requires a password (The Participant’s CLTC Number)

PROGRAM	ASSESSMENT DATE	SERVICE PLAN DATE	SERVICE PLAN CREATE DATE	STATUS	ACTIONS
Community Choices	09/17/2014	09/22/2014	09/22/2014	complete	View Edit View PDF Remove
Community Choices	03/12/2012	03/16/2012	03/16/2012	complete	View View PDF Remove



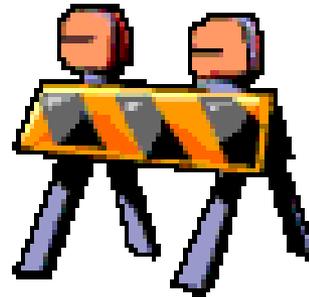
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Authorizations



Service Authorization



- If a service is not included in the service plan it CANNOT be authorized.
- If you need to authorize a service that is not included in the service plan, you need to edit the service plan to include interventions and actors for service.
- For electronic referrals, the schedule on the authorization defaults to what was in the referral and can be changed
- When a referral for ramps is accepted, **the case manager will not do the service authorization until the work has been completed and a Ramp Completion Form as been Received from the provider.**
- Once the work has been completed, **the case manager will complete the authorization and include the rate**



Service Authorization Resources

- Refer to the Community Choices Policy and Procedure Manual Chapter 7 (Service Authorizations) for additional information on restrictions and caps. For example:
 - \$7,500 lifetime cap for Environmental Modification Service
 - Once in a lifetime and \$1,000 lifetime cap for Nursing Home Transition services
 - 1 raised shower chair every 2 years
- See the Scan Tag Types slide in the Miscellaneous section of this document for the types of documents that get scanned into Phoenix. Some of this information may be useful for the MMP Care Coordinator review.
 - Example: Participant or Landowner Consent Form is needed for all the environmental modification services, except heaters, fans or air conditioners. This form should be uploaded into Phoenix and tagged appropriately



Authorizations



- Once Proposed Provider accepts the referral, an authorization can be completed (example below is a personal care authorization, fields will vary depending on the type of authorization)
- From the Participant's dashboard, click **“Waiver Supports”**
- On the **“Waiver Supports”** screen, click **“New Authorization”**



Dashboard (9626568) Allison R Last

Home Assessment PASARR **Waiver Supports** Non-Waiver Supports Claims Forms

Snapshot General Information Status Changes Services Complaints Alerts

⚠ No home assessment for current address.

Participant Overview

- Overall Status: active
- Area (County): Columbia (Richland)
- Initial Intake Date: 04/18/2012
- Primary Language:

Waiver Supports (9626568) Allison R Last

Home Assessment PASARR **Waiver Supports** Non-Waiver Supports Claims Forms

Open Authorizations (0) All Authorizations (0) Active Referrals (0) All Referrals (0) Service Provider Report **New Referral**

New Authorization

Open Authorizations

SERVICE	TOTAL UNITS	START DATE	END DATE	PROVIDER	STATUS	ACTIONS
No authorizations for this client						

Report a Problem

Documentation
Broadcasts
Phoenix Help
Known Bugs/Feature Requests

squid.2ceaf02c

Phoenix



Authorizations



- Select service from the drop down list then click **“Next”**
 - **Only services that were in the Service Plan as Interventions will be displayed**
- Select Proposed Provider then click **“Next”**

The screenshot shows the 'Waiver Supports' interface for user '(0000055) Catrina Last'. The navigation bar includes 'Home Assessment', 'PASARR', 'Waiver Supports', 'Non-Waiver Supports', 'Claims', and 'Forms'. Below the navigation bar, there are several tabs: 'Open Authorizations (10)', 'All Authorizations (22)', 'Active Referrals (0)', 'All Referrals (4)', 'Service Provider Report', and 'New Referral'. A 'New Authorization' button is visible. A dropdown menu is open, showing 'Personal Care II'. A red circle highlights the 'Next' button, with a red arrow pointing to it from the right.

The screenshot shows the 'Waiver Supports' interface for user '(0000055) Catrina Last'. The navigation bar includes 'Home Assessment', 'PASARR', 'Waiver Supports', 'Non-Waiver Supports', 'Claims', and 'Forms'. Below the navigation bar, there are several tabs: 'Open Authorizations (10)', 'All Authorizations (22)', 'Active Referrals (0)', 'All Referrals (4)', 'Service Provider Report', and 'New Referral'. A 'New Authorization' button is visible. The 'Service' dropdown menu is open, showing 'Personal Care II (PC2)'. Below the service dropdown, there is a 'Please select a provider..' dropdown menu. A red circle highlights the 'Next' button, with a red arrow pointing to it from the right.



Authorizations



- Enter number of “**Units (Hours)**” and select time(s) of the day the service will be performed (**Morning, Afternoon, Evening**)
- Enter any instructions or comments in the “**Notes**” section
- Enter Start Date
- Enter End Date if the service is time limited
- Click “**Create Authorization**”

Waiver Supports (000065) Catrina Last

Home Assessment PASARR Waiver Supports Non-Waiver Supports Claims Forms

Open Authorizations (10) All Authorizations (22) Active Referrals (0) All Referrals (4) Service Provider Report New Referral

New Authorization

Service: Personal Care II (PC2) Provider: (EX0929) Pro Health Home Care, LLC

DAY	UNITS (HOURS)	MORNING	AFTERNOON	EVENING
Sunday	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tuesday	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Thursday	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Saturday	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total Units	12			

Notes: Come in through back door

Rate: 15.5

Start Date: 10/06/2014

End Date:

Termination Reason:

Create Authorization

Report a Problem

Documentation
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Known Bugs/Feature Requests

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Authorizations



- Summary of the Authorization will be displayed
- Authorizations options are (**Preview, Terminate & Create New Authorization, or Terminate Authorization or Send to Provider**)
- Review Authorization then click **“Send to Provider”**
- Notification will be sent to Provider and Authorization will be displayed on Provider’s Dashboard

The screenshot shows the 'Waiver Supports' interface for user (000055) Catrina Last. The navigation bar includes Home, Assessment, P&SARR, Waiver Supports, Non-Waiver Supports, Claims, and Forms. Below the navigation bar, there are tabs for Open Authorizations (11), All Authorizations (23), Active Referrals (0), All Referrals (4), Service Provider Report, and New Referral. A 'New Authorization' button is visible. The main content area is divided into two columns: 'Authorization' and 'Schedule'. The 'Authorization' column contains fields for Client, Area, Provider (EX0000), Service, Status, Provider Response, Referral ID, Rate, and Created/Last Updated dates. The 'Schedule' column contains fields for Start Date, End Date, and a 'Service Schedule' table with rows for Monday, Wednesday, and Friday, and a 'Total' of 10.0. A 'Details' section at the bottom shows 'Pay-To Provider', 'Check Memo', and 'Procedure Code'.

The screenshot shows the 'Sub Service Questions' section at the top. Below it is a 'Notes' section with a red header and a text area containing 'Come in through back door'. At the bottom, there are several action buttons: 'Send to Provider', 'Preview', 'Terminate & Create New Auth', 'Terminate Authorization', and 'Edit Authorization'. Red arrows point to each of these buttons. The footer includes the Phoenix logo, a 'Report a Problem' button, and the text 'squad:1b34ea6'. On the right side of the footer, there are links for 'Documentation', 'Broadcasts', 'Phoenix Help', and 'Known Bugs/Feature Requests'.



Authorizations



- Clicking the “**Preview**” button will allow the user to view the Authorization is a password protected PDF file
 - **The password to view the PDF file is the Participant’s CLTC number**
- Clicking the “**Terminate & Create New Auth**” button will allow the user to terminate current authorization and create a new authorization
- Clicking the “**Terminate Authorization**” button will allow the user to terminate current authorization
- Clicking the “**Send to Provider**” button will allow the user to complete authorization and send a notification along with the authorization to the Provider



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Authorization - Termination



Authorizations - Terminations



- From the Participant's dashboard, click "Waiver Supports" 
- From the "Open Authorization" tab, click "View" under the selected authorization for termination

Dashboard (000055) Catrina Last

Home Assessment | PLSARR | **Waiver Supports** | Non-Waiver Supports | Claims | Forms

Snapshot | General Information | Status Changes | Services | Complaints | Alerts

Participant Overview

Overall Status: active

Area (County): Columbia (Richland)

Initial Intake Date: 08/18/2010

Primary Language: English

Current Address & Phone Number

Waiver Supports (000055) Catrina Last

Home Assessment | PLSARR | **Waiver Supports** | Non-Waiver Supports | Claims | Forms

Open Authorizations (11) | **All Authorizations (23)** | Active Referrals (0) | All Referrals (4) | Service Provider Report | New Referral

New Authorization

Open Authorizations

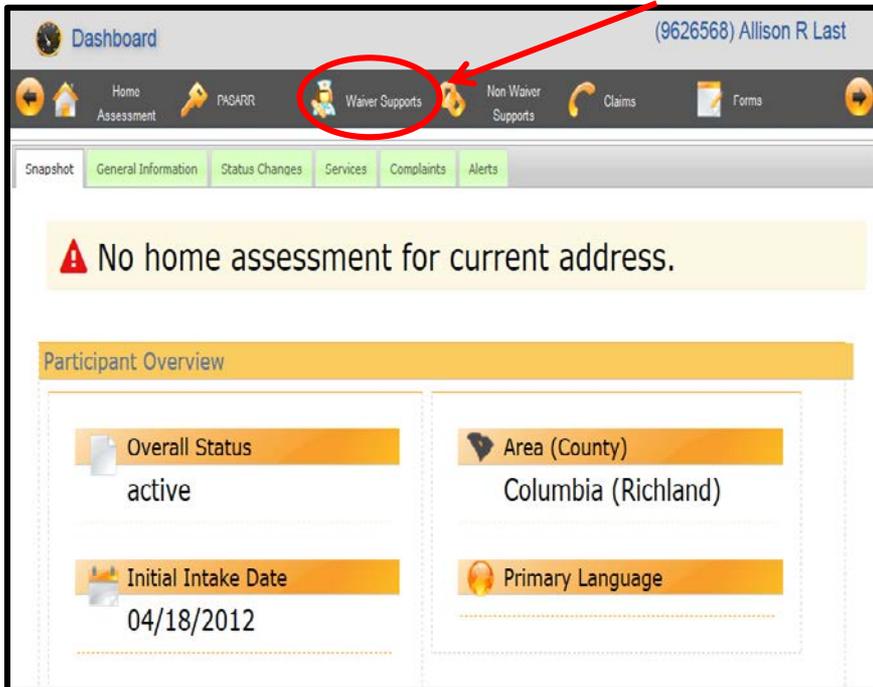
SERVICE	TOTAL UNITS	START DATE	END DATE	PROVIDER	STATUS	ACTIONS
Case Management	1.0	03/14/2011		(EX000)Provider	Active with Provider Acceptance	View
Personal Care II (PC2)	10.0	10/06/2014		(EX000)Provider	Awaiting Provider Response	View
Personal Care II (PC2)	0.0	06/04/2014		(EX000)Provider	Awaiting CM Action	View
Personal Care I (Home Mgmt.) (PC1)	5.0	11/16/2011		(EX000)Provider	Active with Provider Acceptance	View
Adult Day Health Care (ADHC)	5.0	05/26/2014		(EX000)Provider	Active with Provider Acceptance	View
Meals - Standard/Modified (Meals)	14.0	06/13/2013		(EX000)Provider	Active with Provider Acceptance	View
Med Pads (Chux)	1.0	01/23/2012		(EX000)Provider	Active with Provider Acceptance	View
Adult Diapers - Medium	1.0	07/01/2013		(EX000)Provider	Awaiting Provider Response	View
Adult Diapers - Medium	1.0	06/24/2013		(EX000)Provider	Awaiting Provider Response	View
Incontinence Pads	1.0	01/23/2012		(EX000)Provider	Active with Provider Acceptance	View
Adult Wipes	1.0	11/26/2012		(EX000)Provider	Awaiting Provider Response	View



Authorizations - Terminations



- To Terminate an authorization, click **“Waiver Supports”** 
- From the **“Waiver Supports”** screen, click **“Open Authorizations”** or **“All Authorizations”**



Dashboard (9626568) Allison R Last

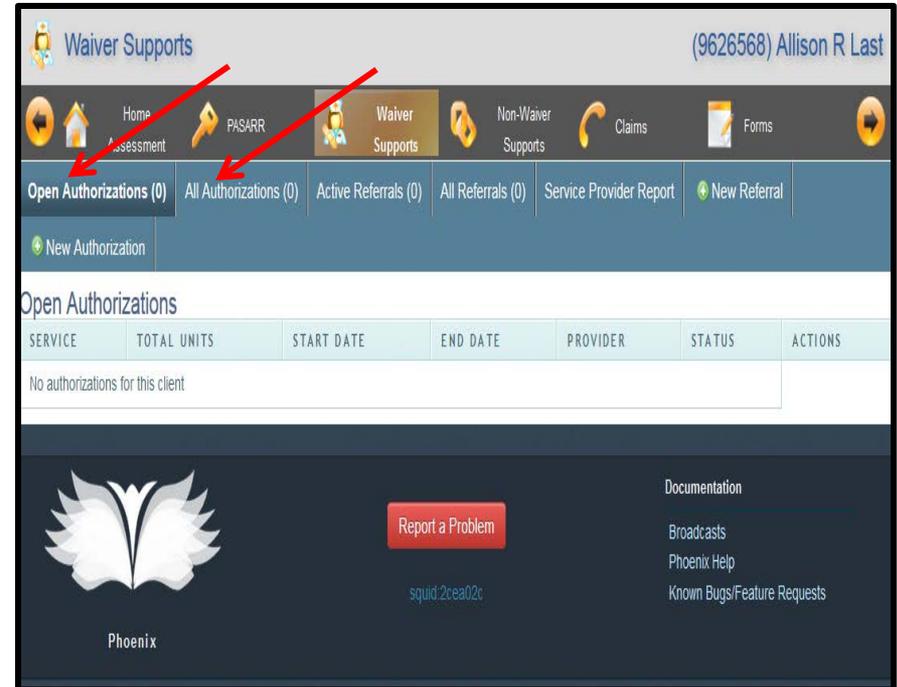
Home Assessment PASARR **Waiver Supports** Non Waiver Supports Claims Forms

Snapshot General Information Status Changes Services Complaints Alerts

⚠ No home assessment for current address.

Participant Overview

- Overall Status: active
- Area (County): Columbia (Richland)
- Initial Intake Date: 04/18/2012
- Primary Language:



Waiver Supports (9626568) Allison R Last

Home Assessment PASARR **Waiver Supports** Non Waiver Supports Claims Forms

Open Authorizations (0) All Authorizations (0) Active Referrals (0) All Referrals (0) Service Provider Report New Referral

New Authorization

Open Authorizations

SERVICE	TOTAL UNITS	START DATE	END DATE	PROVIDER	STATUS	ACTIONS
No authorizations for this client						

Report a Problem

Documentation
Broadcasts
Phoenix Help
Known Bugs/Feature Requests

Phoenix

Note: Case Managers terminate authorizations and will continue to do so for Healthy Connections Prime.



Authorizations - Terminations



- Select the authorization to terminate by clicking “View”

Waiver Supports (0000062) John Last

Home Assessment PASARR Waiver Supports Non-Waiver Supports Claims Forms

Open Authorizations (5) All Authorizations (5) Active Referrals (0) All Referrals (2) Service Provider Report New Referral

New Authorization

Open Authorizations

SERVICE	TOTAL UNITS	START DATE	END DATE	PROVIDER	STATUS	ACTIONS
Case Management	1.0	03/20/2012		(EX0000)Provider	Active with Provider Acceptance	View
Personal Care II (PC2)	10.0	10/24/2014		(EX0746) Sonja's Excellent Care	Active with Provider Acceptance	View
Personal Care I (Home Mgmt.) (PCI)	3.0	03/29/2012		(EX0000)Provider	Awaiting CM Action	View
Adult Diapers - Large	1.0	11/26/2012		(EX0000)Provider	Awaiting CM Action	View
Brief - Adult Medium	1.0	04/03/2012		(EX0000)Provider	Active with Provider Acceptance	View

Report a Problem

Documentation
 Broadcasts
 Phoenix Help
 Known Bugs/Feature Requests

jellyfish.3e0a17b



Authorizations - Terminations



- Click “Terminate Authorization”

The screenshot shows the 'Waiver Supports' application interface. At the top, there is a navigation bar with icons for Home, Assessment, PALSARR, Waiver Supports, Non-Waiver Supports, Claims, and Forms. Below this is a breadcrumb trail: Open Authorizations (11) | All Authorizations (23) | Active Referrals (0) | All Referrals (4) | Service Provider Report | New Referral. A 'New Authorization' button is visible. The main content area is divided into two columns. The left column, titled 'Authorization', contains the following information: Client: (0000055) Catrina Last; Area: Columbia; Provider: (EX0000)Provider; Service: Personal Care II (PC2); Status: Awaiting CM Action; Provider Response: Authorization Pending; Referral ID: ; Rate: 15.5; Created: 10/02/2014 10:27:40 AM by Roger Kinlaw; Last Updated: 10/02/2014 10:27:40 AM by Roger Kinlaw. The right column, titled 'Schedule', contains: Start Date: 10/06/14; End Date: ; Service Schedule: 4.0 hours on Monday in the morning or evening; 4.0 hours on Wednesday in the morning or evening; 2.0 hours on Friday in the afternoon; Total: 10.0. At the bottom of the right column, there is a 'Details' section with fields for Pay-To Provider, Check Memo, and Procedure Code.

The screenshot shows the 'Notes' section of the application. At the top right, there is a 'Sub Service Questions' section. Below it is a red header for 'Notes' with a text area containing 'Come in through back door'. There are two buttons: 'Send to Provider' and 'Edit Authorization'. Below these are three buttons: 'Preview', 'Terminate & Create New Auth', and 'Terminate Authorization'. The 'Terminate Authorization' button is circled in red with a red arrow pointing to it. At the bottom of the page, there is a footer with the Phoenix logo, the text 'Phoenix', a 'Report a Problem' button, the user ID 'squiz:1b34ea6', and a 'Documentation' section with links for 'Broadcasts', 'Phoenix Help', and 'Known Bugs/Feature Requests'.



Authorizations - Terminations



- Enter date in the “End Date” section
- Enter Reason in the “**Termination Reason**” comment section
- Click “**Terminate Authorization**”

The screenshot displays the 'Waiver Supports' interface for user '(0000055) Catrina Last'. The navigation bar includes 'Dashboard', 'Participant Information', 'Intake Workflows', 'Applications', 'Assessments', and 'Narratives'. Below this, there are tabs for 'Open Authorizations (11)', 'All Authorizations (23)', 'Active Referrals (0)', 'All Referrals (4)', 'Service Provider Report', and 'New Referral'. A 'New Authorization' button is also present.

The main content area shows details for an authorization:

- Service:** Adult Day Health Care (ADHC)
- Provider:** (DE9999) Developer Day Care
- Service Schedule:** Monday, Tuesday, Wednesday, Thursday, Friday
- Total:** 5 days

The 'Details' section includes:

- Start Date:** 05/26/2014
- End Date:** 10/02/2014

The 'Termination Reason' section shows 'Participant Request'.

A red oval highlights the 'Terminate Authorization' button, with a red arrow pointing to it from the left. Another red arrow points to the 'End Date' field, and a third red arrow points to the 'Participant Request' text.



Authorizations - Terminations



- Terminated Authorizations will be displayed under “All Authorizations” tab

Waiver Supports (0000055) Catrina Last

Home Assessment PASARR Waiver Supports Non-Waiver Supports Claims Forms

Open Authorizations (10) **All Authorizations (23)** Active Referrals (0) All Referrals (4) Service Provider Report New Referral

New Authorization

All Authorizations

SERVICE	TOTAL UNITS	START DATE	END DATE	PROVIDER	STATUS	ACTIONS
Case Management	1.0	03/14/2011		(EX0000)Provider	Active with Provider Acceptance	View
PC2	10.0	10/06/2014		(EX0000)Provider	Awaiting Provider Response	View
PC2	0.0	06/04/2014		(EX0000)Provider	Awaiting CM Action	View
PC2	7.5	06/03/2013	06/04/2013	(EX0000)Provider	Terminated	View
PC2	7.5	11/16/2011	11/15/2011	(EX0000)Provider	Terminated	View
PC2	7.5	06/21/2011	09/30/2011	(EX0000)Provider	Terminated	View
PCI	5.0	11/16/2011		(EX0000)Provider	Active with Provider Acceptance	View
PCI	5.0	06/21/2011	09/30/2011	(EX0000)Provider	Terminated	View
Attendant	10.0	05/27/2011	05/28/2011	(EX0000)Provider	Terminated	View
ADHC	5.0	05/26/2014	10/02/2014	(EX0000)Provider	Terminated	View
Meals	14.0	06/13/2013		(EX0000)Provider	Active with Provider Acceptance	View



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Conversation Tool

Initiating a Conversation

Waiver Case Manager and Care Coordinators can use the Conversation tool to communicate. Start a new conversation by clicking the speech icon next to the participant's name.

 **Dashboard for Brenda Barrows** Healthy Connections
Prime Sample

My Caseload ▾ My Plan ▾ Notifications

My Participants

Search:

include Nursing Home Placement and Incontinence Supplies applications

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Activity Due/ Due Date	Date Done	Next QV Due	Next RE Due
Sumter 9629680	Test2016166 TEST Sr. 			Healthy Connections Prime - Init.	-			
Richland 0000049	WILLIE AAFUPGQ 			VENT - Init.	Initial Assessment - 07/28/2014			

Sending a Message

- Select the provider from the drop down list
- Subject field will be prefilled; subject line can be edited
- Click “Add Party” to include another authorized user to the conversation
 - Select user from drop down list
- Type comments in the “Message” section then click “Send”

Note: Users assigned to a participant have the ability to communicate with a participant’s assigned providers and vice versa.

Conversation participants can only be someone associated with the care of that member (e.g., provider, CM, CC, CLTC Admin Staff, Prime staff if it's a Prime member)

The screenshot shows a web interface for starting a new conversation. At the top, there is a section for 'Previous Conversations'. Below that is the 'Start A New Conversation' form. The form includes a 'Service' dropdown menu with the selected value 'Personal Care (Home Mgmt.) from F' and a date range '03/29/2012 to'. The 'Subject' field is prefilled with 'Message about John Last Personal Care (Home Mgmt.) from 03/29/2012 to'. There is an 'Add Party' button to the left of the message input area. The message input area contains the text 'This is a conversation'. At the bottom of the form is a blue 'Send' button. Three red arrows point to the 'Add Party' button, the provider dropdown menu, and the 'Send' button.

Viewing Conversations

- From the “Narrative” section, Conversation(s) will be displayed. Click Checklist drop down arrow to view comment(s)
- Clicking the delete button (trash can), will hide the conversation from other users

Narratives (0000062) John Last

Navigation: Narratives (circled), Medications, Service Plans, Personal Goals, Caregiver Supports, Home Assessment

Buttons: + New Narrative, Filter Results, Print Narratives

Displaying narratives & conversations 1 - 12 of 37 in total

Date & Time	By	Type	Actions
09/22/2014 01:47 PM	Roger Kinlaw	Conversation: Message about John Last: Personal Care I (Home Mgmt.) from Reliable Home Care from 03/29/2012 to	
<p>Roger Kinlaw wrote on 09/22/2014 01:47 PM...</p> <p>This is a conversation</p>			
09/09/2014 11:50AM	Roger Kinlaw	Narrative	

Responding to a Conversation

To respond to a conversation, click the Conversations icon from the dashboard

 **Dashboard for Brenda Barrows** Healthy Connections
Prime Sample

My Caseload ▾ My Plan ▾ Notifications

My Participants

Search:

include Nursing Home Placement and Incontinence Supplies applications

County/ CLTC #	Name	Med. Elig.	Med. RSP	Program	Activity Due/ Due Date	Date Done	Next QV Due	Next RE Due
Sumter 9629680	Test20161661 TEST Sr.  			Healthy Connections Prime - Init.	-			
Richland 0000049	WILLIE AAFUPPGQ 			VENT - Init.	Initial Assessment - 07/28/2014			

Conversation Notes

- These conversations may also be viewed in the inbox.
- Conversations are not archived unless a user initiates the action.
- After you archive a conversation, you will need start a new conversation for future communications.
- You may want to archive a conversation so they are removed from your inbox.
- The dashboard will show notifications of reevaluations, new service plans, new service authorizations that require a MMP Care Coordinator's approval. However, it is recommended for Waiver Case Managers to contact the MMP Care Coordinator via the Conversation tool also.



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Miscellaneous

Accessing Reports

- Provider Activity Report: Click on Reports, Claims, Provider Activity
- Passcode to open the file is username (all lowercase)
- Passcode for PDFs of participant docs is the participant CLTC number

Scan Tags Types

- **Appeals**- Notice of Appeals and Hearings, Pre-Hearing Conference Summaries, Appeal Decisions, Orders of Dismissal
- **Application Withdrawal Form**- Application withdrawal form
- **Applications**- Written referrals for our program and applications/referrals to other programs/agencies
- **Assessments**- Assessment (1718), HIV Physician's Form (1718A), CPCA Physician's Information Form, Physician Input Letter, LOC Exceptions letter, tele-monitoring pre-screen
- **Attendant**- Attendant logs
- **Consents**- Program consent form, photograph consent, release of information requests/ authorizations
- **Eligibility**- Form 3400B or Form 3400D (Statement of Transfer of Assets Form), Completed Medicaid applications received in area offices, Medicaid Estate Recovery Form, MMIS/ RSP screenshots
- **Environmental Modification**- Project photographs, landowner consent, participant homeowner consent, Environmental Modification bids.
- **Hospital Documentation**- Supporting documentation received from hospitals for LOC requests
- **MD Orders**- Nutritional Supplement orders, Respite Care Orders, PDN orders, Vent Waiver Orders
- **Nursing Facility Documentation**- Supporting documentation received from nursing facilities for LOC requests
- **PASARR** – PASARRs (Level I screenings) completed by other entities
- **PASARR Level II**- DMH and DDSN final determinations, MR social history, MI social history, Psychiatric Evaluation, History and Physical, MD payment forms, Mini Mental State Exam
- **Provider**- Service Provider Choice Forms, Enhanced Pest Control bids
- **Locus**- Participant Service Choice Forms
- **Rights and Responsibilities**- CPCA and Waiver
- **Other records/documentation**- Invoices/ bills related to CLTC Participant
- **Fund Requests**
- **TEFRA**- Supporting documentation Packet and cover letter received from Eligibility
- **Other**- Written external complaints received by mail/fax, hard copy level of care certification form 185 (special situations), DDSN service plans, CPCA service plans

See the Scanning document in Phoenix Help Documents for a walkthrough of the Scanning process.

Note: With exceptions of the Consent Form or Participant Service Choice Form, the information packet of supporting documentation for an assessment received from a nursing facility or Hospital, may be scanned as one document under "Hospital Documentation" or "Nursing Facility Documentation." The Consent Form is to be scanned to the "Consents" scan tag and the Participant Service Choice Form is to be scanned to the "Locus" scan tag

Payment Categories Legend

PCAT	DESCRIPTION	SHORT NAME
10	MAO (NURSING HOMES)	MAONH
11	TRANSITIONAL MEDICAID ASSISTANCE	TMA
12	OCWI (INFANTS UP TO AGE 1)	INFANT
13	MAO FOSTER CARE/SUBSID. ADOPT	FCSA
14	MAO (GENERAL HOSPITAL)	MAOGH
15	MAO WAIVERS -HOME & COMMUNITY	MAOWV
16	PASS-ALONG ELIGIBLES	PASALG
17	EARLY WIDOWS/WIDOWERS	EWV
18	DISABLED WIDOWS/WIDOWERS	DWV
19	DISABLED ADULT CHILDREN	DAC
20	PASS ALONG CHILDREN	PAC
31	TITLE IV-E FOSTER CARE	IV-EFC
32	AGED, BLIND, DISABLED (ABD)	ABD
33	ABD NURSING HOME	ABDNH
40	WORKING DISABLED	WD
48	QUALIFIED INDIVIDUALS	QI
50	QUAL.DISABLED/WORKING INDIV.	QDWI
51	TITLE IV-E ADOPTION ASSISTANCE	IV-EAA

PCAT	DESCRIPTION	SHORT NAME
52	SLMB	SLMB
54	SSI NURSING HOMES	SSINH
55	FAMILY PLANNING (WAIVER)	FP
56	PROVISO CHILDREN (ISCEDC/COSY)	PROVIS
57	KATIE BECKETT CHILDREN - TEFRA	TEFRA
59	LOW INCOME FAMILIES	LIF
60	REGULAR FOSTER CARE	RFC
70	REFUGEE ENTRANT (REFUG ASSIST)	REFUG
71	BREAST AND CERVICAL CANCER	BCCP
80	SSI	SSI
81	SSI WITH ESSENTIAL SPOUSE	SSIES
85	OPTIONAL SUPPLEMENT	OSS
86	OPTIONAL SUPPLEMENT & SSI	SSIOSS
87	OCWI (PREGNANT WOMEN)	OCWIPW
88	OCWI (CHILDREN)/PHC	PHC
90	QUALIFIED MEDICARE BENEFICIARY	QMB
91	RIBICOFF CHILDREN	RIBCOF