WEST VIRGINIA
AGED & DISABLED WAIVER
CARECONNECTION©
WEB USER MANUAL

VERSION 2.0

REVISION SHEET

Release No.	Date	Revision Description
Version 1.0	5/14/2014	Initial Release of Aged and Disabled Waiver CareConnection© Web User Manual for Administrative Users
Version 2.0	6/21/2016	• Section 3.1 - Added Helpful Hint about Red Assignment Banner. • Appendix C - Schedule the Initial PAS notification – corrected items that remove notification 1. Successful Appointment Contact is created for the Initial Appointment. • Appendix C - Removed HMA user as one who receives New Service Year notification. • Appendix C – Added Annual PAS – Member Active notification. • Appendix C – Added Annual PAS – Member Potential Termination notification. • Appendix C – Added Annual PAS – Member Final Termination notification. NOTE: This notification will only display when member DOES submit additional PAS information and a PAS Copy is created. When member DOES NOT submit additional PAS information, and SA User handles update through PAS Summary screen, notification will not display. • Appendix C – Added Potential Closure notification. • Section 1. General Information – Removed text box pertaining to data import when the system went live in 2014, as it is no longer applicable. • Section 1.3 – Updated URL. • Entire document – Rebranded document to reflect KEPRO as the UMC. • Appendix H –Added Helpful Hints re. FE First Process.

KEPRO
AGED & DISABLED WAIVER CARECONNECTION© WEB USER MANUAL

Contents

Kepro

1. GENERAL INFORMATION

KEPRO is the Utilization Management Contractor (UMC) contracted by the West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS) Aged and Disabled (A&D) Waiver program. KEPRO conducts independent and unbiased medical eligibility assessments for all initial applicants and annual medical eligibility assessments for program members.

The A&D Waiver CareConnection© was built to enhance the effectiveness and efficiency of the A&D Waiver program by:

- Serving as a venue for communication across program stakeholders including: The Bureau for Medical Services, the A&D Waiver Operating Agency, provider agencies, the Fiscal Employer Agent and KEPRO.
- Making available up-to-date information about program members' eligibility determinations, authorizations, and demographics information.
- Streamlining the Re-evaluation Medical Necessity Evaluation Request (MNER) submission process for providers.
- Managing member eligibility statuses and progress throughout all stages from application through enrollment/discharge.
- Providing notification/prompts for users to take necessary actions.
- Promote program transparency through a thorough history and snap-shot of all A&D Waiver program applicants and members.

1.1. System Overview

The A&D Waiver CareConnection© system allows multiple user types to interface with member records as their user role permits. The system provides a framework and a process for the application and Pre-Admission Screening (PAS) scheduling process, calculates medical eligibility (Level of Care) and Service Level, creates and communicates authorization information to the provider and claims payer, provides a framework for oversight of the eligibility process, tracks slot allocation and dissemination through managed enrollment, and provides a central location for document storage by allowing multiple users to attach documents onto a single member's record.

This manual is arranged by two distinct methods.

- **Section 2 – Menu Item Functions:** Section 2 of this manual describes the system from a layout perspective. It depicts the system functions per features available in the three system menus: AD Waiver Menu, Member Detail Menu and Member Navigation Menu (described below).
- **Section 3 – Eligibility Functions:** Section 3 of this web user manual describes the system from an eligibility function perspective. This portion of the manual will describe initial application, managed enrollment, going "active," transferring agencies, requesting service level change, and other functions including but not limited to program discharge. The general flow follows that of an initial applicant; however the process is very similar for the annual re-eligibility process for already established program members.
- Some items that are called out as separate and distinct for a program member versus an initial applicant will be displayed with this symbol.

> It is recommended that users reviewing this manual do so in its entirety to gain a comprehensive and global perspective of A&D Waiver CareConnection© operations.

1.2. Technical Requirements

1.2.1. Internet Access

Users must have a computer with Internet access. The program is optimized when using Internet Explorer (IE) 8.0. In order to print any forms, the user must also be connected to a printer. Offline PAS completion requires

the use of the Mozilla Firefox web browser.

1.2.2. Security and HIPAA Compliance

This application follows Health Care Financing Administration (HCFA) security regulations and complies with Health Insurance Portability and Accountability Act (HIPAA) regulations. Consequently, there are multiple levels of security.

1.2.3. Privacy Policy

The system Privacy Policy can be retrieved and reviewed from the bottom of each page in CareConnection© by clicking on the Privacy Policy hyperlink.

All Rights Reserved. Privacy Policy
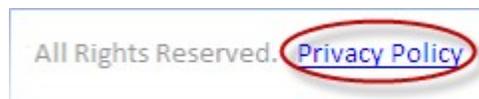
Figure 1- KEPRO Privacy Policy

1.2.4. Trouble-Shooting

If users experience difficulty logging on or using the program, the following are recommended.

- Check to confirm that the browser's security settings are set to 128-bit encryption. This can be done in the Microsoft Internet Explorer session by clicking "Help" and then clicking "About Internet Explorer." The resulting display will specify the "Version" of Internet Explorer running, along with the encryption specification in terms of "Cipher Strength."
- Upgrade the browser to Internet Explorer 8.0 or higher.
  - ✓ Windows XP or higher is required
  - ✓ To download a free upgrade of IE visit http://www.microsoft.com/windows/ie/downloads/ie6/default.asp
- Reset the Internet security to Medium.
  - ✓ Right Click on the IE icon
  - ✓ Choose "Properties"
  - ✓ Select the "Securities" tab
  - ✓ Click "Default" level.

1.2.5. All Users-User Access Levels

The web system recognizes different users and/or user groups and places restrictions on system accessibility for each user/user group based on the functions the user/user group performs. In general, users can be described as follows.

- **UMC Administrator (UMC Admin)** – Users are KEPRO staff who have administrative privileges and can perform all functions within in the system.
- **Scheduling Administrator (SA)** – Users are Utilization Management Contractor (UMC) staff who schedule appointments, create letters, and perform administrative functions within the Aged & Disabled Waiver (ADW) Program.
- **Assessment Coordinator (AC)** – Users are UMC staff who conduct Pre-Admission Screening (PAS) assessments which determine initial and redetermination medical eligibility for the A&D Waiver program.
- **Eligibility Administrator (EA)** – Users are Operating Agency staff who manage enrollment on and off the A&D Waiver program, approve Service Delivery Model and agency transfers and perform certain functions related to member eligibility.
- **Case Management Agency (CMA)** – Users are employees of an A&D Waiver Case Management Agency.
- **Homemaker Agency (HMA)** – Users are employees of an A&D Waiver Homemaker Agency.
- **Fiscal Employer Agent (F/EA)** – Users are employees of the state's A&D Waiver Fiscal Employer Agent.

- **Bureau for Medical Services (BMS) –** Users are employees or agents of the WV Department of Health and Human Resources Bureau for Medical Services and have full read-only access to information in the system.

1.3. Log In

Users can access the Aged & Disabled Waiver Program CareConnection© web site at https://WVLTC.kepro.com and logon with an assigned **User Name** and **Password**.

The **Log In** screen contains links to the Bureau for Medical Services and to the KEPRO websites under the AD Waiver tab.

After the user logs in, he/she is directed to the appropriate web page inherent to the role and program associated with the user name (e.g. AC, CMA, HMA, F/EA, EA etc.). Please see Appendix A for User Role descriptions.
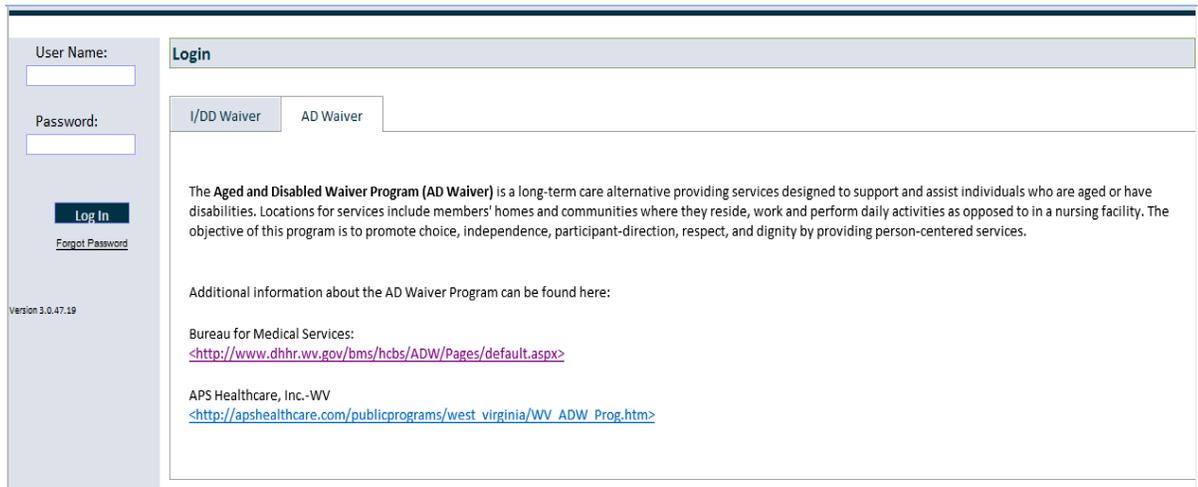
Figure 2-Login

1.4. Logout

The **Log Out** link can be accessed by the user from any system screen.

Figure 3-Logout

1.5. Print

All users have the capability to print from CareConnection© by clicking the **Print** hyperlink at the top of the page.
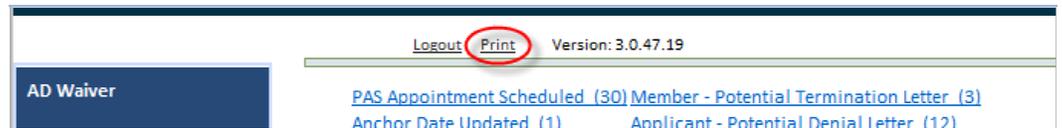
Figure 4-Print

By selecting the **Print** link above, the user will be taken to their system's print options. An example is displayed; however, options and screens will vary depending on the user's specific system.
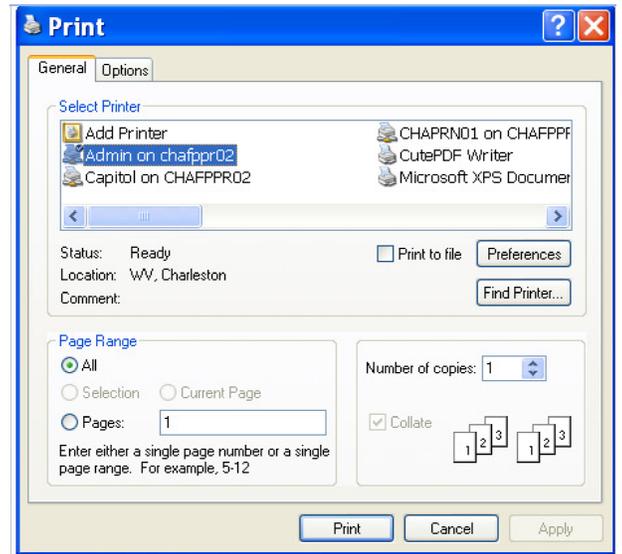
Figure 5-Print Detail

2. MENU ITEM FUNCTIONS AND DESCRIPTIONS

The system is structured to contain multiple Menus accessible to users. The **AD Waiver Menu** contains overall system functions which are not member-specific. The **Member Detail Menu** and the **Member Navigation Menus** *are* member-specific. Both of these menus are only available after retrieving a specific member's record. Not all menu items described below are available to all users. The system is configured so that specific user roles have access to the items necessary for their work.

2.1. AD Waiver Menu Overview

Upon logging into the system, users will notice the **AD Waiver Menu** on the left side of their screen. This menu contains overall system functions the user can access. **AD Waiver Menu** functions and options vary per user role – not all users have access to all options. Upon log in, the system will default to **Notifications**.
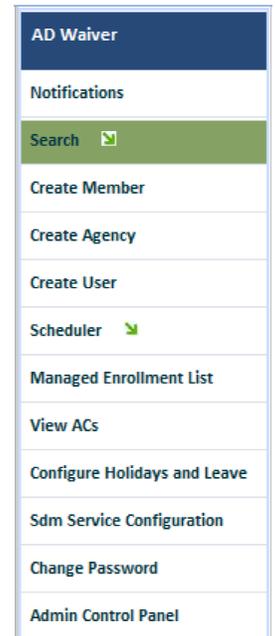
2.1.1. Notifications

All (except BMS) user roles receive notifications specific to their functions in CareConnection©. The default page following **Log In** is **Notifications**. These notifications are generated by the system when a user performs some operation in the application or to notify the user of items requiring their attention. There are two broad categories of notifications in the system (actionable and non-actionable). Please see Appendix C for a list and description of system notifications.

Actionable notifications are those that require the user to take an action before they are dismissed. An example of an actionable notification would be a notice to an agency requesting the user to enter financial eligibility date and validate the Member's Medicaid number. This notification will not disappear until a user clicks on the link, enters the date of financial eligibility, verifies or enters Medicaid number and submits.

Figure 6 - ADW Waiver Menu
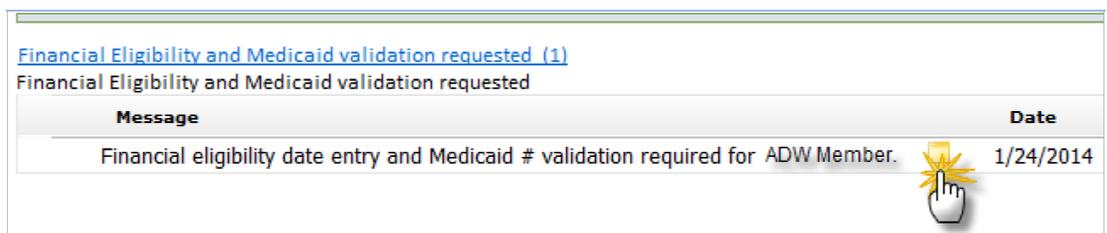
Figure 7: Actionable Notification

With this notification, for example, the user would click the message icon, and then be taken to the **Member Detail** screen where he/she can select the **Financial Eligibility** button and indicate whether or not the member is financially eligible for A&D Waiver services, as determined at their local Department of Health and Human Resources office. The user would then enter necessary fields and click **Submit** to enter the financial eligibility date and verify the member's Medicaid number. Only after these actions are taken would this notification disappear.

Non-actionable notifications are those that essentially notify the user of some action, information or update. For non-actionable notifications, the user has the ability to either **Dismiss All** ✖ Dismiss All messages tied to the notification or **Dismiss** 📒 an individual message.

2.1.2. Search

All users can click on the **Search** link in the **AD Waiver Menu** which yields the searches available to that user. A web user can access a **Search** screen by clicking on the **Search** menu item, then the specific, desired search link.

This screen will enable searching of the A&D Waiver application via a variety of search methods, either by entering data into an individual search field, or combining data fields. For example, certain user roles (CMA, HMA or F/EA) can search members served by their agency/entity. Other user roles (BMS, EA, SA, UMC Admin) can search for all members served through the A&D Waiver program. Users should filter their search results by entering the characteristics of the search they desire.

Entering a search with no predetermined criteria will result in a search for all members, providers, users, and/or authorizations for which the user logged in has a relationship. For Administrative Users with access to all program members, a search with no criteria may cause the system to slow down or even time-out.

Depending upon user-role functionality, the following searches may be performed. Not all users will have access to all search options.

- Search Agency
- Search Appointment
- Search Authorization
- Search Member
- Search Notification
- Search User.
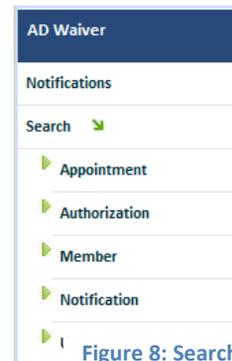
Figure 8: Search

2.1.2.1.   Search Agency

Administrative Users (UMC Admins, EA, SA, AC and BMS Users) may search agency by selecting **Search** from the left-hand menu and then selecting **Agency**. Once in the **Search Agencies** screen, the user can view a list of all agencies actively enrolled in the A&D Waiver program with which the user is affiliated, or can sort by entering search criteria: Active/Inactive, County Serviced, or Agency Type. After entering search criteria, the user should select **Search** to yield results meeting the criteria entered. To view specific information about the chosen agency, the user should select the **Edit** hyperlink to the left of the desired agency. Selecting **Edit** will take the user to the **View Agency Locations** screen. Here the user can be taken to screens to either view/update the agency's contact persons, address, phone (demographic information) or the agency's location information including counties served and type of agency.

Figure 9: View Agency Locations

2.1.2.2.   Search Appointment

Search Appointment is a function relative to scheduling and/or searching for member Pre-Admission Screening (PAS) Assessments conducted by Assessment Coordinators. The user should enter their search criteria, and then click on the Record ID for the specific member(s) they wish to retrieve. This will take the user to the **Create/View Appointment** screen, where they can see the detail of any attempted contacts and appointments. Information may be viewed and/or edited depending on the user's login permissions.

2.1.2.3.   Search Authorization

Users may conduct a search for specific authorizations tied to one or multiple member records. When the

View Consumer 👤 icon is selected, the user will be taken to the **Member Detail** screen. The user may also click on **AUTH GROUP ID** to view a summary of authorizations tied to the member.

2.1.2.4. Search Member

▷ **Member** The user may **Search Member** by entering any combination of the following search criteria, after selecting **Search Member** from the **A&D Waiver Menu**.

- First Name
- Last Name
- Guardian First Name
- Guardian Last Name
- Medicaid #
- Record ID
- County

- Agency Name
- Date of Activation
- Assessment Coordinator Last Name
- Date of Last PAS
- Anchor Date
- Eligibility Status

Once the desired combination of search criteria are entered into the appropriate field(s), the user selects **Search** by using the button at the bottom of the screen or by clicking the **Enter** key. The user will then be directed to a list of members on the program who meet the search criteria.

Figure 10: Search Member

2.1.2.5. Search Notification
Search Notification can be used to retrieve notifications about a specific member and/or within a specific date range or notification type. This feature allows the user to search notifications for a specific member or circumstance so that timely action can be taken when necessary.

2.1.2.6. Search User
▷ **User** This function permits a search of other users specifically tied to the searcher. For example, if a CMA User is logged in, he/she will be able to search for all users tied to the same agency. Agencies are responsible to maintain their own user accounts, once activated. This will allow the flexibility to deactivate users who no longer work with that specific agency, update passwords, and assign new applicable agency locations, if necessary.

> CMA, HMA, F/EA, AC, SA, and EA Users are responsible to designate accounts as "inactive"
> as staff depart and should no longer have access to member records.

2.1.2.7.   Search Results Grid-Column Sort

Throughout CareConnection© the user will have the ability to perform multiple types of searches depending on the intended action. Results of the search will display in the Search Results Grid. Columns containing hyperlinked headers may be sorted. For example, clicking RECORD ID will sort individuals in ascending order of their RECORD ID; clicking Assessment Coordinator will sort individuals by the assigned Assessment Coordinator.

SORT →	ELIGIBILITY STATUS	ID	AGENCY NAME	ASSESSMENT COORDINATOR	MEMBER NAME	MEDICAID NUMBER
Detail	Member - Discharged	1	CMA One	Charlie Brown	Frank One	
Detail	Member - Active	2	CMA One	Sally Snow	Felicia Two	
Detail	Applicant - Eligible	3	CMA One	Lucy Lucky	Fred Three	Record
Detail	Member - Active	4	CMA One	Linus Brown	Fran Four	

Figure 11-Search Results Column Sort

2.1.3.   Create Member

The SA User will click **Create Member** in order to enter information from Medical Necessity Evaluation Requests received for initial applicants. **Create Member** is the start of the eligibility process. See **Create Member** in Section 3 of this manual for specific details on this function.

2.1.4.   Create Agency

Only KEPRO Users can create new agencies in the system. Approved agencies must request access by verifying they are approved by the Operating Agency and submitting the Aged and Disabled Waiver CareConnection© Provider Registration Form available in Appendix E of this manual.

2.1.5.   Create User (Create User Account Request)

Existing CMA, HMA, F/EA, EA and SA Users have the ability to create new users in the system. Agencies and other entities should be cognizant to maintain an up-to-date list of approved users. All entities have the ability to create or deactivate users tied to them. For example, a user already created at CMA123 (User A) may create another user (User B) for the same agency - CMA123. As employees leave the agency/entity, it is very important to deactivate any users who no longer have need to access member or agency information stored within the system.

The existing user will select **Create User** from the **AD Waiver Menu**. The user will be taken to the **Create User** screen. The user should enter necessary information, select the appropriate user role, and click **Create User**. Only KEPRO Users can activate an account. The "Account Active" check box is not available to non-KEPRO Users.

> No accounts will be activated without a completed, signed Web User agreement.

Create User

User Information

Only APS Users can check the "Account Active" box.

☐ Account Active

First Name   MI   Last Name

User Name: Email: Phone Number:

Password

Password: Confirm Password:

Security Questions

Security Question: Security Answer:

Roles

The "Roles" displayed here will depend on the existing user's system access. Ex. A CMA User can only create other CMA users for the same agency; A F/EA User can only create other F/EA Users.

⦿ Agency

Agencies

Agency Types: **1**   ☑ Case Management Agency

Available Agency Locations   Selected Agency Locations

2   CMA Agency

3   1. Select the Agency Type, and then the Agency Locations box will open.
2. Select (highlight) the Agency Location to which you wish to give the new user access.
3. Click the green arrow to move the agency location(s) selected from the "Available Agency Location" to the "Selected Agency Locations" box.
4. Click Create User.

Agency Locations:

Create User   **4**

2.1.6. Scheduler

The **Scheduler** component allows tracking and view of PAS appointments scheduled with A&D Waiver members and applicants. The ability to edit schedules/appointments is available to the SA and UMC Admin Users. Other users may view appointments for members in which they have access. See the Scheduler component in the Eligibility Functions section of this manual.

2.1.7. Managed Enrollment List

The **Managed Enrollment List** houses options to begin the slot release process, view up-to-date enrollment numbers, managed enrollment list numbers, slots available, etc. Only UMC Admin, EA, and SA Users may view and/or edit items on the Managed Enrollment List screens. BMS Users may view information. See the Managed Enrollment List component in the Eligibility Functions section of this manual.

2.1.8. View ACs

On the **View ACs** screen, the Scheduling Administrators may update Assessment Coordinators (PAS Assessors) including the counties served.

2.1.9. Configure Holidays and Leave

SA and UMC Admin Users can **Configure Holidays and Leave** in order to accurately track "business days" and to

identify when SA Users are unavailable for appointment scheduling (due to their own personal leave or vacation).

The user should select **Configure Holidays and Leave** from the **AD Waiver Menu**. The user can **Select all calendars** from the **Assessment Coordinator** drop-down so the scheduled event identifies all AC Users as unavailable. The user may also select an individual AC for which to schedule Holiday/Leave. The user may select a start date and end date (one day or a span of days), can select the event as "All Day," or can select certain hours during which the AC will not be available for appointments. The user should click **Add** to create the appointment. To delete an appointment, the user should click the red for the row they wish to delete.

The **Holiday/Leave List** grid (and ability to delete an item) is always available to all SA and UMC Admin Users for all records. The grid (and ability to delete an item) is available to AC Users for items pertaining to their own schedule.

2.1.10. SDM Service Configuration
UMC Admin Users can configure Service Delivery Model and Services applicable to the A&D Waiver program.

2.1.11. Admin Control Panel
Admin Control Panel allows UMC Admin Users to force check-in of any Offline PAS Assessments previously checked out by another user. See Offline PAS component in the Eligibility Functions section of this manual.

2.1.12. Change Password
After successfully logging in, the user may choose to change their password via the **Change Password** link in the **AD Waiver Menu**. Clicking this link will direct the user to the **Change Password** screen allowing them to choose a new password. Note that existing password must be entered in the data entry field **Password**, and then the new password can be entered and confirmed.

To complete the action of changing the password, click **Change Password.**

2.2. Member Detail Menu Overview

After retrieving a member record and entering that record, users have the ability to view or view/edit items in the **Member Detail Menu** dependent on their user role privileges. This menu contains a substantial amount of information; therefore, each item in the **Member Detail Menu** may be expanded and collapsed (by clicking) for aesthetic purposes. This allows the user to go directly to the information they wish to view/edit and not be overwhelmed with material they do not wish or need to see. After retrieving an applicant's or member's record (Search_Member), the **Member Detail Menu** will display. Many functions can and should be performed by accessing a member's **Member Detail Menu**. Specific functions available in this menu will be discussed in other parts of this manual. If an item cannot be selected, it is likely that function is not available to that applicant or member in their current stage of eligibility. For example, an applicant will not have a **Service Continuation** or **Member Hold** button available for selection because neither of those features is applicable to applicants.

Figure 15 - Member Detail Menu

2.2.1. Member Detail

When the user selects the **Detail** link to the left of the consumer's eligibility status on the **Search Members** screen, he or she is directed to the **Member Detail** screen. This screen serves as a home screen for the member's record.

SORT	ELIGIBILITY STATUS	APS ID	AGENCY NAME	ASSESSMENT COORDINATOR	MEMBER NAME	MEDICAID NUMBER
Detail	Member - Discharged	1	CMA One	Charlie Brown	Frank One	
Detail	Member - Active	2	CMA One	Sally Snow	Felicia Two	
Detail	Applicant - Eligible	3	CMA One	Lucy Lucky	Fred Three	
Detail	Member - Active	4	CMA One	Linus Brown	Fran Four	

Figure 16-Search Member Results Grid

The **Member Detail** screen displays the **Member Snapshot** which provides a quick snapshot of the member's basic demographic and eligibility information. From this screen, the user also has access to the **Member Detail** and **Member Navigation Menus**. The Snapshot contains the following fields:

- Last Name
- First Name
- Address
- Record ID
- Medicaid Number
- Social Security #

- Assigned Assessment Coordinator
- Activation Date
- Anchor Date
- Last PAS Date
- Financial Eligibility Date
- MFP (whether member is receiving

services through Money-Follows the Person)
- Level of Care Hearing (Y or N)
- Service Level Hearing (Y or N)

Figure 17-Member Snapshot

2.2.2. Eligibility Status History

Eligibility Status History All applicants and members in the A&D Waiver CareConnection© system are assigned an eligibility status. This assists users with knowing where a member stands related to their process of applying for or obtaining re-evaluation for program eligibility. Appendix B contains a summary of possible eligibility statuses and their general meaning. Clicking on **Eligibility Status History** yields a grid of statuses the member has occupied and currently occupies. Certain users have the ability to change the most recent status to a different predefined status by clicking the **Change Status** hyperlink in the ACTION column.

2.2.3. ADW History

ADW History The **ADW History** button shows a history of member Medical Necessity Evaluation Request (MNER) and Pre-Admission Screening (PAS) submissions as well as a history of authorizations tied to an eligible PAS and approved Service Level.

Figure 18 - ADW History

2.2.3.1.   MNER ID
Selecting the MNER ID field will display the Medical Necessity Evaluation Request submitted for the service year.

2.2.3.2.   PAS ID
Selecting the PAS ID field will display the completed Pre-Admission Screening assessment for the service year.

2.2.3.3.   Auth Group ID
Selecting the Auth Group ID field will display the authorization group associated with the completed PAS record. Here, the user may see individual authorization information including start/stop date, authorization numbers, and units of authorized services

*NOTE: Upon CareConnection© implementation, some historical authorization information will be imported and viewable within the system. This information was the most current at the time of system initiation, and is for historical purposes only. Any questions related to an authorization displayed should be forwarded to KEPRO. When an authorization could not be imported, it will display as all Zeros.

Figure 19 - Authorization Group View

2.2.4. Anchor Date

All users tied to the member can view the member's Anchor Date through this button. It is also viewable in the Member Snapshot.

2.2.5. MFP

SA and EA Users will indicate and track a member's enrollment in the Take Me Home-WV Money Follows the Person program. Agency users can view start date, end date, etc. related to the MFP program. Upon initial application, SA Users should select the MFP box when entering the Initial MNER, if they are notified an applicant has been approved for the Take Me Home-WV Program (Money Follows the Person).

EA Users are responsible for entering an end date in the MFP section when a member's stay in the Take Me Home-WV program terminates.

2.2.6. Service Continuation

Agency and F/EA Users may request a new Service Continuation through this button or view a history of completed/submitted Service Continuations. The Service Continuation function should only be used as a last resort if/when the member is absolutely unable to participate in the re-evaluation PAS Assessment due to unforeseen and dire circumstances.

2.2.7. Financial Eligibility

When a new member's slot is released and the member chooses his/her service delivery model and/or agency(ies), the member must obtain financial eligibility for A&D Waiver through his/her local Department of Health and Human Resources (DHHR) office. It is typical that a selected Case Management Agency (CMA) or Fiscal/Employer Agent (F/EA) assists the member with this process. The CMA and F/EA Users will get notice of need to assist new enrollees with establishing financial eligibility and verifying or entering an enrollee's Medicaid number. Section 3 of this manual will more clearly define this process.

2.2.8. Service Access Date

The **Service Access Date** should be entered by the CMA or F/EA user upon learning that the member has initiated (first date of direct support) services with the A&D Waiver program. If the member has not commenced receiving services, outreach needs to occur to ensure that the member should still be enrolled in the A&D Waiver program-if they will be utilizing a slot. If Service Access Date is not entered, the system will send notifications to the applicable CMA or FEA and EA Users at: 30, 60, 90, 120 and 180 days after activation.

Members who do not access services for 180 days are at risk for losing their medical eligibility for the A&D Waiver program.

### 2.2.9.	Member Hold

The **Member Hold** feature allows for tracking of members who are <u>not</u> accessing A&D Waiver services for various reasons. The CMA, F/EA, HMA and EA Users may submit a member hold based on information available to them. Users must indicate a reason for the hold from a predefined list, the Hold Start Date and Projected End Date. If "Other" is selected under Reason for Hold, the user must include a comment describing the reason for the hold, or what is causing the member to not access A&D Waiver services.

- If the span between Start Date and Projected End Date is greater than 180 days, the user will receive a warning message but the user is not prevented in proceeding with the request.
- When an agency user initiates the Member Hold, the EA User will receive notification.
- When the EA User submits the request, the applicable agency(ies) will receive notification.
- Users have the ability to update the Projected End Date when they are made aware of a different end date (ex. Member intended to stay in hospital longer than originally expected).
- 2 business days prior to the Projected End Date, agency and EA users will receive notification that the hold is about to expire. Upon receiving this notification, users should either proceed with discharging the member (if they are not going to return to A&D Waiver services), update the Projected End Date, or enter an Actual Hold End Date (date the hold ended-member resumed A&D Waiver services).

Figure 20 - Member Hold

2.3. Member Navigation Menu Overview

After retrieving a member record, and entering that record, the **Member Navigation Menu** will display at the bottom of the screen. This menu allows the user to view or take additional actions such as viewing/attaching documents and letters, viewing MNER, PAS and a history of agencies affiliated with the member. Buttons available in the **Member Navigation Menu** are dependent on the user's role as well as the member's eligibility status.

Figure 21-Member Navigation Menu

2.3.1. View and Attach Documents

Attach Documents | **Attach Documents** is a feature in CareConnection© that allows users to upload and/or view pertinent clinical information about the members/applicants to which they are affiliated. This feature should be used if and when Administrative staff request additional information pertinent to a member's case.

Attach Document/View Attached Document

Once in the **Attach Documents** screen, the user should select **Browse**. This will enact the user's computer's upload feature which will allow the user to find the file on their computer.
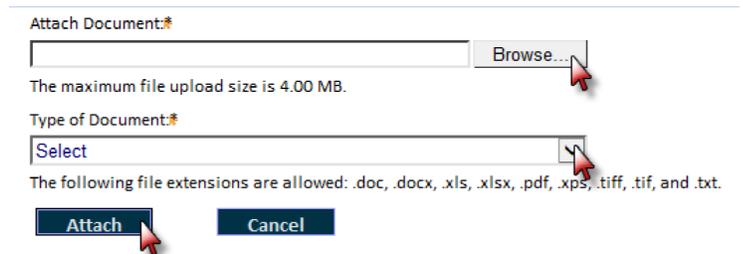
Figure 22-Browse to Attach Document

The user should find the appropriate file on their computer by navigating the **Choose File to Upload** system. The file path selected will automatically display in the **Attach Document** screen.
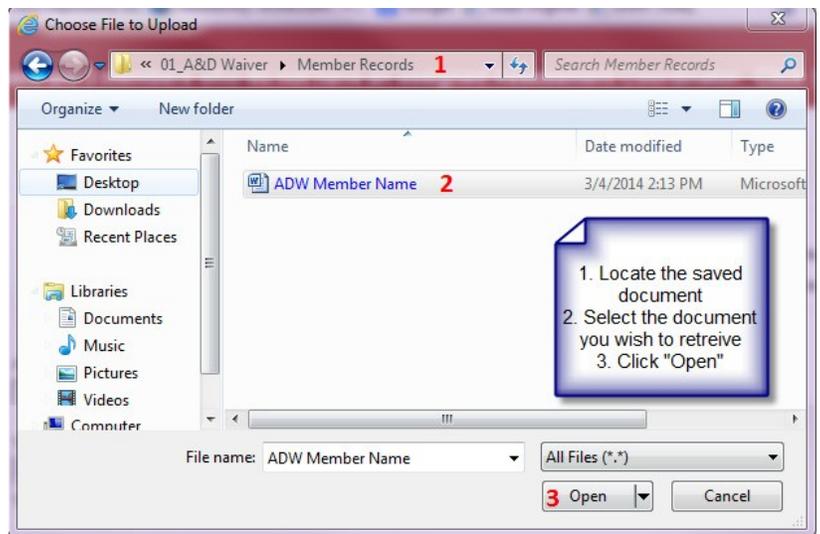
Figure 23-Choose File to Upload

The user should then select the type of document they are attaching from the drop-down. For security purposes, items available in the drop-down vary by user role. Once the file path and type of document are displayed, the user should select **Attach** to attach the document to the member's record.

The user will receive a confirmation message that the file was uploaded successfully. The user and any others affiliated with the member's case will now be able to access documents attached (specific to user role) via the **Attached Documents** grid. The grid will display the date the document was attached (Create Date), the first and last name of the user who attached (Create By) and the Type of Document attached. The user can retrieve and view the document already attached by selecting the hyperlink under "Type of Document."

Helpful Hints

- The system will accommodate the following file extensions: .doc, .docx, .xls, .xlsx, .pdf, .xps, .tiff, .tif and .txt.
- Maximum file upload size is 4.00 MB.
- Proper labeling of the documents when saving them will prove useful. The system will display the file name of the document in addition to the type of document in the history grid. Labeling will assist in retrieving the correct document if needed in the future.
- Only UMC Admins can delete attached documents. In the event that a document has been mistakenly attached, please contact KEPRO for assistance.

2.3.2. View, Create and Edit Letters

Edit Letters The **Letters** screen allows the user to retrieve and/or create (dependent on user role) A&D Waiver letters applicable to the member. UMC Admin, AC and SA Users are able to create letters; all other users may search for and retrieve/view letters. Letters will be displayed in PDF format. A link to "Get Acrobat Reader" is available if the user needs to download Adobe Acrobat Reader from their website.

2.3.3. Edit Member/ MNER

Edit Member/MNER The **Edit Member/MNER** button is used for multiple purposes. It serves as a central location where a member's basic demographic information (form data) may be updated; it also serves as the Medical Necessity Evaluation Request Form required initially and annually for medical eligibility redetermination.

2.3.4. Member Detail

Member Detail The **Member Detail** button allows the user to go the member's main **Member Detail** screen.

2.3.5. SDM and Agencies – Transfer Service Delivery Model or Agency

SDM and Agencies Within the **Member Navigation Menu**, the **SDM and Agencies** button is available to view a history of agency and service delivery model selections, approvals and transfers. Users should access the **SDM and Agencies** button if a member makes initial SDM or Agency selections –or- if a member chooses to transfer SDM or Agencies.

2.3.6. View Auth History

The **View Auth History** button houses a summary of authorizations, as tied to Homemaker Agency services through the A&D Waiver program.

2.3.7. View PAS History

The **View PAS History** button, available in the **Member Navigation Menu**, will display a history of PAS assessments. It is from this screen that a user may create a new PAS, view at-a-glance the summary of service level, or the authorization group and submit for a Service Level Change Request. This screen also displays a summary of any Service Level Change Requests that have been submitted.

2.3.7.1.   Create New PAS

AC Users should select the **Create New PA**S hyperlink to begin a new PAS assessment when they are creating a new PAS online or creating a PAS to check-out and complete offline.

2.3.7.1.1.   PAS ID

Selecting the **PAS ID** hyperlink will bring about a pop-up of the PAS selected. The top of the PAS screen has PAS sections if the user wishes to view only a certain portion of the PAS. Additionally, if the user wishes to view the entire document, select the **Comments** tab, then **View All**.

2.3.7.1.2.   Auth Group ID

Selecting this hyperlink will take the user to the Authorization Group View where they can view a history of authorizations tied to that PAS.

2.3.7.1.3.   Service Level Change

Service Level Change displays the screen (form) necessary to submit a Service Level Change Request.

2.3.7.1.4.   View Summary

View Summary displays a screen with the summary of criteria used to determine medical eligibility and service level for A&D Waiver.

3. ELIGIBILITY FUNCTIONS AND DESCRIPTIONS

This section of the web user manual focuses on the eligibility process and functions. In order to avoid duplication, it may be necessary for the user to review Section 2: System Layout for certain features.

3.1. Create Member <Initial>

For initial applicants, the SA User will receive a Medical Necessity Evaluation Request (MNER) via a source outside the system (fax, mail, etc.). Upon receipt, the SA User will enter information from the MNER into the system. To begin, the user will select **Create Member** from the **AD Waiver Menu**. The user will input all required fields as indicated by an asterisk and click **Save**. If the user does not wish to save information, click **Cancel**. Upon saving the record, the member's eligibility status will be Applicant-MNER.

- Physician's Signature Date must be within 60 days of Date MNER Received.
- Date MNER Received must be within last 60 days.
- System will default to "Initial" type when **Create Member** is used.
- System will run duplicate check on First Name, Last Name, Date of Birth and Social Security Number.
- Click **Save** to proceed; click **Cancel** otherwise.
- Once all information has been input successfully, the system will notify the user with a green banner at the top of the screen ⭐ Data saved successfully..

The user should proceed by entering the remaining fields. To enter multiple contact persons, select the **Representative/Contact Type**, enter required information and click **Add Representative/Contact**

Add Representative/Contact. All contacts entered will be saved in the grid.

3.1.1. Check Boxes

- ☐MFP? – User should check this box if the MNER submitted is for a person enrolled with West Virginia's **Money Follows the Person** "Take Me Home-WV" grant.
- ☐Level of Care Hearing? – Not applicable at initial application. If the member were to ultimately be denied eligibility, the user would check this box if the member indicated intent to pursue Fair Hearing.
- ☐Service Level Hearing? – Not applicable at initial application. If the member were to ultimately be denied a specific requested service level, the user would check this box if the member indicated intent to pursue Fair

Hearing.

3.1.2. Applicant/Member Address
- Physical Address 1 – the applicant's physical address.
- Physical Address 2 – 2nd line of applicant's physical address, if applicable.
- City – applicant's city of residence.
- State – applicant's state of residence (defaults to WV).
- Zip Code – applicant's zip code.
- County – applicant's county of residence.
- Phone – applicant's phone number.

3.1.3. Mailing Address
☐ Same as Physical Address – check this box if the applicant's mailing address is the same as the physical address. When checked, the system will default the remaining Mailing Address fields.
- Mailing Address 1 – applicant's mailing address.
- Mailing Address 2 – 2nd line of applicants mailing address if applicable.
- City – applicant's mailing address city.
- State – applicant's mailing address state.
- Zip Code – applicant's mailing address zip code.
- Phone – applicant's phone number.

3.1.4. Representative or Contact Information
Contact is required if applicant or member has Alzheimer's, Dementia or a related diagnosis.
- ☐ Check if Applicant/Member is his/her own Legal Representative.
- Applicant/Member Signature Date – the date the applicant signed the MNER.
- Representative/Contact Type – if the member has a contact person or representative indicated on the MNER, select the appropriate type from the drop-down (Guardian, Committee, Power of Attorney, Medical Power of Attorney, Durable Power of Attorney, or Contact Person Other).
  - o Enter the Representative or Contact Person's information including name, mailing address and phone number.
  - o To enter more than one Representative or Contact Person, select **Add Representative/Contact**.
- Click **Save** to proceed; **Cancel** otherwise.
- Applicant's information will be saved in the MNER History grid.

3.1.5. Referring Physician's Information
- MD/DO First Name.
- MD/DO Middle Name.
- MD/DO Last Name.
- MD/DO Mailing Address 1.
- MD/DO Mailing Address 2.
- MD/DO City.
- MD/DO State.
- MD/DO Zip Code.
- MD/DO Phone.
- MD/DO Fax.

3.1.6. Patient's Diagnosis
- Enter the applicant's diagnosis, as indicated on the MNER form.

- **Select ▾** Select **Yes/No** to indicate if the applicant has Alzheimer's, multi-infarct, senile dementia or a related condition.
- **Select ▾** Select **Yes/No** to indicate if the applicant is considered terminal.

Click **Save** to proceed and the system will run a validation check to make sure all required fields have been entered. Click **Cancel** otherwise.

3.1.7. Submit for PAS Review

Submit for PAS Review The UMC user should click **Submit for PAS Review** which prompts the SA User to create the letter prompting the member to obtain initial financial eligibility. The applicant will be in Applicant-FE status. The letter also gives the application the opportunity to select a CMA to assist with financial eligibility. If the member responds with a chosen CMA, then the UMC User will enter the selection, and the chosen CMA will receive notification to accept/reject the referral. If they accept, they should assist with establishing financial eligibility at the member's local DHHR.

See Appendix H for additional information about system changes 2/19/2016 pertaining to applicants obtaining financial eligibility prior to medical eligibility.

Only after an applicant has been determined financially eligible will the UMC reach out to schedule the medical eligibility (PAS) appointment. Once financial eligibility has been confirmed and the approved DHS-2 form has been attached in CareConnection©, the UMC User will begin creating contacts which initiates the scheduler.

3.1.8. Attach Signed MNER

Once all required MNER fields have been successfully entered, the user will receive a success message: **MNER Data Record created successfully. Please attach signed MNER form here**. The system requires an MNER document be attached via the **Attach Documents** feature. Clicking **here** on the message will take the user to the **Attach Documents** screen so that task can be completed.
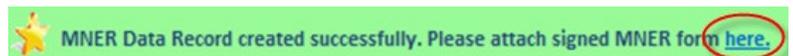
Figure 26 - Success Message & Attach MNER

3.1.9. MNER Expired – Initial Update

In the event the applicant cannot be reached despite the SA User making the mandatory number of attempts to contact and schedule the PAS assessment, the SA User will "Expire" the Initial MNER. This action will prompt notification <Applicant Potential Closure Letter> to the SA User to send the appropriate letter to the member and/or Legal Representative or contact person. The letter recipient must call to schedule an appointment or the request for a PAS assessment will be closed.

3.1.9.1. Contact Made With Applicant

If the applicant contacts the SA User to schedule an appointment upon receipt of the Potential Closure letter, the SA User should retrieve the applicant's record and retrieve the MNER via **Edit Member/MNER** button in the **Member Navigation Menu.** The SA User should then uncheck the **Expire MNER?** button, select **Initial Update** as Type of MNER and click **Submit for PAS Review**.

Submit for PAS Review will not be available until/unless the **Expire MNER?** button is unchecked, and the MNER Type is changed to **Initial Update**.

Figure 27 - Expire Initial MNER

3.1.9.2. Contact Not Made With Applicant

10 business days after the SA User creates/sends the Potential Closure Letter, the system will send notification **<Applicant - Closed Status and Final Closure Letter>**. This notice prompts the user to update the applicant's eligibility status to Applicant – Closed and create/send the Final Closure letter.

Helpful Hints:

- If the signed MNER received via the outside source DOES NOT contain all required information, is not signed, etc. the user should not input the MNER into the system. Only a complete MNER should be entered.
- View **Attach Documents** in Section 2 of this manual for complete instructions of how to attach the signed MNER.
- Clicking **Submit for PAS Review** will send notification to the **SA** user(s) to initiate contact with the applicant and ultimately schedule a PAS assessment. The **SA** User will receive this as actionable notification - type **<Schedule the Initial PAS>**. From the notification, the user should click the folder icon with the appropriate member's message.
- If the SA User does not receive the **<Schedule the Initial PAS>** notification, it is likely because there are no Assessment Coordinators (AC Users) assigned to the county in which the applicant/member resides. The applicant/member will display in the Red banner at the top of the screen with the message "There is/are X# member(s) who do(es) not have an assigned Assessment Coordinator. Click here to assign."

Figure 28 - Unassigned Member Banner

Figure 29 - Message to Schedule PAS

3.2. Edit Member/MNER <Annual Re-evaluation Request>

The **Edit Member/MNER** button available in the **Member Navigation Menu** may be used to update member demographic information as it becomes available, or to submit an Annual MNER for reevaluation, when due.

3.2.1. Edit Member Information

The most recent MNER form submitted displays upon clicking the **Edit Member/MNER** button from the **Member Navigation Menu**. It is here the user can update any member information as appropriate and click **Save**.

3.2.2. Create <u>Annual</u> MNER

- 90 days prior to the expiration of the member's Service Year (Anchor Date), the system will send notification to the member's CMA and HMA or FEA user(s) who are managing the member's services.
- Upon clicking the notification, **<Annual Eligibility Alert>** the user will be prompted to submit a new MNER for re-evaluation. Clicking the notification message will take the user to the **Edit Member/MNER** screen.
- The system displays pre-filled member information (address, representatives previously entered, etc.) on the form.
- The user should select **Annual** option from the **Please select one** drop-down. The user must verify all information is accurate and up-to-date and edit/update and fields, as necessary.
- The user then clicks **Submit, Save or Cancel**. **Submit** will send MNER notification to the SA User that an annual MNER has been submitted. **Save** will save data but not submit. **Cancel** will clear the form.
- The user must also attach the Annual MNER form (signed/scanned) via the **Attached Documents** feature.
- Upon the user clicking **Submit,** the system will send notification to the SA User to reach out to the member/their legal representative/contact person to schedule a PAS reevaluation assessment.
- The SA User may take several actions based on their review of the MNER.

- ○ **Submit for PAS Review** – The SA User will select **Submit for PAS Review** if the MNER submitted is appropriate and complete. Selecting this option will initiate notifications for the SA User to create contacts (contact the member), and eventually create an appointment/schedule the PAS assessment.
- ○ **Save** – The SA User will select **Save** if they wish to come back to the document later without taking an immediate action.
- ○ **Return for Update** – The SA User will select **Return for Update** if the MNER submitted is not appropriate, not complete or does not match the MNER document attached in the system. The SA User should enter a **Return for Update Reason** in the free text box when this option is selected.
  - ■ The original submitter will receive notice via the system if an MNER was returned by the SA User.
- ○ **Cancel** – The SA User will select **Cancel** to take no action on the request.

3.2.3. Expire Annual MNER (after attempting to contact)

If an MNER was submitted by an agency, and the SA User makes the mandatory number of attempts to contact the member to schedule the PAS assessment, and is unsuccessful in scheduling, the SA User will "Expire" the Annual MNER. This action will prompt notification to the SA User to send the appropriate letter to the member and/or Legal Representative or contact person. The letter recipient must call to schedule an appointment or the request for a PAS assessment will be closed and the member may be discharged.

3.2.4. Create Annual Update MNER

If the member or Legal Representative or contact person contacts the UMC to schedule the PAS appointment within timeline after the SA User has expired the MNER, the SA User can select "Annual Update" as the MNER Type to proceed with documenting the contact and documenting or creating the appointment. The user must also uncheck the **MNER Expired?** Box before clicking **Submit for PAS Review**.

3.3. Create Appointment <Initial and Annual>

After clicking the <Schedule the Initial PAS> notification, the **SA** user will see a message "<Member Name> requires a PAS with <Assessment Coordinator user> in <City, County>." The message is tailored so that the user knows specifically which Assessment Coordinator will conduct the PAS assessment. It also shows the city and county in which the member resides (likely to be where the appointment will occur). By clicking the folder icon, the user is taken to the **Create Appointment** screen.

On the **Create Appointment** screen, the user will see the **Member Snapshot** containing the member's demographic information. The SA user should contact the member, legal representative or contact person outside the system (ex. via telephone). The user will document the attempts to contact the member to schedule the appointment in the **Add Contact** section of the screen.

*Note: The user may also go to the **AD Waiver Menu**, click **Scheduler**, then **Create Appointment** to be taken to the **Search Appointment** screen. The user may enter search criteria, and click **Search**. The user will then click on the RECORD ID of the member for which they wish to create a contact/appointment. Clicking the RECORD ID will take the user to the **Create Appointment** screen for the member.

For the Annual MNERs the SA User will receive the <Annual MNER Submitted> notification.

3.3.1. Add Contact

Prior to creating an appointment, the user must document the attempted and/or successful contacts made in effort to reach the applicant/member to schedule an appointment. Ultimately, the user must document a successful contact (meaning an appointment was scheduled) prior to entering the date/time and location of the scheduled appointment. **Add Contacts** allows the user to track the number of attempts made to schedule an appointment for PAS completion with the applicant/member. Contact attempts can be viewed in the **Contact Logs** table**.**

Add Contact

Date:	Contact: *	Contact Type: *	Contact Outcome: *	Follow-up Date:
*	Select	Select	Select	

Submit	Cancel

<div align="right">*Figure 32 - Add Contact*</div>

3.3.1.1.   Add Contact Date: Enter the date the contact was made or attempted**.**

3.3.1.2.   Contact: Select from the drop-down list, the person or entity for which a contact was attempted or successful.

3.3.1.3.   Contact Type: Select the type of contact attempted. User will select either Email, Letter, Other, or Phone Call. If "Other" is selected, the user is prompted to provide additional information about the type of contact.

3.3.1.4.   Contact Outcome: Identify whether or not the contact resulted in an appointment being

scheduled (Appointment Scheduled or Appointment Not Scheduled).

3.3.1.5. **Follow-up Date:** If an appointment was not scheduled as a result of the attempted contact, the user should enter a "follow-up date." This field allows the user to schedule a date as a reminder/notification to attempt future contact. The system will send a notification **<Scheduling Follow-up Contact Reminder>** to the user per the date entered reminding them to attempt another contact. When Contact Outcome is **Assessment Not Scheduled** the system requires the user to enter a **Follow-up Date.**

3.3.1.6. **Submit or Cancel:** Once all information is properly documented in the **Add Contact** section, the user should select **Submit** to proceed with documenting the appointment or **Cancel** otherwise.

Helpful Hints: When the SA User has made the appropriate number of required contacts, with no response, the SA User should Expire the MNER, as described above.

3.3.2. Create Appointment

After a successful contact is created, and the PAS assessment has been scheduled, the user will document the appointment in the **Create Appointment** screen.

3.3.2.1. **Assessor:** Refer to **Member Snapshot** above to retrieve name of the assigned Assessment Coordinator "Assigned AC" or choose a different assessor from the drop-down.

3.3.2.2. **Start Date:** Enter the date the appointment is scheduled to occur. If the user attempts to enter an appointment start date prior to the date contact was made, the user will receive a prompt that this cannot occur.

3.3.2.3. **Start Time:** Enter the time the appointment is scheduled to begin.

3.3.2.4. **End Date:** Enter the date the appointment is scheduled to end (typically the same as Start Date).

3.3.2.5. **End Time:** Enter the time through which the appointment is scheduled to occur.

3.3.2.6. **Appointment Type:** Select the appointment type. For Initial Applicants, the user should select Appointment Type "Initial." For Annual re-evaluation assessments, the user should select "Annual" Appointment Type. The user should refer to UMC staff for use of the "Non-Standard" Appointment Type. *Note: The user may always refer to the member or applicant's eligibility status in the upper right corner of the Member Snapshot to verify whether the person is an initial applicant or an active program member.

3.3.2.7. **Address, City, State, Zip:** If the appointment is to occur in the applicant's/member's home, the address fields will pre-populate with the member's address. Otherwise, the user should document the address of the location the appointment will occur.

3.3.2.8. **Driving Directions:** Contains a hyperlink to Mapquest that will allow the user to retrieve driving directions.

Helpful Hints: User should enter any additional information relative to the appointment. Notes entered in the Create Appointment screen are viewable by all users.

- If the user attempts to enter an appointment into a time slot in which the Assessment Coordinator is already scheduled for another appointment, the user will be prompted to choose another date or time for the appointment they are attempting to enter.
- If the user enters an appointment date in the past, the user will get a verification message "This appointment has occurred in the past, are you certain you want to continue?" The user must click **OK** to proceed, or **Cancel** otherwise.

3.3.3. Appointment History Grid and Calendar <Initial and Annual>

Once the appointment has been successfully created, the appointment will be written to the **Appointments History** grid and will appear on the Assessment Coordinator's calendar. The calendar can be referenced to determine availability for scheduling new appointments and functions similarly to standard calendar programs. The user can view by Day, Week, Month, and can scroll up and down to expose earlier/later times during the day.

3.3.4. Appointment Outcome – Enter After PAS Occurred <Initial and Annual>

Once an appointment has been scheduled, the SA and AC Users will receive notification <**Appointment Outcome Alert**>. This notification will take the user to the Message "An Appointment Outcome will need to be completed for <Member Name>." The user should click the folder icon, and will be taken to the **Create Appointment** screen.

The user should scroll down to the **Appointments History** grid. The user should select the **Appointment Outcome** hyperlink.

ACTION	CREATED DATE	CREATED BY	ASSESSOR	APPOINTMENT DATE/TIME	APPOINTMENT TYPE	ASSESSMENT LOCATION	NOTES	APPOINTMENT OUTCOME
	3/29/2014	SA NAME	AC NAME	3/19/2014 10:00AM-12:00PM	Initial	Member/Applicant Home 100 Capitol Street Charleston , WV, 25301		Appointment Outcome

Figure 34 - Appointments History Grid

Selecting the hyperlink will bring about a pop-up where the user can select the outcome of the scheduled appointment.

- If the appointment occurred as planned, the user should select **Successful**. The system will update the **Appointments History** grid with the **Successful** outcome.
- If the appointment did not occur as planned, and may need to be rescheduled, the user should select **Unsuccessful**. If the user selects **Unsuccessful**, he or she will be required to enter the primary reason why the appointment did not occur.
  - o Applicant/member/rep cancellation,
  - o Applicant/member/rep refused/unavailable for visit (AC went to assessment location but could not complete assessment),
  - o Assessment Coordinator no show/cancel/illness (AC could not attend due to personal illness or leave from work),
  - o Assessment Coordinator scheduling conflict/hearing (AC could not attend due to scheduling conflicts such as required attendance at a hearing),

- Closed/Discharged (member was closed or discharged before the appointment could occur),
- Inclement Weather,
- Other (requires comment).

3.3.5. Edit Appointment

From the **Appointments History** grid the SA and AC Users can edit an existing appointment whose appointment date and time has not yet occurred. This is done by clicking on the **Edit** hyperlink in the **Action** column. If this hyperlink is not available, the appointment date is in the past, requiring the user to enter an appointment outcome. Once the user clicks **Edit**, the system will display the **Edit Appointment** pop-up. The user must click **Submit** (scroll to the bottom of the pop-up) for the edit to take place.

Figure 35-Edit Appointment

Note: The AC User may only edit an appointment that is already assigned to them. The SA User may edit any appointment for any AC User. Only future appointments may be edited.

3.3.6. Reassign Appointments ▷ Reassign Appointments

When an appointment is already created, the SA Users may reassign one or multiple appointments to a different Assessment Coordinator. To complete the reassignment, the SA User will click on **Scheduler** in the **AD Waiver Menu** and click the **Reassign Appointment** link.

1) Select the **Current AC** assigned to the member for whom the appointment will be reassigned or indicate a **Start or End date** the appointment will occur. When a specific AC is selected from the drop-down menu, the system will show all appointments assigned to that AC within the date range entered.
2) Either ☐ **Select All** or select an individual or multiple appointments to be reassigned.
3) Identify the **New AC** to whom the appointment(s) will be reassigned.
4) If the user wants to reassign appointments from one AC to another on a specific date, or within a date range they will chose the AC from the drop-down, enter the desired date range and click **Refresh Current Assessor Appointment Search Results.** This will bring up the assessor's appointments within the specified date(s).
5) Click **Reassign Appointments** to finalize the reassignment. If the appointment is successfully reassigned, both the previous and new AC Users will receive a system notification and the new appointment will show under the new AC User's appointments.

Helpful Hints:

- Reassigning one or multiple appointments DOES NOT transfer the case (member) to the new Assessment Coordinator;

it only reassigns the specific appointments.

- To transfer one or more members from one AC User's caseload to another AC User's caseload, use the **Reassign AC Caseload** function.
- **Reassign Appointments** is also a helpful tool if the SA User wishes to view all appointments assigned to a specific AC User within a specified date range.

3.3.7. Reassign AC Caseload

Reassign AC Caseload The SA User should select **Reassign AC Caseload** from the **Scheduler** menu item available in the **AD Waiver Menu** if they wish to transfer members from one AC User to another. This feature should be used in the event an AC User resigns, for example, and their entire caseload or certain counties, or certain members will be transferred to another AC User. The user should select the **Current AC** from the drop-down of registered AC Users. The SA User may also enter a specific **Record ID** (to transfer only one member), or filter by **County**, if they wish to retrieve all members assigned to that AC User in a specific county. The user should click **Refresh Current AC Caseload Results** if new or additional filters are added to refresh to the most current results.

The system will display all members who meet the search criteria. The SA User should **Select All** or select ☐ individual cases to reassign by clicking the box beside the identified member(s).

The SA User should select the **New AC** to which the designated members will transfer. Clicking **Submit** makes the reassignment effective, or the user may **Cancel** if they want to cancel the reassignment.

3.3.8. View ACs

View ACs allows the SA Users to view a list of active Assessment Coordinators and the counties in which they are assigned to conduct PAS assessments. The system automatically assigns Assessment Coordinators to members/applicants based on the counties associated with each Assessment Coordinator and the member's county of residence on the MNER. If a member lives in Braxton County, for example, the system will automatically assign that member's case to the Assessment Coordinator who serves Braxton County. When there are multiple Assessment Coordinators assigned to a single county, the system will rotate Assessment Coordinator assigned amongst all those associated with that county.

To change the counties associated with a given Assessment Coordinator, the SA User should select **View ACs** from the **AD Waiver Menu**. This will bring up the **Assessment Coordinator List** screen. The user should select the **Edit** hyperlink beside the Assessment Coordinator they wish to edit. The user should then select or remove counties until the screen displays a check beside only the counties that will be assigned to that AC User. The user should click **Submit** to effectuate desired changes.

Figure 36 - Assign/Edit Assessment Coordinator Counties

3.4. Create New PAS – Online <Initial and Annual>

Once the applicant's MNER has been entered, submitted for PAS review, contacts and an appointment have been created, the next step is to enter the PAS assessment information, as collected during the appointment. The AC or SA User should select **View PAS History** from the **Member Navigation Menu**.

The AC User will receive notification **<Appointment Outcome Alert>** immediately upon an appointment being scheduled. This notice will instruct the AC User to enter an appointment outcome – the user will do this AFTER the appointment has occurred. This notice also serves to let the AC User know when and for whom they have a new appointment scheduled.

The AC User should select the **Create New PAS** hyperlink which is now displayed below the **Member Navigation Menu**. The system will display a pop-up asking the user to Select Screening Type. For assessments completed for initial applicants, the user should select **Initial**. For assessments completed for active program members, the user should select **Annual**. **Non-Standard** may be selected in extenuating circumstances such as the need to conduct an additional PAS per a Hearing Officer, Judge or BMS request. After selecting the screening type, the user should select **Continue**.

Figure 37 - Create New PAS Screening Type

The PAS Assessment is arranged in sections so the user can easily navigate to next or different items on the PAS. Each major section header is identified in **Row 1** of the PAS Menu. Each item in Row 1 has subsections available in **Row 2**. If the user is completing the PAS online (while they have access to internet connection), they should always make sure the field **Offline Checkout** is marked **No**.

Figure 38 - PAS Layout

PAS Bottom Menu – At the bottom of the PAS Assessment, navigation icons assist the user throughout completion and submission of the PAS.

Check to see if all form values are ready for submission.

Go to next form tab.

Go to previous form tab.

Save all changes to this PAS form.

Submit and close this PAS form.

Reset changes on this page only.

Reset all changes to form made since last Save.

Go to Offline PAS mode.

Close this PAS form. Any changes since last Save will be lost.

Helpful Hints:

- **Demographics** and some other information will be pre-filled based on information previously submitted (ex. name pre-fills from MNER).
- The AC User must verify/validate <u>all</u> information displayed prior to submitting, even if it was pre-filled.
- Users must either enter Medications into the system, or may ☐ check that they will upload the Medication List into the system. CareConnection© will not recognize a completed PAS unless one of these conditions exist.
- Legal - Release of Information section: Users must attach the signed PAS Release of Information document for

the system to recognize the PAS as complete and run the Level of Care and Service Level algorithm.

- The **Submit** button will not appear on the View All (last step) screen. This screen should be used to display or print the entire PAS Assessment.
- Once the entire form has been validated and submitted (including the required attachments – **PAS Medications** and **PAS Release of Information**) the system will calculate Level of Care (eligibility status) and Service Level, if applicable.
- The **PAS Summary** will display.
- In the event that a PAS Assessment was entered into CareConnection© inadvertently, UMC Users can delete from the PAS History Grid.

APS Healthcare

PAS Summary

State of West Virginia Medicaid
Aged and Disabled Waiver
Pre-Admission Screening (PAS)

PAS ID: 8026
PAS Type: Initial
PAS Status: Completed - LOC Approved
Member Status: Applicant - Eligible

Submit Date: 03/29/2014
Submit By: Assessment Coordinator
Service Level: Level D

Member Name: Bashful Tiger
Member Address: 100 Capitol Street
Charleston, WV 25301

Medical Eligibility

Criterion	Deficits
24. Decubitus Stage	
25. Vacate a Building	1
26a. Functional Ability - Eating	1
26b. Functional Ability - Bathing	1
26c. Functional Ability - Dressing	1
26d. Functional Ability - Grooming	1
26e/26f. Functional Ability - Continence	1
26g. Functional Ability - Orientation	1
26h. Functional Ability - Transfer	1
26i. Functional Ability - Walking	1
26j. Functional Ability - Wheeling	1
27. Professional and Technical Care Needs	1
28. Administering Medication	
Total # of Deficits:	**11**

Service Level

Criterion	Points	Criterion	Points
23a. Angina-Rest	1	26a. Dressing	2
23b. Angina-Exertion	1	26d. Grooming	2
23c. Dyspnea		26e. Continent/Bladder	2
23d. Significant Arthritis	1	26f. Continent/Bowel	2
23e. Paralysis	1	26g. Orientation	2
23f. Dysphagia	1	26h. Transferring	2
23g. Aphasia	1	26i. Walking	2
23h. Pain	1	26j. Wheeling	2
23i. Diabetes	1	26k. Vision	2
23j. Contracture(s)	1	26l. Hearing	2
23k. Mental Disorder(s)	1	26m. Communication	2
23l. Other Medical Condition/Symptom	1	27e. Continuous Oxygen	
24. Decubitus		28. Administering Medication	1
25. Vacate a Building	1	34. Alzheimers, multi-infarct, senile dementia, or related condition	
26a. Eating (not a meal Prep)	2	35. Prognosis	
26b. Bathing	2		
		Service Level Total Points:	**39**

Figure 39 - PAS Summary Example

Upon successful submission of a PAS Assessment, the system will update the applicant's/member's eligibility status. The system will send notification to the SA User to send the appropriate eligibility letter to the applicant/member.

- If the applicant is approved for medical eligibility, their eligibility status will change to Applicant-Eligible, and they will be available for view on the Managed Enrollment List function.
- If the applicant is not approved for medical eligibility, their eligibility status will change to Applicant-Potential Denial.

3.5. PAS Copy for Update/Correction; PAS Copy for New Submission <Initial and Annual>

Once an applicant or member receives a Potential Denial letter, they have two weeks to submit additional information. If additional information is received within the designated timeline, the SA or AC User should retrieve the completed PAS from the **View PAS History** button in the **Member Navigation Menu**. The user will select the **Copy** hyperlink from the **Action** column in the **PAS History Grid**.

3.5.1. PAS Copy for Update/Correction

The Copy for Update/Correction feature should be used to update an existing, completed PAS with new

information, such as in the case where a member or physician submitted additional information as a result of a Potential Denial. The UMC User will also use the PAS Copy for Update/Correction feature if Service Level changes as a result of a Service Level Change Request.

Additional Information Received - In the event an applicant or member who was in Potential Denial status submitted additional information, and that new information (upon submitting for a Copy for Update/Correction) determines the applicant is still NOT ELIGIBLE for A&D Waiver services, the system will change the eligibility status to Applicant – Final Denial or Member – Final Termination. To initiate this change, the user should create a PAS Copy for Update and enter updated PAS fields.

Additional Information Not Received - In the event that an applicant or member who was in Potential Denial status did not submit additional information, the system will generate notification (at 10 business days) <Applicant Non-Response to Potential Denial> or <Member Non-Response to Potential Termination>. The SA User will receive these notifications, and will be prompted to enter additional information and update PAS or change the applicant's/member's eligibility status and send out appropriate letters.

3.5.2. PAS Copy for New Submission
The **PAS Copy for New Submission** feature should be used to create a copy of an existing PAS as the foundation to complete a new PAS. For example, the AC User may select *last* year's PAS to carry forward information that is to be reviewed with the existing member during their PAS assessment for *this* year.

3.6. Create New PAS – Offline <Initial and Annual>
The system allows AC Users to store applicant and member information on their local laptop system if they need to complete a PAS Assessment "Offline" in a location where internet access is not available. After completion, the user may upload the results of the PAS Assessment into the CareConnection© system.

3.6.1. Offline PAS Requirements
In order for this feature to work properly, the user must have installed and be using the Mozilla Firefox Web Browser. The AC User must open and save the following URL as a favorite (or bookmark) in the Firefox browser: https://adwpas.kepro.com/adwpasforms/offline.

3.6.2. Save/Store Member PAS for Offline Completion
Open an applicant's or member's PAS (Member 1) while online by searching for the member, selecting **View PAS History** from the **Member Navigation Menu** and then selecting **Create New PAS**, or selecting the **Copy** action from an existing PAS.
- Minimize but do not close the PAS screen for Member 1.
- Open Member 2's PAS while online by searching for the member, selecting **View PAS History** from the **Member Navigation Menu** and selecting **Create New PAS**, or selecting the **Copy** action from an existing PAS.
  - o Open and minimize all screens for applicants or members in which you will be completing an Offline PAS.
- Maximize each member's screen - For **each** member's PAS Assessment, the user should select "**Yes**" for the **Offline Checkout** question and then the User should then select the **Go To Offline PAS Mode** button at the bottom of the PAS screen [airplane image] (airplane button). These actions have saved a temporary version of the PAS to the AC User's computer.
  - o The AC User must "Check out" the PAS as described above for each member in which they will be completing an Offline PAS Assessment.
  - o The user should not check "Yes" for Offline Checkout and should not select the airplane button until ALL PAS documents have been retrieved (opened).
- The user must remain in Offline PAS mode until they have completed the PAS (or all PAS Assessments) and checked it/them back into CareConnection©.

- If a PAS Assessment could not be completed due to unforeseen circumstances, the user should "check in" that PAS until such time it can be completed. At that time, the user would "check out" that PAS Assessment again.

3.6.3. Complete Offline PAS

The user will not be able to complete any online PAS Assessments until all those PAS Assessments "checked out" for offline creation have been loaded back into the system.
- Disconnect the network cable or have no internet connectivity.
- Open Mozilla Firefox and retrieve the previously-saved bookmark https://adwpas.kepro.com/adwpasforms/offline.
- Select **Edit** for the PAS the user wishes to complete first.
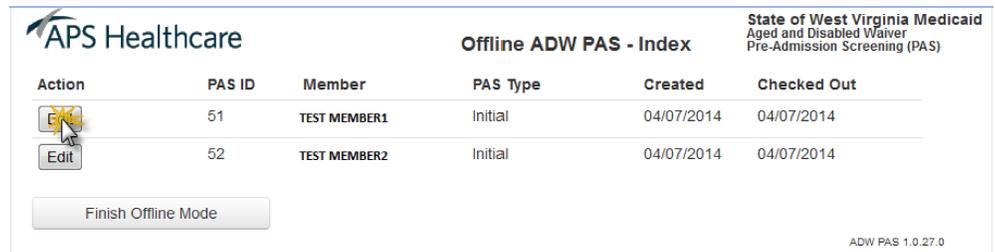
Figure 40 - Edit Link to Open Offline PAS

- Complete all sections of the PAS.
- Save the PAS by clicking **Save** once complete. Offline PAS cannot run form validations; so the user should be careful to complete all sections while conducting the PAS.
- From the Mozilla bookmark, open and complete any other PAS Assessments that have been checked out.
- Be sure to click **Save** throughout and after completing each PAS.
- To go to any other PAS Assessments saved for offline completion, the user should return to the saved bookmark, and click **Edit** beside the PAS the user wishes to complete/edit.

3.6.4. Upload "Check In" PAS Completed Offline

Once internet connectivity is available, the AC User should open ADW CareConnection© in Mozilla Firefox. The user must also open the saved bookmark containing the PAS Assessment(s) completed https://adwpas.kepro.com/adwpasforms/offline. Both screens should be open concurrently.

- The user should click **Finish Offline Mode** from the Saved PAS screen (bookmark).
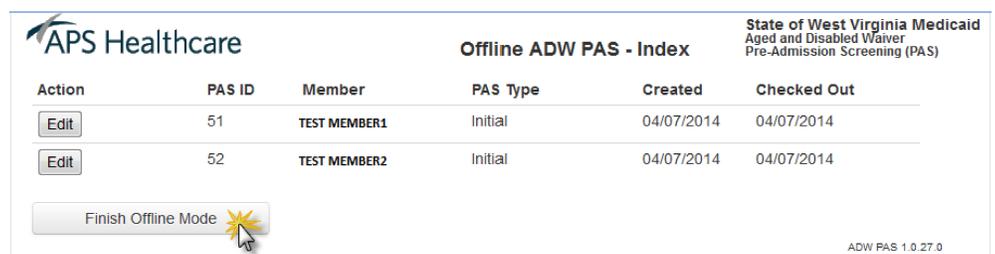
Figure 41 - PAS Finish Offline Mode

- The user should make sure **Upload** and **Yes** are selected for any PAS Assessment they wish to import into the system. If the user does not wish to import a PAS Assessment, they should select to either **Discard** under **Upload** button and/or **No** under the **Check-in** option.
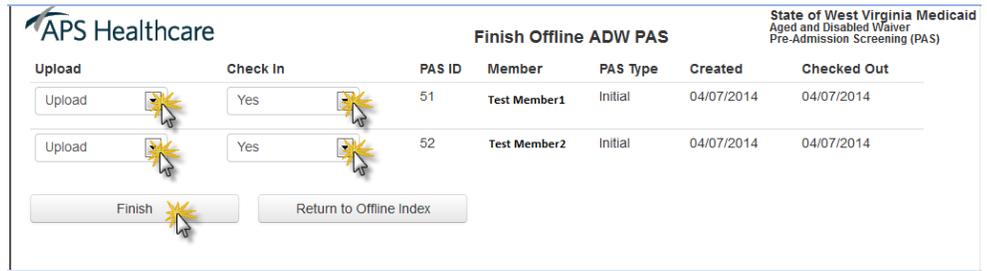
Figure 42 - Check-in PAS

- The user should click **Finish** to check selected PAS Assessments into the CareConnection© system.
- The user may close the Offline PAS window.

3.6.5. Submit PAS

- Even though the user checked in the Offline PAS, the PAS Assessment is not yet submitted – it is in Saved status.
- The user should retrieve the member's PAS via the **Search_Member** feature.
- Once the member's case is available, the user should select **View PAS History** from the **Member Navigation Menu**.
- From the **PAS History Table**, the user will see the PAS Assessment that was checked in. This assessment will be in Saved status.
- The user should select the **PAS ID** hyperlink to retrieve the PAS Assessment.
- The user should verify all information as completed during the PAS, and click **Submit** from the PAS Assessment screen.
- The system will run validation checks, and will process the PAS for medical eligibility and service level determination. The member's PAS Summary will display.
- Once the PAS is submitted, the user should click the **Refresh** hyperlink to update the member's PAS status in the PAS History grid.
- Eligibility determination will send the appropriate notification to the SA Users for NOD letters.

Helpful Hints

- The Action items typically available on a completed PAS (Copy, Service Level Change) will not be available for any PAS that was not created and submitted in the system. Those PAS Assessments that were imported upon system implementation may not be altered. No action can be taken.
- Historical PAS data from imports are available for some members but not all. When no PAS Assessment could be imported, the system will not display.

3.7. Level of Care and Service Level Calculation <Initial and Annual>

Upon successful submission of a PAS (whether initial or annual), the applicant's or member's eligibility status will be updated accordingly. The system will calculate Level of Care (medical eligibility). If the member is determined eligible, then the system will then calculate Service Level (A, B, C or D). The system will send notification to the SA Users to send applicable Notice of Decision letters.

> CMA, HMA and F/EA Users affiliated with a member will receive notification of appointments, medical eligibility decisions and other information through the CareConnection© system. Notices will not be faxed.

3.8. Appointment Outcome Alert Follow-Up <Initial and Annual>

The AC User will again retrieve the <Appointment Outcome Alert> notification that was generated when the

appointment was scheduled for them. Clicking on the message beside the applicant/member they wish to take action on will take the AC User to the **Create Appointment** screen. The user should scroll down to the **Appointments History** grid and select the **Appointment Outcome** hyperlink.

Data from appointment outcomes is necessary and required for state and federal reporting. It is imperative users indicate an appointment outcome for any appointment that has been scheduled. An appointment outcome must be entered for ALL scheduled appointments, regardless of whether the appointment occurred or not.

ACTION	CREATED DATE	CREATED BY	ASSESSOR	APPOINTMENT DATE/TIME	APPOINTMENT TYPE	ASSESSMENT LOCATION	NOTES	APPOINTMENT OUTCOME
	4/3/2014	SA User Name	AC User Name	4/2/2014 9:30AM-10:00AM	Initial	Member/Applicant Home 1 cap str charleston , WV, 25301		Appointment Outcome

Figure 43 - Appointment Outcome

A pop-up will display asking the user to select whether the appointment was successful (appointment DID occur) or unsuccessful (appointment DID NOT) occur. If the user selects that the appointment was unsuccessful, the will select the reason the appointment did not occur and click **Submit**.

Figure 44 - Appointment Outcome Unsuccessful

- **Applicant/member/rep cancellation** – User should select this option when an applicant, member or their legal representative cancelled the appointment prior to attempted visit.
- **Applicant/member/rep refused/unavailable for visit** – User should select this option when they attempted a visit at the scheduled location, and were unable to complete the assessment because the applicant, member, or representative refused or was not available.
- **Assessment Coordinator no show/cancel/illness** – User should select this option when they were unable to complete the visit due to their own no show, illness, or need for cancellation.
- **Assessment Coordinator scheduling conflict/hearing** – User should select this option when they were unable to complete the visit due to a scheduling conflict, such as required attendance at a hearing.
- **Closed/Discharged** – User should select this option when they were made aware that the applicant or member has been closed or discharged, and will no longer require a PAS Assessment.
- **Inclement Weather** – User should select this option when they were unable to complete a visit because of inclement weather, a state of emergency, or a catastrophic event.
- **Other** – User should only use this option when no other option fits the situation which prevented the visit/assessment from occurring. User will be required to enter text box description when **Other** is selected.

3.9. Applicant/Member Not Eligible <Initial and Annual>

3.9.1. Potential Denial

When determined not eligible, an applicant's status will change to Applicant-Potential Denial. This change will prompt the SA User via notification to send Potential Denial NOD. If the applicant submits additional information within two weeks, the SA or AC User should retrieve the PAS from the **View PAS History** button in the **Member Navigation Menu**. The user should select **Copy** in the **Action** column of the PAS history grid. The user will select the **Copy for Update/Correction** option and click **Continue**. The user will update the existing PAS with any new information received, and click **Submit**.

The Copy feature will not be available for any PAS data imported at implementation of CareConnection©. The user must Create New PAS within the system before a copy may be made.

A Member's status will change to **Member-Potential Termination** when a member's reevaluation assessment does not meet criteria for medical eligibility.

The submission of new information in the PAS Copy for Update/Correction will re-run the eligibility and service level algorithm and prompt with the need for the appropriate NOD letter. If the member is determined eligible, they will be moved to the **Managed Enrollment List**.

3.9.2. Final Denial

3.9.2.1.   No Additional Information Received

The SA User will be prompted with notification **<Applicant- Non-Response to Potential Denial>** at 10 business days from the date the Potential Denial Letter was created in the system.

When no additional information is received, per the potential denial notice, the AC or SA User should retrieve the PAS from the **View PAS History** button in the **Member Navigation Menu**. The user should select the **View Summary** hyperlink in the Action column of the grid. The user should indicate **No** when asked "Has Additional Information Been Received?" This will prompt the next question "Are you sure you want to move this Member into Final Denial Status?" If the user selects **Yes**, the applicant's eligibility status will change from Applicant – Potential Denial to Applicant – Final Denial. The SA User will receive notification to send proper NOD letters.

The notification for a member is **<Member – Non-Response to Potential Termination>.** A member's status should be changed to Member – Final Termination if the SA User marks that no new information has been received.

3.9.2.2.   Additional Information Is Received

If the SA or AC User <u>does</u> receive additional information from the applicant regarding their Potential Denial, the user should retrieve the PAS from the **View PAS History** button in the **Member Navigation Menu**. The user should select the **Copy** hyperlink from the Action column of the grid. The user will then choose the **Copy for Update/Correction** option and click **Submit.** The user will then update the PAS Assessment with any new information received, and click **Submit**. The system will re-run the eligibility and service level algorithm to determine whether the new information determined the applicant eligible. The system will send notification to the SA User to prepare and send the appropriate NOD letters. The applicant will either go to the Managed Enrollment List (if eligible), or to Final Denial status.

If new information determines the member eligible, the status will change to Member – Active. If information determines the member is still not eligible, the status will change to Member – Final Termination.

3.9.3. Hearing Overturn – Applicant/Member is Eligible

If upon an applicant's request for Fair Hearing, the Board of Review directs that the applicant is eligible for A&D Waiver services, the SA User should first change the applicant's eligibility status from Applicant – Final Denial to Applicant - PAS. The user will complete this step by selecting the **Eligibility Status History** button in the **Member Detail Menu**. The user will select the **Change Status** hyperlink from the Action column of the **Eligibility Status History** grid. The user will select the new eligibility status of Applicant – PAS, indicate the reason as **State Mandated**, and enter the effective date of change. The user may include comments, as necessary.

Change Eligibility Status

Current Eligibility Status: **Applicant - Final Denial**
New Eligibility Status: Applicant - PAS
Reason: State Mandated
Effective Date of Change: *04/08/2014

Comment: *Required for Reason of Other*
Board of Review mandated the applicant is eligible for A&D Waiver services. User will update PAS via Copy feature with necessary information from BOR.

Submit   Clear   Close

Figure 45 - Change Eligibility Status

Next, the AC or SA User will complete a PAS Copy for Update/Correction with information identified by the Board of Review or Bureau for Medical Services. The system will re-run the algorithm for medical eligibility and service level, automatically update the eligibility status and prompt the SA User to send appropriate NOD letters.

For a member, the user should change the eligibility status to Member – PAS prior to creating a PAS Copy.

3.10.   Applicant Is Eligible - Managed Enrollment List <Initial>

Initial applicants who are determined medically eligible will move to the Managed Enrollment List. This feature will maintain a list of eligible applicants in queue prior to going active.

Members who are eligible will have eligibility status Member-Active.

BMS and SA Users may view and search for members through this feature; EA and UMC Admin Users may take action to move members through the process of going active. Users can select **View Managed Enrollment List** from the **AD Waiver Menu**. The user is then directed to the **Managed Enrollment List** screen, which displays the **Managed Enrollment List Summary** and gives the user the ability to search for applicants who have been determined medically eligible but are not yet enrolled in the A&D Waiver program.

The **Managed Enrollment List Summary** allows the user to view point-in-time Managed Enrollment List statistics, including:

- **Total Slots Available** – Total number of slots available and approved by the Centers for Medicare and Medicaid Services (CMS).
- **Currently on Managed Enrollment List** – Number of persons who have applied for A&D Waiver and have been determined medically eligible.
- **Active** – Number of persons who are actively enrolled in the A&D Waiver program.
- **Unduplicated Slots Occupied During Current Fiscal Year** – Number of slots that have been occupied by either currently active members or members who were active, accessed services, but were then discharged for some reason during the current fiscal year.
- **Slots Available for Immediate Release** – Total Slots Available minus Unduplicated Slots Occupied During Current Fiscal Year. BMS may not release more slots than have been approved by CMS. If it is found a member who was "Active" did not access services during the current fiscal year, they did not occupy a slot. Therefore, their slot could be available to the next person on the Managed Enrollment List. Whether or not an active member accessed services is tracked through the Discharge feature in the system.
- **Slots Available Next Fiscal Year** – Total Slots Available minus the number of slots that were occupied (member DID access services) by members who were ultimately discharged from the program. When a member accessed services through A&D Waiver and was discharged, their slot will not be available until the next fiscal year.

In addition, Users can search for a particular member on the Managed Enrollment List by entering any combination of search criteria in the data fields, and selecting the **Search List** button or by pressing the Enter key. This action will display individuals on the **Managed Enrollment List** who meet the search criteria, as well as their slot number, Record ID, Date the MNER was Received, Hearing Date of Decision, First Name, Last Name, DOB, County, Agencies, Financial Eligibility Date, Anchor Date, Release Date and Date of Activation. Note that fields that do not yet apply to the individual are blank until applicable.

Figure 46 - Managed Enrollment List

If the user wishes to retrieve a list of eligible applicants in slot # order, select **Search List** without entering any search criteria. Per court order, the eligible applicants will display slot # in the order that the MNER was received.

3.10.1. Overview of Workflow to Move from MEL to Activating the Slot

This section describes an overview of the workflow necessary to moving an eligible applicant to member status. Subsequent sections describe these actions in more detail.

1. First, the EA User selects applicable applicants and selects **Release Selected Slots**.
2. This action will send notification <Managed Enrollment Release> to the SA Users. This is the prompt to prepare and send necessary Notice of Decision and Selection letters to the applicants whose slots were released.
3. Once the SA User receives the applicant's selections for Service Delivery Model and Agencies, the SA User will input those selections into the system via the **SDM and Agencies** button in the **Member Navigation Menu**.
4. This action will send notification <SDM Referral> to the selected Agency(ies) or F/EA that they have been selected for delivery of A&D Waiver services.
5. Once the CMA or F/EA accepts the referral, notice <Financial Eligibility and Medicaid validation requested> goes to the CMA or F/EA Users. The CMA or F/EA should assist the applicant with obtaining Medicaid financial eligibility through their local DHHR office.
6. Once financial eligibility is established, and the Medicaid number has been verified, the CMA or F/EA should go to the applicant's record, and select **Financial Eligibility** from the **Member Detail Menu**.
   o If the applicant is financially eligible, the CMA or F/EA User should indicate "**Yes**" when asked if the applicant is financially eligible. The user should then verify the validity of the Medicaid ID or enter a new Medicaid ID and enter the date of financial eligibility.
   o If the applicant is NOT FINANCIALLY ELIGIBLE, the user should select "**No**" when asked if the member is financially eligible.
7. This action sends notice <Financial Eligibility Approved> to the EA User which prompts the EA User to enter an Anchor Date and Activate the Applicant.
   o If not financially eligible, the EA User will also be notified so they can close the member's case via the **Eligibility Status History** feature available in the **Member Detail Menu**.
8. The EA User should select the **Anchor Date** button from the **Member Detail Menu** and enter an **Anchor Date** for the member. This will generate notification <Anchor Date Initial Entry Complete>.

> **Anchor Date** should <u>always</u> be a date earlier than Date of Activation. The system will generate monthly authorizations starting with Anchor Date through 365 days.

9. Selecting the message for the member will take the EA User to the **Managed Enrollment List** screen. The EA User should search for or display the applicant in the **Managed Enrollment List**.
10. The EA User should ☐ check the box beside the applicant they wish to activate, and then click **Activate Selected Slots**. If all required components are not present, the EA User will be unable to activate.
11. The screen will display **Release Selected Managed Enrollment List Slots** pop-up, where the EA User should enter a **Date of Activation**.

> **Date of Activation** will equal the effective date of the ADW attribute sent to the claims payer.

12. Once the **Activation Date** is successful, system will display that the applicant has been successfully activated. The EA User can close the pop-up.
13. The applicant's eligibility status changes to Member – Active. The member will no longer be available in the Managed Enrollment List.

3.10.2. Release Selected Slots
The EA User should select the check box(es) beside any members for which they would like to initiate the slot release process. The system will display a verification message "You are requesting the release of # applicant. Are

you certain you wish to continue?" Click **OK** to proceed; **Cancel** otherwise. The **Release Date** column in the **Managed Enrollment List Members** grid will update to contain the date slots were released.

The page displays up to 25 eligible applicants. The EA User may also ☐ check **SELECT ALL ON PAGE** to release 25 slots at a time.

Managed Enrollment List Members

☐ SELECT ALL ON PAGE 2	SLOT #	APS ID	DATE MNER RECEIVED	HEARING DATE OF DECISION	FIRST NAME	LAST NAME	DOB	COUNTY	4 AGENCIES	FINANCIAL 5 ELIGIBILITY DATE	ANCHOR 6 DATE	RELEASE 3 DATE	DATE OF 7 ACTIVATION
☐ 1	1	1000041	02/28/2014		Jack	Johnson	02/04/1977	Kanawha				04/03/2014	
☐	2	1000002	03/01/2014		Member	Two	01/01/1950	Berkeley					
☐	3	1000021	03/01/2014		Sue	One	01/01/1950	Lincoln	Sue CMA	04/02/2014		04/02/2014	
☐	4	1000022	03/01/2014		Sue	Two	01/01/1950	Lincoln	Sue FEA			04/03/2014	
☐	5	1000023	03/01/2014		Sue	Three	01/01/1950	Lincoln	Sue FEA			04/03/2014	

Release Selected Slots   **Activate Selected Slots**

Figure 47 - Managed Enrollment List Members Grid

Per the diagram above, 3, 4, 5, 6, and 7 are required to move a member off the Managed Enrollment List and to the Active List.

1. **Select** – Select an individual slot to release.
2. **Select All on Page** - Release all slots on the page (25 per page).
3. **Release Date** – Indicates the date the EA User releases the slot.
4. **Agencies** – Reflects the agencies selected by the applicant after they received slot release letter and selection notices.
5. **Financial Eligibility Date** – Reflects the date entered by the CMA or F/EA User for financial eligibility.
6. **Anchor Date** - Indicates the Anchor Date, as entered by the EA User.
7. **Date of Activation** – Reflects the date the EA User enters to effectuate the activation of the member.

The grid is developed to display all components necessary to be in place for an eligible applicant to move from Applicant- Eligible eligibility status to Member-Active status. Below is a general flow of actions necessary to activate a member.

3.10.3. SA User - Prepare NOD Letters – Create Letter <Initial and Annual>

Once in receipt of the notification **<Managed Enrollment Release>** the SA User should prepare the appropriate letter via the **Edit Letters** feature in the **Member Navigation Menu**. Refer to Appendix D for a list of Letter Type, Letter Name and descriptions of available system letters.

Only the SA, AC and UMC Admin Users can create and edit letters; however, all other users tied to the member may view saved letters previously created by searching. To view all letters created, enter no search criteria and click **Search**.

Letters are categorized into Letter Types to ease the user's retrieval of approved letter templates. The user should select the **Letter Type**, **Letter Name**, and **Send To** options and then click **Create Letter**. The system will display the template for the letter selected. The user should review the data, make any necessary modifications and then **Save** the letter. For letters that go to multiple recipients, the user should create multiple letters (ex. letter that goes to both the applicant and the referring physician). Once the user creates the letter, it will be saved and available in the **Letters History** grid. Users should print and send letters to applicable parties.

3.10.3.1.   Search Letter History

When letters have been created, users may search letters by Create Date Range Start, Create Date Range End, Create By, Letter Type, Letter Name, and to whom the letter was sent. Users should enter their search criteria and select **Search**. If no criterion is entered, the system will display all letters that have been created and saved.

3.10.3.2.   Resend Letter

In the event a SA, AC or UMC Admin User needs to resend a letter previously created/sent the **Resend Letter** option may be utilized. From the **Letters History** grid, the user should select **Resend**. The system will display the original letter. The user should **Save** (and print for resending) the letter which will then be available in the **Letters History** grid.

3.10.3.3.   Delete Letter

Only UMC Admin Users have the ability to delete a letter so that it is no longer available in the **Letters History** for others to view.

3.10.4.   SA User - Enter SDM and Agencies

If the SA User does not receive response to previously-sent letters, the user should prepare and send the appropriate Notice of Decision letter. The SA User will be prompted with notifications at 15 and 30 days from the date the first letter was sent **<SDM and Agency Assignment (15 days)** –or **(30 days)>.** If the user *does* receive the SDM and Selection letters back, the user should retrieve the **<Managed Enrollment Released>** notification and select the message icon for the applicant. This action will take the User to the **Service Delivery Model and Agency Selection** screen. The user may also retrieve the member's record and navigate to the **SDM and Agencies** tab available in the **Member Navigation Menu**.

The SA User should scroll to the Service Delivery Model and Agency Selection section, and enter the applicant's selection of either Traditional or Personal Options from the drop-down.

For members, the EA, CMA, HMA, F/EA and SA Users can transfer SDM and Agencies via the **SDM and Agencies** button available in the **Member Navigation Menu**. The EA User will receive notice **<Service Delivery Model -Member Transferred>** to approve a transfer. Once approved, the notice will go to the CMA, HMA or F/EA User to accept/reject the transfer.

3.10.4.1. Traditional

If the user selects **Traditional**, the **Agency Type** box will appear and display options of **Case Management Agency** and **Homemaker Agency**. To select both Case Management and Homemaker agencies, the user should use Ctrl+Click. This will allow the user to highlight both options, and will result in an **Agency** box for both Case Management and Homemaker agencies.

Figure 49 - SDM and Agencies-Traditional

3.10.4.2. Personal Options

When the user selects **Personal Options**, **Agency Type** will display **Fiscal Employer Agency**. User should highlight (click) **Fiscal Employer Agency**, which will display a drop-down of available F/EAs. User should select the appropriate F/EA, enter **Reason for Selection** and an **Effective Date**. The user should click **Submit** to proceed; **Cancel** otherwise.

Attach Selection Forms

The SA User should attach the signed selection forms into the system via the **Attach Documents** feature. Upon successful submission of the SDM and agencies, the system will display the green success banner in which a link to attach forms is available.

Figure 50 - SDM and Agencies Confirmation

Helpful Hints

- **Ctrl+Click** will allow the user to select multiple **Agency Types**.

- For initial entries, the system will always default **Reason for Selection** to **Initial**.
- **Effective Date** should be the date the member/applicant signs the Selection Forms.
- The **Effective Date** will be the date the new agency will gain access to the member's record in CareConnection©. This also applies when a member transfers from an existing to a new agency or SDM (Traditional to Personal Options, for example).
- If the eligible applicant makes no agency selections in their response forms, the SA User should enter the chosen Service Delivery Model and select **No Selection** from the drop-down. The system will send notification **<No Agency Selected>** to the EA User to follow up with the member with making selections.

3.10.5. CMA/HMA/F/EA User- Accept/Reject SDM and Agencies

Once the SA User enters the Service Delivery Model and Agency Selections into the system, the chosen agency/entity will receive notification **<SDM Referral>.** The F/EA, HMA and/or CMA Users (as applicable) must act upon this notification by selecting the message for the member in which they must take action (accept or reject referral).

Selecting the message takes the user to the **Service Delivery Model and Agency Selection** screen. There, the user will take Action by either Rejecting or Accepting the Referral within the Action column of the **Service Delivery Model History** grid.

Service Delivery Model Selection History

Created Date	Created By	SDM Selection	Agency Type	Agency	Reason For Selection	EA Approved Date	EA Rejected Date	Status	Effective Date/Transfer Date	Agency End Date	Date Agency Accepted	Date Agency Rejected	Action	Comments
4/4/2014	User Info	Traditional	Info about selected agency / Home Maker Agency	HMA	Initial	EA User approval info / N/A	N/A	Transfer status, effective date, and end date of last agency / Submitted / 4/1/2014		N/A	New Agency info / N/A	N/A	Reject Referral / Accept Referral	Comment

Figure 51 - SDM Selection History Grid

The selected agency user may either **Reject Referral** or **Accept Referral**. If the user rejects the referral to provide A&D Waiver services, they must include a reason for the rejection in the subsequent pop-up screen. If "Other" is selected as the reason, the user must include text in the comment box. The user should click **Submit** to proceed, **Cancel** otherwise.

If the user accepts the referral, they will have access to the member's record in CareConnection© upon the effective date.

3.10.6. Service Delivery Model Selection History

The **History** grid will display the summary of steps necessary for an initial selection or transfer. Once an initial selection has been made, transfers from one agency to another or from one Service Delivery Model to another will require EA User approval.

Once a member has established Service Delivery Model and Agency(ies), the Action column will display the option of **Transfer**; Users will go back to this screen to make any necessary transfer of Service Delivery Model and/or Agency(ies). A summary of fields in the grid is below.

- **Created Date** – Displays the date the request was created within the system.
- **Created By** – Displays the first and last name of the user logged into the system that created, approved, accepted or took action on a request.
- **SDM Selection** – Displays the Service Delivery Model selected by the member (may be either Traditional or Personal Options).
- **Agency Type** – Displays the type of agency the member selected.

- o If **Personal Options** SDM is selected, Fiscal Employer Agency is the only option for Agency Type.
- o If **Traditional** SDM is selected, the user may select either Case Management Agency and/or Homemaker Agency depending on which they are selecting or transferring.
- o If the member is selecting or transferring both CMA and HMA, the user should Ctrl+Click to select multiple types.
- **Agency** – Displays the name of the agency the member selected. All approved Case Management, Homemaker and Fiscal Employer Agencies will be displayed and available for selection.
- **Reason for Selection** – Displays the reason the member made the selection. Options for selection include the following:
  - o Involuntary Transfer,
  - o Lack of Personal Assistance/Homemaker Agency Staff,
  - o Member dissatisfaction,
  - o Member moved,
  - o Member voluntarily requests transfer,
  - o Other,
  - o Provider unable to meet member needs.
- **EA Approved Date** – Displays the date the EA User approved the transfer (may be N/A if EA User rejects the transfer).
- **EA Rejected Date** – Displays the date the EA User rejects the transfer (may be N/A if the EA User approves the transfer).
- **Status** – Displays the status of the request. Options include:
  - o Submitted - The Initial request or subsequent request/transfer was submitted,
  - o Approved - The Initial request or subsequent request/transfer was approved by the EA user,
  - o Rejected - The Initial request or subsequent request/transfer was rejected by the EA user –or- the Initial request or subsequent request/transfer was rejected by the Agency,
  - o Accepted - The Initial request or subsequent request/transfer was accepted by the Agency.
- **Effective Date/Transfer Date** – Displays the effective date of transfer.
- **Agency End Date** – Displays the last date the originating agency will have access to the case.
- **Date Agency Accepted** – Displays the date the new agency accepts the transfer (may be N/A if the agency user rejects the transfer).
- **Date Agency Rejected** – Displays the date the new agency rejects the transfer (may be N/A if the agency accepts the transfer).
- **Action** – Displays a hyperlink that, when selected, creates a pop-up screen for the user to make a transfer of Service Delivery Model and/or CMA and/or HMA. Selections made on this screen will display in the history grid.
- **Comment** – Displays a hyperlink that, when selected, shows a history of comments entered pertinent to a member selecting or transferring Service Delivery Model or agencies.

3.10.7. CMA/HMA/F/EA User- Enter Financial Eligibility Date and Verify Medicaid ID

For eligible applicants receiving a slot, the agency that accepts a SDM referral will receive notification **<Financial Eligibility and Medicaid validation requested>**. Clicking on the message will take the CMA/HMA/F/EA User to the **Member Detail** screen. The user should select the **Financial Eligibility** button from the **Member Detail Menu**.
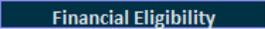
First, the CMA, HMA or F/EA User will indicate if the member is financially eligible. If the user selects **Yes**, the user is prompted to enter a **Financial Eligibility Date** (the date the member's local DHHR determined them to be financially eligible). The user is then prompted to either enter a Medicaid number, or validate the one that was previously entered.

Figure 52 - Financial Eligibility and Verify Medicaid

3.10.8. EA User - Enter Anchor Date and Activate Member

Once the CMA, HMA or F/EA User enters a date of financial eligibility and verifies the applicant's Medicaid ID number, the EA User will receive notification **<Financial Eligibility Approved>**. If the CMA, HMA or F/EA User entered that the applicant was NOT financially eligible, the EA User will receive notification **<Financial Eligibility Denied>** and should close the case via the **Eligibility Status Change** feature in the **Member Detail Menu**.

The system will accommodate annual update/entry of the member's financial eligibility date; however A&D Waiver policy does not currently require this update.

When financial eligibility is approved, the message prompts the EA User to enter an Anchor Date and Activate the Applicant. Clicking the message takes the user to the **Member Detail** screen. The user should select the **Anchor Date** Anchor Date button in the **Member Detail Menu**.

The EA User should **Enter Initial Anchor Date** and click

3.10.9. Financial Eligibility and Medicaid Validation Not Entered – 60 Days

In the event the eligible applicant's slot has been released, selection letters have gone out, agencies have been assigned, and no information has been submitted about financial eligibility or Medicaid validation, the EA User will receive notification <Financial Eligibility and Medicaid validation not entered – 60 days>. This is a prompt for the user to follow-up in establishing financial eligibility, contacting selected agency, or closing out the case.

3.10.10. EA User – Activate Applicant

Once an Anchor Date has been entered, the EA User will receive notification **<Anchor Date Initial Entry Complete>**. The user should select the message and will be taken to the **Managed Enrollment List** screen. The user should locate the applicant on the Managed Enrollment List by search. The user should ☐ check the box for the applicant they wish to activate and click **Activate Selected Slots**.

This action will bring about a pop-up where the EA User will enter the **Date of Activation**. This date will equal the ADW Attribute that is sent to the claims payer. The user should click **Submit** to activate the slot, or **Close** to cancel.

3.10.11. Service Access Date

The **Service Access Date** (available in the **Member Detail Menu**) should be entered by the CMA or F/EA User upon learning that the member has initiated (first date of direct support) services with the A&D Waiver program. If the member has not commenced receiving services, outreach needs to occur to ensure that the member should still be enrolled in the A&D Waiver program-if they will be utilizing a slot. If **Service Access Date** is not entered, the system will send notifications to the applicable CMA or FEA and EA Users at: 30, 60, 90, 120 and 180 days after activation. Members who do not access services for 180 days are at risk for losing their medical eligibility for the A&D Waiver program.

3.11. Member Active – Re-evaluation Process <Annual>

The Annual Re-evaluation and re-eligibility process follows that which is described above for initial program applicants. To avoid duplication, users should refer to the applicant processes above. The major difference being that the SA Users enter Initial MNERS and CMA or F/EA Users enter Annual MNERs into the system. The Create Contacts, Create Appointment, PAS and other eligibility functions for program members are similar to those described above for applicants.

Agencies affiliated with active members will receive notification <Annual Eligibility Alert> 90 days prior to the member's established Anchor Date. This prompt will remind the CMA or F/EA of the need to acquire and submit the member's MNER for re-evaluation (HMA Users may not submit Annual MNERs, but they will receive the Annual Eligibility Alert notification so they are aware of the need for an annual MNER submission.

> For the initial data load upon system implementation - When current date equals less than 90 days from Anchor Date, the system will not automate the Annual Eligibility Alert notification. CMA and F/EA Users must submit MNER within timeline, even if the system does not generate this notification. MNERs may be submitted for reevaluation up to 90 days prior to the expiration of the current service year, or until the next Anchor Date.

3.11.1. Submit Annual MNER for Re-Evaluation

The CMA or F/EA user affiliated with the member should retrieve the member's system MNER by clicking **Edit Member/MNER** in the **Member Navigation Menu** or by clicking the message from the <Annual Eligibility Alert> notification. The CMA or F/EA User must verify any existing data on the MNER screen, make any updates/corrections, and click **Submit**. Additionally, the success message will prompt the user to attach the signed MNER form via the **Attach Documents** feature.

Figure 53 - Annual MNER Submit Success and Attach MNER Prompt

3.11.2. Review/Approve Annual MNER

The SA User will receive notification <Annual MNER Submitted>. The SA User will review the MNER submitted (attached by CMA or F/EA) along with information submitted into the system on the **Edit MNER/Demographic** screen. The SA User will click **Submit For PAS Review** if all necessary information is included. The SA User will click **Return for Update** if the MNER is incomplete, does not match attached MNER, etc.

3.11.2.1. Submit for PAS Review

Submit for PAS Review will initiate the Create Contacts and Create Appointment notifications to begin the scheduler process.

3.11.2.2. Return for Update

If the SA User finds the system-submitted MNER does not match the attached MNER, or if the user finds any erroneously-submitted information, the user should select **Return for Update**. The SA User will be prompted to enter a note/reason why the MNER is being returned.

The CMA or F/EA User who submitted the MNER will receive notice <Annual MNER Returned For Corrections>. From this notification or from the Edit Member/MNER button, the user may retrieve the MNER to resubmit with corrections.

3.12.   Transfer Service Delivery Model or Agency <Initial and Annual>

In the event a member wishes to transfer Service Delivery Model (Traditional or Personal Options) –or if the member wishes to transfer CMA and/or HMA, the EA, CMA, HMA, F/EA Users may perform this action. The user should retrieve the member's record via the **Search_Member** feature, and then select **SDM and Agencies** from the **Member Navigation Menu.**

From the **Service Delivery Model History Grid**, the user should select **Transfer** from the **Action** column. The user should select the chosen Service Delivery Model from the drop-down and select the chosen agency type(s). If the user wishes to select a transfer of both Case Management and Homemaker Agency types, the user should **Ctrl+Click** to select multiple agency types. The user should select the new agency name(s), a Reason for Selection, and enter an Effective Transfer Date. The user may enter optional comments. The user should click **Submit** to proceed with a transfer; **Cancel** otherwise.

3.13.   Eligibility Status Change <Initial and Annual>

Applicants and members are tracked through the system by their eligibility status. Most eligibility statuses are updated systemically by actions performed throughout the eligibility process (application, scheduling PAS, slot activation, etc.). In the event that an applicant or member requires a manual change of eligibility status, certain users may perform this function. From the **Member Detail Menu**, users associated with the member may retrieve and view a history of statuses by viewing the **Eligibility Status History Grid**. Only the most recent status may be modified; only certain statuses may be manually modified; certain statuses may only be changed to other predefined statuses. For the purposes of this manual, the most common manual status changes will be described below.

Eligibility Status History						
CREATE BY	**ELIGIBILITY STATUS (SELECT TO VIEW)**	**EFFECTIVE DATE**	**HEARING DATE OF DECISION**	**END DATE**	**CHANGE STATUS**	**ACTION**
User 1	Member - Active	4/3/2014			Completed	Change Status
User 2	Applicant - Eligible	4/3/2014		4/3/2014	Completed	
User 3	Applicant - PAS	4/3/2014		4/3/2014	Completed	
User 4	Applicant - MNER	4/3/2014		4/3/2014	Completed	

Figure 54 - Eligibility Status Change

Helpful Hints

- The Eligibility Status Screen can also be quickly accessed by selecting the member's eligibility status in the Search_Member results grid.
- Members should not be discharged until all Fair Hearing Rights have been exhausted, if applicable.
- Effective Date of status change may only be current or future dates.

3.13.1. Member-Discharge

A member may be discharged from the CareConnection© system for various reasons. If a member's PAS Assessment determined him/her not eligible or Waiver services, the member should not be discharged until all Medicaid Fair Hearing rights/timelines have been exhausted.

To discharge, the CMA, HMA, F/EA, EA, or SA User will open the **Eligibility Status History** button in the **Member Detail Menu**. From the history grid, the user should select **Change Status** in the **Action** column. This will bring about the **Change Eligibility Status** pop-up screen. The member's current status will be displayed. The user will select the **New Eligibility Status** (what status the member will move to – options available will depend on initiating status), a **Reason** for the status change (reasons available are dependent on the status to which the user is

changing), and an **Effective Date of Change** (may only be the current or a future date).

The user will indicate whether or not the member accessed services within the current fiscal year. This question is imperative, in that if the member DID access services within the current fiscal year, they occupied an available slot and that slot cannot be awarded to another member until the next fiscal year. If the member DID NOT access services during the current fiscal year, their slot was not occupied, therefore making it available (per BMS approval) to the next person whose enrollment is being managed. The user may enter optional comments – mandatory when reason of "Other" is selected. The user should select **Submit** to make the status change.

When users other than EA and UMC Admins change a member's status to Member-Discharged, the EA User must approve the discharge prior to the change taking effect. The EA User will receive notification **<Member Discharge Request Submitted>** to approve members for whom a discharge was initiated by an agency user.

When the EA User verifies a discharge, they should verify with the claims payer and A&D Waiver provider(s) whether or not a discharged member accessed services within the current fiscal year. Once verified, the EA User should click Submit.

Figure 55 - Member Discharged

3.13.2. Applicant-Close

Applicants who will not be pursuing enrollment into the A&D Waiver program will be moved to **Closed** status via the **Eligibility Status Change** feature in the **Eligibility Status History** button available in the **Member Detail Menu**. The SA or EA User should take action to close applicants when appropriate via the same method described above. The New Eligibility Status field should reflect the Applicant – Closed status.

3.14.   Service Level Change Request

If a member experiences a decrease in functioning and requires additional hours of support, the CMA, HMA or F/EA User may request to have the member's approved service level changed to meet the member's needs.

3.14.1. Submit Service Level Request

The CMA, HMA or F/EA User should retrieve the member's record from the Search_Member function. The user should click **View PAS History** from the **Member Navigation Menu**.

When the PAS history is displayed, the user should select the **Service Level Change** hyperlink from the **Action**

column in the **View PAS History** grid. Imported PAS records will display no available actions.

Figure 56 - Service Level Change

The user will be taken to the **Service Level Change Request** screen, where they will enter necessary information to submit the request. The user must submit and attach all required documentation for a request to be considered. The user should click **Submit** to submit the request, **Save** to save the request for later submission, or **Cancel** otherwise.

The requester must enter:
- Narrative explaining the need for Service Level Change,
- Physician's statement explaining the need for Service Level Change,
- Physician's Name,
- Physician's Signature Date,
- Check ☐ that Signature was attached,
- Check ☐ that the Plan of Care of Participant Directed Service Plan is attached,
- Check ☐ that the Plan Addendum is attached.

3.14.2. Review Service Level Request

The UMC Admin User will receive notification **<Service Level Change Request>** when a request is submitted. The user should select the message to be taken to the member's **Service Level Change Request** screen. The user should review all information on the screen as well as all attachments associated with the request. Upon review, the user has the option to process, pend, or close the request. With each option, the UMC Admin may enter a note for the requesting user to review.

Results and history of Service Level Change Requests are stored in the **View PAS History** button in the **Member Navigation Menu**.

Figure 57 - Review Service Level Request

3.14.2.1.   Process Request

Upon processing the request, the UMC Admin User will be prompted to create a PAS Copy for Update/Correction. The PAS will be run through the eligibility and service level algorithm, which will result in the new Service Level.

Prior to a PAS being system-generated, the UMC Admin User must Create New PAS, select Non-Standard Assessment, enter PAS data and manually update/enter authorization information with the claims payer.

3.14.2.2. Pend for Additional Documentation

When the UMC Admin user pends the request, the agency who submitted the request will receive notification that the request was pended. The Agency user will have the ability to resubmit the request with the requested documentation or information.

3.14.2.3. Close

If the agency does not follow-up in submitting additional documentation within timeline, or if the agency/member determines the change is no longer necessary, the UMC Admin User can close the request.

3.15. Member Hold Request

In the event an A&D Waiver member is anticipated to not utilize A&D Waiver services for an extended period of time, the status should be tracked through the **Member Hold** feature in CareConnection©. If a member does not utilize services for 180 days, his/her program eligibility may be at risk for not utilizing services. The CMA, HMA, F/EA, and EA Users may initiate a member hold by selecting the **Member Hold** button from the **Member Detail Menu** and then selecting the **Enter New Member Hold Request** hyperlink. The user should enter all required information and click **Submit**.

- **Reason for Hold** – User should select from a predefined list of potential reasons a member will not be accessing services (admitted to nursing home, admitted to medical hospital, admitted to psychiatric hospital, temporarily out of state, or other). Comment is required when **Other** is selected for Member Hold Reason.
- **Hold Start Date** – User should indicate the first date in which the member will not be receiving A&D Waiver services.
- **Projected End Date** – User should indicate the expected date by which the member will be able to resume A&D Waiver services.

Helpful Hints

- If the span between the Hold Start Date and the Projected Hold End Date is greater than 180 days, the system will display a warning message "Hold date span is greater than 180 days." This warning does not prevent the user from submitting the request.
- If an agency user submits the Member Hold Request, the EA User will receive notification **<Member Hold Entry>.**
- The CMA, HMA, F/EA and EA Users have the ability to update a **Projected Hold End Date** by retrieving the **Member Hold** history in the **Member Detail Menu**, and selecting the **Update** option from the history grid.
- 2 business days before the expiration of the **Projected Hold End Date**, the CMA, HMA, F/EA and EA Users will receive notification **<Member Hold Expiration>**, where they will be prompted to enter a **Hold Outcome** or update the **Projected Hold End Date.**
- When a member will no longer require tracking through **Member Hold** (they will resume services), the CMA, HMA F/EA or EA User should **Close** the hold by going to the **Member Hold** screen and entering a **Close Hold Outcome** (Administrative Close, Commence Waiver Services, Discharge from Program, or Other outcome) and **Actual End Date** (date the member no longer requires hold – resumed A&D Waiver services).

3.16. Service Continuation Request

The PAS Assessment is required annually to ensure the member is still medically eligible to receive A&D Waiver

services. When circumstances occur that prevent the PAS from being completed prior to the member's Anchor Date, the CMA, HMA or F/EA User may request a continuation of services allowing the member to continue to receive A&D Waiver services (and the provider to continue to be reimbursed) until the PAS can be completed.

The CMA, HMA or F/EA User should select **Service Continuation** from the **Member Detail Menu** to initiate this process. The user will then select the **Enter new Service Continuation Request** hyperlink.

The CMA, HMA or F/EA User will select a **Reason for Continuation** from the available drop-down items:
- Member/rep cancellation,
- Member/rep refused/unavailable for visit,
- Assessment coordinator no show/cancel/illness,
- Assessment coordinator scheduling conflict/hearing,
- Inclement weather,
- Annual MNER not submitted within 45 days prior to Anchor Date,
- Other (comment required).

The system will send notification to the UMC Admin User <Service Continuation Requested>. The user should click the message to be taken to the member's **Member Detail Menu**, where they can select the **Service Continuation** button. The UMC Admin User may need to discuss the case more fully with the requester outside the system prior to making a decision on whether the request can be approved or not. If the UMC User determines the request can be approved, he/she should select **Approve** from the **Service Continuation** option. The UMC Admin User will input the date through which the member's authorizations may be extended under **Enter New Service Year End Date** and click **Submit** to send authorization updates or **Cancel** otherwise.

Helpful Hints

The **Reason for Continuation** drop-down mimics the drop-down options available for when the Assessment Coordinator marks an assessment outcome as unsuccessful. It is recommended that the user making request for Service Continuation review the Appointment History grid to confirm the reason the AC marked the appointment outcome as unsuccessful. The user may access appointments by **Search_Appointment** available in the **AD Waiver Menu**.

APPENDIX A: CARECONNECTION© USER ROLES

User Role	Abbreviation	Definition
Assessment Coordinator	AC User	Assessment Coordinators are field-based Utilization Management Contractor staff who conducts PAS Assessments which determine medical eligibility for the A&D Waiver program.
UMC Administrator	UMC Admin	UMC Administrator Users are employees of KEPRO, the Utilization Management Contractor for the A&D Waiver program.
Bureau for Medical Services	BMS User	Bureau for Medical Services Users are employees or agents of the Department of Health and Human Resources Bureau for Medical Services. BMS Users have read-only access to all applicants and members, agencies and functions in CareConnection©.
Case Management Agency	CMA User	Case Management Agency Users are employed by the Case Management Agency selected to provide Case Management services for the member.
Eligibility Administrator	EA User	Eligibility Administrator Users are agents of the Operating Agency who manage enrollment and disenrollment (discharge) to/from the A&D Waiver program.
Fiscal Employer Agency	F/EA User	Fiscal Employer Agency Users are employees of the state's contracted F/EA vendor (Personal Options). When the member has selected F/EA (Personal Options) as their choice of Service Delivery Model, the F/EA Users will have access to the case.
Homemaker Agency	HMA User	Homemaker Agency Users are employed by the Homemaker Agency selected to provide Personal Attendant/Homemaker services for the member.
Scheduling Administrator	SA User	Scheduling Administrators are Utilization Management Contractor staff who contact applicants/members to schedule appointments for Assessment Coordinators.

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APPENDIX B: MEMBER ELIGIBILITY STATUS DESCRIPTIONS

Status	Description
Applicant - MNER	An Initial MNER has been received for the applicant and UMC is in the process of scheduling the eligibility assessment appointment.
Applicant - Closed	The applicant will no longer be pursuing application with the A&D Waiver program, and their application is closed. Applicants may be moved to "Closed" status at any time throughout the application process based on circumstances that would warrant a closure.
Applicant - PAS	An MNER has been submitted, and the eligibility assessment is in the process of –or has been- scheduled. The applicant will remain in this status until the PAS Assessment is complete and submitted into CareConnection©, and the algorithm to determine level of care and service level has been run.
Applicant - Potential Closure	After KEPRO has made the required number of attempts to contact the applicant to no avail (no appointment can be scheduled), the applicant will be moved to Applicant-Potential Closure status.
Applicant - Potential Denial	The applicant has had a PAS Assessment which determined the applicant is not medically eligible for the A&D Waiver program. While in Potential Denial, the applicant has two weeks to provide additional information which will be used to determine if they are, indeed, medically eligible for the A&D Waiver program.
Applicant - Final Denial	The applicant has had a PAS Assessment, was afforded two weeks to submit additional information. The additional information was either not provided, or did not substantiate a change in level of care decision. The applicant is not medically eligible for the A&D Waiver Program.
Applicant - Eligible	The applicant has had a PAS Assessment and was found to be medically eligible for the A&D Waiver Program. All applicants in "Applicant-Eligible" will be placed into Managed Enrollment until such time a slot is available for them to access.
Member - Active	The member may actively access A&D Waiver services and is not in any other of the Member statuses.
Member - MNER	The member's Re-evaluation MNER is due (member will automatically go into this status 90 days prior to Anchor Date). The Agency should submit the Re-evaluation MNER –or- the Re-evaluation MNER has been submitted but has not yet been approved by KEPRO.
Member - PAS	The member's Re-evaluation MNER has been submitted, has been approved by KEPRO, and KEPRO is attempting to contact to schedule the PAS Assessment –or- The PAS Assessment has been scheduled but has not yet occurred.
Member - Potential Termination	The member's Re-evaluation PAS Assessment has determined that the member is not medically eligible for the A&D Waiver program. While in Potential Termination, the member will have two weeks to submit additional information which will be used to determine if they are, indeed, medically eligible for the A&D Waiver program.
Member - Potential Closure	The Re-evaluation MNER has been submitted and approved. KEPRO has made the required number of attempts to contact the member to no avail (no appointment can be scheduled). The member has two weeks to contact KEPRO to schedule a PAS Assessment, or the member will be moved to Member – Final Termination.
Member - Final Termination	The member is not medically eligible for the A&D Waiver Program based on review of the PAS –or- the member was in Potential Closure, and never contacted KEPRO to schedule a PAS Assessment.

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APPENDIX C: USER NOTIFICATIONS

Note: Not all notificaitons may be depicted below.

Notification	Message	Dismissible	Action in the System Removing Notification	User Who Receives
Agency Referral Non-Response	The referral to <Agency Name> was sent <date referral sent> but no response has been received. Please contact Agency or re-assign Agency as appropriate.	No	1. Agency receiving the referral 'accepts' or 'rejects' the referral. 2. Transfer is made to another agency who is not the agency receiving the original referral request. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	1. SA (for applicants) 2. "Transfer-from" Agency (for members) 3. UMC Admin
Anchor Date Initial Entry Complete	Anchor Date has been entered for <Applicant Name>. Please complete applicant Activation.	Yes - by UMC Administrator only	1. Date of Activation is submitted. 2. Applicant is moved to 'Applicant - Closed' Status.	1. EA 2. UMC Admin
Anchor Date Updated	The Anchor Date for <Applicant/Member Name> has been updated from <Old Anchor Date> to <New Anchor Date>.	Yes	1. Anchor Date is updated. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. Assigned CMA/HMA/FEA 2. EA 3. SA 4. AC 5. UMC Admin
Annual Eligibility Alert	Eligibility will expire for <Member Name> in 90 days. Please submit MNER for re-evaluation.	Yes	1. Member is moved to 'Discharged' Status. 2. MNER is submitted.	1. Assigned CMA/HMA/FEA 2. UMC Admin
Annual MNER Returned for Corrections	An Annual MNER for <Member Name> was Returned to <Agency submitting MNER> for Corrections.	No	1. User clicks 'Submit' after making corrections MNER. 2. Member is moved to 'Discharged' Status.	1. Assigned CMA/HMA/FEA
Annual MNER Submitted	An Annual MNER was submitted for approval for <Member Name>.	No	1. User clicks 'Submit for PAS Review.' 2. User clicks 'Return for Update.' 3. Member is moved to 'Discharged' Status.	1. SA 2. UMC Admin
Annual PAS - 30 day reminder	REMINDER: A PAS Assessment has not been submitted for <Member Name>. It's been 30 or more business days since the Annual MNER Submission.	No	1. User clicks 'Submit Form' from PAS Screen from online submission. 2. User synchronizes PAS Assessment from offline submission. 3. Annual MNER is checked "expired." 4. Member is moved to 'Discharged' Status.	1. AC 2. SA 3. UMC Admin
Annual PAS – Member Active	Annual PAS approved for <Member Name> and is Member Active	Yes	1. User clicks delete icon beside message.	1. Assigned CMA/HMA/FEA 2. EA
Annual PAS – Member Final Termination	Annual PAS denied for [Member First Last] and is Member Final Termination	Yes	1. User clicks delete icon beside message.	1. Assigned CMA/HMA/FEA 2. EA
Annual PAS – Member Potential Termination	Annual PAS denied for <Member Name> and is Member Potential	Yes	1. User clicks delete icon beside message.	1. Assigned CMA/HMA/FEA 2. EA

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	Termination			
Annual PAS - NOD Approval Letter	A NOD (Annual Assessment- Approved Letter and Packet) needs to be sent to <Member Name> / Legal Representative and <Agency>.	No	1. Notice of Decision Approval Letter is created in the system. 2. Member is moved to 'Discharged' Status.	1. AC 2. SA 3. UMC Admin
Annual PAS Requested - 10 day reminder	REMINDER: A PAS Assessment is not available and has not been attached for <Member Name>. It has been 10 or more days since the Successful Appointment Outcome.	No	1. User clicks 'Submit Form' from PAS Screen from online submission. 2. User synchronizes PAS Assessment with from offline submission. 3. Annual MNER is checked "expired." 4. Member is moved to 'Discharged' Status.	1. AC 2. SA 3. UMC Admin
Applicant - Closed Status and Final Closure Letter	<Applicant Name's> Potential Closure Letter was sent 10 days ago. Update Applicant's Eligibility Status to 'Applicant - Closed' and send Final Closure Letter.	No	1. Successful Appointment Contact is created for the Annual Appointment. 2. NOD Final Closure Letter is created in the system. 3. Applicant is moved to 'Applicant - Closed' Status.	1. AC 2. SA 3. UMC Admin
Applicant - Non-Response to Potential Denial	<Applicant Name's> Potential Denial Letter was sent 10 days ago. Review Applicant's record for Final Denial. If no additional documentation has been received, move Applicant to Final Denial Status.	No	1. Additional information received and 'PAS Copy for Update/Correction' is submitted on the current PAS record. 2. Applicant is moved to 'Applicant - Final Denial' Status. 3. Applicant is moved to 'Applicant - Closed' Status.	1. AC 2. SA 3. UMC Admin
Applicant - Potential Denial Letter	<Applicant Name> has a medical eligibility decision of Potential Denial. Send potential denial letter.	No	1. Notice of Decision - Potential Denial Letter is created. 2. Applicant is moved to 'Applicant - Closed' Status.	1. AC 2. SA 3. UMC Admin
Applicant - Send Eligibility Not Met -Final Denial Letter	<Applicant Name> has a medical eligibility decision of Final Denial. Send Eligibility Not Met - 'Applicant - Final Denial' Letter.	No	1. Notice of Decision - Final Denial Letter is created. 2. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. UMC Admin
Applicant - Send Non-Response Final Denial Letter	<Applicant Name> has been moved to Final Denial Status due to non-response to the Potential Denial Letter. Send Final Denial Letter.	No	1. Notice of Decision - Final Denial Letter is created. 2. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. UMC Admin
Applicant Potential Closure Letter	Unable to schedule the Initial PAS Assessment with <Applicant Name>. Send Applicant Potential Closure Letter.	No	1. Successful Appointment Contact is created for the Annual Appointment. 2. Applicant is moved to 'Applicant - Potential Closure' Status via expiration of the MNER. 3. Applicant is moved to 'Applicant - Closed' Status.	1. AC 2. SA

Appointment Conflicts	<Applicant/Member Name's> appointment conflicts with a current appointment found on <Assessment Coordinator Name> calendar for <Date>. Review for need to reschedule appointment	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	1. Newly Assigned AC 2. SA 3. UMC Admin
Appointment Outcome Alert	An Appointment Outcome will need to be completed for <Applicant/Member Name>.	No	1. Appointment Outcome is submitted from the Appointment History Grid. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. AC 2. SA 3. UMC Admin
Appointment Outcome Unsuccessful	An appointment outcome has been marked as Unsuccessful for <Applicant/Member Name>.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	AC
Appointment Reassigned	An Appointment for <Applicant/Member Name First Last> has been reassigned to you	No	1. Appointment Outcome is submitted from the Appointment History Grid. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. Newly Assigned AC 2. SA 3. UMC Admin
Appointment Reassigned to New Assessor	An Appointment for <Applicant/Member Name> has been reassigned from you to another assessor.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	1. Previous AC 2. SA 3. UMC Admin
Appointment Scheduled	Message: Appointment has been scheduled for <Applicant/Member Name>on <Date/time>.	Yes	1. Appointment Outcome is submitted from the Appointment History Grid. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	All Appointments: 1. SA 2.UMC Admin Annual Appointments: 1. Assigned CMA/HMA/FEA
Authorization(s) Modified	An Authorization Group has been modified for <Member Name>. Please review Authorization History for member.	Yes	Member is moved to 'Discharged' Status.	Assigned HMA
Financial Eligibility and Medicaid validation not entered - 60 days	Financial eligibility date entry and Medicaid # validation were requested for <Applicant Name> on <Date of SDM Agency acceptance> but no response has been received.	Yes- by UMC Administrator only	1. Financial Eligibility identified as 'No' from Member Detail Screen. 2. Financial Eligibility Status is changed from 'No' to 'Yes' from Member Detail Screen. 3. Notification removed from originating Agency and transferred to new CMA or F/EA if Applicant transfers. 4. Applicant is moved to 'Applicant - Closed' Status.	1. CMA/FEA 2. EA 3. UMC Admin
Financial Eligibility and Medicaid	Financial eligibility date entry and Medicaid # validation required for	No	1. Financial Eligibility detail is entered for initial validation. 2. Financial Eligibility ID is validated from	CMA, HMA, FEA - Agency accepting the initial referral

validation requested	<Applicant/Member Name>.		Member Detail Screen. 3. Applicant is moved to 'Applicant - Closed' Status.	
Financial Eligibility Approved	The Financial Eligibility Date has been entered for <Applicant/Member Name> and the Medicaid ID has been validated. Please enter Anchor date and Activate the Applicant.	Yes- by UMC Administrator only	1. User enters Anchor Date and selects 'submit.' 2. Notification removed from originating Agency and transferred to new CMA or F/EA if Applicant transfers. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Financial Eligibility Denied	<Applicant Name> has been determined Not Financially Eligible. Please follow up or close the case as appropriate.	Yes - by UMC Administrator only	1. Financial Eligibility Status is changed from 'No' to 'Yes' from the Member Detail Screen. 2. Applicant is moved to 'Applicant - Closed' Status.	1. EA 2. UMC Admin
Financial Eligibility Ended	<Applicant/Member Name> has been determined Not Financially Eligible. Please follow up, close the case or discharge the member as appropriate.	Yes- by UMC Administrator only	1. Financial Eligibility Status is changed from 'No' to 'Yes' from Member Detail Screen. 2. Financial Eligibility ID is validated from Member Detail Screen. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Initial PAS - NOD Approval Letter	The appropriate NOD (Initial Assessment-Approval Letter or Packet) needs to be sent to <Applicant Name>/ Legal Representative and Referring Physician. Please determine the appropriate approval letter or package and send to the Member.	No	1. Notice of Decision - Initial Assessment Approval Letter (approved and slot available) is created. 2. Notice of Decision - Initial Assessment Approved Letter (approved and slot not available) is created. 3. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. AC 3. UMC Admin
Initial PAS Requested - 10 day reminder	REMINDER: A PAS Assessment is not available and has not been attached for <Applicant Name>. It has been 10 or more days since the Successful Appointment Outcome.	No	1. User clicks 'Submit Form' from PAS Screen from online submission. 2. User synchronizes PAS Assessment from offline submission. 3. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. AC 3. UMC Admin
Initial PAS Requested - 30 day reminder	REMINDER: A PAS Assessment has not been submitted for <Applicant Name>. It's been 30 or more business days since the Initial MNER Submission.	No	1. User clicks 'Submit Form' from PAS Screen from online submission. 2. User synchronizes PAS Assessment from offline submission. 3. Annual MNER is expired. 4. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. AC 3. UMC Admin
Managed Enrollment Release	Message: <Applicant Name> released from Managed Enrollment. Please send selection letters.	No	1. Service Delivery Model and Agency Selections are entered. 2. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. UMC Admin
Member - Final Term Status	<Member Name's> Potential Closure Letter	No	1. From PAS Summary Screen User selects 'No' from question: 'Has additional	1. SA 2. AC

and Final Term Letter	was sent 10 days ago. Update Member's Eligibility Status to Member - Final Termination and send Final Termination Letter.		information been received' and selects 'Yes' from question 'Are you sure you want to move this Member into Final Termination Status.' 2. Final-Termination Letter is created due to non-response. 3. Member Status moved to 'Member - MNER.'	3. UMC Admin
Member - Non-Response to Potential Term	<Member Name's> Potential Termination Letter was sent 10 days ago. Review Member's record for Final Termination. If no additional documentation has been received, move Member to Final Termination Status.	No	1. PAS Copy for Update/Correction is submitted on the current PAS record (additional information was received). 2. Member's 'Member Status' is moved to 'Member - Final Termination' 3. Member is moved to 'Discharged' Status.	1. SA 2. AC 3. UMC Admin
Member - Potential Termination Letter	<Member Name> has a medical eligibility decision of Potential Termination. Send Potential Termination letter.	No	1. Potential Termination Letter is created. 2. Member is moved to 'Discharged' Status.	1. SA 2. AC 3. UMC Admin
Member - Send Eligibility Not Met - Final Term Letter	<Member Name> has been moved from Potential Termination Status to Final Termination Status as a result of 2nd Medical Eligibility determination on PAS <PAS ID>. Send Final Termination Letter.	No	1. Final Termination Letter is created. 2. Member is moved to 'Discharged' Status.	1. AC 2. EA 3. SA
Member - Send Non-Response Final Term Letter	<Member Name> has been moved to Final Termination Status due to non-response to the Potential Termination Letter. Send Final Termination Letters.	No	1. Final Termination Letter is created. 2. Member is moved to 'Discharged' Status.	1. SA 2. UMC Admin
Member Activated	<Applicant/Member Name> has been made active for A&D Waiver as of <date of activation>.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Member Assigned	<Applicant/Member Name> has been reassigned to you.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Newly assigned AC
Member Discharge Request Rejected	Discharge request for <Member Name> has been rejected.	Yes	Member is moved to 'Discharged' Status.	User initiating discharge request (typically CMA/HMA/FEA)
Member Discharge Request Submitted	Discharge request needs approval for <Member Name>.	No	1. Discharge is Approved or Rejected from the Eligibility Status Change Screen. 2. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Member	<Member Name> has been	Yes	Member is moved to 'Discharged' Status.	1. Assigned

Discharged	Discharged from the program.				CMA/HMA/FEA 2. EA
Member Hold Closed	The Member Hold for <Member Name> has been Closed with outcome: <Hold Outcome>.	Yes	Member is moved to 'Discharged' Status.	If Agency Initiates the Hold Closure: 1. UMC Admin 2. EA If UMC or EA Initiates the Hold Closure: CMA/HMA/FEA
Member Hold Entry	Member Hold for <Member Name> was submitted.	Yes	Member is moved to 'Discharged' Status.	If Agency Initiates the Hold: 1. EA 2.UMC Admin If UMC or EA Initiates the Hold: CMA/HMA/FEA
Member Hold Expiration	Member Hold for <Member Name> will expire <Projected Hold End Date>. Please update Hold record or assign Hold Outcome as appropriate.	No	1. Hold Projected End Date is updated and submitted with a future date. 2. Closure Hold Outcome and Actual Hold End Date is submitted. 3. Member is moved to 'Discharged' Status.	1. Assigned CMA/HMA/FEA 2. EA 3. UMC Admin
Member Hold Over 180 Days	<Member Name> has been in Member Hold for 180 days.	Yes	1. Hold Projected End Date is updated and submitted with a future date. 2. Closure Hold Outcome and Actual Hold End Date is submitted. 3. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Member Hold Update Submitted	The Projected Hold End Date for <Member Name> has been updated from <Date> to <Date>.	Yes	1. Closure Hold Outcome and Actual Hold End Date is submitted. 2. Member is moved to 'Discharged' Status.	If Agency Initiates the Hold Update: 1. EA 2.UMC Admin If UMC or EA Initiates the Hold Update: CMA/HMA/FEA
Member Potential Closure Letter	Unable to schedule the Annual PAS Assessment with <Member Name>. Send Member Potential Closure Letter.	No	1. Successful Appointment Contact is created for the Annual Appointment. 2. Member Potential Closure Letter is Created. 3. Member is moved to 'Final -Termination' Status from PAS Summary Screen due to non-response. 4. Member is moved to 'Discharged' status.	1. AC 2. SA
New Authorization(s) Generated	An Authorization Group has been created for <Member Name> for the	Yes	Member is moved to 'Discharged' Status.	Assigned HMA

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	new Service Year. Please review Authorization History for member.			
New Service Year Generated	A Service Year has been created for <Member Name> for the new Service Year. Please review ADW History for the member.	Yes	Member is moved to 'Discharged' Status.	Assigned CMA/FEA
No Agency Selected	<Applicant Name> has made no Agency selection. Please select Service Delivery Model and Agencies.	Yes	1. Service Delivery Model and Agency Selections are entered. 2. Applicant is moved to 'Applicant - Closed' Status.	1. EA 2. UMC Admin
Notification: Service Access Date Entry Required First Reminder	Message: It has been 30 days since the Date of Activation <Activation Date> for <Member Name>. Please enter initial service access date, discharge the member or request a service continuation.	Yes- by UMC Admin only	1. A newer notification is generated. For Example: 30 day notification remains on the notification screen and a 90 day notification is generated. The 30 day notification would be removed. 2. Service Access Date is submitted. 3. A Service Continuation is Approved. 4. Member is moved to 'Discharged' Status.	1. EA 2. Assigned CMA/FEA 3. UMC Admin
Open Slots Available	[#] Eligibility Slots Available.	Yes	User may dismiss notification.	1. UMC Admin 2. EA
Potential Closure	Appointment could not be held and <Member Name> is in Potential Closure status.	Yes	N/A	1. EA 2. Assigned CMA/FEA/HMA
Resubmitted Service Level Change Request	<Applicant/Member Name's> Service Level Change Request for <PAS ID> was pended for additional documentation. The additional documentation has been added and the Service Level Change Request has been resubmitted.	No	1. Service Level Change Request has been Processed, Pended for Additional Documentation or Closed from the PAS Service Level Change Request screen. 2. Service Level Change Request has been 'Withdrawn' from the Service Level Change Request screen. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	UMC Admin
Schedule the Annual PAS	<Member Name> requires a PAS with AC <Assessment Coordinator Name> in <Member Physical Address City and County>.	No	1. Successful Appointment Contact is created for the Annual Appointment. 2. MNER is Expired and Member's Status is moved to 'Member - Potential Termination.' 3. Member is moved to 'Discharged' Status.	1. SA 2. AC 3. UMC Admin
Schedule the Initial PAS	<Applicant Name> requires a PAS with AC <Assessment Coordinator Name> in <Applicant City and County>.	No	1. Successful Appointment Contact is created for the Initial Appointment. 2. Applicant is moved to 'Applicant - Potential Closure' Status via expiration of the MNER. 3. Applicant is moved to 'Applicant - Closed' Status.	1. SA 2. AC 3. UMC Admin
Scheduling Follow up	<Applicant/Member Name> requires a follow-	Yes	1. Contact is created after the follow-up date. 2. Applicant is moved to 'Applicant - Closed'	1. SA 2. AC

Contact Reminder	up on <follow-up date> to schedule a PAS with <Assessment Coordinator Name> in <Applicant/Member City and County>.		Status. 3. Member is moved to 'Discharged' Status.	3. UMC Admin
SDM and Agencies Selected	<Applicant/Member Name> has chosen <Service Model Selection> Service Model and CMA <Agency Name>, HMA <Agency Name>, FEA <AGENCY NAME>.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	1. SA 2. UMC Admin
SDM Referral	Service Delivery Model selection requires acceptance for <Applicant/Member Name>	No	1. Agency receiving the referral 'accepts' or 'rejects' the referral. 2. Transfer is made to another agency who is not the agency receiving the original referral request. 3. Agency receiving the referral takes action on the notification within 5 business days. 4. Applicant is moved to 'Applicant - Closed' Status. 5. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
SDM Referral Rejected	Service Delivery Model Selection referral to <Agency Name> for <Applicant/Member Name> has been rejected for <Reject Reason>.	No	1. Service Delivery Model and Agency Selections are entered for an Agency other than the one who rejected the referral. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin Will go to CMA, HMA, FEA when they requested the transfer of member
SDMS and Agency Assignment Due (15 days)	It has been 15 days since the applicant has been released from the Managed Enrollment list. Please mark selections or send 2nd notice.	No	1. Service Delivery Model and Agency Selections are entered. 2. SDM and Agency Assignment Due (30 days)' notification was generated. 3. Applicant is moved to 'Applicant - Closed' Status.	1. EA 2. SA 3. UMC Admin
SDMS and Agency Assignment Due (30 days)	It has been 30 days since the applicant has been released from the Managed Enrollment list. Please select SDM and Agency(ies) or close the case as necessary.	No	1. Service Delivery Model and Agency Selections are entered. 2. Applicant is moved to 'Applicant - Closed' Status.	1. EA 2. SA 3. UMC Admin
Service Access Date Entry Required Fourth Reminder	Message: It has been 180 days since the Date of Activation <Activation Date> for <Member Name>. Please enter initial service access date,	Yes- by UMC Administrator only	1. Service Access Date is submitted. 2. A Service Continuation is Approved. 3. Member is moved to 'Discharged' Status.	1. EA 2. Assigned CMA/FEA 3. UMC Admin

	discharge the member or request a service continuation.			
Service Access Date Entry Required Second Reminder	Message: It has been 90 days since the Date of Activation <Activation Date> for <Member Name>. Please enter initial service access date, discharge the member or request a service continuation.	Yes- by UMC Administrator only	1. A newer notification is generated. For Example: 90 day notification remains on the notification screen and a 120 day notification is generated. The 90 day notification would be removed. 2. Service Access Date is submitted. 3. A Service Continuation is Approved. 4. Member is moved to 'Discharged' Status.	1. Assigned CMA/FEA 2. EA 3. UMC Admin
Service Access Date Entry Required Third Reminder	Message: It has been 120 days since the Date of Activation <Activation Date> for <Member Name>. Please enter initial service access date, discharge the member or request a service continuation.	Yes- by UMC Administrator only	1. A newer notification is generated. For Example: 120 day notification remains on the notification screen and a 180 day notification is generated. The 120 day notification would be removed. 2. Service Access Date is submitted. 3. A Service Continuation is Approved. 4. Member is moved to 'Discharged' Status.	1. Assigned CMA/FEA 2. EA 3. UMC Admin
Service Continuation Request Approved	Service Continuation for <Member Name> was approved for New Service Year End Date of <Date>.	Yes	Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Continuation Request Closed	Service Continuation for <Member Name> was Closed.	Yes	Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Continuation Request Rejected	Service Continuation for <Member Name> was Rejected.	Yes	Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Continuation Requested	Service Continuation for <Member Name> was submitted for approval.	Yes- by UMC Administrator only	1. Service Continuation request has been Approved or Rejected. 2. Member is moved to 'Discharged' Status.	UMC Admin if CMA/HMA/FEA originated request
Service Delivery Model - Member Transferred	<Applicant/Member Name's> requested transfer to another Agency effective <Effective Transfer Date> has been approved."	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	CMA/HMA/FEA Transferring From
Service Delivery Model Selection Rejected	<Applicant/Member Name's> transfer request from <Agency Type> <Agency Name> to <Agency Type> <Agency Name> was rejected.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA Requesting Transfer

Service Delivery Model Transfer Agency Approval Request	<Applicant/Member Name's> transfer request from <Agency Name> to Agency <Agency Name> was submitted <Submitted date> and requires your approval.	No	1. Transfer has been 'Approved' or 'Rejected.' 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Service Delivery Model Transfer Approval Request	<Applicant/Member Name's> transfer request from <SDM> to <SDM> was submitted <Submitted date> and requires your approval.	No	1. Referral request is 'accepted' or 'rejected.' 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	1. EA 2. UMC Admin
Service Level Change Request	<Member Name> has a pending Service Level Change Request for <PAS ID>.	No	1. Service Level Change Request has been Processed, Pended for Additional Documentation or Closed from the PAS Service Level Change Request screen. 2. Service Level Change Request has been 'Withdrawn' from the Service Level Change Request screen. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	UMC Admin
Service Level Change Request - Approval Letter	The Service Level Change Request that was submitted for <Member Name> and PAS ID <PAS ID #> has been approved. The new Service Level is tied to PAS ID <Copy for Update/Correction PAS>. Send Service Level Change Request Notice of Decision Approval Letter.	No	1. Service Level Change Request Notice of Decision Approval Letter has been created and sent. 2. Applicant is moved to 'Applicant - Closed' Status. 3. Member is moved to 'Discharged' Status.	UMC Admin
Service Level Change Request - Denial Letter	The Service Level Change Request that was submitted for <Applicant/Member Name> and PAS ID <PAS ID #> has been denied. The new Service Level is tied to PAS ID <Copy for Update/Correction PAS ID #>. Send Service Level Change Request Notice of Decision Denial Letter.	No	1. Service Level Change Request Notice of Decision Denial Letter has been created and sent. 2. Applicant is moved to 'Applicant- Closed' Status. 3. Member is moved to 'Discharged' Status.	UMC Admin
Service Level	The Service Level Change	No	1. Service Level Change Request -	UMC Admin

Change Request - Pend/Close Letter	Request that was submitted for <Member Name>and PAS ID <PAS ID> has received a Pend or Close determination. Send appropriate letters to notify Member and Agency of the Pend/Close determination on the Service Level Change Request.		Determination Letter has been created and sent. 2. Service Level Change Request has been 'Withdrawn' from the Service Level Change Request screen. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	
Service Level Change Request Approved - Agency	The Service Level Change Request that was submitted for <Applicant/Member Name> and PAS ID <PAS ID #> has been approved. The new Service Level is tied to PAS ID <Copy for Update/Correction PAS ID #>. The new Service Level is <Level of Care>.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Level Change Request Close - Agency	The Service Level Change Request that was submitted for <Applicant/Member Name> and PAS ID <PAS ID #> has been closed. <Service Level Close Note>.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Level Change Request Denied - Agency	The Service Level Change Request that was submitted for <Applicant/Member Name> and PAS ID <PAS ID #> has been denied.	Yes	1. Applicant is moved to 'Applicant - Closed' Status. 2. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Level Change Request Pend - Agency	The Service Level Change Request that was submitted for <Member Name> and PAS ID <PAS ID #> has been pended for additional documentation. If you wish to resubmit, please access the PAS Assessment and resubmit with all of the necessary documentation. Please attach the following: [Service Level Pend Note].	Yes	1. Service Level Change Request has been resubmitted from the Service Level Change Request screen. 2. Service Level Change Request has been 'Withdrawn' from the Service Level Change Request screen. 3. Applicant is moved to 'Applicant - Closed' Status. 4. Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA
Service Year Modified	A Service Year has been modified for <Member Name>. Please review ADW History for the member.	Yes	Member is moved to 'Discharged' Status.	Assigned CMA/HMA/FEA

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User Activation	<User Name> access request submitted	Yes	User is Activated.	UMC Admin
User Activation	<User Name> has been activated	Yes	N/A	User requesting activation

APPENDIX D: LETTER TYPE, LETTER NAME, AND DESCRIPTIONS

Letter Type	Letter Name	Letter Description
Annual NOD	Annual NOD Approved	Annual Notice of Decision that the member continues to be eligible for A&D Waiver Services – used for members who access services through the Traditional Service Delivery Model
	Annual NOD Approved – PO Model Selection	Annual Notice of Decision that the member continue to be eligible for A&D Waiver Services – used for members who access services through the Personal Options Service Delivery Model
	Annual NOD Final Term – Addle Info No Impact	Annual Notice of Decision that the member does not meet medical eligibility criteria for A&D Waiver program – and any additional information that may have been sent while in Potential Termination has had no impact
	Annual NOD Potential Term – 2 Wks to Submit Addl Doc	Annual Notice of Decision that the member may be (potentially) terminated from the A&D Waiver program due to medical ineligibility – member has 2 weeks to submit additional information which may impact eligibility decision
Appointment Scheduled	Notification of Scheduled Appointment - Applicant	Notification of the date and time of an upcoming PAS Assessment scheduled for a program applicant
	Notification of Scheduled Appointment - Member	Notification of the date and time of an upcoming PAS Assessment scheduled for a program member
Initial NOD	NOD Approved – MEL Over Select SDM, CMA, HMA	Initial Notice of Decision issued when the eligible applicant has been on Managed Enrollment for an extended stay, but a slot is now available for them to access
	NOD Approved – On MEL	Initial Notice of Decision that an applicant is eligible for A&D Waiver services but a slot is not yet available
	NOD Approved – PO Model Selection	Notice to an applicant that UMC has received their Service Delivery Model selection form and which Personal Options model was selected – instructions applicant to contact the Bureau for additional assistance enrolling for A&D Waiver services
	NOD Approved – Select SDM, CMA, HMA	Initial Notice of Decision issued when the eligible applicant need not be on Managed Enrollment for an extended stay – a slot is immediately available for them to access A&D Waiver services
	NOD Final Denial	Initial Notice of Decision instructing the applicant that they are not medically eligible for A&D Waiver services, even after given the opportunity to submit additional information
	NOD Potential Denial – 2 Wks to Submit Addl Doc	Initial Notice of Decision that the member may be (potentially) denied for the A&D Waiver program due to medical ineligibility – applicant has 2 weeks to submit additional information which may impact eligibility decision
	SDM - 2nd Notice – No Response to First Notice	Notice that upon first Notice of Decision, the eligible applicant did not respond with their Service Delivery Model and/or Agency selections, and that the case may be closed for continued non-response
MNER Acknowledgement	Initial MNER Incomplete	Notice that the Initial MNER for an applicant was received but could not be processed because it was incomplete
	Initial MNER Received	Notice that the Initial MNER for an applicant was received and can be processed

Letter Type	Letter Name	Letter Description
Potential Closure	Potential Closure – Applicant Not Available	Notice that the applicant's request to apply for A&D Waiver services may be closed because they have not responded by scheduling a PAS Assessment
	Potential Closure – Applicant Refused	Notice that an applicant's request to apply for A&D Waiver services may be closed because the applicant refused a PAS Assessment appointment
	Potential Closure – Member Not Available	Notice that the member's request for continued medical eligibility may be closed because they have not responded by scheduling a PAS Assessment
	Potential Closure – Member Refused	Notice that a member's request for continued medical eligibility may be closed because they have refused a PAS Assessment appointment
SLCR (Service Level Change Request)	SLCR Approved	Notice that the request to change the member's Service Level has been approved
	SLCR Denied	Notice that the request to change the member's Service Level has been denied

The Attach Documents feature in CareConnection© is used to view and attach program documents that may be necessary, especially when forms require signatures. The system does not notify administrative users if/when a form or document is attached. Therefore, it is necessary to take the necessary action (such as submit a discharge or Service Level Change Request) or notify the intended recipient that a document is present and attached in the system. User privileges are outlined as either View or Attach (Att – as described in table below). Users with View privileges may view any document attached under the Type of Document for a member to which they are tied. Users with Attach (Att) privileges may view and attach under the Type of Document.

Type of Document	AC View	AC Att	BMS View	CMA View	CMA Att	EA View	EA Att	F/EA View	F/EA Att	HMA View	HMA Att	SA View	SA Att
Hearings Documents	x	x	x	x	x	x	x	x	x	x	x	x	x
Attaching the Hearing Request Form to the AD Waiver CareConnection© does not constitute notice to the Board of Review if the member wishes to pursue Fair Hearing. The form must be submitted directly to the Board of Review. Examples of this document type include: Hearing Request Form, Hearing Packet, Hearing Scheduling Order, Hearing Notice of Decision, IG-BR-29 and IG-BR-45, Order of Abandonment, and Order of Dismissal.													
Informed Consent for PAS	x	x	x	x		x		x		x		x	x
This form includes documentation of the applicant/member's informed consent and release of medical information granting permission to be evaluated for the A&D Waiver Program. It should be attached by AC User upon completing PAS Assessment.													
Legal Documents	x	x	x	x	x	x	x	x	x	x	x	x	x
Any legal document can be attached under this document type. Examples may include: Guardianship or adoption documents or Consent for Release of Information related to attorney or advocate representation in hearings or any other legal documents.													
Member Assessment	x		x	x	x	x		x	x	x	x	x	
A face-to-face assessment used to provide a basis for development of the Service Plan and Plan of Care. The Member Assessment should be attached by the CMA or F/EA User.													
Member Enrollment Forms	x		x	x		x	x	x		x		x	
Completed by the CMA or F/EA User to request enrollment of an applicant who is medically and financially eligible for the A&D Waiver Program. This form should be attached upon verifying the applicant to be financially eligible.													
Member Request to Transfer	x	x	x	x	x	x	x	x	x	x	x	x	x
This form is completed to request a transfer to another agency or to request a change in service delivery model selection. It should be attached by the CMA, F/EA or HMA User upon initiating a transfer request (Service Delivery Model and/or Agency) in the system.													
MNER	x		x	x	x	x		x	x	x		x	x
Form must be attached by SA User upon entry of initial applicant's MNER or by the CMA or F/EA User for the annual reevaluation request.													

Type of Document	AC View	AC Att	BMS View	CMA View	CMA Att	EA View	EA Att	F/EA View	F/EA Att	HMA View	HMA Att	SA View	SA Att
Nursing Plan of Care	x		x	x	x	x		x	x	x	x	x	
Should be attached by the CMA, F/EA User or HMA User upon completion of the Nursing Plan of Care.													
Other	x	x	x	x	x	x	x	x	x	x	x	x	x
Any document that is pertinent to the member or applicant's record but does not fall into an existing category should be attached under "Other."													
Participant-directed Service/Spending Plan	x		x	x		x		x	x	x		x	
The Participant-directed Service and Spending Plan should be attached by the F/EA User when members choose to have their services provided through Personal Options.													
PAS and PAS Additional Documents	x	x	x	x		x		x		x		x	x
Any PAS document not created in CareConnection© can be attached here. Any additional documentation collected during a PAS Assessment can also be attached.													
PAS Medications	x	x	x	x		x		x		x		x	x
The AC User may choose to input medications at time of PAS or attach a list of medications the member or applicant is prescribed. The listing should include: Medication Name, Dosage, Frequency Taken, Reason Prescribed and Diagnosis. A PAS is considered incomplete unless medications are entered or attached.													
PAS Release of Information	x	x	x	x		x		x		x		x	x
This document is completed at the time of the initial or annual PAS Assessment and is signed by the member/applicant or their legal representative authorizing release of medical information by the Physician. The document is required to be attached when creating a PAS online or offline.													
Request for Discontinuation of Service	x	x	x	x	x	x	x	x	x	x	x	x	x
The CMA, F/EA or HMA User should attach a Request to Discontinuation of Services form in the event: No A&D Waiver services were provided for 180 continuous days, unsafe environment, program noncompliance, or when the member no longer desires services.													
Request for Service Level Change	x		x	x	x	x		x	x	x	x	x	x
This form is submitted by the CMA, F/EA or HMA User to request an increase in the member's service level only if the current service level is A, B, or C due to a substantial change in the member's medical condition. This form must include the original signatures or will be considered invalid.													
RN/Case Management Contact Forms	x		x	x	x	x		x	x	x	x	x	
The CMA, F/EA or HMA User should attach the RN/Case Management Contact Forms as applicable.													

Type of Document	AC View	AC Att	BMS View	CMA View	CMA Att	EA View	EA Att	F/EA View	F/EA Att	HMA View	HMA Att	SA View	SA Att
Service Delivery Model and Agency Selection Forms	x	x	x	x	x	x	x	x	x	x	x	x	x
The AC or SA User should attach initial selection forms; the CMA, F/EA or HMA Users should attach if members transfer Service Delivery model or Agencies.													
PAS Import - System	x		x		x	x		x		x		x	
Upon system deployment, existing PAS Assessment documents will be attached or imported into the system, when possible and available. All users tied to a member will have the ability to view an imported PAS Assessment.													

The **Aged and Disabled Waiver CareConnection® Provider Registration Form** will be used to input each provider's information into the WV Aged and Disabled Waiver CareConnection®. This form should be submitted in its entirety to KEPRO at the email address below. Each agency must submit a separate form; if an agency provides both Case Management and Homemaker services, two forms should be submitted. It is recommended that the CEO/Responsible Officer and Waiver Contact designations be two separate persons.

Please Type or Print Clearly | *Required Field

CEO/Responsible Officer/Agency Director

First Name*   MI   Last Name*   Suffix

Email Address*   Phone Number*   Fax Number*

Address 1*

Address 2

City*   State*   Zip Code*

Aged and Disabled Waiver Contact

First Name*   MI   Last Name*   Suffix

Email Address*   Phone Number*   Fax Number*

Address 1*

Address 2

City*   State*   Zip Code*

Type of Agency (Mark with an "x" and select only one per form submitted)

☐ Case Management Agency (CMA)

☐ Homemaker Agency (HMA)

☐ Fiscal/Employer Agency (F/EA)

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Agency Company Information

Agency Name (include location/city)* (Example: CCIL-Beckley)

[   ]

Agency Number (National Provider Identifier Number)

[   ]

Agency Address*

[   ]

Agency Address 2

[   ]

Agency City*	State*	Zip Code*
[ ]	[ ]	[ ]

Phone*	Fax*	WV Medicaid Provider Number
[ ]	[ ]	**LEAVE BLANK**

Web Address	State Agency ID
[ ]	**LEAVE BLANK**

Counties Served (Mark with an "x")

☐ Barbour ☐ Berkeley ☐ Boone ☐ Braxton ☐ Brooke ☐ Cabell
☐ Calhoun ☐ Clay ☐ Doddridge ☐ Fayette ☐ Gilmer ☐ Grant
☐ Greenbrier ☐ Hampshire ☐ Hancock ☐ Hardy ☐ Harrison ☐ Jackson
☐ Jefferson ☐ Kanawha ☐ Lewis ☐ Lincoln ☐ Logan ☐ Marion
☐ Marshall ☐ Mason ☐ McDowell ☐ Mercer ☐ Mineral ☐ Mingo
☐ Monongalia ☐ Monroe ☐ Morgan ☐ Nicholas ☐ Ohio ☐ Pendleton
☐ Pleasants ☐ Pocahontas ☐ Preston ☐ Putnam ☐ Raleigh ☐ Randolph
☐ Ritchie ☐ Roane ☐ Summers ☐ Taylor ☐ Tucker ☐ Tyler
☐ Upshur ☐ Wayne ☐ Webster ☐ Wetzel ☐ Wirt ☐ Wood
☐ Wyoming

I certify that the information provided on this form is accurate and reflects the services the agency is certified to provide and the counties the agency is certified to operate within.

CEO/Responsible Officer/ Agency Director Signature _____

Date _____

Waiver Contact Signature _____

Date _____

Bureau of Senior Services Approval _____

Date _____

Aged and Disabled Waiver CareConnection© Web User Request Form
Please type or print clearly

Web User's Information

First Name   MI   Last Name

*Preferred User Name   Email   Phone Number

**Security Question   Security Answer

Is this user already affiliated with another CareConnection® user account? If so, what username is already established?

*Preferred User Name will be used unless another user has already established an account with that user name.

**Security Question and Answer will be used in the event the password needs reset or the account is locked.

Web User Requested User Access

☐   ***Provider   ☐   CMA   ☐   HMA   ☐   F/EA

☐   Eligibility Administrator (Only applicable to Bureau of Senior Services)

☐   Bureau for Medical Services (Only applicable to Bureau for Medical Services)

***If "Provider" is selected, please select either CMA, HMA or F/EA
outlining the type of agency for which you are requesting access

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Web User Agency Affiliation: Agency for which this user is requesting access
(Section is only applicable to CMA, HMA or F/EA Web User Requests)

Must match information submitted on Provider Registration Form

Provider   Agency Number (NPI)

Address

City   State   Zip

Web User Agreement

I, individually and as an authorized web user of the aforementioned Provider or entity, agree that I will access and use the information available through the KEPRO – WV Aged and Disabled Waiver web site only for treatment and healthcare operations purposes (as those terms are defined in the HIPAA Privacy Rule.) I will use all reasonable precautions with respect to protecting the security of my unique login and the privacy and security of the data within this web site.

User's Signature   **Date**

CEO/Responsible Party/Agency Director's Authorization

I authorize the action indicated above for the specified User. I agree to promptly deactivate a User account, when a User no longer has a business purpose to access the information available within the web site.

**CEO/Responsible Party/Agency
Director's Signature**   **Date**

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New ADW Application Process Effective December 1, 2015

Applicants to the Aged and Disabled Waiver program must establish Financial Eligibility before the Pre-Admission Screening (PAS) can be scheduled. Within two business days of receiving a fully completed MNER, APS will send a letter to the applicant notifying them that they must complete financial eligibility before they can proceed with medical eligibility. The letter includes a yellow DHS-2 form and a Case Management Selection form. CareConnection© has been updated to accommodate this process.

1. **For applicants whose record was created in CareConnection© between 12/1/2015 and 2/19/2016:**
   - CMA providers were notified by Fax if an applicant chose their CMA to help with the financial eligibility process.
   - CMA providers will not have access to these applicant records in CareConnection© during the initial Financial Eligibility period. If an approved member's slot is released and the member chooses a CMA, the chosen CMA will receive notification of the selection following the slot release and selection.

2. After close of business on 2/19/2016, updates were made to CareConnection© which allow the system to track the applicant through the initial Financial Eligibility process. **For applicants whose record was created in CareConnection© after close of business on 2/19/2016 forward:**
   - If selected by the applicant, CMA providers will receive the **Initial SDM Referral** notification in CareConnection©, which they will accept or reject. APS will no longer fax notification to the CMA. The CMA should contact the applicant and assist them with obtaining financial eligibility for Aged and Disabled Waiver.
   - If the CMA accepts, CMA users will have access to the applicant record in CareConnection©.
   - The CMA will receive the notification **Initial FE Verification**. In the Financial Eligibility screen, the CMA should mark yes/no to indicate whether the applicant is financially eligible per the DHS-2 form. The system will <u>not</u> prompt the CMA user to validate Medicaid number at this time.
   - If received, the CMA must attach the DHS-2 form into CareConnection©

   Note: The CMA can research when an applicant was created on the Edit Member/MNER page under the MNER History tab. Look for the first saved record in the Save/Submit Date column.

The processes below outline the detail of functions related to those applicants whose record was created in CareConnection© after 2/19/2016.

CMA Accepting or Rejecting Referrals

The applicant may choose a CMA upon applying to the ADW program. The CMA will be notified of the selection in CareConnection© by the **SDM Referral** notification. This feature replaces the faxes agencies previously received to notify them of an applicant's selection prior to February 19, 2016, when CareConnection© was updated to accommodate the new Financial First work flow.

Clicking on the **SDM Referral** Notification will take the CMA user to the Service Delivery Model and Agency Selection page with the member snapshot and SDM selection history. Here the CMA can view all the information associated with the member's selection of the CMA. From the action column, the CMA user can reject or accept the referral.

- If rejecting the referral, click *Reject Referral* under the action column. From the reject service delivery model referral screen, select a reject reason from the dropdown menu and type any comments into the comment box,

then hit submit. This will send a notification to APS and BoSS users notifying them another agency would need to be selected by the member. Upon rejecting a referral, the CMA will have no access to the applicant's record.

- If accepting the referral, click *Accept Referral*. The CMA will be prompted to be verify their acceptance then click *OK*. The screen will display a banner indicating the Service Delivery Model referral has been accepted. The CMA will then be granted access to the applicant's record in CareConnection©. The CMA should contact the applicant within five business days of accepting the referral by telephone or face-to-face contact. The CMA should offer assistance with applying for financial eligibility and answer any questions the applicant might have.

Note: The applicant cannot select a Service Delivery Model or Homemaker/Personal Attendant agency during this phase of application. They can select a CMA to assist with the initial Financial Eligibility process. If they are later determined medically eligible and are assigned a slot, they will be sent new selection forms where they can choose Personal Options or the Traditional service delivery model and their choice of CMA/HMA at that time.

Entering the Initial Financial Eligibility Verification

The applicant and/or Case Manager must submit the yellow DHS-2 and a copy of the letter from APS Healthcare to the county DHHR so they may determine financial eligibility based on ADW criteria. The yellow DHS-2 includes an expiration date. DHHR will not accept nor process an expired DHS-2. If this occurs, the applicant must reapply.

Medical eligibility determinations will not occur until the "financially approved" yellow DHS-2 form is returned to APS Healthcare. If the yellow DHS-2 form is not returned to the UMC within 60 calendar days of the expiration date, the referral will be closed.

The CMA should indicate Yes/No on the financial eligibility screen to indicate whether the applicant is financially eligible and attach the yellow DHS-2 form to the applicant record in CareConnection©. The user should select Type of Document as *Other* and should label the DHS-2 file they are saving to the system with the file name structure of LastName-DHS-2_YYYYMMDD.

Note: APS cannot proceed with scheduling the medical eligibility assessment until the approved DHS-2 form is available in CareConnection©. Upon receipt of the Initial FE Entered notification, APS staff will verify the financial eligibility and attempt to contact the applicant to schedule the PAS. If medially eligible, the applicant will be placed on the managed enrollment list.

CMA Transfers while the applicant is pursuing Initial Financial Eligibility

Note: If a CMA accepts a referral for an applicant, then needs to submit a transfer, the CMA must select only "**Initial FE Verification**" reason when making the transfer so the new CMA will have the notification to enter the financial eligibility verification. Failure to mark this as the reason for transfer of an applicant will result in the new agency not receiving their notification.

Approved by the West Virginia Department of Health and Human Resources Bureau for Medical Services.

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