



Department of
Developmental Disabilities

Division of Information Technology Services

John R. Kasich, Governor
John L. Martin, Director

**DODD ITS PARTNER ENRICHMENT DAY
SEPTEMBER 22, 2016**

IMAGINE QUESTIONS:

Question 1: When will an Individuals budget (MSS) be a part of imagineIS? (Note: This will eliminate double entry in MSS and Projected Services in an Outcome).

Answer: Preliminary work has been completed to provide a “loose coupling” from MSS to imagineIS. Currently, there is planned work in the product backlog to complete the detailed cost projection of local and waiver services for an individual from within the MSS system. In this scenario high level budget planning will continue to happen within imagineIS and detailed level budgeting for individuals sharing services and providers will be finalized/authorized in MSS and available to review at any time within imagineIS. DODD will continue to look at the appropriated amount of integration in this area that provides efficiencies, leverages functionality in MSS and provides a reasonable level of integration.

Question 2: Over the next 5 years will there be a day when all county boards will be required to use imagineIS for service plan development?

Answer: ImagineIS is not required for use by county boards. Over 30 county boards have adopted imagineIS. imagineIS is a tool that is built on the principles of Person Centered Planning, Collaboration and Efficiency. The tool is available for all County Boards to plan, adopt and utilize when working with Individuals, Families, Guardians and Providers with training/readiness activities being provided free of charge.

Question 3: Will there ever be the ability to upload to DODD from Primary Solutions?

Answer: No, given the level of integration and associated triggered events, alerts, notifications and workflows DODD will not be providing upload capability.

Question 4: Will imagineIS have a link per individual to the Ohio Benefits System?

Answer: Yes, this is a current functionality and can be reached by selecting the tile from the individual’s record.

Question 5: Could an ICF use imagineIS for their ISP process?

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Answer: Yes, this is definitely possible. Some conversations have occurred. Follow-up with stakeholders to review the ISP process in this space needs to be completed. We here at DODD would like to train/partner with the ICFs that are moving in this direction.

Question 6: Are there any large counties using imagineIS?

Answer: Currently our largest county users are Licking and Fairfield.

Question 7: When software sharing downloads happen, how will we deal with Medicaid #'s integrating from County Boards, (will it wipe good local data if not syncing properly)?

Answer: Ohio Department of Medicaid will be the system of truth in establishing the Medicaid # and other Medicaid related information is received in real time from Ohio Benefits. This data is available to County Boards and ICFs using DODD's system. (Note: This information can be added to the download capability based on feedback from the Counties.

LOC QUESTIONS

Question 1: Opt out county and individuals don't have LOC's how can we see Ohio Benefits?

Answer: Ohio Benefits information of individuals who are enrolled on DD waiver or individuals living in an ICF is available through the DODD LOC system irrespective of being an Opt out county. (Please note that anyone enrolled in one of DODD's HCB waiver or admitted to ICF/DC seeking Medicaid reimbursement for a certified bed will have an LOC.)

Question 2: Opt out county, do we need to put information in eligibility? (getting reports (pgs.) missing dx + eligibility)?

Answer: Yes, decision trees have been created as part of the LOC that follows the legacy process to support opt-out counties.

Question 3: Does the MUI system feed the date of death to the LOC/IDS?

Answer: Yes

Question 4: Can you explain the LOC process when leaving an ICF and going to waiver?

Answer: An individual who lives in an ICF or who is enrolled on Waiver have an existing LOC. The LOC follows the person **as long as there is an active LOC span**. An individual moving from one setting to another where an active LOC exists can follow the directions below.

Transition:

1. If an individual is moving from an ICF to a Waiver

- ICF completes a Discharge NICS (ODJFS 9401 forms are no longer required to be submitted by ICF/DCS for discharges).
- County Board reviews ICF LOC to determine if they can attest to it and that the LOC span is active (LOC redetermination completed).
- If the County Board is not the reporting County for that individual's record, then they must complete an individual transfer record request to be able to see the ICF LOC.
- The County Board then completes the ICF to Waiver NICS
- The County Board attests to the LOC on the NICS.
- After the NICS is processed by DODD (allow 30 days for processing). And the individual is enrolled, the County Board can (if they choose) complete a Change of Condition. *There is no packet required with the NICS, but the County Board may complete the LOC assessment and upload the medical/psychological evaluation if they choose rather than waiting until the next redetermination. Submitting the ICF to waiver NICS on the day of the proposed enrollment will not be processed that day. If there is a gap between the date of discharge from the ICF and the proposed date of enrollment, then the LOC will not follow the individual. The ICF to waiver NICS will not be applicable and the County Board will be required to complete an initial LOC determination.

2. If an individual is moving from a waiver to an ICF.

The County Board completes a Disenrollment NICS and uploads the supporting documentation.

- The ICF then completes the Consent which gives them Read Access.
- The ICF then completes the NICS Admission

3. If an individual is moving from an **ICF to another ICF**.

- The ICF where the individual is currently residing completes a Discharge NICS
- The ICS where the individual is moving to completes a Consent which gives them Read Access to determine if they can attest to the LOC and that the LOC is active.
- The ICF where the individual is moving to completes the NICS Admission, determines if they are eligible.
- Please remember: When submitting a Consent for an internal transfer (from one ICF to another within the same organization), the Consent must be submitted by the ICF that is doing the Admission

- Moving an individual's LOC (either from an ICF to a Waiver or a Waiver to an ICF or ICF to ICF) requires planned, ongoing coordination from both the parties to ensure that there is no gap in services.

Question 5: How is LOC person centered?

Answer: The process for level of care is person-centered and strength-based and aligns more closely with county board eligibility. The new tool will incorporate the core data set for Balancing Incentives Program (BIP) and is based on the Developmental Disability Assistance and Bill of Rights Act of 2000. Requirements for eligibility included those commonly found in functional assessments. Additionally, only one clinician verification, Medical or Psychological, is required and would be valid for one year unless there is a change in status. A new assessment is not required when a person changes waiver, moves to a different ICF, returns to an ICF from a temporary stay in another institution, such as a hospital or nursing facility, or when moving between ICF/waiver. The assessment would be valid for one year unless there is a change in status.

The new LOC rule does not pertain to county board eligibility; however, it does align more with the county board eligibility. Testing of the LOC tool demonstrated there were no negligible differences between determination made when using LOC assessment tool and OEDI1/COEDI. It is a single process for the individual who receives services instead of having to use two different assessment instruments. As long as an LOC is active then it moves with the individual from ICF to waiver, waiver to ICF and ICF to ICF. Previously we used multiple tools and processes for the developmental disabilities LOC determinations. This often resulted in different experiences for the individuals particularly moving between ICF's and waiver setting creating additional barriers and complexities for individuals to receive necessary long term services and supports. The LOC process also provides standardized training for certification to be an LOC evaluator. This assists with consistent ratings and inter-rater reliability as where previous process did not. DODD provides an LOC manual to assist with the standardized training and certification for evaluators which provides assessment protocols and guides the evaluators to provide a person center approach when completing the assessment. For example, a face to face assessment of the person seeking enrollment in an HCBS waiver or admission into an ICF is required.

The person being assessed may choose to have others participate during the face to face interview process.

(Please note the interview must be person-centered. The evaluator should ask open-ended question that focus on abilities and encourages the person to describe how they complete various tasks.)

PCW QUESTIONS:

Question 1: Can a provider in the process of recertification add new service locations?

Answer: Counties of Business can be updated in any application or through the Update Service Counties link on the Providers Landing Page for entering and maintaining Service Locations. Phase 2 will also add the review of service locations and update ability into the provider application process for initial, renewal, add-on applications for ADS and Voc Hal.

Question 2: As an independent provider, I am going through the process of being recertified. I submitted all of my documentation including BCI/FBI reports, and I plan on becoming established as an agency within the next 6 months, will I need to get another BCI/FBI report as well as other pertinent documents that were previously submitted for my independent provider recertification?

Answer: The BCI check is valid for one year from the date it was issued. All other documents related to an agency application will need to be uploaded in PCW in order to submit the application. We recommend that the applicant also upload a letter of intent; stating DODD already has a BCI check on file that is less than a year old, so that it can be pulled. Otherwise, DODD would not know to pull the BCI check that is filed with a different application.

Question 3: Provider Certification Wizard drop down menus don't work properly; I cannot uncheck boxes or make changes to some parts of the application?

Answer: For this issue, they should NOT call ITS Call Center, but should call DODD Support Center at 800-617-6733, Option 3. Additionally, there are also aspects of the application that do not allow boxes to be checked or unchecked, per rule. For example, an applicant is not permitted to apply for PCA only. By checking PCA, the "crosswalk services" are also checked (these are the comparable services under our other waivers). These "crosswalk services" cannot be unchecked unless PCA is removed. The same is true for other services. For example, an applicant cannot apply for Career Planning Worksite Accessibility without the system also automatically checking Career Planning. The system will not allow Career Planning to be unchecked while Career Planning Worksite Accessibility remains checked. This is because rule requires certification in Career Planning in order to add Career Planning Worksite Accessibility.

Question 4: DODD asks for documentation and supporting documentation, but has failed to explain the EXACT documentation required? The (?) box does not provide the information needed, can you provide what is required?

Answer: Every "?" on the Documents Upload Tab has information that appears when you hover your mouse over the "?". In addition, the e-mail sent by the reviewer should specify what documents are needed. If you have any questions, you can contact the DODD Support Center at 800-617-6733, Option 3.

Question 5: Can I retain “old” documents for recertification, (I do not want to resubmit documents again).

Answer: If PCW asks for the document, please submit it. The system should only be asking for documents required and shouldn’t be asking for documentation previously submitted, unless an updated version is needed. This is the case with forms such as the Attestations, W-9, State IDs, etc. Forms such as Social Security card and birth certificate should not be requested upon renewal if it was uploaded during the previous certification. However, because these documents are a more recent requirement, many providers are currently being required to upload them.

Question 6: The certification process is inefficient and frustrating how do I improve the process?

Answer: Currently conducting stakeholder meetings looking to redesign the system for Provider Certification. Some of the work has begun.

SEMS QUESTIONS:

Question 1: In the SEMS system, how do I see the type of role requested by a new user or renewal user? (Note: I am an approver for my county).

Answer: DODD has created specific data warehouse reports that show the roles of information for the user. This is currently available to County Boards via an e-mail request or by placing a call to the ITS Call Center at 800-617-6733, Option 4. The information will be sent to the County Board Approvers.

Question 2: As an approver in the SEMS system is there a way to run a report to show a list of all approved County Board users and their approved roles?

Answer: We have created specific Data warehouse reports that show the SEMS system. This is currently available to counties based on an email request or calling the ITS Call Center at 800-617-6733, Option 4 and will be sent to the County Board Approvers.

Question 3: I got married and my name has changed and e-mail as well. I now have 2 accounts (1-pre married, 1-post), who can help me consolidate this information to one account?

Answer: The user could go to www.dodd.ohio.gov, login to DODD systems; select the County Board’s “quick links”; update my account profile, change first name, last name and phone number. Another option would be to e-mail or call the ITS Call Center at 800-617-6733, Option 4.

Question 4: Can I have a report for approvers to be able to see when staff’s security is going to expire?

Answer: We have created specific Data warehouse reports that show the SEMS system. This is currently available to counties based on an email request or calling the ITS Call Center at 800-617-6733, Option 4 and will be sent to the County Board Approver.

Question 5: For the COGS, each staff person may have a different job. Some support systems overlap and so do not carry from staff member to staff member how can I manage this process?

Answer: Please e-mail or call the ITS Call Center at 800-617-6733, Option 4 to make the necessary changes to the “roles” and “groups” assigned to the users.

IDS QUESTIONS:

Question 1: Are there any planned improvements to the IDS downloads into Gatekeeper?

Answer: Yes, as of September 22, 2016 we released a new updated IDS download that is available directly from IDS/CRM (Download center). This has all of the relevant fields in the new IDS/CRM and Eligibility data from LOC. Guardian data is also available from the download center.

Further enhancements to downloads for Waiting list, waiver nursing are being planned.

Question 2: Can you please remove all references to completing the security affidavit from auto generation?

Answer: This change has been completed.

MISCELLANEOUS QUESTIONS:

Question 1: I would like to see a delete line feature in EMBS when inserting billing codes. (it's easy to make mistakes when doing billing but hard to correct the mistake).

Answer: Discussions have begun and we are looking to work with appropriate Product Owners to get started.