


## SERVICE AND SUPPORT ADMINISTRATORS

### INDIVIDUAL RECORD

1. What should I do when I open an Individual's Record for the first time?
  - Check that a 'Residence Address' and 'Mailing Address' are entered for the Individual and are correct: Individual's Front Page → 'Addresses'
  - Check that the Individual's 'Reporting County' is listed correctly: Individual's Front Page → 'County Information' → 'Reporting County' field
  - Check if the Individual has been 'Terminated' and re-enroll them if necessary: Individual's Front Page → 'County Information' → 'Termination Date' field (add 'Reenrollment Date if needed)
  - Check the Individual's 'Service Summary': Individual's Front Page → 'v' beside Individual's Name → Service Summaries tile
  - Check the Individual's Determination Dates (span dates) are present and correct: Individual's Front Page → 'v' beside Individual's Name → Service Summaries tile → Open Current
    - Service Summary record (The dates on the Future Service Summary will automatically be generated) → Click the Refresh icon '  ' to view changes
    - Make certain there is both a Current and Future Summary.
    - Individual's Front Page → 'v' beside Individual's Name → Service Summaries tile (If there are no or only one Service Summaries listed, submit a DODD Call Center ticket.)
2. Why don't I see the new information I added in a Discovery module in the Individual Summary sub-menu of the Individual's Front Page?

Discovery Management has to be phased through Published before the Discovery Data will update to the Individual Summary section of the Individual's Front Page.
3. Why don't I see the new information I added in a Discovery module in the Discovery Quick Summary sub-menu of the Individual's Front Page?

Discovery Management has to be phased through Published before the Discovery Data will update to the Individual Summary section of the Individual's Front Page.

4. Can I change an Individual's DOB on their Front Page and that change be reflected in IDS?  
No, IDS downloads are made into imaginIS but no uploads are currently being done from imaginIS to any other system. If the DOB is incorrect for an Individual the correction will have to be made in IDS.

## DISCOVERY

1. Where do I put assessments not entered directly into the Assessment Center?  
Assessments can either be scanned into the documents folder or entered into Discovery Results. If you wish to seek feedback on the assessed needs and have these shared with portal users, they would need to be in Discovery Results.
2. Can I delete an entry after it has been saved?  
Once an entry has been saved it cannot be deleted by the County Board staff. If there is a need to remove data, a help desk ticket must be created requesting that IT delete the data. This is because the imaginIS contains historical records. Most information can be edited for things such as spelling, date errors, etc. In addition, records such as "Connections" can be End-Dated so that they are no longer attached to the Individual.
3. Do I need to fill out each and every section of every Discovery module?  
No. SSA's only need to enter Discovery Results in the modules that relate to what is found during the Discovery process. The sub-sections in each module are "memory ticklers" of possible relevant areas and/or conversation starters.
4. Are all Discovery Modules and sub-categories required to be explored and documented?  
No. Relevant information about the Individual that is gathered during conversations between the Team should be captured in the appropriate module(s). The state does not require that any particular module be explored, however, three Modules: Communication & Learning, Employment and Community Relationships should be discussed to uncover any relevant information for Person-Centered planning.
  - Because we are having a conversation with the Individual about their wants and needs, Discovery information related to Communication & Learning can be uncovered.

- The Employment module should be explored to comply with Ohio's Employment First guidelines.
  - We want to help our Individuals grow personally and become participating members of the communities. For this reason, conversations can take place around Community Relationships.
5. Can I Phase a single Discovery Module?  
No. All modules in Discovery Results are phased simultaneously. Discovery can be phased at any time but it is not necessary to phase Discovery every time information is entered into a module. The Quick Phase bar on the Discovery Results can be used.
6. Why doesn't my Discovery data print out on my ISP?  
Discovery Management doesn't print as part of the ISP. You will need to print the Discovery Results separately.
5. Why don't I see any data in the Individual Summary sub-menu of the Individual's Front Page?  
Discovery Management has to be phased through Published before the Discovery Results will update to the Individual Summary section of the Individual's Front Page.
6. Why isn't data I enter in a Discovery Quick Summary sub-menu of the Individual's Front Page?  
Discovery Management has to be phased through Published before the Discovery Results will update to the Individual Summary section of the Individual's Front Page.

## DISCOVERY MANAGEMENT

1. What Phase does Discovery Management need to be in before I can print it?  
You can print Discovery Management at any phase. However, feedback can only be entered from the imagine Portal if Discovery is in the Draft Distributed phase. There are two Discovery Reports available from an Individual's Front Page; Discovery Results – Draft and Discovery Results – Published. The information in the resulting report can change based on which report is chosen and the phase of Discovery Management.
2. Where can I see the changes I have made to Discovery?  
Selecting a Discovery History record allows you to go back and review earlier versions of Discovery Modules and look at the changes made. Discovery Management must be Published for a Discovery History record to be created.










To open a particular Discovery History record, double-click on the blue area of the record. Then chose the desired Discovery Module to explore. This will open all the modules with the information which they contained at the time and date they were Published.

Discovery History		
Name ↓	Published Date ↓	Communication...
Discovery Results on 12/13/2016 11:44:54 AM	12/13/2016	12/13/2016
Discovery Results on 12/9/2016 11:17:28 AM	12/9/2016	10/24/2016
Discovery Results on 11/22/2016 10:22:33 AM	11/22/2016	10/24/2016
Discovery Results on 10/30/2016 6:08:41 PM	10/30/2016	10/24/2016

- Why do the Discovery Results Reports print all the Discovery Modules even if they have not been explored and/or are blank?

Printing a Discovery Results report from an Individual's Front Page automatically includes ALL of the Discovery Modules regardless if they have been explored or are blank. If you only want to print specific Discovery Modules for the report, you must do so from the Discovery Management page.

On the Discovery Management page, click on the gray icon beside the module you wish to print. This will produce a report only for the information in the selected module. Click the icon beside any Discovery Module you want to include in your report.

 Communication & Learning	Last Edited Date	7/21/2016
 Community Membership	Last Edited Date	12/21/2015
 Day to Day Life	Last Edited Date	12/21/2015
 Path to Community Employment	Last Edited Date	1/9/2017
 Finance	Last Edited Date	12/21/2015
 Getting Around	Last Edited Date	12/21/2015
 Health & Wellness	Last Edited Date	12/21/2015
 Home & Housing	Last Edited Date	12/21/2015
 Relationships	Last Edited Date	12/21/2015

- Why don't I see any data in the Individual Summary sub-menu of the Individual's Front Page?  
Discovery Management has to be phased through Published before the Discovery Results will update to the Individual Summary section of the Individual's Front Page.

8. Why isn't data I enter in a Discovery Quick Summary sub-menu of the Individual's Front Page? Discovery Management has to be phased through Published before the Discovery Results will update to the Individual Summary section of the Individual's Front Page.

## ESSENTIAL HEALTH

1. Do I need to enter a Level of Support Assessment for every medication an Individual requires? The State of Ohio does not require that a Self-Administration Assessment be performed for each medication an Individual takes. A Self-Administration Assessment's purpose is to assess whether the Individual is capable of taking medication by themselves without assistance.

It is suggested that Oral and Topical Medications be grouped in a Self-Administration Assessment for Individuals whose medicine changes frequently. For example, enter a "grouped set", for All Prescription Medications; AM Medications; Over-the-Counter; etc.

Any questions regarding Self-Administration Assessments, please review OAC 5123:2-6-02.

2. My Individual's medications and dosages change frequently. Does imaginIS have a method for dealing with this type of constant change?

Yes, documents can be uploaded easily from inside the Essential Health widow. The Documents sub-menu is at the bottom of the Essential Health window. Click on the Choose File command, find the document you wish to upload, and chose the Essential Health Section where the document should be stored. You may add a Title or Comments if desired.

A "medication" can be added with a title such as, "See Latest Med List" and this can be seen from the Portal. In addition, Portal users can also upload documents. The SSA will receive a Notification that a document has been uploaded and then "approve" the document which will allow it to be seen by all of the Individual's team members in the Portal.

3. How do I add a Level of Support assessment?

Go to the Essential Health tile and click on the START DIALOG command at the top of the page. A pop-up window will open with the four DODD Level of Support Assessment areas:

- Add/Assess G – J Tube
- Add/Assess Insulin Injection
- Add/Assess Glucometer

- Add/Assess Medication

Click in the blue area of one of the assessments and then click Add. The chosen assessment will open. Do not add Comments in any area of the assessment. They will not be saved.

### ACTION PLANS

1. Why do SSA's have to do Action Plans? Isn't that the responsibility of the Provider?

The SSA must "assign" the Action Plan to the Provider. The Provider is responsible for inputting the Action Steps. Usually an Action Plan is assigned for each Service Listing but it is not required if one Provider delivers more than one service. That process decision is up to the County Board.

2. Where can I find Action Plans?

Open an Outcome for the Individual, then click on the down arrow beside the Outcome name in the Navigation Bar, and select the Action Plans tile.

3. Why can't I find my Provider in the Assigned Provider drop-down field?

Only Providers who have a Service Listing in the Outcome where the Action Plan was added are available to select in the Assigned Provider drop-down list. Provider's names cannot be added to the Action Plan without a Service Listing.

### SERVICE SUMMARY

1. What is the financial workflow associated with Service Listings?

- The SSA will create the Service Listings; and then for Local Services, request Costing from the BSS by selecting the "Cost Projection Needed" button.
- The BSS will add in the "County Fund Source" for Local Services, and inform the SSA that the Cost Projection is complete.
- The SSA will then "Request Funding Approval" from the FM by selecting the button.
- The FM will approve the request and inform the SSA.

2. Why can't I add a new Service Listing?

If the Service Summary has been phased to "Complete" then NO changes can be made to any Service Listing.

- a) The Finance Manager can Reset the Service Summary from Completed to Working Draft-Internal. The SSA can then add the additional services.
- b) If a Service Listing in the Service Summary needs to be deleted, then the SSA Supervisor can delete a Service Listing one at a time.

3. Does imaginelS require that the Service Summary be Costed and Approved before the ISP can be phased?

No, it is not a requirement in imaginelS. SSAs should follow their county's process, however. A message will display when the ISP is being phased when the Service Summary has not been. The message states, "Attention: Service Summary has not been completed. Would you like to continue as the Service Summary will not be included in the ISP?"

## ISP

1. How do I make an addendum to an ISP once it has been published?

When an ISP is published, a copy of the published ISP is created and stored in the Documents Folder. The ISP returns to Working Draft – Internal after it is published because it is a "living" document that often needs to be changed.

Outcomes can be added, "Suspended" (can be reactivated) or "Discontinued" (must be re-entered if reactivation is desired). Services Listings may be added, edited or deleted unless the Service Summary is in the "Complete" status. Once the Service Summary is phased to "Complete" no changes may be made to any Service Listing in that span.

Discovery Results and Essential Health information may be added or edited at any time.

2. When agreeing to the ISP, can more than one Program Manager agree to the ISP in the imagine Portal?

No, currently an Individual can only be assigned to one Program Manager. This means only one Program Manager can see that the ISP is ready for approval. However, if a Provider is being asked to deliver more than one service for an Individual, the CEO, Delegator, or Program Manager may choose which Service Listings they are willing to agree to provide by checking the box next to the service.

3. Why can't I phase my ISP past Pending Approvals/Pending Agreements?

The Approvals Needed and/or Agreements Needed in the General section of the ISP window need to be changed to No and then Saved. If it does not phase then open the Approval Tracking or Agreement Tracking sub-menus and see if there are any records where a physical signature was collected and the Approval Received or Agreement Received field/s need to be changed to Yes.



4. How do I indicate in imaginIS that physical signature/s have been collected?

It is necessary to manually change the Approval and the Agreement records when physical versus electronic signatures have been collected for the ISP.

If an Approval such as HRC, BSC, Financial, etc. have been physically gathered then it is necessary to go to the ISP window and enter confirmation that the Approval was received. Change the Approvals Needed field to No and click Save. To indicate that a specific approval has been received, the ISP Document Approval sub-menu can be completed as desired. Also, distinct records can be approved separately in the Approval Tracking sub-menu. Double-click on the record in one of the sub-headings such as Approval Tracking Finance, Approval Tracking HRC and Approval Tracking BSC.

NOTE: If HRC or BSC review and approval is needed, that must be included in the Outcome. The HRC Reviewed and BSC Reviewed fields will be locked on No if not indicated as being needed in the Individual's outcome.

If an Agreement has been physically gathered then it is necessary to go the ISP window and enter confirmation that the Agreement was received. Change the Agreements Needed field to No and click Save. To indicate that a specific agreement has been received, click on the Agreement Tracking sub-menu. To indicate that a distinct agreement has been received, double-click on the record in one of the sub-headings such as Agreement Tracking Provider, Agreement Tracking Individual, and Agreement Tracking Guardian.

5. What happens with the ISP once it is published?

When an ISP is published, a copy of the published ISP is created and stored in the Documents Folder. The ISP returns to Working Draft – Internal. Additional Discovery Results may be added or edited. Outcomes and Service Listings may be added, edited or deleted. However; IF the Service Summary is in the "Complete" status, no changes may made to any Service Listing.

It is important that the ISP be published so a copy of the active ISP on any given day is archived.

### CASE NOTES

1. What is the proper method of entering the date and time in / out of a Case Note in imaginIS?  
When the start date and time are entered the system automatically enters an end time equal to 2 units or 30 minutes in length. Click in either of the Time fields and manually change the time. For example, if the time of the Case Note was 9:09 to 9:28, you would change the start time to



9:09 and then change the end time to 9:28. The system will automatically calculate the correct number of units based on the start and end times entered.

2. Could the Service Code trigger a pre-population of the Billing Code? For example, Eligibility is TCM Unallowable.

Each situation is unique and in some circumstances a billing code may be TCM allowable billable expense or a TCM allowable non-billable expense. For example, if an SSA has a planning meeting for two people at the same time it is not billable; however if they have a planning meeting for one person it is billable.

3. Can you please list all of the service choices?

The service choices are different dependent upon whether a Billable or Non-billable TCM Billing Code is chosen. Click on the gray box with the question mark below the Service field for an up-to-date list.

TCM Billable

Introduction  
Eligibility  
Discovery  
Planning  
Referral and Linkage  
Resource Management  
Listening & Learning  
State Hearing  
Hospitalization

TCM Non-Billable

Non-billable TCM  
Home Choice Transition Service Coordination  
For Administrative Notes  
Imagine Project Work  
General Administrative Work  
Intake  
Crisis Management (shared services)  
Early Intervention Notes  
Non Billable Documentation Time  
Non Billable Travel  
GRF County Bd-ICF/Hospital/DC

4. Since many of the SSAs participate in what we would call Admin Time for committees or general work in the office, how should that "productive time" be captured? Is the ability to capture this time as we currently do and/or can totals for billed Case Notes per a specific time period be calculated?

There are TCM Non-Billable Service Codes for several types of Admin Time including; Non-billable TCM, For Administrative Notes, imagine Project Work, General Administrative Work and Non Billable Documentation Time.

Totals for billed Case Notes and non-billable Case Notes are both captured in the SSA Productivity report in imaginIS.

5. Is there a method to gather Home Choice TCM units for the annual cost report that need to be separate from other TCM data?

The Office of Medicaid began requiring the documentation of Home Choice units in 2015 and that Service Code is available in imaginIS if the TCM Non-Billable Billing Code is chosen.

6. Does the system automatically calculate the units?

Yes. As soon as the time is entered either by time in / out or by duration the units are calculated. The units are calculated based on the exact Start and End Time entered by the SSA.

7. Does the note field have limitations?

The Note field is limited to 3000 characters. The field also has spellcheck and will mark any misspelled word with a red underline.

8. Is the Case Note Calendar view by Individual or across Individuals?

The Case Note Calendar view is across Individuals. The Calendar view is by day and time. The SSA clicks on a time near the Case Note start. When the Case Note window opens the Individual name must be selected in the Individual Supported field.

9. Is there a way to enter a case note for one person, hit save & close, then enter a case note for a second person, without having to close out the 1st Individual's Front Page and open up the 2<sup>nd</sup> Individual's Front Page?

Yes, if a Case Note is entered from the Case Note Calendar view then the SSA can click the Save & New Case Note command and the New Case Note window will open with the Individual Supported field empty.

However, if a Case Note is entered from the Individual's Front Page and Save & New Case Note is clicked, then the Individual Supported field will be filled in and locked.

10. Is QA a "role"?

Yes. Assigned by the County Board. This role was created in CRM for doing the QA work around Case Notes (This role has access to Case Notes – Sampling, Approving Case Notes (manually and bulk), Generate Bill File and Individual Front Page).

11. Do we have to ask for the QA role for case notes?

Yes. Counties have to designate a QA for each SSA. Again, this is a role not a title within your Board. It may be a Finance Manager, your Medicaid Services Manager, your Business Manager – whoever reviews and approves the Case Notes and generates the bill for Medicaid.

12. Who sets the percentage the county wishes to run the random sample by?

The SSA Supervisor sets the percentage by which the random sample would be applied to the Case Notes which have been marked Ready to Review by the SSAs. The County will only need to do a random sample – even if it is 5% - and the QA will review the sample and mark all approved Case Notes as Ready to Process in anticipation of generating the bill file.

13. Who has security to do each of the tasks?

Only an SSA has the security to enter, change, or adjust a case note. A QA has read only access to pull the random Sample, mark Case Notes as Ready to Process, return them to the SSA for correction and generate the bill for submission to Medicaid. The QA can also review Case Notes marked Bulk Approve and return them if needed to the SSA. The QA can run reports on Case Notes entered in imaginelS.

The SSA Supervisor can set and edit the Sampling Percentage at any time, run the SSA Productivity reports, and other Case Note specific reports.

The Finance Manager can run Cost reports.

14. Is it just the QA sample case notes that have to be manually marked Ready to Process or do all Case Notes?

Yes. The number of Case Notes that are required to be manually reviewed is based on the number of Sample Percentage chosen by the county and the total number of Case Notes set to

Ready to Review status. When the Sampling process is run the Case Notes are divided into those which require Manual Review and status change; and Bulk Approve. When the Bulk Approve process is run any Case Notes from the sample not included in the sample are automatically set to Ready to Process in anticipation of the billing file being created.

Note: Only Case Notes that are marked "Processed" by the QA are available for adjustment.

15. Will the random sample report be exportable to Excel?

Yes, several variations of the Case Notes can be exported for review outside the system. However, a bill cannot be generated until all Case Notes marked for manual review have been moved to Ready to Process status. The Sampling Process brings up the Case Notes to be reviewed on the Case Notes Management Screen. The random sample, created behind the scenes and based off of sampling percentage located on the county profile, produces the case notes to be reviewed by QA.

16. When the QA role sends a reviewed case note back to draft is there a way to provide the reason for return?

Yes, the QA is required to add the Reason why the Case Note was marked for correction. When the QA sets the reviewed case note back to draft, it sends a notification to the SSA.

17. Can corrections be made to a case note after billed?

Yes, as an adjustment. Once a Case Note has been uploaded to eMBS, it should not be altered as it is a record for audit. When a Case Note must be adjusted a second record is created for adjustment and processing.

18. What Case Note reports are available?

The SSA, QA, Finance Manager or SSA Supervisor can run different types of reports including the following:

- View all Case Notes entered by a SSA
- View all Case Notes entered for an Individual
- View all Case Notes entered by Date Span
- Single Case Note

19. Will there be a function built in to allow the SSA Director to attest to the greater than 26 units?

Until DODD is able to automate the submission of the Case Notes to eMBS, the County Board would be downloading the bill file and attesting to them as your current process indicates. Two bills are generated whenever the billing process is run. One report is for any Case Notes greater than 26 Units and the second for Case Notes of less than 26 units.

20. Is the connection with eMBS currently active?

The automated submission to eMBS is not currently connected. The Case Notes billing process generates a bill file and then it must be uploaded to eMBS. DODD is working hard at making the connection.

21. The words TCM Billable and Non-Billable are confusing because an allowable service would not be billed if the person supported is not Medicaid eligible. Will there be a date driven method to generate the TCM, SSA Allowable units for Cost Reporting?

The TCM Rule speaks to what is Billable and Non-Billable. The Medicaid Cost Report Instructions speak to what is Allowable and Non-allowable. The work for what "bucket" the unit goes into for the Cost Report was done behind the scenes based on the criteria provided by DODD.

22. If you make a billing adjustment, and the billing file has already been sent, how is that additional time billed?

If a claim has to be adjusted, the system would go back and re-calculate the day to ensure the number of units is still correct.

- The Individual had three entries for the day: 10 min, 3 min, and 8 min
- $10+3+8 = 21$  min = 1 unit (first 15 minutes equals 1 unit; the remaining 6 minutes which is less than 8 minutes is not considered as a full unit.)
- Now the SSA makes an adjustment to the 3rd case note from 8 minutes to 12 minutes
- $10+3+12 = 25$  min = 2 unit (first 15 minutes equals 1 unit; the remaining 10 minutes which is more than 8 minutes is now considered as a full unit.)

23. Is there a time frame that an adjustment has to be done within?

Medicaid requires a claim to be billed or adjusted within 350 days of the date of service.

## DOCUMENTS

1. Can I create sub-folders for a specific folder in Documents?

No, in order for all of an individual's information to transfer from one county to another correctly, the Document folders must be the same across all counties.

2. Where should I go to approve Documents that have been uploaded from the Portal?

The Notification received by the SSA stating that a document has been uploaded from the Portal, contains a link to the document. Or the SSA can go to the SSA Confidential folder in the Individuals documents which will contain all documents uploaded by any of the Individual's Assigned Team members from the imagine Portal.

3. Can any type of document file be uploaded into imaginIS by the SSA or a Portal user?

No, only four types of files can be uploaded into imaginIS or the imagine Portal:

- PDF
- JPG or JPEG
- PNG
- GIF

Attempting to upload any other type of file will result in an error message to be generated in imaginIS and the imagine Portal.