

## System Issues Questions and Answers

Note: Train The Trainer WebEx sessions will be held on August 28<sup>th</sup> & 29<sup>th</sup> September 4<sup>th</sup> & 5<sup>th</sup> with each session being 4 hours long. Agenda's and log in information was sent on August 22<sup>nd</sup>.

Question	Source	Date of Response	Response
1. We'd like a more specific schedule of the next steps in this process.	PCOA Staff	1/29/13	<p>We will provide an updated timeline schedule soon. The updated schedule is greatly dependent on the progress of the data migration task. We should have a status update by 1/28.</p> <p>2/22/13 – Data migration still pending, anticipate it being completed next week and an updated timeline to follow on or before 3/8.</p> <p>2/15/13 – Data migration will be completed by next week and an updated timeline will be provided by 2/22.</p>
2. The screen update speed during the demo was somewhat slow. What kind of speed can we expect from the system once we go live?	PCOA Staff	1/29/13	The demonstration was done on an RTZ development/test system and not on a production system platform. The production system will run on a state-of-the-art Web/Database server platform.
3. Has the finance issues conference call that was discussed been scheduled yet?	PCOA Staff	1/29/13	We will firm up a schedule for the conference call as soon as the AIMS data migration is near completion. We are looking towards the end of January or beginning of February.
4. How much maintenance time is required and will maintenance (patches/upgrades) be performed "off hours"?	PCOA Staff	1/29/13	System maintenance will be performed in the "off-hours" and is addressed in the Service Level Agreements (SLAs).
5. Who is responsible for system security and determining access levels?	PCOA Staff	1/29/13	RTZ is responsible for overseeing computer, network and database security. There already is some basic security roles defined in AZ-GetCare/DAARS (module access) and there will be some more specific security roles defined during the pilot testing process. Each agency will be responsible for determining the access security levels for their staff. RTZ will be maintaining

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			the system security for the state and agencies. In the future the state may have RTZ train some state staff to assist with system security.
a. Will PCOA be able to add/delete/change users?	PCOA Staff	1/29/13	Yes, authorized persons will be able to communicate security maintenance requests.
b. Licenses when and how will this be decided?	PCOA Staff	1/29/13	DAAS executive staff has received licensing requests (estimates) and should be responding to those shortly. We will check if it has been completed and when it will be communicated.
6. What is the process for combining duplicate records?	PCOA Staff	1/29/13	There is a process being defined with the new system. It will be refined, tested and documented during pilot testing. For items a & b below the agency and DAAS will be involved in the function of identifying and combining information to the client record to be kept active and in finishing and validating the process. It should be noted that the issue of duplicate records should be significantly mitigated by the new system and the checking that will be done as part of the process of doing an intake.
a. Will PCOA have the appropriate security clearance to perform this function?	PCOA Staff	1/29/13	See above in question 6.
b. Will this be a AAA function or a DAAS function?	PCOA Staff	1/29/13	See above in question 6.
7. Reference to “Medi-Cal” in demo needs to be removed from DAARS.	PCOA Staff	1/29/13	Yes there will be data cleanup done as we get our AIMS data migrated and data selection criteria better defined. Remember during the demo we did jump to several other implementations of GetCare to provide some clarification as to how others were handling certain processes.
8. Will we be able to upload the Congregate meals clients into the new system or will we be required to enter client data separately?	PCOA Staff	1/29/13	This will require more conversations between DAAS and RTZ. We need to better understand the issues of tracking the services by client for reporting and duplication of clients. The preference is to have clients enrolled in CNG services in DAARS and, service rosters and reports printed from the system

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			(barcoding/scanning can be used). We believe most agencies will want to enroll clients directly into DAARS, either through a partnership with their providers, or through an internal process once they have the information from the provider.
9. We would like to better understand how the system will handle the distinction between ending a specific service authorization for a client and/or the closing of the clients entire record?	PCOA Staff	1/29/13	You must note that these are two separate distinct processing dates you are referring to. The service authorization ending date is only referring to that specific service for the client and not the client's over all active status. If a service ends, even if it is the only or last service being provided the client it does not make the client inactive. It requires another specific action to indicate the client inactive (whatever policy or procedure that has been established to mark a client as inactive).
10. Archived information		1/29/13	See answers below in a. and b.
a. Will we be able to access data for a client that was closed?	PCOA Staff	1/29/13	Yes, the data is not deleted it is just a client status change. The client may later be reactivated.
b. Can we see prior ASCAPS on a client?	PCOA Staff	1/29/13	Yes, each and every ASCAP assessment is maintained as a separate document that can be reviewed.
11. How will case notes be stored and handled?	PCOA Staff	1/29/13	The user will be able to record notes in all sections of the tool and there will be a specific section for progress notes.
a. Will they be accessible?	PCOA Staff	1/29/13	Yes they are accessible for review by those that have the proper security.
b. Can they be changed or modified?	PCOA Staff	1/29/13	When a user writes a progress note they have the opportunity to sign it. When it is signed it can no longer be edited but can be striked out if necessary.
12. We'd like more information on how the system will track clients who will not give SS#'s or	PCOA Staff	1/29/13	The system uses its' own unique client identifier to track clients. A client's SS# like their name can be used to search for a client. The state's CIF system will generate a pseudo SS# for clients that

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conflicting SS#s.			do not provide SS#s.
13. We'd like to see how a single case is handled from call in to CM to service plan to billing.	PCOA Staff	1/29/13	We will arrange this with one of our WebEx sessions. We are currently working on getting the AIMS data migration completed and also, the new coding that will be implemented.
14. What happens to a file when a client is deceased?	Mary Lynn Kasunic	1/29/13	The worker would need to flag the client as deceased in the system and update all service enrollments to have that same end date. The next time a search is done for that same client record it won't come up in the main search but a secondary search of records that have been closed out/deceased. So the record never is gone just in second filter from the search results.
15. Can a client record be deleted if it has not been saved?	Mary Lynn Kasunic	1/29/13	Yes, if the worker has clicked add a new record, but has not saved the record it will be deleted. If it is a record that <b>already exists</b> it will not be deleted. In order to remove that record from primary searches, a worker would need to update the record to a closed status (like deceased above) and it will be removed from the primary search functions, but still a part of the database.
16. Caregivers are not eligible for a companion HDM, but spouses are. What is the minimum data that needs to be collected on the spouse? What modules in DAARS will have to be completed?	AAA	7/12/13	Complete ASCAP/SFID Part I, Sections A and B and then enroll them into the service, either on paper or in DAARS.
17. What is the minimum data required to register a FCSP client? Is it just the first module of the new short form?	AAA	7/12/13	The existing Caregiver Registration Form contains the minimum data set required for a registered FCSP service. The ASCAP/SFID is not used for Caregiver registered services. In DAARS, once the caregiver is in the system, complete the CAT Part I, Sections A and B, and Part II, Section A. It would be good practice to also complete Sections B and C of Part II to capture

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			that additional information on the status and overall condition of the caregiver. A new paper version of the CAT is under development, and the first two pages will be able to be used to replace the old Caregiver Registration Form. Once the required data is in the system, the client can be enrolled in the FCSP registered service using the Enrollment section.
18. What is the minimum data that the Caregiver Resource Line will complete for the respite voucher program? Is it the new “short form?”	AAA	7/12/13	CRL staff will complete the CAT Part I, Sections A and B, and Part II, Section A, with the addition of signed/scanned declarations establishing eligibility of the care receiver when needed (a voucher application form is under development). Completing Part II, Section A of the CAT adds the care receiver to the system and creates the relationship with the caregiver, but at this time it is not anticipated that the ASCAP/SFID will be used for respite voucher services.
19. If the caregiver and not the care receiver is to be the client for RSP, what will be different for entering the ASCAP in DAARS vs. a HSK client? Having trouble visualizing this, since ADLs will be for the Care Receiver.	AAA	7/12/13	Policy requirements are still the same. The ASCAP/SFID will still be required for the care recipient (not the caregiver) so eligibility can be established based on their ADL assessment. A CAT will also be required for the CG to establish the need for respite. In DAARS, the CG can be added to the system in the caregiver section of the ASCAP, and the system will automatically link the CR and the CG, and once both are entered and the required assessments completed, the CG may be enrolled in the RSP service.
20. Is there to be a policy change on the “treatment” of caregivers as clients? We currently use the Caregiver registration as well as the Pre and Post CAT. Doing an ASCAP on all caregivers that receive services is overkill.	AAA	7/12/13	There is no anticipated need for an ASCAP/SFID to be done on a caregiver. For FCSP registered services, the CAT is used (see question 3), and for respite services or supplemental services, an ASCAP is required for the care recipient, but not the caregiver (see question 8).

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21. Is the CAT only required when RSP is authorized?	AAA	7/12/13	The full CAT is only required for RSP. It may be used in other circumstances at the discretion of the AAA, but at this time it is only required for RSP. However, as indicated above, the top three sections of the CAT will also be used for FCSP registered services.

### Changes to ASCAP and requirements for Meals/Short form Questions and Answers

Question	Source	Date	Response
1. Reference was made to several so called “minor” changes to the ASCAP and Nutritional Assessment tools.		1/29/13	See responses below in a and b.
a. The ADLS/IADLS listed were changed		1/29/13	There were some wording changes and a couple items changed to align them with Federal NAPIS reporting. There is documentation and training being put together by ILS to address these changes.
b. Why and how will those changes affect the eligibility matrix? ie. Continence no longer has colostomy information.	PCOA Staff	1/29/13	It is intended that the eligibility ratings will not change. However, language needs to be adjusted to reflect changes in wording: e.g. laundry will be replaced by “light housekeeping”. Analysis is being done to identify how many clients may be impacted by the elimination of “Grooming” as an ADL. This should be the only area where we’ll have to address some issues related to eligibility, e.g. a client was eligible for a service based on three ADL’s, but two of the three ADL’s were Grooming and Dressing. In the new system, this client will only have two ADL’s because the Grooming and Dressing will be merged into one, and we’ll need to provide policy to grandfather those clients until their next redetermination assessment.
c. We need to have copies of the new versions of the ASCAP and Nutrition Assessment tools in order to train staff.	PCOA Staff	1/29/13	DAAS will send a copy of the revised Nutrition Assessment in the next week. You will have copies and soon become very familiar with the ASCAP format. Training materials will be provided and enhanced during pilot testing.

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d. When will we need to implement these changes?	PCOA Staff	1/29/13	The ASCAP changes will be implemented with the new system implementation (July 1st).
2. Medications from the ASCAP are not currently entered in AIMS.		1/29/13	See responses below in a.
a. Will DAARS have the ability to store client Med lists and can they be selected from a drop down function?	PCOA Staff	1/29/13	Yes you will be able to store a client's Med List. We discussed using a drop down list for medications and will need to decide on using a Med List for a drop down (perform an ajax search when typing in a medication).
3. What is the minimum data required to register a Congregate Meals (CNG) client? Is it just the first module of the new short form?	AAA	7/12/13	No, the ASCAP/SFID does not need to be used for CNG services. In DAARS, create a client file and complete the "Client Identification" and "Demographics" sections. Contacts are optional. Once the required data is in the system, the client can be enrolled in the service using the Enrollment section.

### Sharing intake data with Case Management and Service providers Questions and Answers

Question	Source	Date	Response
1. Our intake requested added questions are:		1/29/13	<p>a) <b>Source of income:</b>  b) <b>Amount of income:</b>  c) <b>Client or spouse a veteran:</b>  d) <b>Optional question; How much do you have left over after paying all your monthly bills?</b></p> <p>Jutta is reviewing the intake screening questions from all agencies, and she will add these to the items received previously.</p>
2. We would like to know if I&R could have an optional check box that would trigger the parts of the ASCAP that we use in for our Intake/ERAB process. We request that if it could be saved as part of the record but not as the ASCAP		1/29/13	<p>a) <b>Medical conditions,</b>  b) <b>Primary needs expressed,</b>  c) <b>Physical limitations,</b>  d) <b>Cognitive/emotional,</b>  e) <b>Orientation,</b>  f) <b>Functional assessment/iadls/adls,</b>  g) <b>Incontinence,</b></p>

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(since Case Management does the formal ASCAP.) Include:			<b>h) Environmental issues,</b> <b>i) Insurance,</b> <b>j) Caregiver information</b> We are discussing an option for an extended screening tool doc that might mirror sections of the assessment tool that case manager's use (not to be confused as part of an ASCAP). There will be further discussions and Jutta is reviewing this in connection with the I&R intake questions.
3. Is there a method (Call Tracking) for a user taking an incoming call to document then assign the call/task to another user, who would then resolve and document the resolution?	PCOA Staff	1/29/13	Yes. We covered some of this process but will provide more clarification during a WebEx.
4. How does the process record and track which provider (sub-contractor) is assigned (authorized) to provide service?	PCOA Staff	1/29/13	The referral record has a link to the provider for tracking and reporting.
a. Will PCOA be able to add providers (sub-contractors) without going to DAAS or RTZ?	PCOA Staff	1/29/13	Yes
b. Can we remove, change, delete which provider is assigned to an individual client?	PCOA Staff	1/29/13	Yes, you will be able to change the provider for a client service. You will be able to maintain client service(s) enrollment (and unenrollment).
c. Can the system track acceptance of a client by a provider and track the services provided by that provider/sub-contractor by client?	PCOA Staff	1/29/13	Client services enrollment allows you to track services provided by providers and record service provided for billing.

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d. Can PCOA generate the service logs for providers?	PCOA Staff	1/29/13	Yes, we did discuss provider service logs and will provide examples during a WebEx session.
5. If the caregiver is the client for RSP, and the case manager has created a client file for this caregiver in DAARS, will a FCSP service that requires registration be able to pull up that file and add information, or will a client supported service give primacy to the CMG case manager in the client record with the peer counseling or caregiver case manager (CM5) only be able to provide service delivery.	AAA	7/12/13	This is a decision for each AAA to make. In DAARS, if a caregiver is already in the system because they are already receiving a direct service such as RSP, any staff person with the required access could simply go to that caregiver's existing record and enroll them in the registered service (PC5, CT5, CM5, GC5). Both the CMG staff person and the CM5 staff person can have access to the records of the caregiver and the person being cared for, and it will be up to the AAA to decide which one, or both, have the authority to enroll clients into a service.

### Reports Questions and Answers

Question	Source	Date	Response
1. Can PCOA be provided with a list of "canned" reports for review?	PCOA Staff	1/29/13	We will introduce system reporting in our WebEx sessions and will address reports in each system module. DAAS is reviewing the reports in light of SART, NAPIS and other reporting requirements.
2. Is there a process to customize reports for a particular AAA's needs?	PCOA Staff	1/29/13	Yes
a. Can this be done at the AAA level or will it need to go through DAAS or RTZ?	PCOA Staff	1/29/13	Yes you will be able to create reports specific to your agency. The system has an Expanded Export Report that will allow the user to pull data elements (like race, date of birth, adl and iadl's etc.) out of the system and then create all kinds of reports based on the data that is collected. However, creating a report that has specific fields and parameters would be a fixed library type report, and would be designed

Question	Source	Date	Response
			and created by RTZ. These are typically reports that are helpful for all AAA's to have access to.
b. Can we get reports on cases handled by?	PCOA Staff	1/29/13	See answers below.
i) a specific case manager etc.		1/29/13	Yes
ii) a specific service provider		1/29/13	Yes
iii) can we design our own reports?		1/29/13	Yes and be able to export information.

### Finance and Billing Questions and Answers

Question	Source	Date	Response
1. Is it necessary that both service code and fund source be entered into an authorization?	PCOA Staff	1/29/13	Just the service code will need to be entered.
a. This will slow down data entry of ASCAP forms.		1/29/13	
b. Or will the new 6 to 9 digit format for service codes already includes the fund source or can include the fund source?	PCOA Staff	1/29/13	Service codes do have a bearing on the fund source used. They link back to state contract budget detail records that further define what fund sources can be used.
c. Or is the code generated from information entered into the data base?	PCOA Staff	1/29/13	The fund source used is coded by the state and is based on various information such as contract, funds, budget, client, etc.
i) When will we need to implement these changes?	PCOA Staff	1/29/13	There is no need to change the billing service code. The system will know by the client's DOB when they turn 60.

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2. If DAARS has the ability to generate an 837 file to bill for ALTCS (HDM) billing, how much and what type of ALTCS client data must be present in DAARS?	PCOA Staff	1/29/13	This item is being reviewed to determine what information is required for billing and reporting. (Does the agency have an ALTCS companion guide/publish rules?)
a. Can we have a method of simply entering the number of ALTCS meals provided to ALTCS clients w/o entering client data that has already been entered in the ALTCS system?	PCOA Staff	1/29/13	We are reviewing the current ALTCS meals process.
3. Will the Caregiver Resource Line submit to the AAA vouchers that are approved for payment leaving the AAA's role only as an issuer of payment? We need to understand our role and ensure we maintain limited liability during agency audits.	AAA	7/13/13	<ul style="list-style-type: none"> <li>a. The CRL staff will capture and enter all of the required information related to a voucher application, but will not do the actual service enrollment within DAARS.</li> <li>b. CRL staff will notify the AAA that the application process is complete.</li> <li>c. In DAARS, using the Enrollment section, the AAA will enroll the caregiver into the service.</li> <li>d. Once the caregiver is officially enrolled, the caregiver will be notified that their voucher is active and it will be up to them to hire their respite services, and then monthly submit their voucher invoice to the AAA for reimbursement.</li> <li>e. AAA will reimburse the voucher invoice.</li> </ul>
4. What will the AAA need to complete to approve the respite voucher for payment?	AAA	7/13/13	The exact details are yet to be determined, but basically the AAA will simply verify the voucher invoice doesn't exceed the amount the voucher authorized and that the invoice form is complete and signed by both the caregiver and the respite provider.