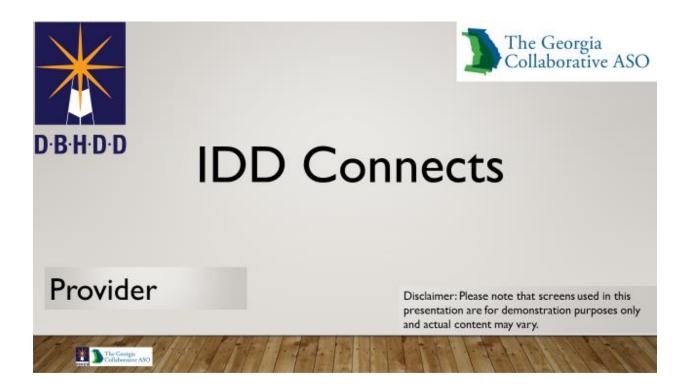


# IDD Case Management System Providers User Guide





# Introduction

The user guide for the IDD Connects System describes how a specific user will interact with the system based upon their role. This guide helps the user understand how to perform tasks and navigate through the system. Each task includes step by step instructions with the accompanying screenshot taken from the IDD Connects System and a description of the screen.

Providers can access the IDD Connects System via a single sign-on (SSO) from Provider Connect to the IDD Connects System or by logging in to the IDD Connects System directly. Providers must sign-on to the IDD Connects System through the SSO process for the first log in to the IDD Connects System. Upon the first login, you will be prompted to establish your IDD Connects System account information.

Each provider needs to complete the Account Request Form (ARF) in order to obtain log in credentials to access Provider Connect. Subsequently, the User will also be linked to the IDD Connects Portal. The User can either use the link below, step 4, or access the Georgia Collaborative ASO <u>Website</u>:

- 1. Click on the Provider Tab.
- 2. Click on the Forms Tab.
- 3. Scroll to Provider Connect Forms
- 4. Click on Online Services <u>Account Request Form</u> for Georgia Providers.
- 5. Use the <u>Account Request Form sample</u> to complete form and FAX to 1 866 698 6032 or email <u>e-support.Services@beaconhealthoptions.com</u>
- 6. You will receive log in credentials via email, and IDD Connects Portal access will be linked to sign on.

**Note:** The Provider is also able to access the IDD Connects portal independent of Provider Connect.

# **ProviderConnect Overview**

ProviderConnect is an easy-to-use online application that providers can use to complete everyday service requests. Providers have the ability to access information 24 hours a day/7 days a week.

Providers can use ProviderConnect to:

- Obtain information about member eligibility and benefit status
- Search claims and authorizations
- View and print correspondence
- Submit EDI claims and inquiries to the Beacon Health Options Customer Service Department
- Send messages to and receive messages from Beacon Health Options



• Attach documents

In addition, ProviderConnect contains links to other resources such as:

- Compliance
- Provider Handbook
- Forms
- Network Specific Information

# **User Role: Provider**

Below are the steps that describes how a Provider User logs into the IDD Connects portal for the IDD Case Management System and is navigated to the user's Dashboard. The Dashboard displays the User's Tasks, Notifications and Messages. The URL for Providers in IDD Connects <a href="https://idd.georgiacollaborative.com/IDDPortal/provider">https://idd.georgiacollaborative.com/IDDPortal/provider</a>

# 1.1 User Logs In

- Step 1: Launch Google Chrome web browser ((i.e. Google Chrome, Safari, Fire Fox, and Internet Explorer).
- Step 2: Enter URL in the search bar and clicks enter to open the DBHDD Login page.
- Step 3: Enters Username and Password in the DBHDD portal.
- Step 4: Click Login.

| Georgia Dep | artment of Behavioral Health and Developmental Disabilities                                                                                                                                                                               |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Login Field's marked * are required User Name Enter User Name Password Enter Password Show Password Login 3                                                                                                                               |
|             | Home Ste Map Accessibility Privacy / Security Non-Discrimination Notice - Need Help? -<br>9 2016 All Rights Reserved Department of Behavioral Health and Developmental Disabilities. (D B H D D) Indevelopmental Disabilities (D B H D D) |

Figure 1: IDD Connects System

1.2 Reset Password/Forgot Password/Forgot Username

- Step 1: User logs in DBHDD portal.
- Step 2: User enters incorrect Username/Password.
- Step 3: System displays an error message. User clicks on forgot password link.



- Step 4: User enters registered email address.
- Step 5: System sends an email to reset password.
- Step 6: Click on link in the email will re-direct the User to IDD portal where he/she can create password.

(Note: If after <u>three</u> unsuccessful login attempts, the system will lock the account of the User. In this case, User should contact the respective System Admin to get account unlocked.)

| Login           | -                       | Please enter valid credentials. |       |   |
|-----------------|-------------------------|---------------------------------|-------|---|
| Field           | s marked * are required |                                 |       |   |
| User Name *     |                         |                                 |       |   |
| Enter User Name |                         |                                 |       |   |
| Password *      |                         |                                 |       |   |
| Enter Password  |                         | <b>D</b> · <b>B</b>             | • • • | • |
| Show Password   | Login ≯                 | $\mathbf{P}$ $\mathbf{P}$       |       |   |
| Forgot Password |                         | A Start                         |       |   |
|                 | 1/-                     | ot password/Forg                |       | - |

Figure 2: IDD Connects System Login Page

| IDD Connects S                             | ystem: Staff Access              |
|--------------------------------------------|----------------------------------|
| Reset                                      | Password?                        |
|                                            | You can reset your password here |
| Reset Password                             |                                  |
| Enter your Username to reset your password | Submit                           |
| < Back                                     | 1                                |
|                                            |                                  |
| The Georgia<br>Collaborative ASO           | - 4                              |

Figure 3: Reset Password



|          | How to Rese                                   | t Password                        |   |
|----------|-----------------------------------------------|-----------------------------------|---|
|          | You can reset y                               | our password here                 |   |
|          | Username                                      |                                   |   |
|          | infosystest3@test.com                         |                                   |   |
|          | Create new password *                         | Confirm Password *                |   |
|          | Enter Password                                | Re-Enter password                 |   |
|          | Show Password Password verified for at least: | :haracter X One special character |   |
| Die Colu | iengia<br>konstine ASO                        |                                   | 5 |

Figure 4: Reset Password Page

1.3 Dashboard

- Step 1: After Logging into the system, the Dashboard displays by default.
- Step 2: To search a particular task, click on the Open Tasks tile.

| Georgia Department o | Behavioral Health and Developmental Disabilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul> <li>Logost •)</li> <li>My Dashbard</li> <li>Q. Search an Indekdat</li> <li>Document Templates.</li> </ul> |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| Dashboard            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                |
|                      | Total<br>0 Holp priority<br>0 Ho | ages                                                                                                           |

Figure 5: Dashboard

1.4 View My Tasks

- Step 1: To search a particular task, click on Filter.
- Step 2: Enter the values in the fields available in filter section.
- Step 3: Click on Filter Button.
- Step 4: Click on CID# to navigate to demographics page of an Individual & views demographic information.



| ***                                                             |                                                                    | A My Dashboard Q Search an Individual 🚺 Document Templates 🕩                |
|-----------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------|
| View My Tasks Notifications 1255                                | Messages 1 Clinical Mailbox                                        |                                                                             |
| <b>T</b> Filter                                                 |                                                                    |                                                                             |
| Assigned Date From:<br>07/04/2018  Due Date From:<br>07/10/2018 | Assigned Date To:<br>07/13/2018<br>Due Date To:<br>07/10/2018<br>M | Task Description:<br>Psychological consultation report<br>CID:<br>LoBr34501 |
| Assigned By:<br>System                                          | Status:<br>Select                                                  | High Priority                                                               |
| My Tasks                                                        | View Tasks of                                                      | Search                                                                      |
| Assigned Date                                                   | Task Description                                                   | CID First Name Last Name Due Date • Assigned by Status • High Pric          |

Figure 6: View My Task

1.5 Views Notifications

- Step 1: Click on Notifications Tab to view notifications.
- Step 2: To Archive Notifications, select notifications using checkbox and click on Archive button.
- Step 3: To View All Notifications, click on View All Notifications.
- Step 4: To view Archived Notifications, click on View Archived Notification.

| /iew My Task | Notifications 2283 | Messages 1 Clinical Mailbox                                                 |                            |  |
|--------------|--------------------|-----------------------------------------------------------------------------|----------------------------|--|
| Select       | Date o             |                                                                             | escription e               |  |
| 1            | 07/30/2018         | You have a new document to review CID#400054172                             |                            |  |
|              | 07/30/2018         | You have a new document to review CID#400054172                             |                            |  |
|              | 07/26/2018         | Kindly complete the Psychological Consultation Report for the individual sg | edj dgdsh sgdg43264        |  |
|              | 07/26/2018         | Face to Face Screening for individual sgedj dgdsh has been cancelled by F   | Psychologist ClinicianTwo  |  |
|              | 07/26/2018         | Educational Screening for individual sgedj dgdsh has been cancelled by Pr   | ychologist ClinicianTwo    |  |
|              | 07/25/2018         | You have been assigned a new task for CID# 400054203 with due date as       | Date 07/28/2018            |  |
|              | 07/25/2018         | You have been assigned a new task for CID# 400054203 with due date as       | Date 07/28/2018            |  |
|              | 07/25/2018         | You have a new document to review CID#400053716                             |                            |  |
|              | 07/25/2018         | You have a new document to review CID#400053716                             |                            |  |
|              | 07/25/2018         | You have a new document to review CID#400053716                             |                            |  |
| Archive      |                    | View All Notifications                                                      | Mew Archived Notifications |  |

Figure 7: Notifications

1.6 View Messages

- Step 1: Click on the Messages Tab.
- Step 2: User views Sent or Received message.
- Step 3: Select the message and click on Archive button to archive the message.
- Click on View All Messages to view all messages.



#### 1.7 Send a Message

- Step 1: Click on Send a New Message button.
- Step 2: Select the User by clicking on the search icon.
- Step 3: Enter message in Message Box field.
- Step 4: Click on Send Message button.

|          |                |                                   | Send a New Message         |
|----------|----------------|-----------------------------------|----------------------------|
| Received | d Messages     |                                   |                            |
| Select   | Message Date 🗢 | Message Description               | Received From +            |
|          | 09/14/2018     | Shared Favourite Search: App      | IE Manager                 |
|          | 09/10/2018     | View Documents for aaa aaa        | psych first                |
|          | 09/10/2018     | View Documents for aaa aaa sample | system admin               |
|          | 06/23/2018     | testing                           | App ReviewerOne            |
|          | + Archive      | View All Messages                 | fiew All Archived Messages |
| Sent Me  | ssages         |                                   |                            |
| Select   | Message Date + | Message Description               | Sent To ¢                  |
|          | 12/18/2018     | test                              | SystemAdmin Three          |
|          | + Archive      | View All Messages 5               | fiew All Archived Messages |

Figure 8: Messages

| Send a Message            |                       |
|---------------------------|-----------------------|
| To System                 | Q                     |
| Message Box               |                       |
|                           |                       |
| 1000 of 1000 characters l | eft                   |
|                           | Send Message X Cancel |

Figure 9: Message Screen

1.8 User Searches for an Individual

- Step 1: Login to the IDD Connects portal.
- Step 2: Click on the Search an Individual tab.
- Step 3: Enter search criteria and click on filter button.
- Step 4: Click on CID# to navigate to the demographics page of Individual.



| Ge Ge                    | orgia Departme | nt of Behavio    | ral Health and                          | Development   | tal Disabi          | lities   |                                                   |                                          |                            |                    | 🚊 - Logout (         |
|--------------------------|----------------|------------------|-----------------------------------------|---------------|---------------------|----------|---------------------------------------------------|------------------------------------------|----------------------------|--------------------|----------------------|
| DBHDD                    |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
|                          |                |                  |                                         |               |                     |          | 🐨 My Dashbo                                       | ard Q Search an Individual               | Applications               | Document Templates | 🚊 User Administratio |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
|                          |                |                  | l i i i i i i i i i i i i i i i i i i i |               |                     |          |                                                   |                                          |                            |                    |                      |
| Filter                   |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    | \$                   |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
|                          |                |                  | Search                                  |               |                     |          |                                                   | Q                                        |                            |                    |                      |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
| DID:                     |                |                  | Last Name:                              |               |                     | F)       | rst Name:                                         |                                          | Date of Birth:             |                    |                      |
| LoBr34501                |                |                  | John                                    |               |                     |          | ыy                                                |                                          | Select Birth Month         |                    | *                    |
| ISN                      |                |                  | Medicaid:                               |               |                     |          | Status                                            |                                          | Region:                    |                    |                      |
| Enter SSN                |                |                  | Enter Medicaid Number                   |               |                     |          | Active                                            |                                          |                            |                    | -                    |
|                          |                |                  | Inactive Reason:                        |               |                     |          |                                                   |                                          |                            |                    |                      |
| County:<br>Select County |                |                  | Select Inactive Reason                  |               | Eligibility Status: |          |                                                   | Funding Source     Select Funding Source |                            |                    |                      |
|                          |                | •                |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
| Planning List:           |                |                  | SC Agency:                              |               |                     |          | SC Supervisor:<br>Select SC Supervisor            |                                          | Support Coordinator:       |                    |                      |
| COMP                     |                | •                | Select SC Agency                        | •             |                     | • 5      | Select SC Supervisor                              |                                          | Select Support Coordinator |                    | *                    |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            | 0                  | Reset T Filter       |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
|                          |                |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
| ndividual Level A        | ccess          |                  |                                         |               |                     |          |                                                   |                                          |                            |                    |                      |
| CID +                    | Last Name #    | First Name +     | Date Of Birth #                         | Medicaid # #  | County #            | Region # | Eligibility Status +                              | Inactive Reason #                        | Planning List #            | Funding Source #   | SC Agency #          |
| 400053005                |                | aDA              | 00/01/1990                              |               | Fulton              | Region3  | Awaiting Needs Assessment                         | NA                                       | NA                         | NA                 |                      |
| 400054790                |                |                  | 07/22/2014                              |               | Appling             | Region5  | Initial Application Received                      | NA                                       | NA                         | NA                 |                      |
| 400054833                | 222            | 222              | 07/16/1996                              |               | Appling             | Regionő  | Awaiting Needs Assessment                         | NA                                       | NA                         | NA                 |                      |
| ####895558402            | 222            | 888              | 08/08/1995                              |               | Appling             | Regionő  | Pre-Eligibility Under Review                      | N/A                                      | NIA                        | NA                 |                      |
| aaaa084338812            | 8330r          | 88               | 07/02/1978                              |               | Bleckley            | Regionő  | GMCF Eligibility Under Review                     | N/A                                      | NOW                        | NA                 | vijaykumar           |
| 040993433408             | aby<br>active  | john<br>planning | 12/31/2000<br>07/20/1987                | 5450450450505 | Appling             | Region5  | Awaiting Funding<br>GMCF Eligibility Under Review | N/A<br>N/A                               | NOW                        | NA                 | Balainaidu           |
| 400054172                |                |                  |                                         |               | Appling             | Region5  |                                                   |                                          |                            |                    |                      |

Figure 10: Search an Individual Page

| D·B·H·D·D                                                      |                                                                        | My Dashboard 🛛 🔍 Se                         | earch an Individual 📔 Applic        | ations                                      | s SUser Administration                         |
|----------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|---------------------------------------------|------------------------------------------------|
| CID: TEMP001229985<br>Race: White/Caucasian<br>ADA Status: N/A | First Name: HLASDLFJASF<br>Region: Region3<br>Info As On: 04/01/2019 0 | Last Name: AKSDJFKAS<br>Funding Source: N/A | DOB: 03/24/1997<br>Medicaid ID: N/A | Age: 22<br>Address: 500 Pine PI, Riverdale, | <b>Gender:</b> Other/Unknown<br>Georgia, 30274 |
| Demographics Eligibility                                       | Evaluation ISP Pric                                                    | or Authorization Documents                  | Outcomes & Support Notes            | Services Individual 360                     | Appeals Letters                                |

Figure 11: Demographics Page

| vidual's Basic Demographic Information        |                                                                                                                                                                                                                    |   |                          |    | All fields marked * are         |
|-----------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--------------------------|----|---------------------------------|
| vidual's Current Physical and Mailing Address | Individual's Basic Demographic Information                                                                                                                                                                         |   |                          |    |                                 |
| or/Legal Guardian Information                 |                                                                                                                                                                                                                    |   |                          |    |                                 |
|                                               | First Name *                                                                                                                                                                                                       |   | Middle Initial           |    | Last Name *                     |
| erral/Resources and ADA Settlement            | TESLA                                                                                                                                                                                                              |   | Enter Middle Initial     |    | TWELVE                          |
|                                               | Suffix                                                                                                                                                                                                             |   | Maiden or Birth Surname  |    | Preferred Name                  |
|                                               | Select                                                                                                                                                                                                             | * | Enter Maiden Surname     |    | Enter Preferred Name            |
|                                               | Date of Birth *                                                                                                                                                                                                    |   | Gender *                 |    | Marital Status *                |
|                                               | 05/27/1991                                                                                                                                                                                                         |   | Female                   | Ψ. | Separated                       |
|                                               | Race *                                                                                                                                                                                                             |   | Hispanic/Latino Origin * |    | Legal Status of the Applicant * |
|                                               | White/Caucasian                                                                                                                                                                                                    | * | Yes                      | Ψ. | Emancipated                     |
|                                               | Social Security Number *                                                                                                                                                                                           |   | Medicare Number          |    | Medicaid ID                     |
|                                               | XXX-XX-1780                                                                                                                                                                                                        |   | Enter Medicare Number    |    | Enter Medicaid Number           |
|                                               | Initial Waiver Entry Origin                                                                                                                                                                                        |   | Waiver Re-entry Origin   |    | Level                           |
|                                               | Select                                                                                                                                                                                                             | ~ | Select                   | ~  | Select                          |
|                                               | Is the individual lawfully present in United States? *<br>+ Yes ⇒ No ⇒ NA (for consumers under 18)<br>Is the individual a veteral? *<br>+ Yes ⇒ No ⇒ Unitroom/Netused<br>Isster the individual "parent(s) limit? * |   |                          |    |                                 |
|                                               | Yes No Unknown                                                                                                                                                                                                     |   |                          |    |                                 |

Figure 12: Individual's Basic Demographic Information



| ographics Eligibility Evaluation ISP                          | Prior Authorization Documents Outcomes & Support Notes Service | as Individual 36 | 50 Appeals Letters                     |                                           |                                |                              |
|---------------------------------------------------------------|----------------------------------------------------------------|------------------|----------------------------------------|-------------------------------------------|--------------------------------|------------------------------|
| dividual's Basic Demographic Information                      |                                                                |                  |                                        |                                           |                                | All fields marked * are requ |
| dividual's Current Physical and Mailing Address $\rightarrow$ | Individual's Current Physical Address                          |                  |                                        |                                           |                                | View Address History         |
| inor/Legal Guardian Information                               |                                                                |                  |                                        |                                           |                                |                              |
| ontacts                                                       |                                                                |                  |                                        |                                           |                                |                              |
| eferral/Resources and ADA Settlement                          | Street Address *                                               |                  | Apt/Unit/Suite or Other Address Info @ |                                           | City *                         |                              |
|                                                               | 1088 Crown River Plkwy                                         |                  | Enter Apt/Unit/Suite or Other Addre    |                                           | McDonough                      |                              |
|                                                               | State *                                                        |                  | Zip *                                  |                                           | County of Residence *          |                              |
|                                                               | Georgia                                                        | -                | 30252                                  |                                           | Henry                          |                              |
|                                                               |                                                                |                  |                                        |                                           |                                |                              |
|                                                               | Region                                                         |                  | View Map                               | Current Living Arrang                     |                                |                              |
|                                                               | Region6                                                        |                  |                                        | Lives with Family/ Fr                     | iends- non-caretaker           | ٣                            |
|                                                               | Individual(s) Receiving Services in Household *                |                  | Date of Move                           |                                           | Reason for Last Address Change |                              |
|                                                               | Select                                                         | *                |                                        | <b></b>                                   | Select                         | ۲.                           |
|                                                               | Individual's Phone Number (Primary) *                          |                  |                                        | <br>Individual's Phone Number (Secondary) |                                |                              |
|                                                               | (485) 421-8520                                                 |                  |                                        | Enter Secondary Contact Number            |                                |                              |
|                                                               | Individual's Email Address                                     |                  |                                        | Confirm Email Address                     |                                |                              |
|                                                               | Enter Email Address                                            |                  |                                        | Enter Email Address                       |                                |                              |
|                                                               |                                                                |                  |                                        |                                           |                                |                              |
|                                                               | Individual's Mailing Address                                   |                  |                                        |                                           |                                | Same as Above                |
|                                                               |                                                                |                  |                                        |                                           |                                |                              |
|                                                               | Street Address or PO Box *                                     |                  | Apt/Unit/Suite or Other Address Info   |                                           | City *                         |                              |
|                                                               | 1088 CROWN RIVER PKWY                                          |                  | Enter Apt/Unit                         |                                           | MCDONOUGH                      |                              |
|                                                               | State *                                                        |                  | Zip *                                  |                                           | County of Residence *          |                              |
|                                                               | Georgia                                                        | *                | 30252                                  |                                           | Henry                          | •                            |
|                                                               | Region                                                         |                  |                                        |                                           |                                |                              |
|                                                               | Region6                                                        |                  | View Map                               |                                           |                                |                              |

Figure 13: Individual's Current Physical and Mailing Address

| Demographic       Eightilty       Eightilty <th>Race: White/Caucasian</th> <th>inst Name: TYEL/E<br/>Region: Region: Region: Roy Office 10.47 AM</th> <th>DOB: 05/27/1991 Aget: 28<br/>Medicald ID: N/A Address: 1083 Chown Fliver Plays, McDonough, Geo</th> <th>Gender: Female<br/>gia, 30252</th>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Race: White/Caucasian                                                               | inst Name: TYEL/E<br>Region: Region: Region: Roy Office 10.47 AM                       | DOB: 05/27/1991 Aget: 28<br>Medicald ID: N/A Address: 1083 Chown Fliver Plays, McDonough, Geo | Gender: Female<br>gia, 30252     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------|
| Mino:Legal Quardian Information  Contacts Referrat/Resources and ADA Bettement Is the individual a minor or does heithe have a legal guardian/lepresentative? * Ves  No Contacts Contac |                                                                                     | Your Authorization Documents Outcomes & Support Notes Services Individual 300 Appendix | Lations                                                                                       | All fields marked * are required |
| <back cancel="" next="" page="" save="" ©=""></back>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Individual's Current Physical and Mailing Address Minorit.egal Quardian Information | Is the individual a minor or does he/she have a legal guardian/tepresentative? *       |                                                                                               |                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                     | ¢ Back                                                                                 |                                                                                               | Cancel Save Next Page >          |

Figure 14: Minor/Legal Guardian Information

| individual's Basic Demographic Information        |             |                                 |                      |                                  |                |                                      |                                        |                                    |                | All fields marked * are required |
|---------------------------------------------------|-------------|---------------------------------|----------------------|----------------------------------|----------------|--------------------------------------|----------------------------------------|------------------------------------|----------------|----------------------------------|
| individual's Current Physical and Mailing Address | Contacts    |                                 |                      |                                  |                |                                      |                                        |                                    |                |                                  |
| Minor/Legal Guardian Information                  |             |                                 |                      |                                  |                |                                      |                                        |                                    |                |                                  |
| Contacts ->                                       |             |                                 | A Please check and a | confirm whether the Type of Cont | act, Relations | hip to Individual, Detailed Relation | onship Description and Legal Relations | hip to Individual values are valid |                |                                  |
| teferral/Resources and ADA Settlement             |             |                                 |                      |                                  |                |                                      |                                        |                                    |                |                                  |
|                                                   | Add contact | person details for the Individu | ual as required      |                                  |                |                                      |                                        |                                    |                |                                  |
|                                                   | Status      | Type of Contact                 | Last Name            | First Name                       | View ROI       | Relationship To Individual           | Detailed Relationship Description      | Primary Phone Number               | E-Mail Address | Date Added                       |
|                                                   | ~           | Primary                         | Toyota               | Innova                           |                | Neighbor                             |                                        | 1741852963                         |                | 06/03/2019                       |
|                                                   | <           |                                 |                      |                                  |                |                                      |                                        |                                    |                | Add New Contact                  |
|                                                   |             |                                 |                      |                                  |                |                                      |                                        |                                    |                |                                  |

Figure 15: Contacts Information



| Individual's Basic Domographic Information        |                                                                      | All fields marked * are require |
|---------------------------------------------------|----------------------------------------------------------------------|---------------------------------|
| Individual's Current Physical and Mailing Address | Referrals/Resources                                                  |                                 |
| Minor/Legal Guardian Information                  |                                                                      |                                 |
| Contacts                                          | Individual Referral Sources *                                        | Current Resources Section *     |
| Referral/Resources and ADA Settlement             | Clergy/Fath-Based                                                    | Food Stamps (SNAP)              |
| ,                                                 | Individual's Monthly Gross Income                                    | Referral Source Name            |
|                                                   | \$1231                                                               | Enter Referral Source Name      |
|                                                   |                                                                      |                                 |
|                                                   | ADA Settlement                                                       |                                 |
|                                                   |                                                                      |                                 |
|                                                   | Is the individual part of the ADA Settlement Agreement? * 0 Yes 0 No |                                 |
|                                                   | High Risk Individual *  Ves  No                                      |                                 |
|                                                   |                                                                      |                                 |
|                                                   | < Back                                                               | Submit >                        |
|                                                   |                                                                      |                                 |

Figure 16: Referral/Resources and ADA Settlement

#### 2. Complete the Health Risk Screening Tool (HRST)

2.1 Create HRST

- Step 1: Login to the DBHDD portal and click on the Open Tasks tile.
- Step 2: View Tasks in View My Tasks tab.
- Step 3: Click on the CID for a particular task to navigate to Demographic tab of Individual
- Step 4: Click on the Evaluation tab.
- Step 5: Click on HRST/SIS tab.
- Step 6: Click on the Create New HRST. User navigates to HRST Site.

| Diagnosis Summary<br>Clinical Recommendations | No HRST Data Av      | ailable     |                    |                      |                    |          |
|-----------------------------------------------|----------------------|-------------|--------------------|----------------------|--------------------|----------|
| HRST/SIS ->                                   | T Filter             |             |                    |                      |                    | \$       |
| Clinical Mailbox                              | HRST Date            |             | HRST Date To:      | Level From<br>Select | Level To<br>Select |          |
|                                               | Score From<br>Select |             | Score To<br>Select | 2 Reset Q Filter     |                    | •        |
|                                               | HRST Date ●          | Review Type | e Completed By     | HRST Score •         | HRST Level 🏼       | Status   |
|                                               |                      |             | No HRST Da         |                      |                    |          |
|                                               |                      |             | H 44 (1) I         | H 10 ▼               | Create N           | New HRST |

Figure 17: HRST section

| HRST | GA Train                               | Not logged in |
|------|----------------------------------------|---------------|
| Home |                                        |               |
|      | Log In                                 |               |
|      | Username                               |               |
|      | Password                               |               |
|      | Log In<br>Forgot Username or Password? |               |

Figure 18: HRST Site



### 3. Individual Service Plan (ISP)

3.1 Accessing ISP

- Step 1: Step 1: Login to the DBHDD portal and click on the Open Tasks tile.
- Step 2: View Tasks in View My Tasks tab.
- Step 3: Click on the CID# for a particular task to navigate to Demographic tab of the Individual.
- Step 4: Click on the ISP tab.
- Step 5: Click on ISP Type.

| CID: 4000               | )53946      | First           | Name: W | /alt            | Last Name    | e: Des          | DOB: 02/11/2000      | Age: 18   | 3              | Gend    | ler: Male |
|-------------------------|-------------|-----------------|---------|-----------------|--------------|-----------------|----------------------|-----------|----------------|---------|-----------|
| Demographics            | Eligibility | Evaluation      | ISP     | Prior Authoriza | tion D       | Documents Outco | omes & Support Notes | Services  | Individual 360 | Appeals | Letters   |
| ISP Type *              |             |                 |         | - Ok            | 1            |                 |                      |           |                |         |           |
| NOW                     |             |                 |         | ¥               |              |                 |                      |           |                |         |           |
| Search                  |             |                 |         |                 |              |                 |                      |           |                |         | \$        |
|                         | rom         | Date Rang<br>To | ie To   |                 | Туре         |                 |                      |           |                | Q Sear  | _         |
| Search<br>Date Range Fr | <b>#</b>    | -               |         | ISP             | Type<br>lect | ISP Created By  | Title                | SC Agency | ISP Submi      | Q Seal  | _         |

Figure 19: ISP

Note: Click on the icon next to the ISP Type to view the historical ISPs.

| Historical ISP   |         |                |                  |      |                |    |           | ×  |
|------------------|---------|----------------|------------------|------|----------------|----|-----------|----|
| ISP Type         | ISP     | Effective Date | ISP Expiration D | )ate | ISP Created By |    | Title     | SC |
| NOW              | 08/10/2 | 2018           | 08/10/2019       |      | SC UserOne     | NA |           | NA |
| NOW              | NA      |                | NA               |      | SC UserOne     | NA |           | NA |
| 4                |         |                |                  |      |                |    |           | •  |
|                  |         |                |                  |      |                |    |           |    |
| ISP Expiration D | ate     | ISP C          | reated By        |      | Title          |    | SC Agency |    |
| NA               |         | SC UserOne     |                  | NA   |                |    |           |    |
| NA               |         | SC UserOne     |                  | NA   |                |    |           |    |

Figure 20: Historical ISP



3.2 View ISP Current Needs

- Step 1: Click on ISP type tab.
- Step 2: Click on ISP Content tab to Current Needs tab to view HRST, SIS, Exceptional Medical, and Exceptional Behavior Support results.

| Current Needs 🔸          | Current                       | Needs               |                                                                                                   |                   |                              |                                                                    | 🛛 <u>Refresh</u> , 🛓     |
|--------------------------|-------------------------------|---------------------|---------------------------------------------------------------------------------------------------|-------------------|------------------------------|--------------------------------------------------------------------|--------------------------|
| Clinical Recommendations | Status                        |                     |                                                                                                   |                   | Date Assigned                |                                                                    |                          |
| Goals                    | In-Proj                       | pess                |                                                                                                   |                   | 06/10/2019                   |                                                                    |                          |
| Service Summary          | Date Sct<br>06/10/20          |                     |                                                                                                   |                   | Date Completed<br>06/10/2019 |                                                                    |                          |
| Informed Choice          |                               |                     |                                                                                                   |                   | 00102010                     |                                                                    |                          |
|                          | HRST                          |                     |                                                                                                   |                   |                              |                                                                    |                          |
| Signature                |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
| Clinical Approval        |                               | T Date:<br>10, 2019 | Entered By:<br>Infosys Test                                                                       | HRST Score:<br>22 | HRST Level:<br>Level-3       | HRST Level Indicators:<br>• Level 1 to 2                           |                          |
| Individual Approval      |                               |                     |                                                                                                   |                   |                              | <ul> <li>Level 3 to 4</li> <li>Level 5 to 6</li> </ul>             |                          |
|                          |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
|                          |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
|                          |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
| Final Approval           |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
|                          | SIS                           |                     |                                                                                                   |                   |                              |                                                                    |                          |
| hange History            |                               |                     |                                                                                                   |                   |                              |                                                                    |                          |
| hange History            | SIS                           | Date<br>1/2019      | Entered By<br>Indonys Test                                                                        |                   |                              |                                                                    |                          |
| hange History            | SIS                           |                     |                                                                                                   | Siis Domain       |                              | Service Type                                                       | Service Status           |
| hange History            | SIS                           |                     |                                                                                                   | SIS Domain        |                              | Service Type<br>Additional Resident.                               | Service Status<br>Select |
| hange History            | sis (<br>osid                 | 12019               | infosys Test                                                                                      | SilS Domain       |                              |                                                                    |                          |
| hange History            | SIS (<br>05/10                | D                   | Infosys Test<br>Employment Percentile - 16                                                        | SIS Domain        |                              | Additional Resident                                                | select                   |
| hange History            | SIS (<br>05:10<br>•           | D                   | Intosys Test Employment Percentile - 16 Social Percentile - 16                                    | SilS Domain       |                              | Additional Resident •<br>Behavioral Support •                      | select                   |
| hange History            | SIS (<br>08/11<br>0<br>0<br>0 | D<br>F<br>C         | Intonys Test Emoloyment Percentile - 16 Social Percentile - 18 Life Long Learning Percentile - 18 | SIS Domain        |                              | Additional Resident •<br>Behavioral Support •<br>Community Guide • | select<br>select         |

Figure 21: ISP

|   | Any items Rated - Yes       | # of items Rated - 4         |                                  |
|---|-----------------------------|------------------------------|----------------------------------|
|   | Exceptional item            | Score                        | Comments                         |
| 1 | others                      | 2 - Extensive Support Needed |                                  |
| 2 | Turning or positioning      | 1 - Some Support Needed      | Need some support with skin care |
| 3 | Lifting and/or transferring | 1 - Some Support Needed      |                                  |
| 4 | Allergies                   | 1 - Some Support Needed      | Seasonal Allergies               |

Figure 22: Exceptional Medical Supports



| Exceptional | Behavioral Supports                  |                              |          |                                    |                                                               |
|-------------|--------------------------------------|------------------------------|----------|------------------------------------|---------------------------------------------------------------|
|             |                                      |                              |          | Any items Rated - Yes              | # of items Rated - 5                                          |
|             | Exceptional Item                     | SIS Score                    | Comments | Consideration of PBSP/Safety Plan? | PBSP/ Safety Plan Comments                                    |
| 1           | Prevention of emotional outbursts    | 2 - Extensive Support Needed |          | 🔵 Yes 🔘 No                         | Enter PBSPI Safety Plan<br>Comments<br>20 100 characters left |
| 2           | Maintaining mertal health treatments | 1 - Some Support Needed      |          | Ves 🖉 No                           | Enter PBSP/ Safety Plan<br>Comments<br>20 100 characters left |
| 3           | Prevention of property destruction   | 1 - Some Support Needed      |          | O Yes 🗘 No                         | Enter PBSPI Safety Plan<br>Comments<br>200 characters left    |

Figure 23: Exceptional Behavioral Supports

3.3 View ISP Clinical Recommendations

- Step 1: Click on ISP type tab.
- Step 2: Click on ISP content tab to Clinical Recommendation tab.

| b: TEMP001174866<br>be: Muttiracial<br>dress: 820 Essle Ave SE, Atlanta, Georgia, Fult | First Name: InfosysNonOnlineTest<br>Region: Region3<br>ton, 30316 | Last Name: AugTwentyThree<br>Funding Source: NOW<br>Last Updated On: Sep 24, 2018, 5 | DOB: 08/23/2000<br>Medicaid ID: N/A<br>:52:56 AM | Age: 18<br>ADA Sta | tus: N/A    | Gender: Female<br>Priority: N/A |                |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------|--------------------|-------------|---------------------------------|----------------|
| emographics Eligibility Evaluation                                                     |                                                                   | Outcomes & Support Notes Services                                                    |                                                  | ters               |             |                                 |                |
| Back to Summary                                                                        | ISP Effective D<br>09/03/2018                                     | ite:                                                                                 | ISP Expiration Date:<br>09/03/2019               |                    | <b></b>     |                                 | * 6            |
|                                                                                        |                                                                   |                                                                                      |                                                  |                    |             | All fields marked               | * are required |
| ✓ Current Needs                                                                        | Clinical Recommendations                                          |                                                                                      |                                                  |                    |             | 🖉 Refresh. 🛓                    | Ð              |
| ✓ Clinical Recommendations →                                                           | Status                                                            | Date Assigned                                                                        |                                                  | Date Scheduled     | Date Comp   | leted                           |                |
| ✔ Goals                                                                                | Completed                                                         | 09/03/2018                                                                           |                                                  | 09/03/2018         | 前 09/03/201 | 8                               | 60             |
| ✓ Service Summary                                                                      |                                                                   |                                                                                      |                                                  |                    |             |                                 | Expand All     |
| ✓ Informed Choice                                                                      | Nursing Assessment Clinical R                                     | commendation                                                                         |                                                  |                    |             |                                 | ×              |
| ✓ Signature                                                                            | Behavior Support Needs Asses                                      | sment Clinical Recommendation                                                        |                                                  |                    |             |                                 | ×              |
| Clinical Approval                                                                      | Social Work Assessment Clinic                                     | I Recommendation                                                                     |                                                  |                    |             |                                 | ×              |
| Individual Approval     Final Approval                                                 |                                                                   |                                                                                      |                                                  |                    |             |                                 |                |
| • Fina: Approval                                                                       | Accept and Acknowledge Cli                                        | ical Evaluation Recommendation                                                       |                                                  |                    |             |                                 |                |
| S Change History                                                                       | ⊗ Void                                                            |                                                                                      |                                                  |                    |             | Save                            | 🗑 Submit       |
| Approval History                                                                       |                                                                   |                                                                                      |                                                  |                    |             |                                 |                |

Figure 24: ISP



3.4 View ISP Goals

- Step 1: Click on ISP type tab.
- Step 2: Click on the ISP Content tab to Goals tab to view Person Centered Goals.

| ВНО | Georgia D ·B ·H ·D ·D<br>cib: TEMP001174856 | First Name: InfosysNonOnlineTest Last Name:                | AugTwentyThree DOB: 08/23/2000          | Age: 18 G                   | iender: Female                   |
|-----|---------------------------------------------|------------------------------------------------------------|-----------------------------------------|-----------------------------|----------------------------------|
|     | Demographics Eligibility Evaluation ISP     | Prior Authorization Documents Outcomes & Support Notes     | Services Individual 360 Appeals Letters |                             |                                  |
|     | Back to Summary                             | ISP Effective Date:<br>09/03/2018                          | ISP Expiration Date:                    | <b>**</b>                   | * 8                              |
|     | ISP Content Completed 📀                     |                                                            |                                         |                             | All fields marked * are required |
|     | ✓ Current Needs                             | Goals                                                      |                                         |                             | 🕫 Retresh. 🛓 🖨                   |
|     | ✓ Clinical Recommendations     ✓ Goals →    | Status<br>Completad                                        |                                         | Date Complete<br>09/03/2018 | d                                |
|     | Service Summary                             | Person Centered Work Goals                                 |                                         |                             | *                                |
|     | ✓ Informed Choice                           |                                                            |                                         |                             |                                  |
|     | ✓ Signature                                 | Are you currently working? *                               | ○ Yes ◎ No                              |                             |                                  |
|     | Clinical Approval                           | Do you want to work? *                                     | O Yes ® No                              |                             |                                  |
|     | 🚫 Individual Approval                       | Are there any barriers keeping you from wanting to work? * | *Yes No                                 |                             |                                  |
|     | S Final Approval                            | Describe the barriers                                      |                                         |                             |                                  |
|     |                                             | hjikh                                                      |                                         |                             |                                  |
|     | O Change History                            | Spell Check                                                | <i>W</i>                                |                             |                                  |
|     | S Approval History                          |                                                            |                                         |                             |                                  |
|     |                                             | Person Centered Goals                                      |                                         |                             | *                                |
|     |                                             | Person Centered Goals                                      | Select                                  | -                           |                                  |
|     |                                             | Description                                                | Enter data                              |                             |                                  |
|     |                                             |                                                            | Add                                     |                             |                                  |

Figure 25: ISP

3.5 View ISP Service Summary

- Step 1: Click on ISP type tab.
- Step 2: Click on the ISP Content tab to Service Summary tab.

|                                        | FIFST Name: InfosysiNonUnline lest<br>Region: Region3<br>, 30316 | Last Name: Aug Iwe<br>Funding Source: NOV<br>Last Updated On: Sep | r'                         | DOB: 08/23/2000<br>Medicaid ID: N/A | Age: 18<br>ADA Status: N        |                                      | ender: Female<br>riority: N/A |                       |      |
|----------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------|-------------------------------------|---------------------------------|--------------------------------------|-------------------------------|-----------------------|------|
| Demographics Eligibility Evaluation IS | P Prior Authorization Docume                                     | nts Outcomes & Support Notes                                      | Services Individual 3      | 60 Appeals Letters                  |                                 |                                      |                               |                       |      |
| Back to Summary                        | ISP Effectiv<br>09/03/2018                                       |                                                                   |                            | ISP Expiration Date:<br>09/03/2019  |                                 |                                      |                               | *                     | ₽    |
| ISP Content Completed                  | Service Summary                                                  |                                                                   |                            |                                     |                                 |                                      |                               | lds marked * are requ | ired |
| V Current Needs                        |                                                                  |                                                                   |                            |                                     |                                 |                                      | KO KO                         |                       | -17  |
| Clinical Recommendations               | Status<br>Completed                                              |                                                                   |                            |                                     |                                 | Date Completed                       |                               | <b></b>               | 11   |
| ✓ Goals                                |                                                                  |                                                                   |                            |                                     |                                 |                                      |                               |                       | . 17 |
| ✓ Service Summary →                    | Se Se                                                            | ervice Description                                                | Detailed S                 | ervice Description                  | Recommendation F                | rom/Date Ame                         | sunt                          | Unit                  |      |
| V Informed Choice                      | Support Coordination                                             | •                                                                 | Support Coordination       |                                     | •                               |                                      | 1.00                          | Unit(s)               |      |
| ✓ Signature                            | Vehicle Adaptation Se                                            | rvíces -                                                          | Vehicle Adaptation Service | es - Self-Directed                  | EVAL - Social Work - 09/02/2018 |                                      | 10.00                         | Dollar(s)             | . 17 |
| Clinical Approval                      |                                                                  |                                                                   |                            |                                     |                                 |                                      |                               | ,                     |      |
| S Individual Approval                  |                                                                  |                                                                   |                            |                                     |                                 | Frequency of Quality Outcome Measure |                               |                       |      |
| S Final Approval                       | C Remove Service                                                 | Add New Service                                                   |                            |                                     |                                 | Monthly                              | •                             |                       | -    |
|                                        |                                                                  |                                                                   |                            |                                     |                                 |                                      |                               |                       |      |
|                                        | ⊗ Void                                                           |                                                                   |                            |                                     |                                 |                                      |                               | Save 🗈 Submi          |      |
| Approval History                       |                                                                  |                                                                   |                            |                                     |                                 |                                      |                               |                       | _    |
|                                        |                                                                  |                                                                   |                            |                                     |                                 |                                      |                               |                       | _    |

Figure 26: ISP



3.6 View ISP Informed Choice

- Step 1: Click on ISP type tab.
- Step 2: Click on the ISP Content tab to Informed Choice tab.

| DD | Georgia D ·B ·H ·D ·D<br>CID: TEMP001174866                 | First Name: InfosysNonOnlineTest Last Na                      | me: AugTwentyThree               | DOB: 08/23/2000                    | Age: 18                | Ger            | ider: Female | ≥ 0 +               |
|----|-------------------------------------------------------------|---------------------------------------------------------------|----------------------------------|------------------------------------|------------------------|----------------|--------------|---------------------|
| De | mographics Eligibility Evaluation ISP                       | Prior Authorization Documents Outcomes & Support N            | ites Services Individual         | 360 Appeals Letters                |                        |                |              |                     |
|    | ack to Summary                                              | ISP Effective Date:<br>09/03/2018                             |                                  | ISP Expiration Date:<br>09/03/2019 |                        |                |              | ± 0                 |
|    | ISP Content Completed 📀                                     | Informed Choice                                               |                                  |                                    |                        |                | -            | rked * are required |
|    | <ul> <li>Clinical Recommendations</li> <li>Goals</li> </ul> | Status Completed                                              |                                  |                                    | % of question answered | Date Completed |              | 65                  |
| ľ  | <ul> <li>Service Summary</li> </ul>                         |                                                               |                                  |                                    |                        |                | Yes          | No                  |
| ŀ  | ✓ Informed Choice →                                         | I want to live in my community and not be in an institution * |                                  |                                    |                        |                |              | ۲                   |
|    | ✓ Signature                                                 | I had an opportunity to choose my provider(s) and support co  | ordination agency and understar  | d I can change them at any time *  |                        |                |              | ۲                   |
| Ē  | Clinical Approval                                           | I was given options of services to choose from, based upon r  | ny assessed needs *              |                                    |                        |                |              | ۲                   |
|    | S Individual Approval                                       | I consent to the services listed on the Authorized DD System  | Provided Services Page of this I | SP *                               |                        |                |              | ۲                   |
|    | S Final Approval                                            | I have participated in the development of this ISP in the way | and manner in which I wanted *   |                                    |                        |                |              | ۲                   |
| 1  |                                                             | My ISP reflects my goals *                                    |                                  |                                    |                        |                | •            | ۲                   |
|    | Change History                                              | I understand that I can make changes to my ISP throughout     | he year *                        |                                    |                        |                | ۲            | •                   |
|    |                                                             | I understand my rights and have reviewed the My Choice My     | Voice form *                     |                                    |                        |                | ۲            | •                   |
|    |                                                             | I would like someone to further discuss my rights with me *   |                                  |                                    |                        |                | ۲            | •                   |
|    |                                                             | I have been informed of how I can report abuse, neglect and   | exploitation *                   |                                    |                        |                | ۲            | •                   |
|    |                                                             | © Vold                                                        |                                  |                                    |                        |                | Save         | e 🕑 Submit          |
|    |                                                             |                                                               |                                  |                                    |                        |                |              |                     |

Figure 27: ISP

3.7 View ISP signature page

- Step 1: Click on ISP type tab.
- Step 2: Click on the ISP Content tab to signature tab.
- Step 3: Click the Download Signature Page button to download.

| CID: TEMP001174866<br>Race: Multiracial<br>Address: 820 Essle Ave SE, Atlanta, Geor | First Name: InfosysNonOnlineTest<br>Region: Region3<br>gla, Fulton, 30316 | Last Name: AugTwentyThree<br>Funding Source: NOW<br>Last Updated On: Sep 24, 2018, 11:54:58 | DOB: 08/23/2000<br>Medicald ID: N/A<br>AM | Age: 18<br>ADA Status: N/A                                          | Gender: Female<br>Priority: N/A       |          |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------------------|---------------------------------------|----------|
| Gack to Summary                                                                     | ISP Effective Date:<br>09/03/2018                                         |                                                                                             | ISP Expiration Date:<br>09/03/2019        | 8                                                                   |                                       | ¥ 8      |
| ISP Content Completed  Current Noeds Clinical Recommendations                       | Signature                                                                 | Date Con                                                                                    |                                           |                                                                     | All fields marked                     |          |
| Gaals     Service Summary     Informed Choice                                       | ISP Meeting Date *<br>09/01/2018<br>Participant List                      | 88 09/03/201                                                                                |                                           |                                                                     |                                       |          |
| ✓ Informad Choice     ✓ Signature →     Clinical Approval     ✓ Individual Approval | Add a New Participant                                                     | Nar<br>ghig                                                                                 | ne                                        | Relationship to Individual Email Address Re<br>Spouse/Significant O | ceive Copy of ISP? Signature Doc Edit | Delete   |
| anandalargenova     Final Approval     Change History     Approval History          | Oownload Signature Page      Individual Has Agreed to and Approved        | 18P                                                                                         |                                           | Upload Sg                                                           | nature Page                           |          |
|                                                                                     | © Void                                                                    |                                                                                             |                                           |                                                                     | Save                                  | 🕅 Submit |

Figure 28: ISP



| D-D                                                                                                            | a Departmen            | t of Behavioral H           | lealth and Developme                            | ental [ | Disabilitie |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------|------------------------|-----------------------------|-------------------------------------------------|---------|-------------|--|--|--|--|
| Signature Page fo                                                                                              | or Individual Service  | Plan for <b>John Doe</b>    |                                                 |         |             |  |  |  |  |
| I have fully participated in the development of this ISP and it reflects my goals, hopes and dreams: OYes O No |                        |                             |                                                 |         |             |  |  |  |  |
| I know I can choose the provider of my services and have signed the "Freedom of Choice" form: OYes ONe         |                        |                             |                                                 |         |             |  |  |  |  |
| I would like to m                                                                                              | eet with other provid  | ders:                       |                                                 | ⊖Yes    | O No        |  |  |  |  |
| If yes, action plar                                                                                            | 12                     |                             |                                                 |         |             |  |  |  |  |
| I understand my                                                                                                | rights and have agre   | ed to the responses include | ed in the Informed Choice Form:                 | ⊖Yes    | O No        |  |  |  |  |
| I understand my                                                                                                | rights and have revi   | ewed the Human Rights for   | m:                                              | ⊖Yes    | O No        |  |  |  |  |
| I would like some                                                                                              | eone to further discu  | iss my rights with me.      |                                                 | ⊖Yes    | O No        |  |  |  |  |
|                                                                                                                |                        |                             |                                                 |         |             |  |  |  |  |
| *Individual's Sign                                                                                             | nature                 |                             | ire of Parent or Guardian<br>priate/applicable) |         |             |  |  |  |  |
| *Individual's Sign                                                                                             | nature                 |                             |                                                 |         |             |  |  |  |  |
| *Individual's Sign                                                                                             | hature                 |                             |                                                 |         |             |  |  |  |  |
| Date:                                                                                                          | nature                 | (lf appro                   |                                                 |         |             |  |  |  |  |
| Date:                                                                                                          |                        | (lf appro                   |                                                 |         |             |  |  |  |  |
| Date:                                                                                                          |                        | (lf appro                   |                                                 | Da      | ite         |  |  |  |  |
| Date:<br>*Reason for abse                                                                                      | ence of individual/far | (lf appro                   | priate/applicable)                              | De      | ste         |  |  |  |  |
| Date:<br>*Reason for abse                                                                                      | ence of individual/far | (lf appro                   | priate/applicable)                              | D       | ate         |  |  |  |  |

#### Figure 29: Signature Page Download

3.8 Individual Dashboard: Access to Review, Approve, or Reject ISP

- Step 1: Log in DBHDD Individual portal.
- Step 2: Click on the Approve Individual Service Plan tile.
- Step 3: Enter the Approval Decision and other details and click on Submit.



| new application Attach Documents                                            |  | View Submitted Applicat                                   | ion                                                                                                              | -                                                                              |
|-----------------------------------------------------------------------------|--|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| ≣                                                                           |  | +                                                         | S                                                                                                                | ~                                                                              |
| Manage my Applicat<br>You can view, edit or delet<br>submitted applications |  | omit a new Application<br>te a new application and<br>nit | Track an Application<br>Track the current status of the<br>Mailed, Faxed or Telephonic<br>applications submitted | Approve Individual<br>Service Plan<br>Approve, Reject current ISP<br>approvals |

# Figure 30: ISP

| e Summary                                     |                                         |                                  |  |
|-----------------------------------------------|-----------------------------------------|----------------------------------|--|
| Service Description                           | Detailed Service Description            | Frequency                        |  |
| Community Residential<br>Alternative Services | CRA - Group Home: 3 Person Category 1   | 5 Units Weekly for 2 Months      |  |
| Behavioral Supports Ser                       | vices Behavioral Supports Services      | 12 Units Quarterly for 12 Months |  |
| Intensive Support Coord<br>Services           | lination Intensive Support Coordination | 7 Units Weekly for 5 Months      |  |
| Transportation Services                       | Transportation - Encounter/Trip         | 2 Units Daily for 2 Months       |  |
| Approval Status<br>Approved  Rejection        | ted                                     |                                  |  |
| Approved   Rejec                              | ted                                     |                                  |  |
| Approved      Rejection                       | ted                                     |                                  |  |

Figure 31: ISP



#### 4. Documents Tab

#### 4.1 View Documents

- Step 1: Under the navigation bar, click on View Document tab.
- Step 2: Enter the search criteria and click on Search.

| Search Documents by Keywords Search | Criteria |                             |   |                           |   | View Saved Favorite S | Searches |
|-------------------------------------|----------|-----------------------------|---|---------------------------|---|-----------------------|----------|
| Search Using Filters<br>Document    |          | Category                    |   | Document Start Date       |   | Document End Date     |          |
| Choose                              | -        | Choose                      | • | Select                    | ₩ | Select                | 曲        |
| Entered By                          | ۹        | Entered Date From<br>Select | 曲 | Entered Date To<br>Select | ⇔ | Q Search              |          |
| Reset                               |          |                             |   |                           |   |                       |          |

Figure 32: Documents

| Search Resu | Its                    |          |                                     |                       |                     |          |
|-------------|------------------------|----------|-------------------------------------|-----------------------|---------------------|----------|
| Select      | Document Type 🗢        | Legacy : | Document Category 🗢                 | Document Start Date 🗢 | Document End Date 🗢 | Comments |
|             | Pre-Eligibility Letter |          |                                     |                       |                     |          |
|             | Pre-Eligibility Letter |          |                                     |                       |                     |          |
|             | School IEP Report      |          |                                     |                       |                     |          |
|             | Birth Certificate      |          |                                     |                       |                     |          |
|             | Assessment/Evaluation  |          | Application and Ancillary Documents |                       |                     |          |
| 4           |                        |          | к « П » »                           | 50 🔽                  |                     |          |
|             |                        |          |                                     | 50 <u>-</u>           |                     |          |

#### Figure 33: Documents

- 4.2.1 Request for Document Removal
  - Step 1: Click on the box under the Select column for the document to request for removal.
  - Step 2: Click on the Submit Request for Removal button.
  - Step 3: Enter reason for removal and click save.

Note: The request for document removal is available to certain users of the system. The system sends a notification to the designated DBHDD staff to approve the status request.

#### 4.2.2 Download Documents

- Step 1: Select document and click on the Download button.
- Step 2: Select to download document(s) as one single file or as a separate file. The system downloads the document as a PDF document.
- 4.2.3 Send Document Using Internal Message
  - Step 1: Select document and click on the Internal Message button.
  - Step 2: Select the username in Send To field.
  - Step 3: enter Message, attach documents, and click on submit.

4.2.4 Send Document Using Email

• Step 1: Select the document to send and click on the Email Button. The system will automatically connect to the email system to open up a new email with the attached document.



| Select 📃 | Document Type          |   | Entered Date + | Entered By #       | Request For Removal   | Reason For Removal |
|----------|------------------------|---|----------------|--------------------|-----------------------|--------------------|
|          | Pre-Eligibility Letter |   |                | IE Manager         | 0                     |                    |
|          | Pre-Eligibility Letter | D |                | IE Manager         | *                     | duplicate          |
|          | School IEP Report      | D | 03/04/2019     | Nancy Tester       |                       |                    |
|          | Birth Certificate      |   | 03/04/2019     | Nancy Tester       | 0                     |                    |
|          | Assessment/Evaluation  |   | 03/04/2019     | psych first        |                       |                    |
|          |                        |   | 50 💌           |                    |                       |                    |
| Download | 1                      |   | 🐸 Email        | 🗩 Internal Message | Submit Request For Re | moval >            |

# Figure 34: Documents

| Sending a Doo                    | cument using Internal N                                                                                                                                                              | <b>Aessage</b>     |                      | Documents |
|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|-----------|
| 🛓 Download                       | 😆 Email                                                                                                                                                                              | 🗩 Internal Message | Submit Request For R | kemoval > |
|                                  | WARNING!                                                                                                                                                                             | <b>↓</b>           | ×                    |           |
|                                  | Sharing sensitive information or PHI re<br>authorised personnel is against the co<br><u>Note:</u> You will need to manually attach<br>is complete.<br>Do you still wish to continue? | mpany policy & sta | ite law.             |           |
| The Georgia<br>Footbacearive ASO |                                                                                                                                                                                      | ① Yes              | s 🛞 Cancel           |           |

Figure 35: Documents

| ding a Document using Internal Message                                      |                   |                    |                              |   |  |  |
|-----------------------------------------------------------------------------|-------------------|--------------------|------------------------------|---|--|--|
|                                                                             |                   |                    |                              |   |  |  |
| 📥 Download                                                                  | 🐸 Email           | 🗩 Internal Message | Submit Request For Removal > |   |  |  |
|                                                                             |                   | 1                  |                              |   |  |  |
| Send Internal Message                                                       |                   |                    |                              | , |  |  |
| Send To                                                                     | PLA SupervisorTwo |                    |                              | 1 |  |  |
| Message Date                                                                | 04/02/2019        |                    |                              |   |  |  |
| Entered By                                                                  | ASM User          |                    |                              |   |  |  |
| Track through completion Wee Documents for NANCY TESTER Wessage Description |                   |                    |                              |   |  |  |
| Attachments:                                                                |                   |                    |                              |   |  |  |

Figure 36: Documents



- 4.2.5 Download Documents
  - Step 1: Under the navigation bar, click on the Upload Document tab.
  - Step 2: Click on the Choose File button to select the document to upload.
  - Step 3: Once the document upload is complete, click on the dropdown arrow to select the Document Type.
  - Step 4: Click on the dropdown arrow to select Document Category.
  - Step 5: If needed, enter a comment.
  - Step 6: If uploading a letter, enter the date of the letter.
  - Step 7: Click the Upload button.

| File Upload (40MB max)                                                                                                    |                                    |                                                                          |            |          |                      |
|---------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------|------------|----------|----------------------|
| Entered Date: 04/01/2019                                                                                                  |                                    |                                                                          |            |          | Entered By: ASM User |
| <b>≛</b><br>Drag files to upload                                                                                          | birth certificate.docx (11.2 KB) X | Document Type *<br>Additional Supporting Documenta *<br>Date of Letter * | Category * | Comments |                      |
| Choose File     Upload as a single document                                                                               |                                    |                                                                          |            |          |                      |
| Maximum upload file size is 40 MB. File types<br>supported are pdf, bd, doc, docx, htm, html, zip,<br>xls, xlsx, jpg, rtf |                                    |                                                                          |            |          |                      |
|                                                                                                                           |                                    |                                                                          |            |          | Upload               |

Figure 37: Document Upload

#### 5. Document Templates (DBHDD access only)

5.1 Select Document Template

- Step 1: On the system homepage, click on the Document Templates tab.
- Step 2: Select the document name and click on Download button

| 😭 Му   | Dashboard 🛛 🔍 Search an Individual 📄 Applications 🗍 📋 Document Templates ) 💄 User Administratio |
|--------|-------------------------------------------------------------------------------------------------|
|        |                                                                                                 |
|        |                                                                                                 |
| Docume | nt Templates                                                                                    |
| Downio | Go Back                                                                                         |
|        | Document Template Name                                                                          |
|        | Clinical Assessment Of Behavioural Support Needs Report pdf                                     |
|        | Final Adverse Action Letter dock                                                                |
|        | Financial Screening png                                                                         |
|        | Inactive Letter dock                                                                            |
|        | Initial Adverse Action Letter dock                                                              |
|        | Initial Loc Psychological Consultation Report dock                                              |
|        | Need More Information Lefter dock                                                               |
|        | Nursing Evaluation.pdf                                                                          |
|        | Optional Letter Schedule A Discussion Of Findings.docx                                          |
|        | Optional Letter Schedule A Psychological Evaluation.dock                                        |
|        | Preliminary Eligibility Letter.docx                                                             |

Figure 38: Documents Template



## 6. Prior Authorization (PA)

6.1 Prior Authorization *view only* 

- Step 1: Log in IDD Connects portal.
- Step 2: Search an Individual and click on the CID# to navigate to Demographic tab of the Individual.
- Step 3: Click on Prior Authorization Tab to view the Prior Authorizations.
- Step 4: Click on the IDD PA Number hyperlink to view the details of the PA.

| 10071363<br>VhitelCaucasian<br>atus: N/A | First Name: TESLA<br>Region: Region6<br>Info As On: 08/16/20 |                           | Last Name: TWELVE<br>Funding Source: NOW<br>Last Updated By: System Provider | DOB: 05/27/1991<br>Medicald ID: N/A       | Age: 28<br>Address: 1088 Cro | (<br>wn River Pkwy, McDonough, Georgia, 30) | Sender: Female<br>252   |
|------------------------------------------|--------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------|-------------------------------------------|------------------------------|---------------------------------------------|-------------------------|
| graphics Eligibility Evaluation          | ISP Prior Authorization                                      | Documents Outcomes & Supp | ort Notes Services Individual 34                                             | 50 Appeals Letters                        |                              |                                             |                         |
| rior Authorizations Summary              |                                                              |                           |                                                                              |                                           |                              |                                             |                         |
| Filter                                   |                                                              |                           |                                                                              |                                           |                              |                                             | \$                      |
| IDD PA Number                            |                                                              | PA Status                 |                                                                              | Funding Source                            |                              |                                             |                         |
| Enter IDD PA number                      |                                                              | Select PA Status          |                                                                              | <ul> <li>Select Funding Source</li> </ul> |                              |                                             |                         |
| Effective Date Range From:               |                                                              | Effective Date Range To   |                                                                              | Expiration Date Range Fro                 | m.                           | Expiration Date Range To:                   |                         |
| Select                                   |                                                              | Select                    |                                                                              | Select                                    |                              | i Select                                    | <b>#</b>                |
| Authorized Amount From:                  |                                                              | Authorized Amount To:     |                                                                              |                                           |                              |                                             |                         |
| s                                        |                                                              | s                         |                                                                              |                                           |                              |                                             |                         |
|                                          |                                                              |                           |                                                                              |                                           |                              |                                             | ₿ Reset <b>T</b> Filter |
|                                          |                                                              |                           |                                                                              |                                           |                              |                                             | ₽.                      |
| IDD PA Number                            | PA Status +                                                  | Funding Source +          |                                                                              |                                           |                              |                                             | Authorized Amount +     |
| <u>451</u>                               | Processing                                                   | NOW                       | 06/18/2019                                                                   | 06/16/2020                                | 100                          | \$ 35521.3                                  | 6                       |
|                                          |                                                              |                           |                                                                              | и « (1) н» и 🚺 💌                          |                              |                                             |                         |

Figure 39: Prior Authorization

| A Information                              |                                        |             |                                      |                                                        |                                        |         |            |                          | \$                                         |
|--------------------------------------------|----------------------------------------|-------------|--------------------------------------|--------------------------------------------------------|----------------------------------------|---------|------------|--------------------------|--------------------------------------------|
| IDD PA Number<br>451                       | Funding Source<br>NOW                  |             | lective Date<br>(18/2019             | Expiration Date<br>06/16/2020                          | IDD PA Status<br>Processing            |         |            |                          |                                            |
| PA Created By<br>CT SC Coordinator One One | Last Changed By<br>CT SC Coordinator O |             | st Changed Date<br>(17/2019          |                                                        |                                        |         |            |                          |                                            |
| # of Services<br>4                         | # of Providers Identi<br>4             | fied #<br>0 | of Providers Awaiting Identification | % of Providers Identified<br>100                       | Total Authorized Amount<br>\$ 35521.36 |         |            |                          |                                            |
| View Field Office Information              |                                        |             |                                      |                                                        |                                        |         |            |                          |                                            |
|                                            |                                        |             |                                      |                                                        |                                        |         |            |                          |                                            |
| ervices                                    |                                        |             |                                      |                                                        |                                        |         |            |                          |                                            |
| ervices                                    |                                        |             |                                      |                                                        |                                        |         |            |                          |                                            |
| ervices<br>Copy                            | Client Auth #                          | Line#       | Service Code +                       | Detailed Service Description +                         | Procedure Code                         | Units + | Start Date | End Date                 | Provider ¢                                 |
|                                            | Client Auth #<br>9000068436            | Line#       | Service Code +                       | Detailed Service Description +<br>Support Coordination | Procedure Code                         | Units ¢ |            | End Date<br>06/16/2020   | Provider +<br>Q<br>DOUBLEDUTCH B           |
| Сору                                       |                                        | Lne#        |                                      |                                                        |                                        |         | 06/18/2019 | <br>06/16/2020           | Q<br>DOUBLEDUTCH E<br>Q<br>DAZZELING DAISY |
| Copy                                       | 90000686436                            | Line#       | SUP                                  | Support Coordination                                   | T2022                                  | 12      | 06/18/2019 | 06/16/2020<br>06/16/2020 | Q<br>DOUBLEDUTCH E<br>Q                    |

Figure 40: Prior Authorization



## 7. Outcome and Supports Tab

7.1 Referral and Coaching view only

- Step 1: Log in IDD Connects portal.
- Step 2: Search an Individual and click on the CID# to navigate to Demographic tab of the Individual.
- Step 3: Click on Outcomes and Supports Tab, and then click on Referral and Coaching to view the Referral/Coaching.
- Step 4: Click on the (+) to view the details of each Referral and Coaching.

| Race:                       | TEMP001174736<br>Black/African America<br>ess: 1757 Mary Dell Dr | an Re | egion: R |            | Funding Sc                        | e: AugTenSanity<br>ource: NOW<br>ed On: Sep 28, 2018, | DOB: 05/07/1<br>Medicaid ID:<br>9:11:02 AM |                   | Age: 70<br>ADA Status: |                       | er: Male<br>ity: N/A |
|-----------------------------|------------------------------------------------------------------|-------|----------|------------|-----------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------|------------------------|-----------------------|----------------------|
| ndividual Qu<br>Measures Re | ality Outcome<br>view                                            | Refe  | rral an  | d Coaching |                                   |                                                       |                                            |                   |                        |                       |                      |
|                             | Coaching →                                                       | Т     | Filter   |            |                                   |                                                       |                                            |                   |                        |                       | ×                    |
|                             | mmendations<br>Clinical Review                                   |       |          |            |                                   |                                                       |                                            |                   |                        | View all              | Referrals/Coaching   |
|                             |                                                                  |       |          |            |                                   |                                                       |                                            |                   |                        |                       |                      |
|                             |                                                                  |       |          |            |                                   |                                                       | Referral and C                             | _                 |                        |                       |                      |
|                             |                                                                  |       |          | ID ¢       | Type ¢                            | Area 🗢                                                | Provider \$                                | Date Identified + | Status ¢               | Last Follow-Up Date ¢ | Follow Up            |
|                             |                                                                  |       | •        | 1          | Clinical Referral-<br>Critical    | Satisfaction                                          | N/A                                        | 08/10/2018        | Select                 | N/A                   | -                    |
|                             |                                                                  |       | •        | 2          | Coaching                          | Financial                                             | N/A                                        | 08/10/2018        | Select -               | N/A                   | -                    |
|                             |                                                                  |       | •        | 3          | Non-Clinical<br>Referral-Critical | Home/Community<br>Opportunities                       | N/A                                        | 08/10/2018        | Select -               | N/A                   | -                    |
|                             |                                                                  |       | •        | 4          | Non-Clinical<br>Referral-Critical | Home/Community<br>Opportunities                       | N/A                                        | 08/10/2018        | Select -               | N/A                   | -                    |
|                             |                                                                  |       | 0        | 5          | Coaching                          | Home/Community                                        | N/A                                        | 08/10/2018        | Select -               | N/A                   | -                    |

Figure 41: Referral and Coaching

7.2 Clinical Recommendations

- Step 1: Log in IDD Connects portal.
- Step 2: Search an Individual and click on the CID# to navigate to Demographic tab of the Individual.
- Step 3: Click on Outcomes and Supports Tab, and then click on Clinical Recommendations view the Clinical Recommendations.
- Step 4: Click on the (+) to view the details of each Clinical Recommendation.

| Demographics Eligibility Evaluation ISP Pr                                                                                        | ior Authorization | Documents Outcomes & Support Notes | Services Individual 360 Appeals Lett | ers                                     |                       |                                |                        |           |
|-----------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------|--------------------------------------|-----------------------------------------|-----------------------|--------------------------------|------------------------|-----------|
| Individual Quality Outcome Measures Review<br>Referral and Coaching<br>Clinical Recommendations -><br>Request for Clinical Review | Clinical Rec      | commendations                      |                                      |                                         |                       |                                |                        |           |
| neges: at viria nove                                                                                                              | 0                 | ID +<br>665                        | Evaluation Type +<br>Behavioral      | Recommendation +<br>Assistance Required | Status +<br>Completed | Target Close Date + 11/30/2019 | Last Follow-Up Date \$ | Follow Up |

Figure 42: Clinical Recommendations



|            | ID          | •                | Evaluation Type ¢  | Recommendation \$   | Status +      | Target Close Date +         | Last Follow-Up Date + | Follow Up   |
|------------|-------------|------------------|--------------------|---------------------|---------------|-----------------------------|-----------------------|-------------|
| •          | 665         | Behavio          | oral               | Assistance Required | Completed 🗸   | 11/30/2019                  |                       | H           |
| Amount:    | 10          | High Priority:   |                    | Service             | Type:         | Behavioral Supports Service | ces                   |             |
| Unit:      | Hour(s)     | Identified By:   | CT - Clinician One | Date CI             | osed:         | 06/19/2019                  |                       |             |
| Frequency  | r: Weekly   | Identified Date: | 06/14/2019         | Duratio             | n of Service: | 3                           |                       |             |
| E Follow-U | 1 <u>05</u> |                  |                    |                     |               |                             |                       | Cancel Save |
|            |             |                  |                    |                     |               |                             |                       |             |

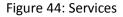
Figure 43: Clinical Recommendations

#### 8 Services and Claims

8.1 Services view only

- Step 1: Log in IDD Connects portal.
- Step 2: Search an Individual and click on the CID# to navigate to Demographic tab of the Individual.
- Step 3: Click on Services Tab to view the Services Authorizations & Utilizations.
- Step 4: Click on the (+) to view the details of each Service Authorization and Utilization.

| mographics Eligibility Evaluation ISP                     | Prior Authoriza | tion Documents Ov                                                                                                         | tcomes & Support Notes | Services Individue | I 360 Appeals Letters                                    |                                                                                                                                     |                                                                   |                       |
|-----------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|--------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------|
| Service Authorizations & Utilizations ->                  |                 |                                                                                                                           |                        |                    |                                                          |                                                                                                                                     |                                                                   | Export to Excel Print |
| Claims<br>GCAL<br>Hospitalization Admissions & Discharges | Service Au      | horizations & Utilizati                                                                                                   | ons                    |                    | Views of prior authorizatio                              | n/utilization                                                                                                                       |                                                                   |                       |
|                                                           | <b>T</b> Filte  | 1                                                                                                                         |                        |                    |                                                          |                                                                                                                                     |                                                                   | ¥                     |
|                                                           |                 | Client Auth                                                                                                               | 1                      | Service Code       | Authorized Units                                         | Units Used                                                                                                                          | Authorized Amount                                                 | Amount Paid           |
|                                                           | •               | 900004618430                                                                                                              | VA1                    | : COMP             | 2                                                        | 0                                                                                                                                   | 2                                                                 | 0                     |
|                                                           |                 | Funding Source<br>Client Auth #                                                                                           |                        |                    | 0.0                                                      | IDD PA Number                                                                                                                       | : 30                                                              |                       |
|                                                           |                 | Client Auth #<br>Service Descript<br>Provider Name<br>Authorized Start<br>Authorized Units<br>Units Used<br>Balance Units |                        |                    | JU<br>tation Services - Self-Directed<br>HEALTH CARE LLC | Service Code<br>Procedure Code<br>Provider Medicald ID<br>Authorized End Date<br>Authorized Amount<br>Amount Paid<br>Balance Amount | : VA1<br>: T2039-UC<br>: 003185781B<br>: 08/03/2019<br>: 2<br>: 0 |                       |
|                                                           | 0               | 900004618430                                                                                                              | SUP                    |                    | 2                                                        | 0                                                                                                                                   | 305.76                                                            | 0                     |
|                                                           | 0               | 900004618430                                                                                                              | EN1                    |                    | 3                                                        | 0                                                                                                                                   | 3                                                                 | 0                     |
|                                                           |                 |                                                                                                                           |                        |                    |                                                          |                                                                                                                                     |                                                                   |                       |
|                                                           |                 |                                                                                                                           |                        |                    |                                                          |                                                                                                                                     |                                                                   |                       |



8.2 Claims

- Step 1: Log in IDD Connects portal
- Step 2: Search an Individual and click on the CID# to navigate to Demographic tab of Individual
- Step 3: Click on Services Tab to the claims tab.
- Step 4: Click on Create Claims to submit State funded Claims in Provider Connect portal.



| *                 | Georgia D ·B ·H ·D ·D                   |                              |                              |                            |                              |                 |                                     | 🐔 🔍 🖿                | 1     |
|-------------------|-----------------------------------------|------------------------------|------------------------------|----------------------------|------------------------------|-----------------|-------------------------------------|----------------------|-------|
| <b>X</b><br>DBHDD | CID: 118587756                          | First Name: BOBBY            | Last Name: BLAND             | DOB: 12/30/                | 1979                         | Age: 38         | Gender:                             | Male                 |       |
|                   |                                         |                              |                              |                            |                              |                 |                                     |                      |       |
|                   | Service Authorizations & Utilizations   |                              |                              |                            |                              |                 |                                     | Export to Excel      | А.    |
| l Ir              | Claims →                                |                              |                              |                            |                              |                 |                                     | X Export to Excel    | Print |
| L F               |                                         | Claims                       |                              |                            |                              |                 |                                     | Create C             | laims |
|                   | GCAL                                    |                              |                              |                            |                              |                 |                                     |                      |       |
|                   | Hospitalization Admissions & Discharges | TFilter                      |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         |                              |                              |                            |                              |                 |                                     |                      | *     |
|                   |                                         | Funding Source               |                              |                            | Service Descripti            | on              |                                     |                      |       |
|                   |                                         | Select                       |                              |                            | - Select                     |                 |                                     |                      | •     |
|                   |                                         | Provider Name                |                              |                            | Claims Status                |                 |                                     |                      |       |
|                   |                                         | Select                       |                              |                            | <ul> <li>View All</li> </ul> |                 |                                     |                      | •     |
|                   |                                         | Submitted Date               |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         | From                         |                              |                            | то                           |                 |                                     | 1                    |       |
|                   |                                         | Service Date                 |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         | From                         |                              |                            | То                           |                 |                                     | i                    |       |
|                   |                                         | Date Paid                    |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         | From                         |                              |                            | то                           |                 |                                     | i                    |       |
|                   |                                         |                              |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         |                              |                              |                            |                              |                 | ί.                                  | Reset Q Filter       |       |
|                   |                                         |                              |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         |                              |                              |                            |                              |                 |                                     |                      |       |
|                   |                                         | Funding Source + IDD PA Numb | er Bh ? Client Auth # Line # | Claim Id Claim Line Number | Service Description \$       | Procedure Code  | Provider Name                       | Provider Medicaid ID | Ser   |
|                   |                                         | СМН                          |                              | 18188001726 1              |                              | H2014-HQ-U4-U6- | NITY SERVICES, RECOVERY PLACE COMMU |                      | 07/   |
|                   |                                         | CMH                          | 900005881470 20              | 18188001726 1              |                              | H2014-HQ-U4-U6- | NITY SERVICES, RECOVERY PLACE COMMU | 513986949F           | 07/   |
|                   |                                         | CMH                          |                              | 18188001784 1              |                              | H2014-HQ-U4-U6- | NITY SERVICES, RECOVERY PLACE COMMU |                      | 07/   |
|                   |                                         | CMH                          | 900005881470 20              | 18188001784 1              |                              | H2014-HQ-U4-U6- | NITY SERVICES, RECOVERY PLACE COMMU | 513986949F           | 07/   |

Figure 45: Claims

#### 9. Individual 360

9.1 Status History view only

- Step 1: Log in to the IDD Connects portal
- Step 2: Search an Individual and click on CID# to navigate to Demographic tab of the Individual.
- Step 3: Click on the Individual 360 Tab to the Status History tab.
- Step 4: Click on Status History tab to view the information.
- Step 5: Click on Health and Wellness tab.
- Step 6: Click on the Edit Health and Wellness and make updates and then click on the Save button.

| nographics Eligibility Evaluation ISP P | rior Authorization | Documents        | Outcomes & Support Notes Services | Individual 360 Appeals Letters |                  |                                |                                              |      |
|-----------------------------------------|--------------------|------------------|-----------------------------------|--------------------------------|------------------|--------------------------------|----------------------------------------------|------|
| Status History 🗲<br>Health & Wellness   | Individual         | Status History   |                                   |                                |                  |                                |                                              |      |
| Person Centered                         | Ð                  | Status<br>Active | Active Subcategory<br>Active      | Inactive Reason                | Discharge Reason | Updated By<br>System Generated | Place in Process<br>Prior to Pre-Eligibility | Edit |
|                                         |                    |                  |                                   |                                |                  |                                |                                              |      |

Figure 46: Individual 360



| Ж | Georgia                                                       | <b>a D ·B ·H</b><br>400041340 | ·D ·D      | First Name: herbert                                                                                                                                         | Last Name: joshua           | DOB: 08/04/1995                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Age: 23                                             | G                | iender: Male                         |
|---|---------------------------------------------------------------|-------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|------------------|--------------------------------------|
|   | Demographics<br>Status Histor<br>Health & Wel<br>Person Conte | v<br>Iness 🗲                  | Evaluation | IBP Prior Authorization Document Health and Wellness Medical ONR Status: © Yes © No                                                                         | ts Outcomes & Support Notes | Revices Individual 360 Appendixes | ils Letters                                         |                  | Last updated on:<br>Last updated by: |
|   |                                                               |                               |            | Guardianship:<br>No<br>No<br>Physician/Specialist Info:<br>Physician/Specialist Info:<br>Physician Address:NA<br>Physician Address:NA<br>Physician Phone:NA | Medication:<br>NA           | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ey Doctor Visits:                                   | Allergies:<br>NA | -                                    |
|   |                                                               |                               |            | Communication<br>Primary Language:<br>Preferred Mode of Communicati                                                                                         | on:                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | lish Proficiency:<br>uest for interpretive Service: |                  | *                                    |

# Figure 47: Health and Wellness

| Adaptive Supplies                      | *                        |
|----------------------------------------|--------------------------|
| Additional Information:                |                          |
| Erter Additional Information           |                          |
| rit Spel Check<br>5000 characters left |                          |
| Adaptive Equipment                     | *                        |
| Additional Information:                |                          |
|                                        | Edit Health and Wellness |

## Figure 48: Health and Wellness

| * | Georgia D ·B ·H ·D ·D |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            | 종 Q 🖿 📑 +      |     |
|---|-----------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------|----------------|-----|
|   | CID: 400041340        | First Name: herbert                 | Last Name: joshua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | DOB: 08/04/1995                                                                          | Age: 23                    | Gender: Male   |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       | Communication                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            | *              |     |
|   |                       | Primary Language:                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | English Proficiency:                                                                     | _                          |                |     |
|   |                       | Preferred Mode of Communication:    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Select                                                                                   | •                          |                |     |
|   |                       | Choose                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Request for Interpret<br>NA                                                              | ive service:               |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       | Hearing & Vision                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       | Blind or Serious Difficulty Seeing: |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Deaf or Serious Diffic                                                                   | ulty Hearing:              |                |     |
|   |                       | Select                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Select                                                                                   | •                          |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       | Speciality Learning Needs           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            | *              |     |
|   |                       | Special Education Classification:   | Age S<br>Selec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pecial Education Began:<br>t                                                             | Year Special Edu           | ucation Began: |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | -                                                                                        |                            |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       |                                     | Save Cancel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                          |                            |                |     |
|   |                       | L                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                | - 1 |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                          |                            |                |     |
|   |                       |                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ecurity Non-Discrimination Notice - Ne<br>th and Developmental Disabilities. (D-B-H-D-D) | ed Help? -<br>Individual P |                |     |
|   |                       | a ko to za Kigita Kozoty            | Control of the second se |                                                                                          | individual P               |                |     |

Figure 20: Health and Wellness