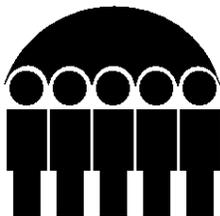


December 30, 2003

Employee's Manual
Title 14
Chapter M

ISIS USER GUIDE



Iowa
Department
of
Human Services

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INTRODUCTION TO ISIS

ISIS is the Iowa Department of Human Services' *Individualized Services Information System*.

The purpose of ISIS is to assist workers in the facility and waiver programs in both processing and tracking requests starting with entry from the ABC system through approval or denial. Consumer records will be tracked in ISIS until that consumer is no longer accessing a facility or waiver program. Upon approval, participants will use ISIS to provide the Medicaid fiscal agent with information and authority to make accurate payments to providers of facility or waiver services.

Accessing ISIS on the World Wide Web through Internet Explorer provides efficient and timely communications for all participants throughout the state. As a participant in the facilities and waivers processes, you will be provided appropriate permissions that will allow you to access ISIS from any computer that is connected to the Internet. Thus you will have timely access to the most current information regarding all cases that involve you.

The process starts in ISIS upon receipt of information from ABC regarding a facility or waiver request. ISIS will prompt each participant in turn to perform key tasks (or milestones), and each participant must respond by entering the appropriate information for that task before the process can move on to the next task. The final approval milestone must be completed (closed) before an approved service plan can be sent to the fiscal agent.

Note: You do not necessarily need to wait for another person's task (milestone) to be completed before starting the work you need to do. Where logical, do what work you can ahead of time. All participants in the processing and tracking in ISIS should keep in mind that many things outside ISIS must happen to support the accomplishment of a milestone. Responding to a milestone, while easy to do online in ISIS, may be delayed due to procedures outside of ISIS.

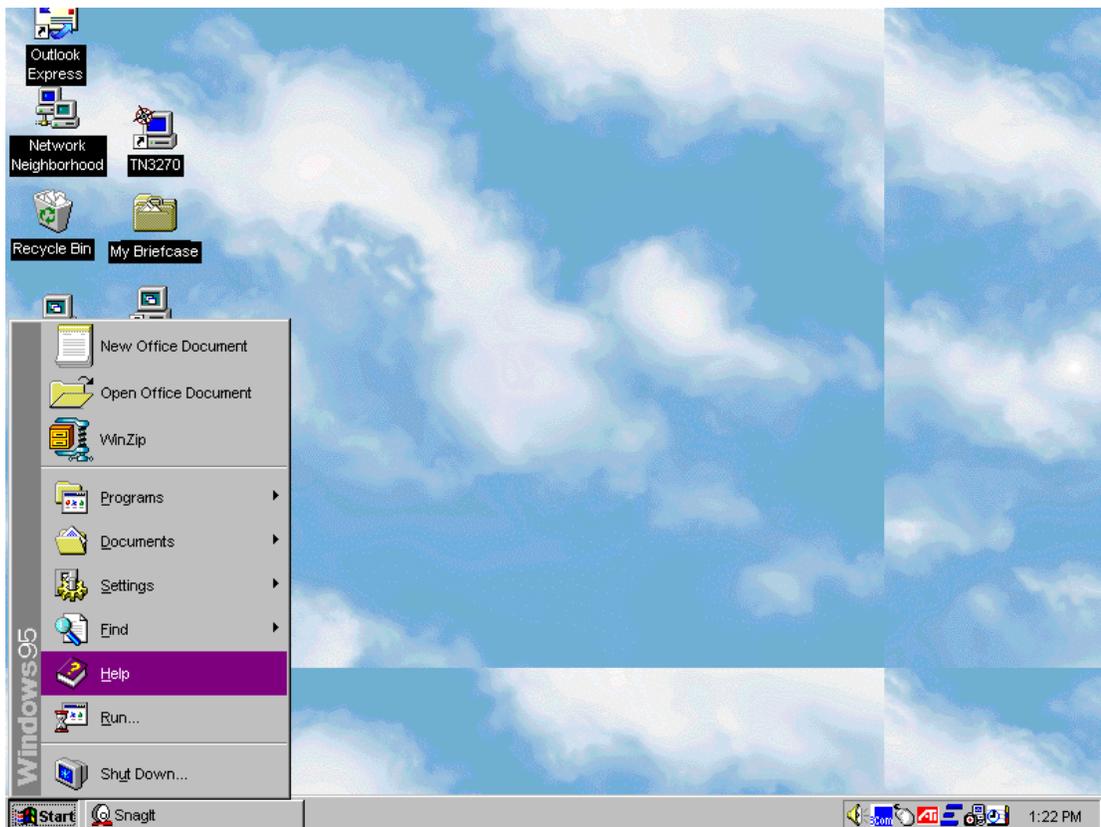
Through ISIS, you will gain insight into not only your own role but also the roles of other participants, which will include supervisors, income maintenance workers, service workers, case managers, central point of coordination (CPC) administrators, the Utilization Review Agency, the DHS Medical Services arbitrator, Quality Assurance, and the Medicaid fiscal agent.

Getting Started

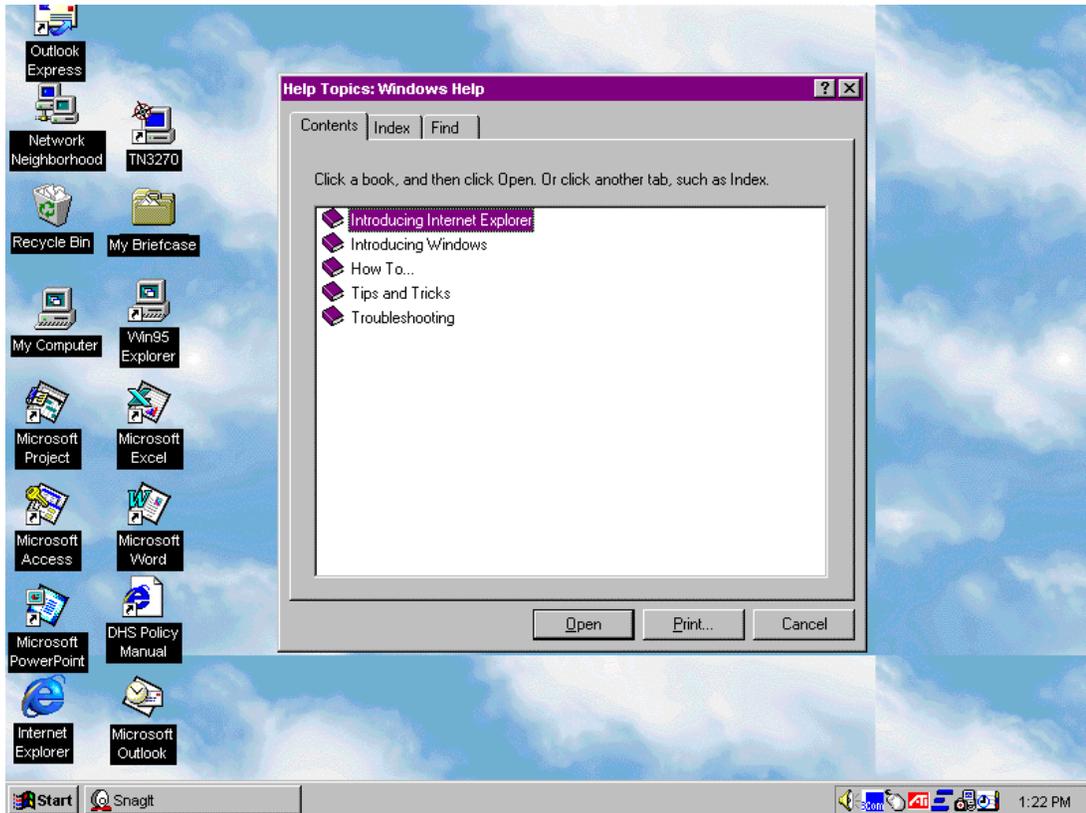
Prior experience with Microsoft Windows, Internet Explorer, and the World Wide Web is very useful. New users may wish to explore these subjects by accessing the Help that is provided for these systems.

Windows HELP

You can access Help on Microsoft Windows by doing the following: Click on the **Start** button, normally located in the bottom, left corner of your screen. On the menu that appears, select **Help** by clicking on it.



A pop-up window labeled “**Help Topics: Windows Help**” should appear with the **Contents** tab selected as shown:



If the **Contents** tab is not selected, click on it. Then browse to see what is available by clicking on the books  and then click on a page or topic  that appears under that book. Review all topics that interest you. If you have limited experience with computers, we recommend you start by reading all the topics under “Introducing Windows.”

If you want information on a particular topic and are not sure of its name, click the **Index** tab and look for a likely name in the list that appears. If you know the first few letters of the topic, type it in the field at the top and the list will scroll for you. Once you see the topic you want, double click on it.

You can find topics by selecting the **Find** tab and using the three boxes that appear. The instructions on this window are fairly clear. If you weren't able to find the topic you want in the index, you should be able to find it here.

Internet Explorer HELP

You may access the Help files for Internet Explorer by selecting CONTENTS AND INDEX option from the HELP pull-down menu on the Internet Explorer screen. This will bring up a help window. Use the tabs in the left panel to find and select a topic, and the topic will be displayed in the right panel. Depending on the version of Windows that you have, Internet Explorer Help may also be available as part of the Windows Help files, as shown above.

On many computers, the Internet Explorer pull-down for Help offers a TOUR option. If you have limited experience using a web browser, this tour is well worth a little of your time, particularly the part labeled "The Basics."

Getting to ISIS Easily

When you open an Explorer session, the first page displayed is known as the "home page" and is preset as an option in Internet Explorer. You may have your home page set to something other than ISIS, and you may want to leave it that way.

If you do want to use ISIS as your home page, click on TOOLS from Explorer's menu, then click on INTERNET OPTIONS. This will BRING UP A DIALOG BOX THAT ENABLES YOU TO CHANGE A NUMBER OF OPTIONS. IN THIS BOX, SELECT THE **GENERAL** tab, and then:

- ◆ Click on the USE CURRENT PAGE button if you are currently on the ISIS LOGIN page;
or
- ◆ Type the address in the ADDRESS field (replacing anything that is there).

Then click on OK. The dialog box will close, and ISIS will now be your home page.

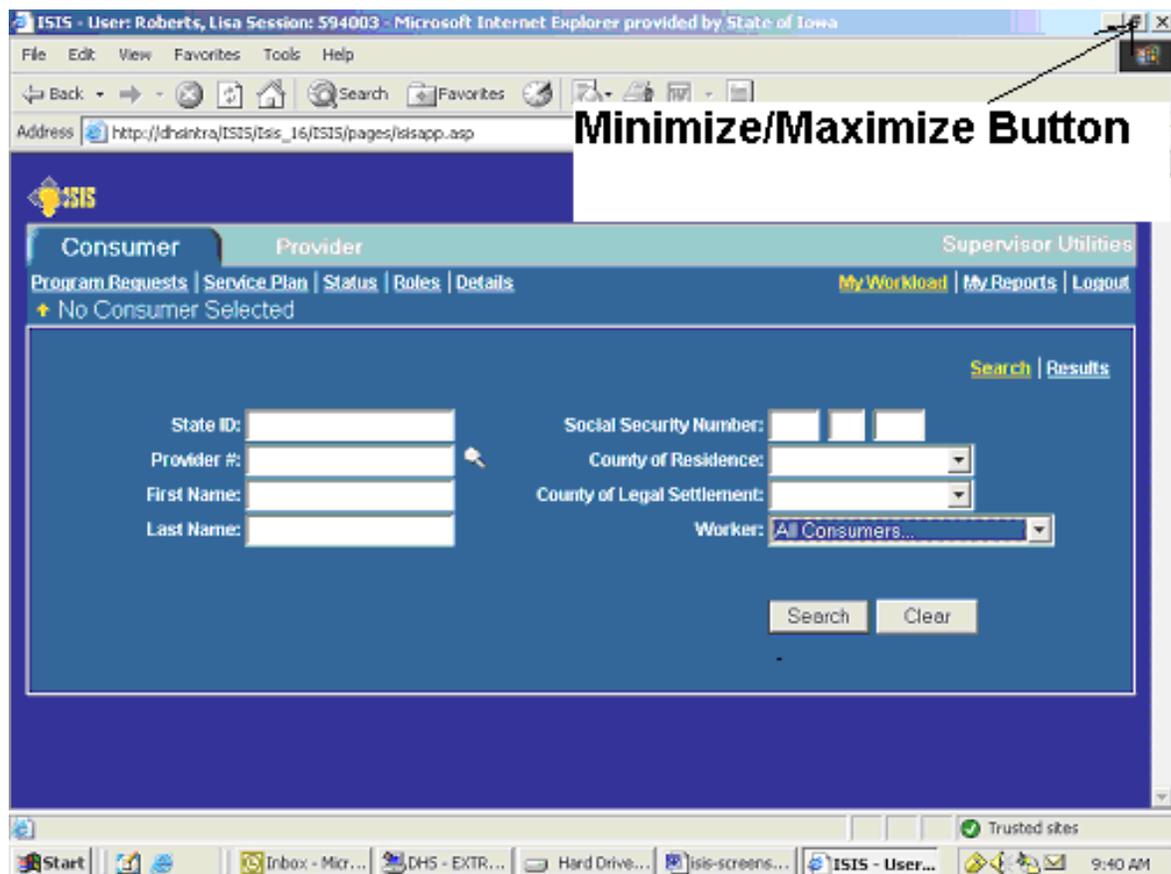
Alternatively, you may want to mark ISIS as a favorite page to make it easy to find. To establish a favorite, open the page you want as a favorite. Then, on the Explorer menu bar, click on FAVORITES to get a pull-down menu. On the pull-down menu, select ADD TO FAVORITES and respond to the dialog box that appears.

To maintain the favorites list (such as moving ISIS up in the list or changing the description of the link), please refer to Explorer's help as suggested under **Getting Started**. If using this alternative, the ISIS entry or "splash" page, not the LOGIN page, should be added to your favorites. The splash page is used to announce new updates and planned downtime information.

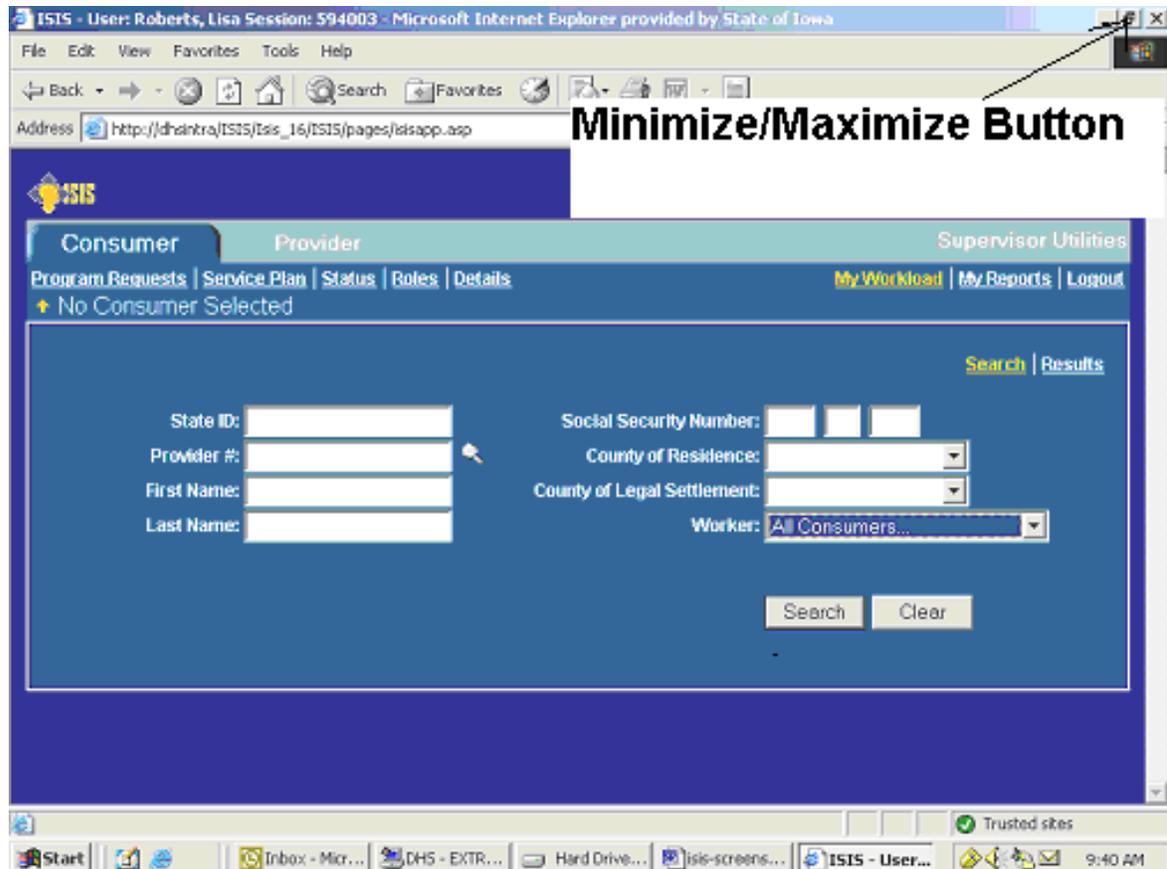
Sizing Windows

Sometimes ISIS windows will not open completely, particularly in versions of Internet Explorer earlier than version 5. If you believe that an ISIS window opened improperly and is only showing part of the window (usually the bottom half is missing), you can force it to display properly by first minimizing and then maximizing the window's size. This is accomplished as described in the following paragraphs.

First note the three small buttons in the upper right corner of the Internet Explorer window shown in the following picture:



Clicking on the button in the center allows you to minimize or maximize the Internet Explorer window. In the picture above, the picture on the button appears as two squares, one slightly off center behind the other. This indicates that the screen is currently maximized. If we click on this button when it has the “double square” appearance, it will change (minimize) the size of the window to appear as in the following picture:



Note that the window is smaller, doesn't fill the screen now, and the button's appearance has been changed to show a single, large square. This “single square” appearance indicates that the window is now minimized. If you click on the button again, it will go back to the maximized size shown in the first picture.

When a window hasn't opened completely, it can often be forced to “paint itself” properly by minimizing and then maximizing the window using the “middle” icon as just described. If this doesn't work and the window still only opens partially, you should contact the local support staff for your office to obtain assistance.

Note that maximize and minimize, as used above, are relative terms. The maximized state shown in the first picture fills the entire computer screen, and that is truly maximized. But the minimized state shown in the second picture is not as small as you can make the screen.

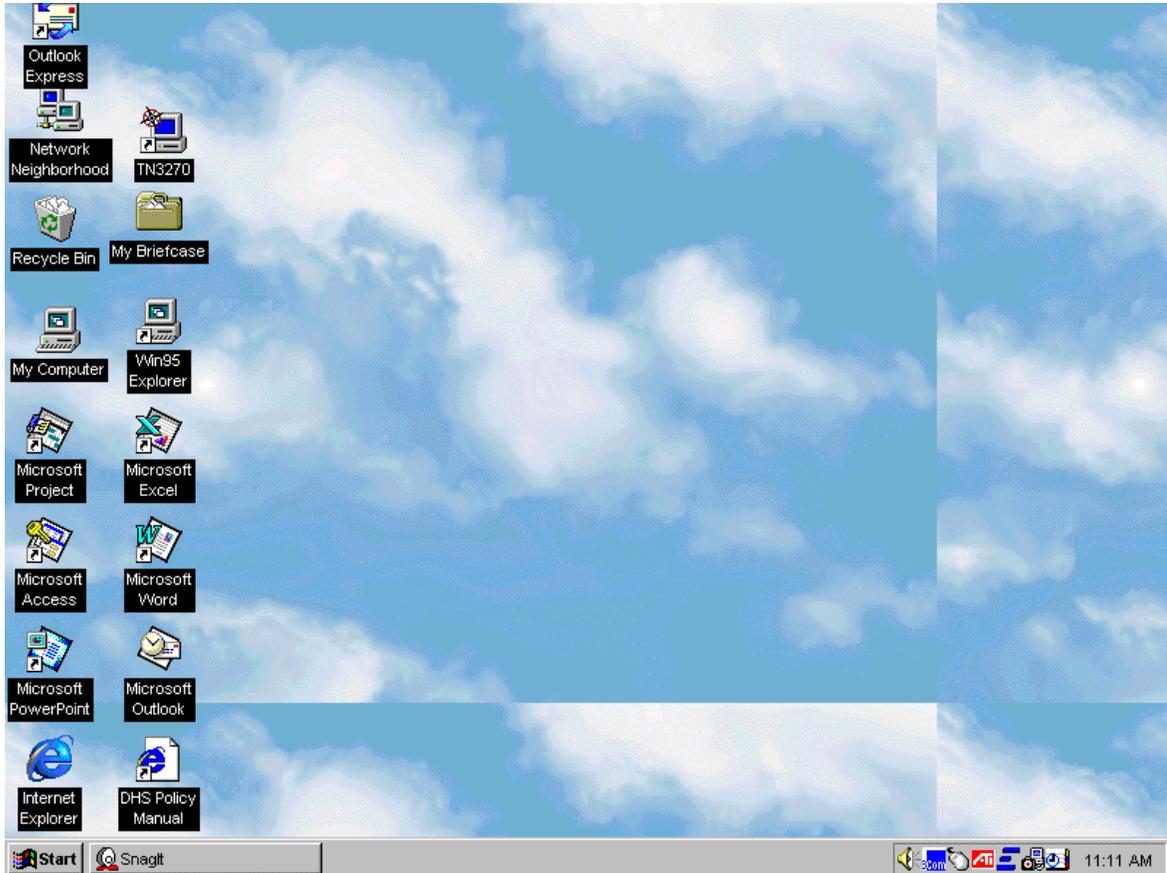
You can resize the screen further by grabbing a side or corner by clicking on it and holding the mouse button down, then dragging the side or corner in any direction. As you drag the side or corner, the window will get larger or smaller (depending on which direction you go), and when it is the size you want, simply release the mouse button.

Resizing windows in this manner can be very convenient when you want to do things like putting two windows side by side to compare the contents of one with the other.

Using Two Browsers

In this topic we discuss how to open Internet Explorer in two different windows so that you can work in ISIS and access other information on the Internet at the same time. There is no restriction on keeping more than one Explorer window (or session) open other than the ability of your computer to work efficiently with them. If you experience problems using two browser sessions, contact the local technical support staff for your office for assistance.

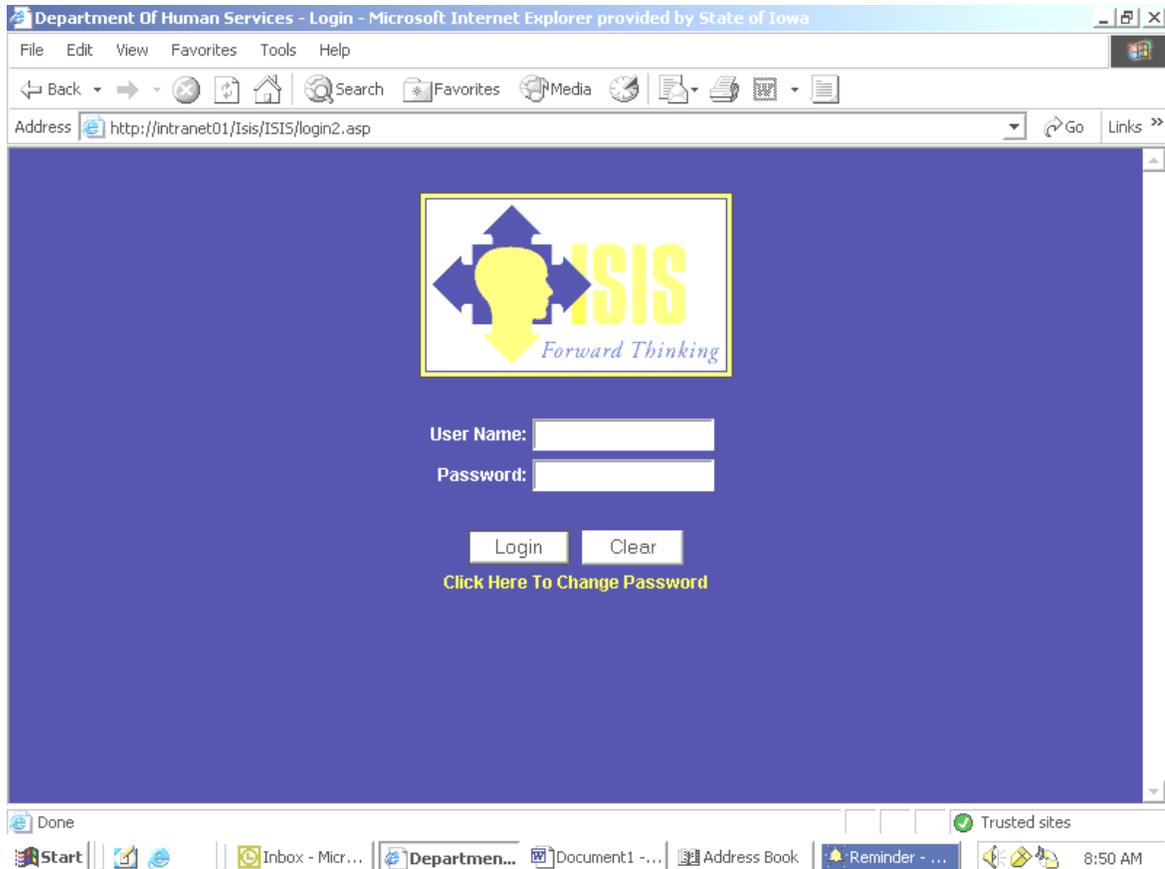
Starting from your desktop:



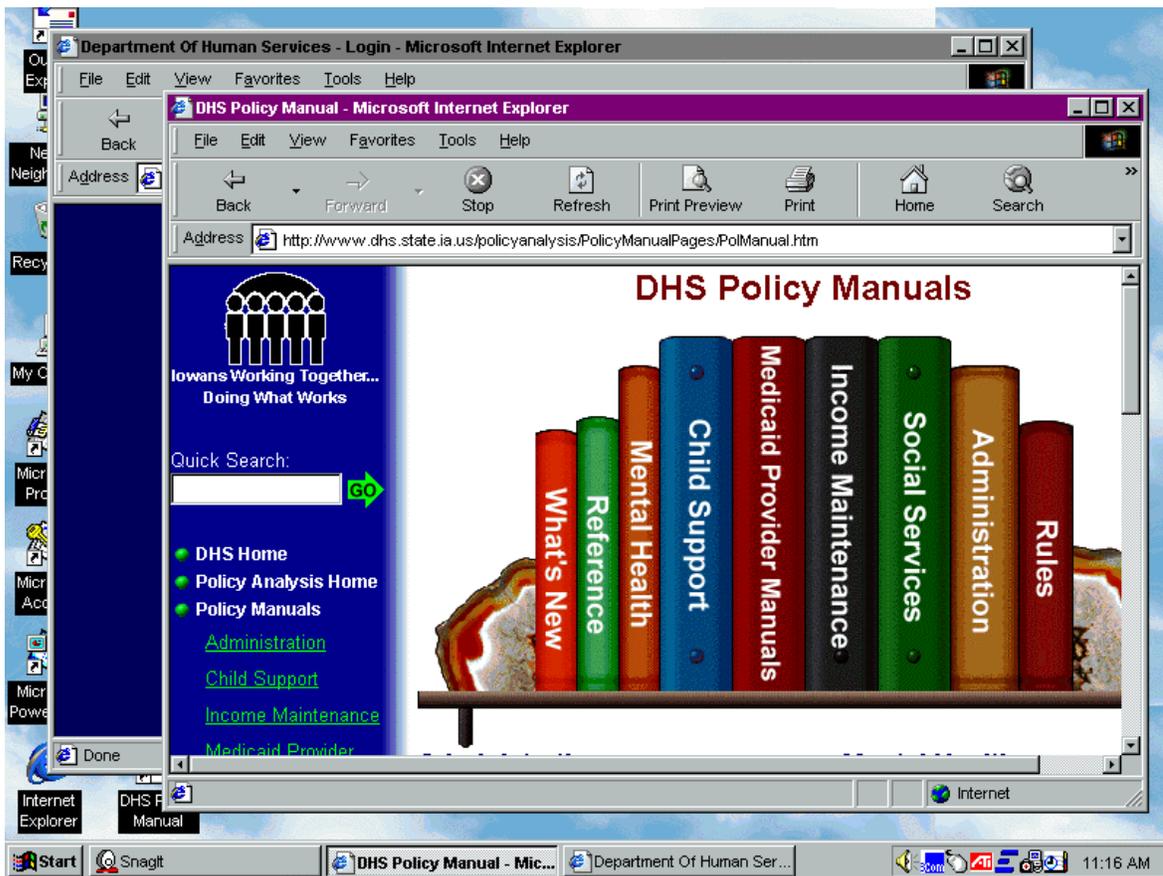
Start a session of Internet Explorer by double clicking with the left mouse button on the Internet Explorer icon. If you don't have an icon for Explorer, we suggest you contact the local technical support staff for your office and ask them to help you create this convenient shortcut.

You can also start Internet Explorer by clicking on the START button on the lower left part of your screen, then selecting the PROGRAMS menu (to produce a pull-right menu), and selecting INTERNET EXPLORER from that menu.

You can then navigate to ISIS and begin your work.



Once you are in ISIS, you may want to access other resources via the Internet, without losing the ISIS page you are currently on. To do this, open a second Internet Explorer session by double clicking on the Internet Explorer icon, or navigate to Internet Explorer from the **Start** button (as described earlier). This will open a second session over the first one as shown in the following graphic:



To toggle between two open windows, use the status bar at the bottom of the screen (which includes the **START** button in the picture above). This bar displays rectangular buttons that identify applications that have windows currently open. Clicking on one of these buttons will bring that screen up. This can be very useful for moving from one screen to another.

You may have your options preset so that opening an Explorer window occupies the entire screen. If you are using the full-screen option (see **Sizing Windows**), you will see only the latest screen you have opened or used, but there are two buttons for Internet Explorer on the status bar. You can toggle between the two Explorer windows by clicking on first one then the other of these two buttons.

Standard Functions in ISIS

ISIS uses many of the same standard functions associated with Microsoft Windows and Internet Explorer. Some examples are:

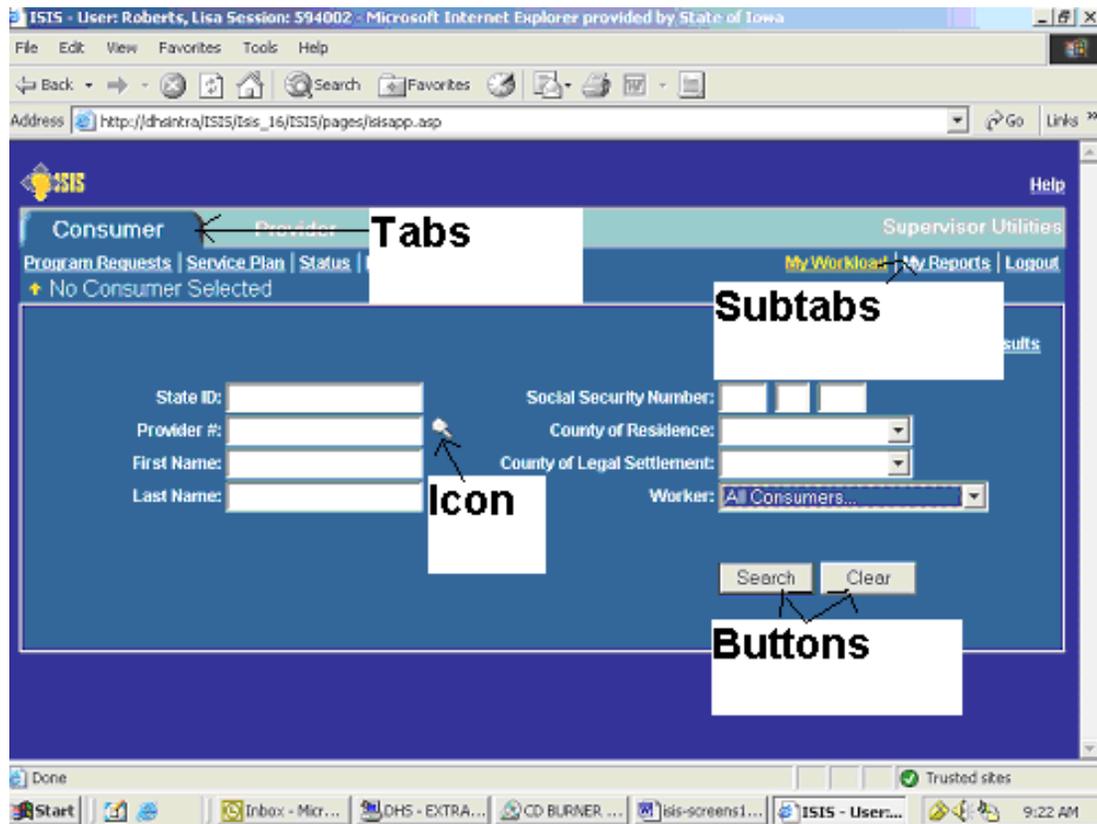
- ◆ You may use the TAB key to move from field to field on ISIS screens. Do not try to use the ENTER key to move from field to field -- the ENTER key won't work that way!
- ◆ Moving the mouse "arrow" into the field you want and then clicking the left mouse button will put you into the field. In fields that already have entries in them, you may highlight the entry by holding down your left mouse button while sweeping the cursor across the entry. While you have it highlighted, start typing. What you type will replace what was there.
- ◆ To move backwards to a previous field, either press SHIFT + TAB or use your mouse to move the cursor.
- ◆ You may use the scroll bar, which should appear on the right side, to move the displayed portions of ISIS screens up and down. It will be especially important to do this if your computer has a lower screen resolution that does not allow displaying the entire ISIS screen at once.
- ◆ For ISIS, enter date values in mm/dd/ccyy format, where mm=month, dd=day, cc=century, and yy=year. For example, 12/25/2001 is the correct entry for December 25, 2001.

CAUTION: You may enter dates with other formats, but the system may not interpret it correctly!

You should always check the results that the system will report back in the format of MM/DD/CCYY or MM/DD/YY.

Tabs, Buttons and Icons Used in ISIS

Nearly all ISIS screens have tabs and subtabs that allow you to access fields that display information or allow you to input information for the subject identified by the label on the tab or subtab. They are called tabs as they resemble the tabs you might find on folders in a filing cabinet. The following picture identifies the most common types of tabs and subtabs.



Tabs and subtabs give you access to other screens and frames. When not in use, tabs appear without borders. The large or “main” tabs will show its border after you click on it with the left mouse button. Subtabs appear highlighted when you pass the mouse cursor over them.

Buttons have a unique appearance and actually look pushed when you click on them. Buttons are used to make ISIS perform an action for you, such as running a search or displaying the results of a search (see the buttons in the picture above).

An icon is any “picture” (usually small) on a computer screen. The word “icon” is from the Greek word “eikon” which means image or figure. An icon nearly always serves as a link to take you to another page.

Overview of ISIS Processing

Entries made in ABC on facility or waiver cases are passed to ISIS the following day. A PROGRAM REQUESTS screen and DETAILS screen are created for the consumer using the information passed from ABC.

When entries made in the ABC system do not pass properly to ISIS, you will be notified via e-mail. You will need to contact staff in the Office of Field Support to make corrections in ISIS.

Use form 470-3924, *Request for Medicaid Eligibility Data Changes and Verifications*, to transmit requests to add, change, or terminate Program Request information in ISIS when the information can't be submitted through ABC system entries.

Once the consumer's data is in ISIS, clicking on any of the links will take you to that screen in ISIS. For example, clicking on the underlined words "Service Plan" will take you to the SERVICE PLAN screen for the selected consumer and clicking on "Details" will take you to the DETAILS screen for a selected consumer.

However, you must click on a Program Request line to select a program request before you can view the other screens such as STATUS, ROLES, and DETAILS for a specific consumer. When you receive the error message that says, "Please Select a Program Request...", you have not clicked on a Program Request to select a specific consumer and program request.

You will need to click on the "Program Request" link to go back to the PROGRAM REQUEST screen. Then select the consumer by clicking anywhere on the Program Request line for the particular consumer. Now you can navigate to other screens attached to that Program Request.

After consumer data is passed from ABC to ISIS, assigned workers must complete additional "workflow" activity. Consumer cases waiting for a response to workflow in ISIS can be found by clicking on "My Workload."

You can use the search screen to find consumers that are not listed on your workload page. See **Consumer Search Screen**.

Log-In Procedures

Be careful when logging into ISIS. If you mistype your user name or password on three attempts, you will be locked out for security reasons. If this happens, you will have to ask your supervisor to reset your log-in capabilities. Use the following steps to log into ISIS:

1. Double click the Internet Explorer icon on your desktop. If the icon is not there, click on the START button (usually located in the lower left corner of your screen), place the cursor on PROGRAMS on the menu that appears, and select INTERNET EXPLORER from the next menu that appears.
2. In the address box at the top of Internet Explorer's window type the web address of the ISIS program, and either press the ENTER key or click on the GO button that is just to the right of the address box.
3. The ISIS LOGIN page will open in the Internet Explorer browser. (You may want to make ISIS your home page or mark it as a favorite within Internet Explorer. For instructions on how to do this, see **Getting to ISIS Easily**.)
4. Type your user name in the first box (field) and your password in the second field.
5. Click the LOGIN button or press the ENTER key to complete the log-in process.

Note that there are two other functions provided on the LOGIN screen. One is the CLEAR button that allows you to clear everything from the two fields on the screen. The other is the label CLICK HERE TO CHANGE PASSWORD, which will bring up a dialog box allowing you to set a new password.

Changing your password frequently is a good idea. You are required to change your password every 60 days. When you are notified to change your password, click on the link CLICK HERE TO CHANGE PASSWORD to make the changes.

Your password must be at least six characters in length. You may use either letters or numbers, but the password must start with a letter. You should use something that is easy for you to remember. ISIS won't allow you to use many common words for passwords, including some common names. The purpose for this is to improve security by making it harder for someone to guess your password.

ISIS recognizes whether you capitalize any of the letters in your password, and anything different will not be considered a match. ISIS stores at least the last 16 passwords you have used and will not let you reuse one.

Log-Out Procedures

If you intend to be away from your desk for an extended period, log out of ISIS. You should do this for security reasons. If you are logged in to ISIS, but are inactive for 20 minutes, you will be automatically logged out.

When you receive the message “The page cannot be found,” this is a good indicator that you have been automatically logged out. You must click on the LOGOUT button and log back into ISIS again before you will be able to continue working.

Each screen in ISIS has LOGOUT as a subtab, to the right side in the upper part of the screen. Clicking this tab will immediately log you out of ISIS. After logging out, you will likely still be in an Internet Explorer session. You may close the Internet Explorer window by clicking the **X** button that appears in the upper right corner of the screen. You may also exit Explorer by selecting CLOSE from the FILE pull-down menu.

ISIS Screens

There are three major tabs on ISIS screens: CONSUMER, PROVIDER, and SUPERVISOR UTILITIES. These are considered as categories for the ISIS screens. In this manual, all milestone response screens are segregated into one category called “key tasks.”

Access to the supervisor utilities screens is limited by security permissions to supervisors. If you do not have supervisor permissions, you will not see the SUPERVISOR UTILITIES tab (shown on most of the pictures of screens in this manual), and will not have access to these screens.

An HCBS specialist will see only the PROVIDER tab and not any of the other tabs. The PROVIDER tab leads to all of the screens that HCBS specialists need to fulfill their responsibilities.

Note: To avoid repetition, descriptions of elements common within each category of screens is included only in the section on the first screen in each category.

CONSUMER SCREENS

Common elements on the consumer screens include:

- ◆ A **CONSUMER** tab that accesses screens regarding consumers.
- ◆ A **PROVIDER** tab that accesses screens to locate and maintain provider information.
- ◆ A **SUPERVISOR UTILITIES** tab that accesses screens used by supervisors.
- ◆ A **PROGRAM REQUESTS** subtab that accesses program request information for a selected consumer. A program request is a record in ISIS that displays details of a consumer's request for Medicaid facility or waiver services. Most of the information on the **PROGRAM REQUEST** screen is passed to ISIS from the ABC system. See **Program Requests Screen**.
- ◆ A **SERVICE PLAN** subtab that accesses service plan information for a selected consumer. The case manager or service worker adds most of the service plan data to ISIS. See **Service Plan Screen**. (Note: Facility consumers do not have service plans.)
- ◆ A **STATUS** subtab that provides status information for a selected program request. This screen shows the workflow for the consumer selected. Responses entered by each worker assigned to a consumer are collected, showing the most recent task on top.

The tasks that are colored gray have been completed. Tasks that remain white are waiting for a response and will be on the workload page for the worker assigned to that particular role.

Contact information for the worker, such as address, phone number, and e-mail address, can be obtained by placing the cursor over the worker's name and remaining there until a pop up box containing contact information appears.

If a notepad icon appears in the comments section, this indicates that the worker who responded to that particular task has entered comments. The comments can be viewed by clicking on the notepad icon. See **Consumer Status Screen**.

- ◆ A **ROLES** subtab lists the workers assigned to each role in ISIS for a specific consumer. (See **Consumer Roles Screen**.) Authorized persons can assign people to DHS-defined roles:
 - IM workers can assign a case manager or service worker.
 - Supervisors can reassign a consumer to a different supervisor or to one of their workers.
 - Case managers and service workers can reassign a consumer back to their supervisor.

- ◆ A **DETAILS** subtab displays demographic information on the selected consumer. This information is passed to ISIS from the ABC system. See **Consumer Details Screen**.
- ◆ A **MY WORKLOAD** subtab accesses a screen showing consumers that require your action. See **The Workload Screen**.
- ◆ A **MY REPORTS** subtab allows you to view reports that are available to you. See **REPORTS SCREENS**.
- ◆ A **LOGOUT** subtab allows you to immediately log out of ISIS with one click.

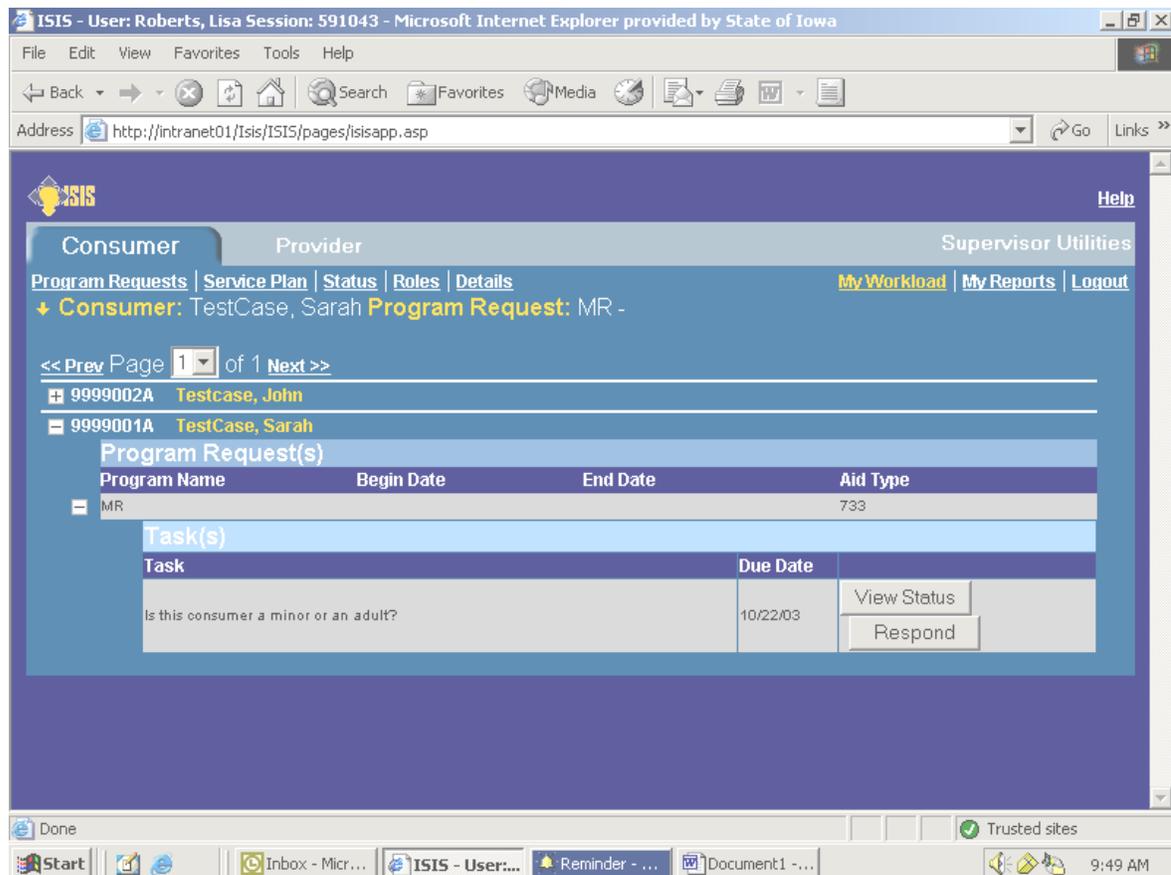
Consumer screens include:

- ◆ Workload
- ◆ Consumer search
- ◆ Consumer search results
- ◆ Provider search
- ◆ Provider search results
- ◆ Program requests
- ◆ Service plan
- ◆ Waiver services agreement date
- ◆ Waiver services agreement service and provider
- ◆ Waiver services agreement rate and units
- ◆ Waiver services agreement client participation
- ◆ Waiver services agreement confirm
- ◆ Consumer status
- ◆ Consumer roles
- | ◆ Details

The Workload Screen

The **WORKLOAD** screen displays a list of consumer cases that require some action by you. The entry on each line in the list gives the consumer's state identification number and name. If no key tasks are waiting for your attention, the screen will display "No Workload Items Found."

You may need to navigate to the WORKLOAD screen by selecting the CONSUMER tab and then the MY WORKLOAD subtab.



There are two choices on the WORKLOAD screen:

- ◆ The **VIEW STATUS** button shows a screen with the status of key tasks (milestones) for the selected consumer.
- ◆ The **RESPOND** button provides a screen to respond to the key task (milestone) that is due for your attention.

The plus symbol (+) on the left of each entry indicates that more data exists that can be accessed by clicking on this symbol. Each plus that appears at sublevels means the same thing. Once expanded, the plus is changed to a minus (-) and clicking on this symbol “hides” the data.

Click on the + sign next to the consumer's state identification number and click on the + sign in front of the program type to expand the task. From there, clicking on RESPOND will take you to the screen for entry of your response.

If you prefer to view the status page first, click on VIEW STATUS. This will take you to the STATUS page and allows you to see what steps have already been completed and the worker that completed each task. If no key tasks are waiting for your attention, the screen will display "No Workload Items Found."

If you have questions for others who have been working the case, you may want to access the STATUS screen, as it shows contact information for people that have performed milestones that precede yours.

Note that you might have to scroll downward in the screen shown (using the scroll bar along the right side of the screen) in order to see the entire list.

When a consumer case is added to your workload, it will be placed at the bottom of the list. If you are anticipating new actions (such as a new case or milestones for existing cases), it would be wise to refresh the page from time to time. Refreshing can be done by going to another page and then returning by using the WORKLOAD tab.

Note that the PROGRAM REQUEST on the expanded consumer record is an abbreviated form of the program request record that is found by clicking on the PROGRAM REQUEST tab after selecting a consumer.

The TASK line located under the PROGRAM REQUEST reveals the key task or milestone that needs your attention.

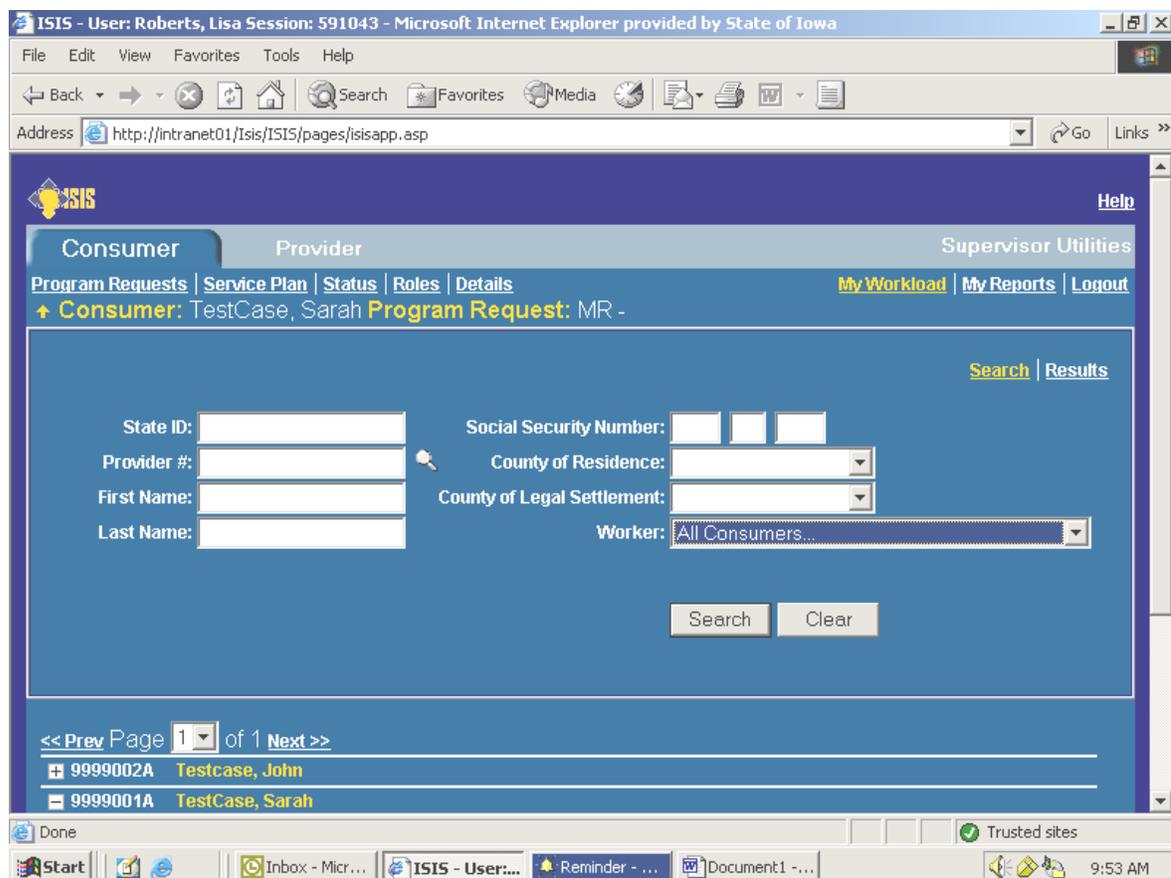
Not all cases are in ISIS. In general, a case will be in ISIS only if Medicaid is paying for the facility or waiver services or State Supplementary Assistance is paying for RCF care.

If you believe that a waiver type for a particular consumer is wrong, it cannot be changed in ISIS. To change the waiver type on a pending or active case, an IM worker must close the case in ABC and open a new case using the new waiver type.

Consumer Search Screen

Access the CONSUMER SEARCH screen by clicking on the small yellow arrow icon (just to the left of the word “Consumer” or phrase “No Consumer Selected”) on the WORKLOAD screen. You also may access this screen by clicking on the SEARCH button.

If you don’t see the SEARCH link, you can find it by clicking on the arrow next to the words, “NO CONSUMER SELECTED” or “CONSUMER” in the upper left corner of the screen. Now the search screen or the link to the SEARCH screen will be displayed.



The CONSUMER SEARCH screen displays fields into which you may enter data relevant to a consumer you want the system to find. You may enter search criteria one or more of the fields. Narrow the search by adding information in more fields. Clicking on the SEARCH button causes ISIS to perform a search based on the data you entered.

Fields on the CONSUMER SEARCH screen include:

- ◆ **STATE ID:** – Use entire eight-character state ID number or leave blank.

Note: You must use an entire state identification number when using it for a search. Using a partial ID will not find anything. Also, you must use the entire social security number or leave it blank.

- ◆ **PROVIDER #:** – Use the entire vendor ID number (not a partial number or a name) or leave blank. The search can be used to obtain a list of consumers being served by that facility provider. This search will return only facility consumers. Search REPORTS to search for consumers receiving waiver services by provider.

- ◆ **MAGNIFYING GLASS icon** – Access a search window to enter search criteria and obtain provider vendor number.

Selecting the magnifying glass icon (next to the PROVIDER # field) will “pop up” a provider search window. When used successfully, the PROVIDER SEARCH pop-up window will automatically populate the PROVIDER # field with the vendor ID.

- ◆ **FIRST NAME:** – If you wish to search using a consumer’s first name, you may enter a partial first name but must include the first letter.
- ◆ **LAST NAME:** – If you wish to search using a consumer’s last name, you may enter a partial last name but must include the first letter.
- ◆ **SOCIAL SECURITY NUMBER:** – Use the complete social security number or leave blank.
- ◆ **WORKER:** – Shows whose cases are to be searched. ISIS will automatically select the person who is logged on to ISIS. However, supervisors may select subordinates from the pull-down menu and search the cases of the selected subordinate.

Note: If you have multiple roles (and hence multiple ISIS user IDs), you may find it useful at times to access this screen to check the WORKER: field to see what user ID you are currently using.

DHS workers may select “All Consumers” to search for any consumer in ISIS even though the consumer is not assigned to that worker. This option is not available to non-DHS workers.

If you have more than one worker number or role in ISIS, the worker field may show your name more than once, and the search result will return all active consumers on your caseload regardless of the worker role chosen.

Note: It is important to learn and understand the difference between the SEARCH tab and the SEARCH button, both described below.

- ◆ **SEARCH** tab – Resets fields to previously used entries. This can be useful when you want to recall what you used for a previous search, and you can refine that search by adding to or changing an entry in any field.

Caution: If you change the fields and then click on the **SEARCH** tab rather than the **SEARCH** button, the fields will be reset to what they were before you made the changes. If the changes were slight, you might not notice what has happened, and clicking on the **SEARCH** button now won't deliver the results you wanted.

To avoid problems like this, it will always be good practice to review what is in every field just before clicking the **SEARCH** button.

- ◆ **RESULTS** tab – Displays results of last performed search.
- ◆ **SEARCH** button – Begins the search based on information currently entered.
- ◆ **CLEAR** button – Clears fields for new entries.

Note: The results of searches that find more than 100 records will not be displayed – you'll have to narrow the search by adding additional criteria.

COUNTY OF RESIDENCE and COUNTY OF LEGAL SETTLEMENT selections are located in the drop-down selection lists.

By your role, you may be limited in search capability. For example, due to confidentiality issues, contracted non-DHS case managers will only be able to see records for consumers that are assigned to them.

Once you have completed a search and have the results displayed, the results are retained on the results page (even if you aren't displaying it) until you perform another search with different criteria.

Note in the example screen shown above that the “workload list” is displayed in a frame under the search frame. As on the WORKLOAD screen itself, you may have to scroll downward using the scroll bar along the right side of the screen to see the entire list. You may also “collapse” the search screen and pull the workload list back up by clicking on the small yellow arrow icon in the upper left portion of the screen.

Consumer Search Results Screen

ISIS - User: Roberts, Lisa Session: 590827 - Microsoft Internet Explorer provided by State of Iowa

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address http://intranet01/Isis/ISIS/pages/isisapp.asp Go Links

ISIS Help

Consumer Provider Supervisor Utilities

Program Requests Service Plan Status Roles Details My Workload My Reports Logout

↑ No Consumer Selected

Print... Search Results

2 records returned

StateID	Consumer Name	Social Security Number	Application Date	Days Since App
9999002A	Testcase, John	999-99-0002	1/12/02	641
9999001A	TestCase, Sarah	999-99-0001	2/1/03	256

Done Trusted sites

Start Inbox - Microsoft Outlook ISIS - User: Roberts, Li... 8:29 AM

Access the CONSUMER SEARCH RESULTS screen by executing a search from the CONSUMER SEARCH screen. The results shown here show that several consumers met the search criteria.

You may also access this screen by using the RESULTS subtab on the CONSUMER SEARCH window if this search had been previously executed. In fact, you are able to toggle between the search screen and the results screen by using the SEARCH and RESULTS subtabs on the two screens.

If you select (click on) a consumer on the list shown, a PROGRAM REQUESTS display for that consumer will appear in this screen replacing the list, and the system will change the message in the bar to identify the consumer (name, state ID program, and program begin and end dates).

You may use the small arrow icon in the bar (just to the left of the new consumer identification) to toggle between the PROGRAM REQUESTS display and the results list. This arrow either points up or down depending on with way you toggled last.

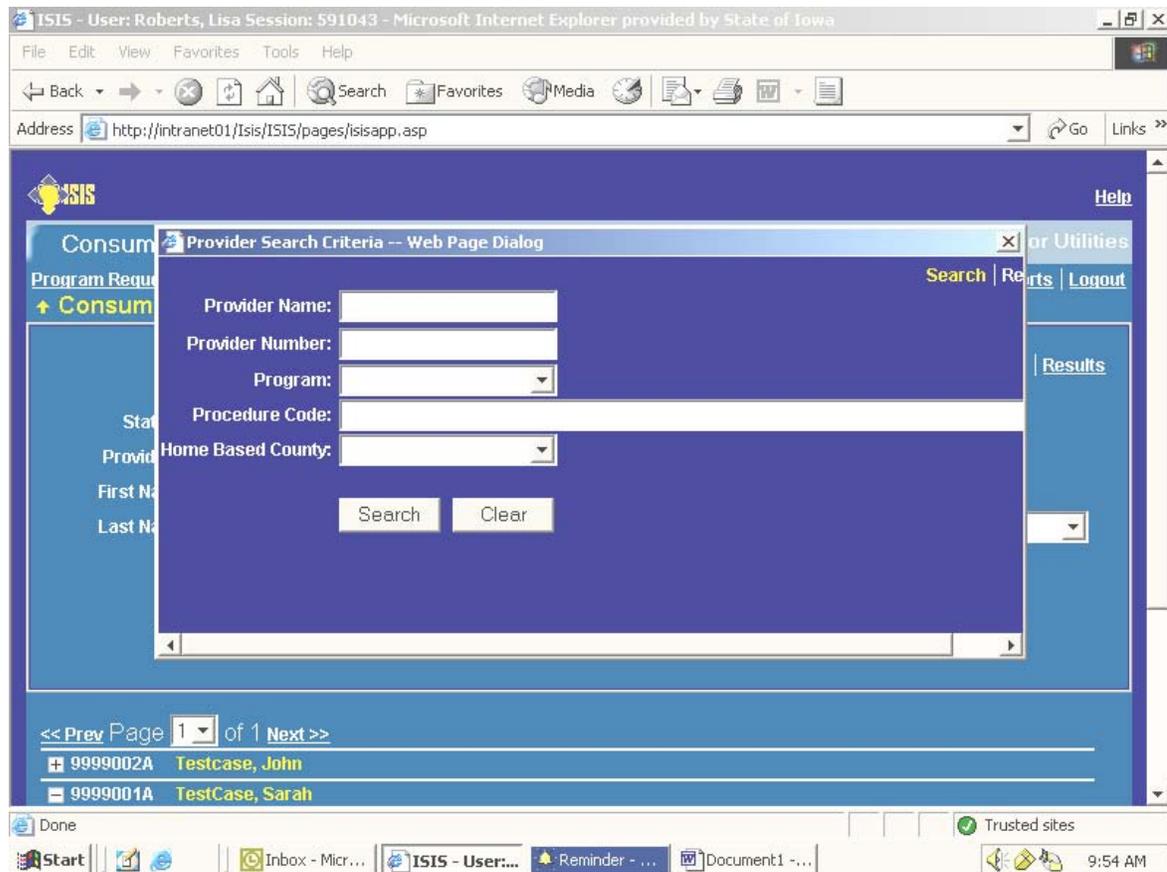
Fields on the CONSUMER SEARCH RESULTS screen include:

- ◆ **PRINT...** – Prepares a report of the results that you may print. The report will be shown in a second Internet Explorer window that will open, and you may print it by selecting the PRINT option from Explorer's FILE pull-down menu.
- ◆ **SEARCH** tab – Returns to search screen with previously used entries (if any).
- ◆ **RESULTS** tab – Displays results of search that was last performed.

Each consumer is described on one row with data as follows:

- ◆ **STATEID** – ID assigned to the consumer.
- ◆ **CONSUMER NAME** – The full name of the consumer as displayed in ABC.
- ◆ **SOCIAL SECURITY NUMBER** – The consumer's social security number.
- ◆ **APPLICATION DATE** – Date the application (signed by the consumer or legal representative) for this facility or waiver program was received in the local DHS office. This date is also viewable on program request screen.
- ◆ **DAYS SINCE APP** – Calculated by the system as the number of calendar days from application date to current date.

Provider Search Pop-up Window



Access the PROVIDER SEARCH pop-up window by clicking on the magnifying glass icon just to the right of the PROVIDER # field on the CONSUMER SEARCH screen.

The PROVIDER SEARCH pop-up window shows fields into which you may enter data relevant to a provider you seek. You may search for a provider with data in one or more fields. Clicking on the SEARCH button executes a search based on the data you entered. The purpose of the search is to find the correct provider, and to place that provider's ID in the PROVIDER # field on the CONSUMER SEARCH screen.

Fields on this pop-up screen include:

- ◆ **PROVIDER NUMBER:** – You may search using the provider’s number (vendor ID) or leave this field blank. If used, you may enter a partial number, but must have the starting digits.
- ◆ **PROVIDER NAME:** – You may search using the provider’s name or leave this field blank. If used, you may enter a partial name, but must have the starting letters. If the provider name is a person’s name, it will be stored in ISIS as first name/last name. You will need to search using the first name or you will not be able to locate the provider.
- ◆ **PROGRAM:** – Choose from the pull-down list or leave this field blank.
- ◆ **PROCEDURE CODE:** – Choose from the pull-down list or leave this field blank. Note that the list is defined by the program you selected in the previous field.
- ◆ **HOME BASED COUNTY:** – Base county of provider. Choose from the pull-down list or leave this field blank.

Note: It is important to learn and understand the difference between the SEARCH tab and the SEARCH button, both described below.

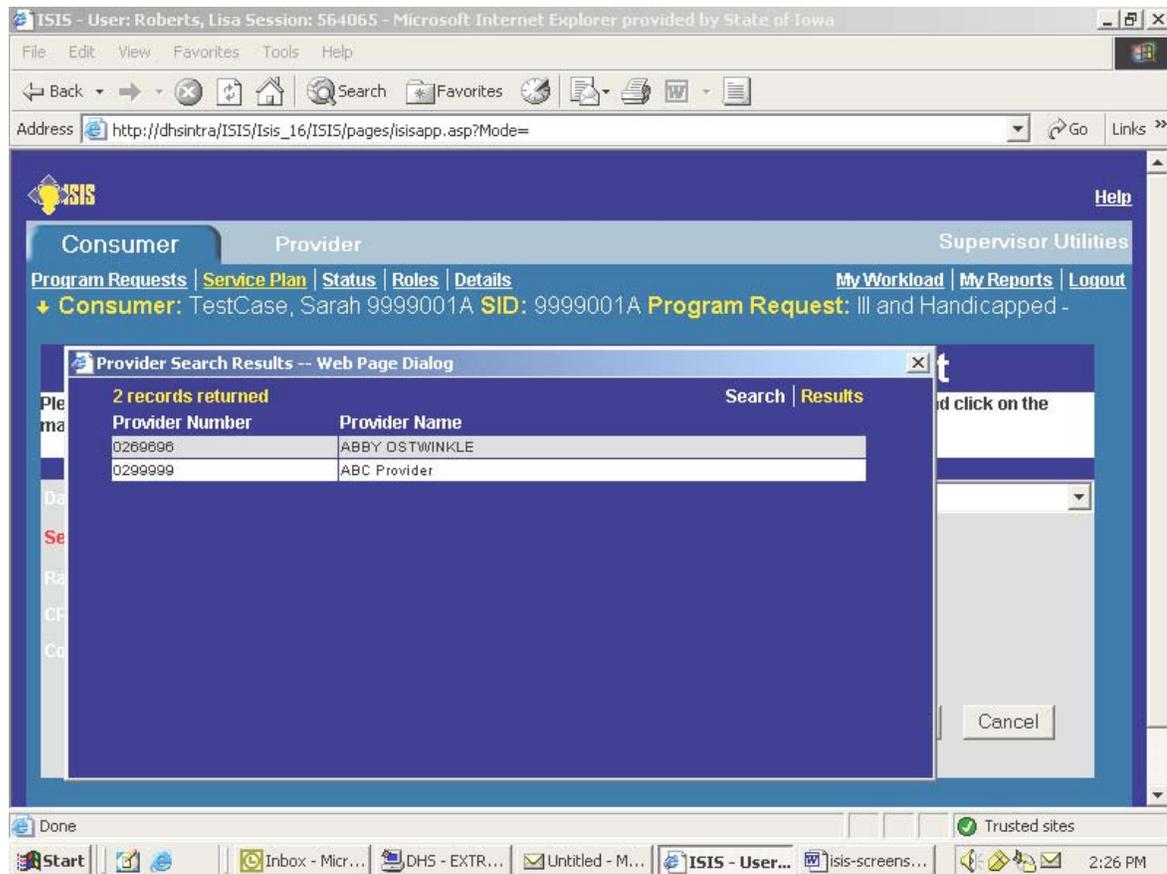
- ◆ **SEARCH tab** – Resets fields to previously used entries. This can be useful when you want to recall what you used for a previous search, and you can refine that search by adding to or changing an entry in any field.

Caution: If you change the fields and then click on the SEARCH tab rather than the SEARCH button, the fields will be reset to what they were before you made the changes. If the changes were slight, you might not notice what has happened, and clicking on the SEARCH button now won’t deliver the results you wanted.

To avoid problems like this, it will always be good practice to review what is in every field just before hitting the SEARCH button.

- ◆ **RESULTS tab** – Displays results of last search you performed.
- ◆ **SEARCH button** – Causes ISIS to perform the search.
- ◆ **CLEAR button** – Clears all fields for new entries.

Provider Search Pop-up Results



Access the PROVIDER SEARCH RESULTS pop-up screen by executing a search from the PROVIDER SEARCH pop-up window on the CONSUMER SEARCH screen when the results are either:

- ◆ A list (two or more providers found) or
- ◆ An informational message (when no providers are found).

If only one provider is found, you will not get results displayed in the pop-up. Instead, the pop-up window will close, and the system will automatically populate the PROVIDER # field on the CONSUMER SEARCH screen with the vendor ID number for that provider.

Note: If you searched on a partial provider name and found only that one provider, the PROVIDER # field on the CONSUMER SEARCH screen will automatically get the provider's number. However, in this scenario you would not have seen the full provider name.

If you would like to see the full name, perform the consumer search and then click on the PROVIDER tab to get the full-sized PROVIDER SEARCH screen with the same criteria you entered in the pop-up search window.

Click on the SEARCH button, and you will get a PROVIDER DETAILS screen that shows the complete provider's name. You may then navigate back to the CONSUMER SEARCH screen by clicking on the CONSUMER tab and then clicking on the small arrow icon. This sequence will return you to the CONSUMER SEARCH screen with the criteria you entered.

The PROVIDER SEARCH RESULTS pop-up screen shows a list of providers that satisfy the data entered in the search fields. If no providers are found, you will get a message stating so. If more than 100 are found, you will receive a message rather than a list, advising you that your search was too broad.

If the results are not what you wanted (such as too many records found to show), use the SEARCH tab on the pop-up window to toggle back to the PROVIDER SEARCH pop-up window where you may enter new or additional criteria to narrow the search.

Note that in the example shown, you will have to use the scroll bar in the pop-up window in order to view the entire list of providers found.

If you find the correct provider in this list, double click on that entry and the pop-up window will close while the provider's identification number is automatically entered in the PROVIDER # field on the CONSUMER SEARCH screen.

Fields on the PROVIDER SEARCH RESULTS pop-up screen include:

- ◆ **SEARCH** tab: Takes you back to the PROVIDER SEARCH pop-up screen.
- ◆ **RESULTS** tab: Allows you to toggle back to this screen from the PROVIDER SEARCH pop-up screen (without needing to repeat the search).
- ◆ **PROVIDER NUMBER**: Assigned by the fiscal agent to identify the provider (also known as the vendor ID). The list (if any) will be sorted by this number, in ascending order.
- ◆ **PROVIDER NAME**: Assigned by providers to their business or to themselves as an individual.

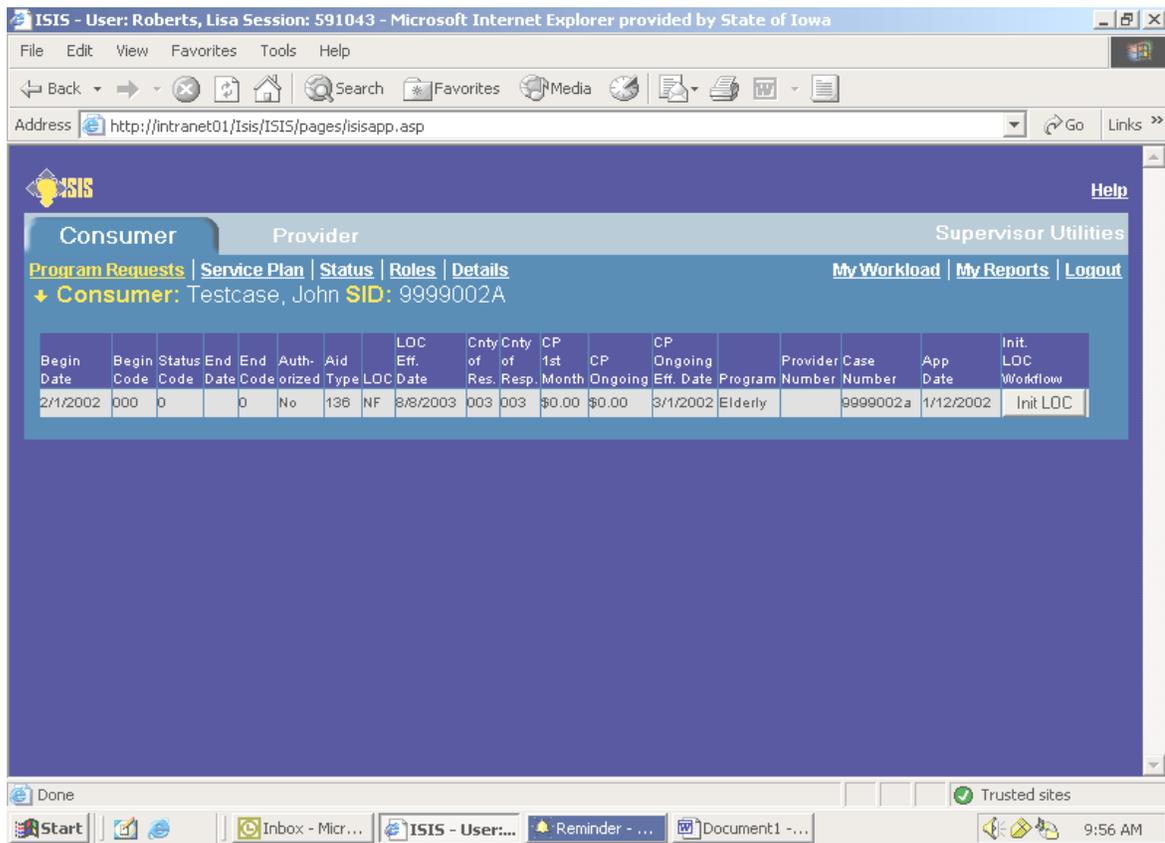
Note that in the example shown above, the “workload list” is displayed in a frame under the search frame. As on the WORKLOAD screen itself, you must scroll downward (using the scroll bar along the right side of the screen) in order to see the entire list.

If only one provider is found, this pop-up window will close and that provider’s identification number (vendor ID) will automatically be entered in the PROVIDER # field on the CONSUMER SEARCH screen.

Program Requests Screen

The PROGRAM REQUESTS screen shows information on program requests for a selected consumer. A “program request” is a record in ISIS that gives details of a consumer’s request for Medicaid facility or waiver services.

Access the PROGRAM REQUESTS screen by clicking on the record for one of the consumers in a list shown on the CONSUMER SEARCH RESULTS screen. You may also access this screen by clicking on the PROGRAM REQUESTS subtab when a consumer has been selected.



Pending program requests have no beginning or ending date. When the IM worker makes entries to pend a consumer’s facility or waiver in ABC, the program request in ISIS is displayed with no begin or end dates.

Denied program requests have an end date but no begin date. If the consumer is denied in the ABC system, the last day of the current calendar month is passed to ISIS and displayed in the ISIS END DATE field on the program request.

Active program requests have a beginning date but no ending date. If the consumer is approved for facility or waiver in the ABC, the positive date entered in ABC is passed to ISIS and displayed in the BEGIN DATE field on the program request. This is the first day for which waiver and facility services can be paid.

Closed program requests have both a beginning and ending date. When an active facility or waiver consumer is canceled in ABC, the negative date entered in ABC is passed to ISIS and displayed in the end date field on the program request. Waiver services can be paid up to and including this day, if the service is approved on the service plan.

Facility providers can be paid for all days up to the end date but are not paid for the last day. Therefore, if a facility consumer's eligibility is canceled due to reasons that require timely notice, the worker should have entered the first day of the month following cancellation in the negative date so that the facility will be allowed payment for the last day of the month.

This information is passed from entries made in the ABC system with the exception of LOC and LOC EFFECTIVE DATE. The level of care information is passed back to the program request after the IFMC worker responds to the level of care tasks and enters that information in ISIS. Clicking on this record leads to the SERVICE PLAN screen for waiver consumers and to the CONSUMER STATUS screen for facility consumers.

If entries made in ABC do not have the specific coding, it may result in incorrect data being passed to ISIS or the consumer's data not being passed to ISIS at all. If you make ABC entries on a facility or waiver case and the data is not properly passed to ISIS, you will be notified by e-mail the following morning.

You will then need to correct the problem. Entering the correct information in the ABC again may not be successful. For example, if the waiver code was incorrect or omitted in the ABC system, adding it will not correct the problem.

It may be necessary to complete form 470-3924, *Request for Medicaid Eligibility Data Changes and Verifications*, to transmit requests to add or change program request information in ISIS when the information can't be submitted through ABC system entries. See 6-Appendix for additional information on completing this form.

The PROGRAM REQUESTS screen will eventually show three years of program requests history. Information for programs older than three years will be archived. A report can be made available within 24 hours of a request by contacting the ISIS System Administrator.

Fields on the PROGRAM REQUESTS screen include:

- ◆ **BEGIN DATE:** The start of the program request. For facility, this date is the date that facility payment is approved to begin. For waivers, this is the date that the IM worker and the case manager or service worker agreed upon for waiver services to start. The date can't be earlier than the level of care effective date, and the client must be Medicaid-eligible for the month when waiver services are started.
- ◆ **BEGIN CODE:** A three-digit positive action code. For a list, see 14-B-Appendix, **Facility and Waiver Codes**.
- ◆ **STATUS CODE:** Reserved for later use.
- ◆ **END DATE:** The final date for the program request. The IM worker enters this date in the ABC system. Facilities will not be paid for this day. If a waiver needs to be canceled, contact the IM worker and ask to have cancellation entries made in ABC.
- ◆ **END CODE:** A three-digit negative action code. For a list, see 14-B-Appendix, **Facility and Waiver Codes**.
- ◆ **TERM DATE:** A date supplied by the Medicaid fiscal agent because the provider has indicated that the consumer left a facility or is no longer receiving services. This does not close the program. The IM worker must verify the date and close the case in the ABC system.
- ◆ **TERM CODE:** A code provided by Medicaid fiscal agent to show the reason for termination (used by Quality Assurance).
- ◆ **AID TYPE:** A three-digit program code. For a list of codes, see 14-B-Appendix, **TD01 AID**.
- ◆ **LOC:** The approved level of care. The IFMC worker responding to the workflow sets the level of care in ISIS. For consumers covered by Medicare in a nursing facility, the IM worker responding that Medicare determined the level of care also sets the level.
- ◆ **LOC EFF DATE:** The date the level of care becomes effective.
- ◆ **CNTY OF RES:** A two-digit code for the consumer's county of residence. This code is passed from the ABC system TD01 CO RES field. For consumers on the elderly waiver, the county of residence passed from the ABC system determines which area agency on aging will be selected to respond to workflow or enter services.

- ◆ **CNTY OF RESP.:** A two-digit code for the consumer's county of legal settlement. This code is initially passed from the ABC TD03 screen to ISIS. It is used to select the first county that will be asked to accept responsibility for sharing in the cost of the consumer's services for those programs where county sharing is required.

This code determines which CPC worker will initially be asked to accept responsibility for the consumer. Once a CPC accepts a consumer on a workflow task in ISIS, that county is passed back to the PROGRAM REQUEST screen. That county is then set as the responsible county in ISIS.

If that county is different than the county the IM worker initially entered, the IM worker must correct the county on the ABC TD03 screen to make it match ISIS. Once set, the county of responsibility can't be changed on an active consumer without assistance from the DHS ISIS help desk.

- ◆ **CP 1ST MONTH:** The amount of consumer participation for the first month.
- ◆ **CP ONGOING:** The consumer's monthly participation. The client participation amount is passed to ISIS from the ABC system.

For waiver consumers, the service worker or case manager then works with the client to decide which service to apply the client participation toward and enters that amount on the particular service when entering the services on the service plan.

The service worker or case manager is also responsible for notifying the provider of client participation. Tell the provider to reduce the amount billed to the fiscal agent by the amount of client participation and collect the client participation from the client.

- ◆ **CP ONGOING EFF. DATE:** The date that the consumer's ongoing participation begins. This date is not entered in the ABC system; therefore, ISIS sets this date to the first day of the month after the "begin date" that was entered in ABC.
- ◆ **PROGRAM:** The current facility or waiver program for this consumer.
- ◆ **PROVIDER NUMBER:** The vendor identification number assigned by the Medicaid fiscal agent.
- ◆ **CASE NUMBER:** A nine-character identification number assigned to the consumer by the ABC system. A single consumer may have multiple case numbers. The state identification number is the only number uniquely assigned for each consumer.

- ◆ **INIT. LOC WORKFLOW:** Holds a button for initiating a level of care change workflow. This button is not displayed unless you are assigned to a role that allows initiating the level of care.

For example case managers and service workers will see this button on waiver consumers. IFMC workers will see this button for facility consumers. Income maintenance workers will not see this button on any consumer, because they are not responsible for completing the assessment for level of care determinations.

- ◆ **INIT LOC:** Activates a new workflow (series of milestones) to change an established level of care for a case that is active (that is, a case that has been approved and is not pending). This button should not be used for cases that are still pending. This button is viewable only for CM/SW and AAA workers.

Service Plan Screen

Access the SERVICE PLAN screen by selecting a consumer from a search results list to obtain another screen displaying a record for that consumer, and then by clicking on the record that is displayed for that consumer. You can also get to this screen once you have a program request selected by clicking on the SERVICE PLAN subtab.

The SERVICE PLAN screen allows you to view a service plan for a consumer, add a new plan, or change a current service plan.

To add a new plan, you must enter dates in the fields for SERVICE PLAN START DATE, SERVICE PLAN END DATE, and PLAN REVIEW DATE. You may have to adjust these dates later after receiving an approved level of care effective date.

After entering these three dates, click on the SAVE CHANGES TO PLAN button, and the system will populate the three fields to the left while activating a link named “ADD SERVICE...” Also a DELETE button and information about monthly and yearly caps will appear.

The ADD SERVICE link, shown on the left just above the headers for services, may be used to access a series of screens that serve as waiver services agreement worksheets used to enter a new service for the consumer. This link is not shown until you have entered the basic service plan dates (that is, start, end, and review dates).

Note that you may enter a proposed service plan with planned services, and you may keep refining or changing the plan until the plan is submitted for approval. Once a level of care effective date is established, you may have to adjust various dates and then submit the plan for approval.

Note: The service plan is “submitted” when you receive and respond to the milestone “Complete Service Plan.” After responding to that milestone, you should NOT make any further changes to the plan (nor the services attached to it) except through coordination with the authority that reviews and approves the plan.

Approval of the service plan will be for the entire service plan as you have defined it. Therefore, it is very important that the “final” service plan be exactly as you want it before you respond to the “Complete Service Plan” milestone.

Entering exceptions, even when approved, is NOT the purpose of this screen. Likewise, exception values in fields on the worksheet screens for entering a service will NOT be accepted by the system.

The method for establishing exceptions is to first enter the plan and services into ISIS with standard values, and request the exceptions through the regular exception to policy process outside of ISIS. You should request all exceptions at the same time if there’s more than one to be made.

After the exceptions have been approved, ask Quality Assurance or a program manager to amend the record by entering the approved values.

Once the exceptions have been entered, any further changes must be carefully made. You may change values for a plan or service, but you must not change an exception. Changes to exceptions must be approved (again through processes outside of ISIS) and then entered into ISIS by Quality Assurance or a Program Manager.

Fields on the SERVICE PLAN screen include:

- ◆ **SELECT A SERVICE PLAN OR CREATE A NEW ONE:** – View or modify an existing service plan or create a new one for selected consumer.
- ◆ **SERVICE PLAN START DATE:** – Date from the ABC system. This date must be on or after the program begin date, if present (when available). It may not be known when the plan is initially created.
- ◆ **SERVICE PLAN END DATE:** – This date must be no more than 12 months after the service plan start date. Service plans should end on the last day of the month. Service plans that have a start date of the 2nd of the month or later must end on the last day of the 11th month.
- ◆ **LEVEL OF CARE:** – This data is entered automatically from the utilization review agency milestone.
- ◆ **CSR DATE** – The IFMC level of care annual review date.
- ◆ **LOC EFFECTIVE DATE:** – This date is entered automatically from the utilization review agency milestone.
- ◆ **PLAN REVIEW DATE:** – This date must be between the PROGRAM ELIGIBILITY START and End dates, inclusive.
- ◆ **CP 1ST MONTH:** – The client participation amount comes over automatically from the ABC system.
- ◆ **CP ONGOING:** – The client participation amount comes over automatically from the ABC system.
- ◆ **CP ONGOING EFFECTIVE DATE:** – The date that the consumer’s regular participation starts.
- ◆ **AUTHORIZED:** – An entry of “no” indicates the plan has not been approved yet. A “yes” entry means the service plan is valid and a worker has completed an approval milestone.

-
- ◆ **ADD VALID PLAN** – Confirms the validity of the service plan and individual services.
 - ◆ **SAVE CHANGE TO PLAN** button – Saves changes to ISIS.
 - ◆ **DELETE PLAN** button – Appears after you have entered a service plan. Before the plan is approved, this button allows you to delete the service plan if the program request is pending (not active).
 - ◆ **START APPROVAL PROCESS** button – Starts the approval process when a new plan is added to an active consumer. This is commonly used when a new plan is added at the time of the annual review.
 - ◆ **ADD SERVICE...** – A link to worksheet screens that enable you to add services.
 - ◆ **MONTHLY CAP:** – Monthly maximum for all services totaled in dollars. Appears after you have entered a service plan. Monthly dollar totals are differentiated by calendar month.
 - ◆ **YEARLY CAP:** – Yearly maximum for all services totaled in dollars.
 - ◆ **BEGIN DATE** – Must be between the PROGRAM ELIGIBILITY START and END dates, inclusive.
 - ◆ **END DATE** – Must be between the PROGRAM ELIGIBILITY START and END dates, inclusive.
 - ◆ **PROVIDER** – Identifies the name of the provider responsible for the service.
 - ◆ **MONTHLY TOTAL 1ST MONTH** – These amounts are calculated by the IM worker and passed to ISIS through the ABC system.
 - ◆ **MONTHLY TOTAL ONGOING** – These amounts are calculated by the IM worker and passed to ISIS through the ABC system.

When the series of worksheet screens has been used successfully, the new service will be added to the list on this SERVICE PLAN screen.

When you have added a service plan and click on the SAVE CHANGE TO PLAN button, ISIS will check the three dates you entered for errors. It will ensure that the END DATE follows the START DATE, and that the REVIEW data is between the START DATE and END DATE (or on the END DATE).

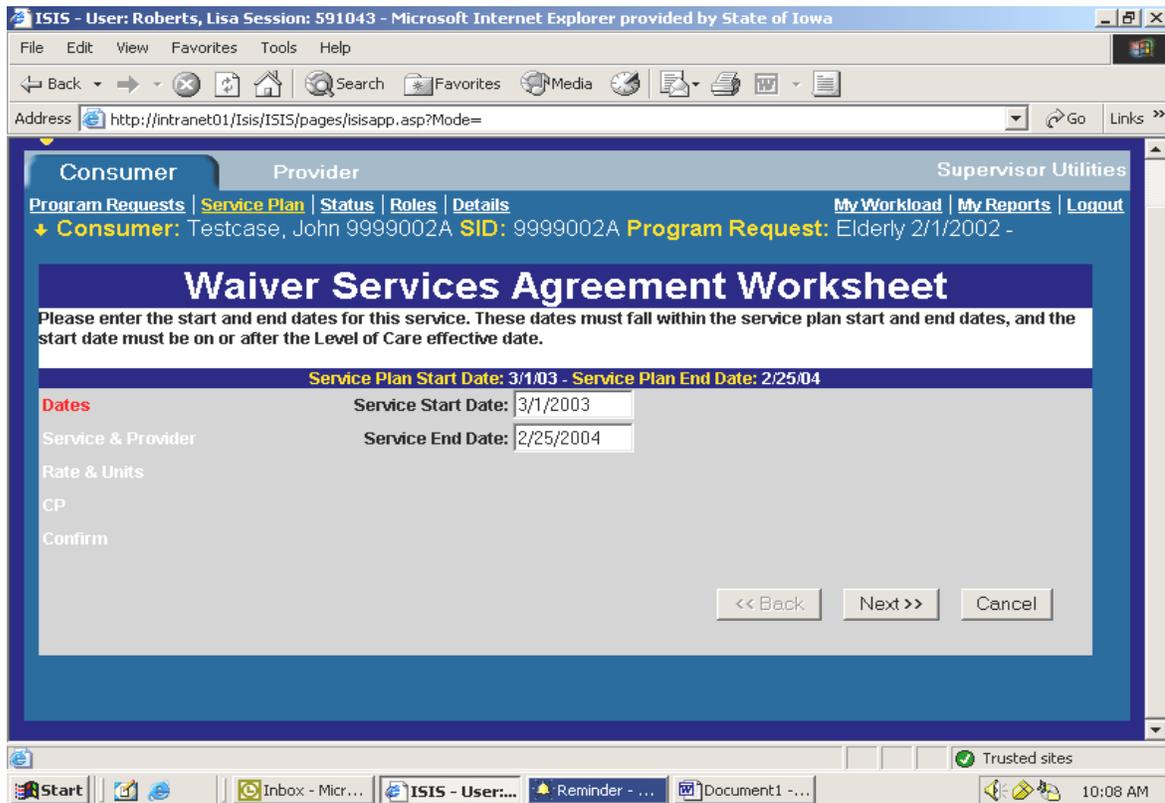
If an error is found, ISIS will display a diamond and the error message near the center of the screen. If more than one error exists, only one will be shown. When you “work off” the first one by fixing the data and clicking on SAVE CHANGE TO PLAN button again, ISIS will then display the next error message.

After receiving the level of care effective date and adjusting plan and service dates as necessary, clicking the SAVE CHANGES TO PLAN button cause ISIS to check the START, REVIEW and END DATES against the LOC EFFECTIVE DATE.

If a problem is found, an error message will be displayed in red near the top of the screen. The message will help you analyze the problem to change the data as needed before clicking on the SAVE CHANGES TO PLAN button again.

Note: All errors on this screen should be cleared before responding to the milestone screen (“Complete the Service Plan Entries”) that submits the final plan.

Waiver Services Agreement Worksheet - Date Screen



Access the WAIVER SERVICES AGREEMENT WORKSHEET DATE screen by clicking on the ADD SERVICE link on a CONSUMER SERVICE PLAN screen.

The WAIVER SERVICES AGREEMENT WORKSHEET DATE screen allows you to enter a start and end date for the service (sometimes called the service span). The starting date must be no earlier than the current month. Retroactive dates going back further than the current month will require entry by Quality Assurance.

If service periods include partial months, enter a separate service line for each partial month, with units prorated to the partial service period.

Fields on this screen include:

- ◆ **SERVICE START DATE:** – This date must be between the PROGRAM ELIGIBILITY START DATE and the PROGRAM ELIGIBILITY END DATE, inclusive. The date cannot be less than the first day of the current month.
- ◆ **SERVICE END DATE:** – This date must be between the PROGRAM ELIGIBILITY START DATE and the PROGRAM ELIGIBILITY END DATE, inclusive. The date cannot be less than the last day of the previous month.
- ◆ **NEXT>>** button – Proceeds to next worksheet screen.
- ◆ **CANCEL** button – Exits worksheet abandoning all entries made.
- ◆ **DATES** – A link that takes you to the DATES worksheet screen.
- ◆ **SERVICE & PROVIDER** – A link that takes you to the worksheet screen where services may be entered.
- ◆ **RATES & UNITS** – A link that takes you to the worksheet screen where you enter rates and units.
- ◆ **CP** – A link that takes you to a worksheet screen to enter client participation.
- ◆ **CONFIRM** – A link that takes you to the final worksheet screen to view and save the service you entered.

Waiver Services Agreement Worksheet - Service and Provider

ISIS - User: Roberts, Lisa Session: 591043 - Microsoft Internet Explorer provided by State of Iowa

File Edit View Favorites Tools Help

Address http://intranet01/ISIS/ISIS/pages/isisapp.asp?Mode=

ISIS You must enter a provider number Help

Consumer Provider Supervisor Utilities

Program Requests Service Plan Status Roles Details My Workload My Reports Logout

Consumer: Testcase, John 9999002A SID: 9999002A Program Request: Elderly 2/1/2002 -

Waiver Services Agreement Worksheet

Please choose the procedure code from the drop-down. Next, enter a partial or complete provider number and click on the magnifying glass search tool. Enter the site number(if applicable).

Dates Procedure Code: T1021 - Home Health Aide, Per Visit

Service & Provider Provider (Num/Name): ADAIR COUNTY HOME CARE

Rate & Units

CP

Confirm

<< Back Next >> Cancel

Access the WAIVER SERVICES AGREEMENT WORKSHEET SERVICE AND PROVIDER screen by clicking on the NEXT>> button on the WAIVER SERVICES AGREEMENT WORKSHEET – DATE screen, or by clicking on the SERVICE & PROVIDER selection on the menu to the left on any of the worksheet screens.

This screen allows you to identify the service and assign a provider for the service.

Fields on the WAIVER SERVICES AGREEMENT WORKSHEET SERVICE AND PROVIDER screen include:

- ◆ **PROCEDURE CODE:** – Choose from pull-down list. The procedure codes on this list are limited to those authorized for the waiver program type.
- ◆ **PROVIDER (NUM/NAME):** – Enter the provider number (vendor ID). Despite the label, this field will accept only the provider’s vendor ID number.
- ◆ **MAGNIFYING GLASS** icon – Access a search window to obtain the provider vendor number. If you use the PROVIDER SEARCH pop-up provided by the magnifying glass icon, it will return the provider’s number to the PROVIDER (NUM/NAME) field.
- ◆ **SITE NUMBER:** – This field appears only if the service chosen is “supported community living daily.” It is the number, obtained from the provider, associated with the site where or from which the provider will provide services for the consumer.

The system will not accept a blank SITE NUMBER field. If a site number is not required, enter “1” (one) so you can advance to the next worksheet entry screen.

- ◆ << **BACK** button – Proceeds to previous worksheet screen.
- ◆ **NEXT** >> button – Proceeds to next worksheet screen.
- ◆ **CANCEL** button – Exits worksheet abandoning all entries made.
- ◆ **DATES** – A link that takes you to the DATES worksheet screen.
- ◆ **SERVICE & PROVIDER** – A link that takes you to the worksheet screen where services may be entered.
- ◆ **RATES & UNITS** – A link that takes you to the worksheet screen where you enter rates and units.
- ◆ **CP** – A link that takes you to a worksheet screen to enter client participation.
- ◆ **CONFIRM** – A link that takes you to the final worksheet screen to view and save the service you entered.

Waiver Services Agreement Worksheet - Rate and Units

Consumer Provider Supervisor Utilities
Program Requests | Service Plan | Status | Roles | Details My Workload | My Reports | Logout
Consumer: Testcase, John 9999002A SID: 9999002A Program Request: Elderly 2/1/2002 -

Waiver Services Agreement Worksheet

Please enter the rate for the service you are establishing. Next, enter the number of units that you have established. Finally, enter the billable units(if applicable).

Dates	Rate(\$):	<input type="text" value="\$10.00"/>	
Service & Provider	Units Per Month:	<input type="text" value="24"/>	Hour(s)

Rate & Units

CP

Confirm

<< Back Next >> Cancel

Access the WAIVER SERVICES AGREEMENT WORKSHEET RATES AND UNITS screen by:

- ◆ Clicking on the NEXT>> button on the WAIVER SERVICES AGREEMENT WORKSHEET – SERVICE AND PROVIDER screen, or
- ◆ Clicking on the RATE & UNITS selection on the menu to the left on any worksheet screen.

This screen allows you to enter the rate for a unit, the number of units, and billable units authorized for this service.

Fields on the WAIVER SERVICES AGREEMENT WORKSHEET RATES AND UNITS screen include:

- ◆ **RATE(\$):** – The approved rate for a given provider for a specific service.
Note: The RATE(\$) field behaves differently than other fields on WORKSHEET screens. When there are entries already in other fields, you may highlight the entry (by holding down your left mouse button while sweeping the cursor across the entry) and start typing. What you type will replace what was there.
This process won't work for the RATE(\$) field. If there is a value in the RATE(\$) field that you want to change, you need to highlight that value, and either depress your keyboard's DELETE button or BACKSPACE button. Once you have cleared all or any part of the value from the field, you may then enter your correction.
- ◆ **UNITS:** – The maximum number of units that may be billed for this service for each month of partial month in the services period.
- ◆ **BILLABLE UNITS:** – An adjustment to the number of units billed if the provider serves more than one consumer at the same time at the same location. This number must not exceed the total units authorized for this service.
- ◆ **<< BACK** button – Proceeds to previous worksheet screen.
- ◆ **NEXT >>** button – Proceeds to next worksheet screen.
- ◆ **CANCEL** button – Exits worksheet abandoning all entries made.
- ◆ **DATES** – A link that takes you to the DATES worksheet screen.
- ◆ **SERVICE & PROVIDER** – A link that takes you to the WORKSHEET screen where services may be entered.
- ◆ **RATES & UNITS** – A link that takes you to the WORKSHEET screen where you enter rates and units.
- ◆ **CP** – A link that takes you to a WORKSHEET screen to enter client participation.
- ◆ **CONFIRM** – A link that takes you to the final WORKSHEET screen to view and save the service you entered.

Waiver Services Agreement Worksheet - Client Participation

Consumer Provider Supervisor Utilities

Program Requests | Service Plan | Status | Roles | Details My Workload | My Reports | Logout

Consumer: Testcase, John 9999002A SID: 9999002A Program Request: Elderly 2/1/2002 -

Waiver Services Agreement Worksheet

Please enter the client participation amount for the first month and ongoing months. This will apply the Client Participation amount from the Service Plan page to a particular service. If the CP exceeds the cost of the particular service, divide the CP amount among various services.

Dates CP First Month(\$):

Service & Provider CP Ongoing Months(\$):

Rate & Units

CP

Confirm

<< Back Next >> Cancel

Access the WAIVER SERVICES AGREEMENT WORKSHEET CLIENT PARTICIPATION screen by:

- ◆ Clicking on the NEXT>> button on the WAIVER SERVICES AGREEMENT WORKSHEET – RATE & UNITS screen, or
- ◆ Clicking on the CP selection on the menu to the left on any worksheet screen.

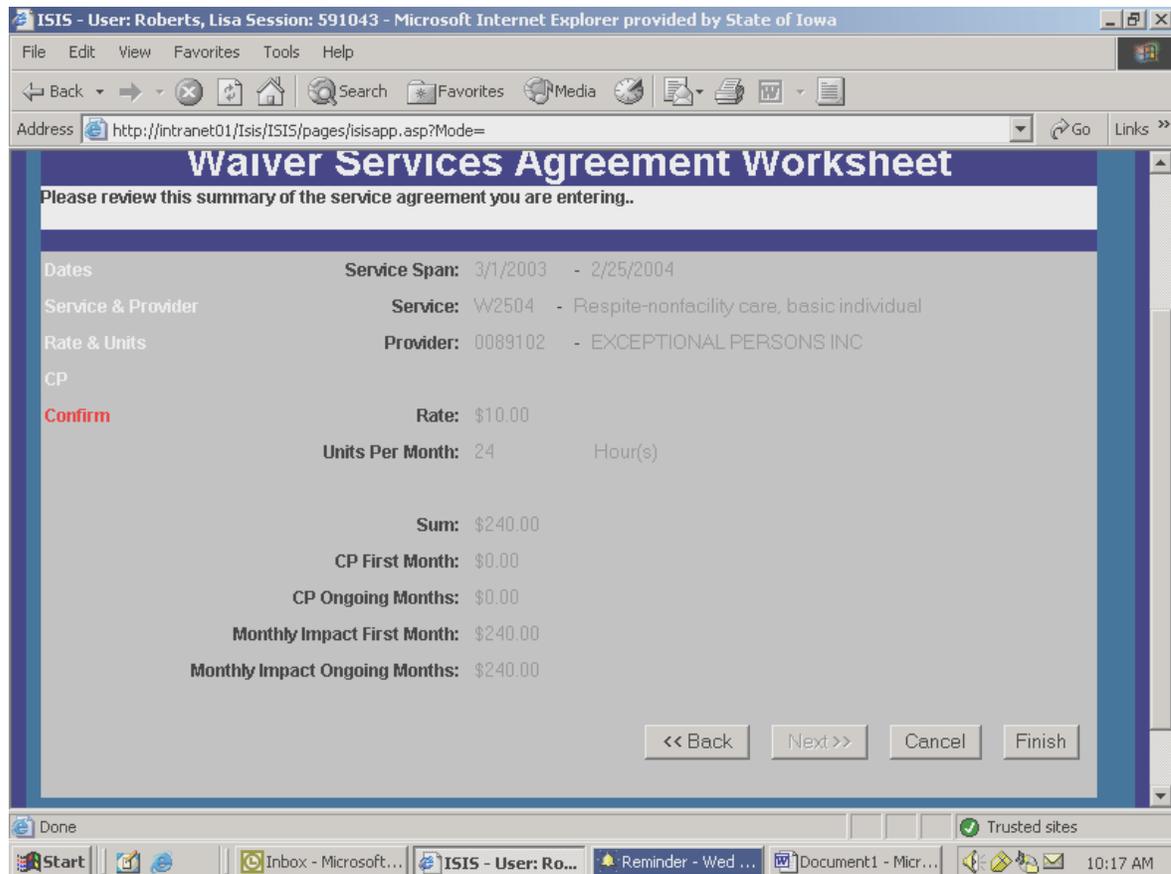
This screen allows you to apply all or a portion of the client participation (the amount the consumer must pay to providers) to a specific service. You can enter up to the total client participation amounts as identified on the SERVICE PLAN screen and apply it toward the particular service.

If client participation exceeds the cost of the particular service, divide client participation among various services. If the total client participation amount shown on the SERVICE PLAN screen is zero, or client participation will not be applied to this service, then no entry is required.

Fields on the WAIVER SERVICES AGREEMENT WORKSHEET CLIENT PARTICIPATION screen include:

- ◆ **CP FIRST MONTH(\$):** – The dollar amount of client participation for first month.
- ◆ **CP ONGOING MONTHS(\$):** – The dollar amount for monthly client participation, beginning with the month after the starting month of the program request.
- ◆ **<< BACK** button – Proceeds to previous worksheet screen.
- ◆ **NEXT>>** button – Proceeds to next worksheet screen.
- ◆ **CANCEL** button – Exits worksheet, abandoning all entries made.
- ◆ **DATES** – A link that takes you to the DATES worksheet screen.
- ◆ **SERVICE & PROVIDER** – A link that takes you to the WORKSHEET screen where services may be entered.
- ◆ **RATES & UNITS** – A link that takes you to the WORKSHEET screen where you enter rates and units.
- ◆ **CP** – A link that takes you to a WORKSHEET screen to enter client participation.
- ◆ **CONFIRM** – A link that takes you to the final WORKSHEET screen to view and save the service you entered.

Waiver Services Agreement Worksheet - Confirm



Access the WAIVER SERVICES AGREEMENT WORKSHEET CONFIRM screen by:

- ◆ Clicking on the NEXT>> button on the WAIVER SERVICES AGREEMENT WORKSHEET – CLIENT PARTICIPATION screen, or
- ◆ Clicking on the CONFIRM selection on the menu to the left on any worksheet screen.

This screen will show a summary of the entries you have made. If you decide to change any of the entries, use the <<BACK buttons to navigate back to the worksheet screen where the entry was made, change or correct your data, and then use the NEXT>> buttons to navigate back to this CONFIRM screen.

Once you are satisfied with all entries, click on the FINISH button to have the system accept everything as a service; this will place the service as a new entry (record) back on the SERVICE PLAN screen.

Fields on the WAIVER SERVICES AGREEMENT WORKSHEET CONFIRM screen include:

- ◆ **SERVICE SPAN:** – The service start and end dates from your entries made on the DATES screen.
- ◆ **SERVICE:** – The names of the services you selected on the SERVICE AND PROVIDER screen.
- ◆ **PROVIDER:** – The names of the providers you selected on the SERVICE AND PROVIDER screen.
- ◆ **SITE NUMBER:** – A number identifying the provider site where (or from which) the consumer will be served; taken from your entry on the SERVICE AND PROVIDER screen.
- ◆ **RATE:** – The cost per unit. This matches your entry on the RATE AND UNITS screen.
- ◆ **UNITS:** – The maximum number of units that may be billed. This matches your entry on the RATE AND UNITS screen.
- ◆ **BILLABLE UNITS:** – An adjustment to the number of units billed if the provider serves more than one consumer at the same time at the same location. This number must not exceed the total units authorized for this service. It matches your entry on the RATE AND UNITS screen.
- ◆ **SUM:** – The total cost of the units or billable units (if billable units were less than maximum units) for a single month. This is calculated from the data you entered on the RATE AND UNITS screen.
- ◆ **CP FIRST MONTH:** – The amount of client participation to be paid toward this service for the first month of this service; matches your entry on the CLIENT PARTICIPATION screen.
- ◆ **CP ONGOING MONTHS:** – The amount of ongoing client participation to be paid toward this service, starting in the month after the begin date from the ABC system. This entry matches your entry on the CLIENT PARTICIPATION screen.

- ◆ **MONTHLY IMPACT FIRST MONTH** – The first-month cost of the service minus CP FIRST MONTH. This amount is calculated from data in other fields.
- ◆ **MONTHLY IMPACT ONGOING MONTHS** field – Ongoing monthly cost of the service minus CP ONGOING MONTHS. This is calculated from data in other fields.
- ◆ **<< BACK** button – Proceeds to previous WORKSHEET screen.
- ◆ **FINISH** button – Submits all data shown as one complete service.
- ◆ **DATES** – A link that takes you to the DATES worksheet screen.
- ◆ **SERVICE & PROVIDER** – A link that takes you to the WORKSHEET screen where services may be entered.
- ◆ **RATES & UNITS** – A link that takes you to the WORKSHEET screen where you enter rates and units.
- ◆ **CP** – A link that takes you to a WORKSHEET screen to enter client participation.
- ◆ **CONFIRM** – A link that takes you to the final WORKSHEET screen to view and save the service you entered.

The CONSUMER STATUS screen displays a list of the key tasks (milestones) that have been accomplished for the selected consumer and displays the current key task that is waiting for a response (if any). Completed key tasks are shown in gray, and current key tasks are shown in white.

This screen also provides the phone number and other demographic data in a pop-up box for each worker assigned when you place the cursor over each worker in the WORKER NAME column.

Note: New workers should check their own demographics data when they first appear on a CONSUMER STATUS screen. If something needs correction, inform your supervisor.

A trash can icon appears in the last column for any accomplished key tasks (milestones) that may be undone by the worker assigned to that milestone.

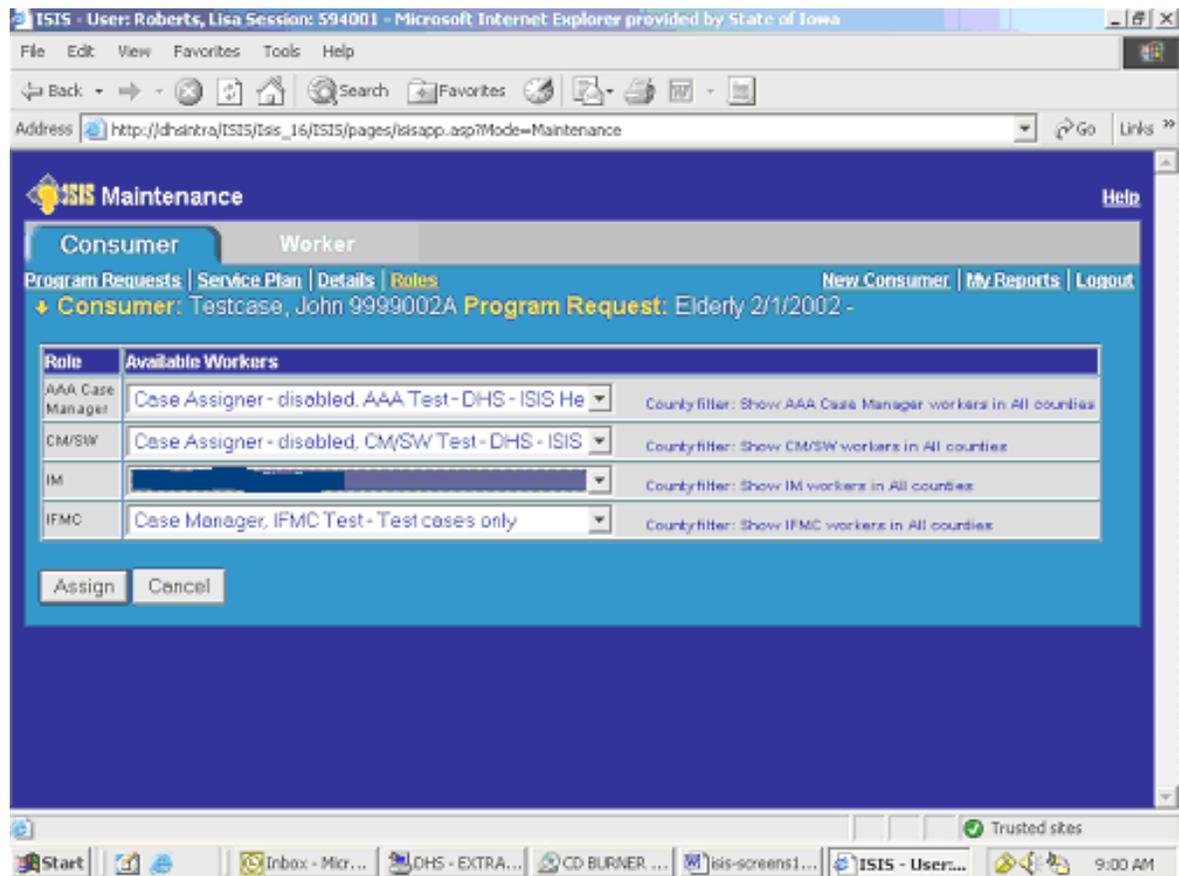
Fields on the CONSUMER STATUS screen include:

- ◆ **DESCRIPTION:** – Key task (milestone) description.
- ◆ **WORKER NAME:** – The person assigned to the key task (milestone). When you run the cursor over this field, a box will pop up presenting demographic information regarding the worker.
- ◆ **WORKER ROLE:** – The role of the worker assigned to complete the key task (milestone).
- ◆ **RESPONSE:** – A response showing the status of the task (milestone).
- ◆ **RESPONSE DATE:** – The date the response was made.
- ◆ **DUE DATE:** – The date the response was or is due.
- ◆ **COMMENTS:** – On milestones that have been accomplished, an icon will appear in this column when the person completing that milestone entered a comment. Clicking on the icon provides a pop-up box presenting the comment (relevant information such as reason for response).
- ◆ **TRASH CAN icon** – A trash can icon will appear in the last column of any accomplished milestone that you can undo. “Undo” means to take back a milestone so you can complete it again, probably with a different response than the first time. The trash can will not appear if the next person has performed their milestone.

Note: Always approach the decision to undo a milestone with care. If there is any chance that people downstream in the process may have started activities outside of ISIS in response to completion of the milestone, then you should coordinate with them regarding the undo.

The STATUS screen does not display the LEVEL OF CARE or the LOC EFFECTIVE DATE as part of reporting completion of the level of care milestone. However, level of care information may be found on the PROGRAM REQUESTS screen. For waivers only, the level of care information may also be found on the SERVICE PLAN screen.

Consumer Roles Screen



Access the CONSUMER ROLES screen by clicking on the ROLES subtab after selecting a consumer. The appearance of this screen will vary depending on the facility or waiver program.

The CONSUMER ROLES screen provides the means to assign people to the roles (including but not limited to IMW, SW, CM, CPC, IFMC, AAA, and CHSC) for the selected consumer. All roles will appear on this screen, but some are assigned by the system. (For example, there are roles that are automatically determined according to the county.)

Normally cases are introduced into the ISIS system from ABC, and the IM worker who entered the case in ABC will receive the first ISIS milestone. As part of performing that first milestone, the IM worker will make an initial assignment of roles using this CONSUMER ROLES screen.

When you do not have responsibility for assigning a role, the associated pull-down menu will not offer choices; however, you are able to see who is currently assigned.

Note: The assignment of people to roles determines who will get milestones that are going to be generated during the process. Assignment from this screen does not automatically inform people that they have been assigned. However, the milestones that will eventually be generated for them will inform them.

If an IM worker with the received IM worker number and county is not enabled in ISIS, the IM role is assigned to the IM supervisor for the received IM worker county. If a consumer record is received without an entry in the TD01 CO RES field, the AAA role is assigned to the AAA supervisor for the received IM worker county.

This screen will also be used for reassignment of roles. A worker can only reassign a case to a supervisor. Supervisors can reassign cases among people they supervise or to other supervisors of like role.

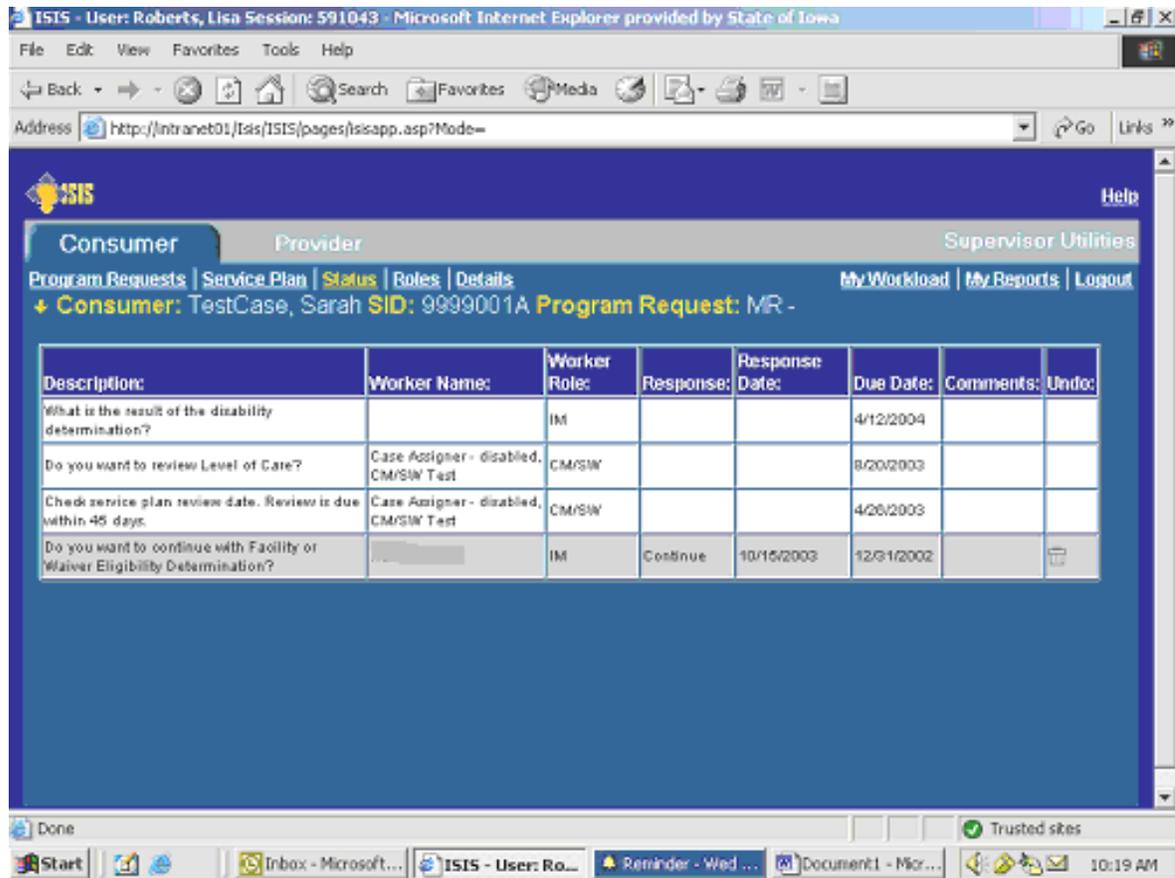
Fields on the CONSUMER ROLES screen include:

- ◆ **ROLE** – The worker role assigned to the selected consumer’s case.
- ◆ **AVAILABLE WORKERS** – Pull-down menus showing people you may assign to the respective role.
 - If you are a worker assigned to a role, the pull-down menu will show your name and your supervisor’s name.
 - If you are a supervisor assigned to a role, the pull-down menu will show your name, the names of all subordinates on your “My Workers” table, and the names of all supervisors of similar role in your assigned county.

For all DHS supervisors (except IMW supervisors) the pull-down menu will also show all state supervisors of a like role (DHS and non-DHS). IM supervisors cannot assign to other IM supervisors outside their assigned county.

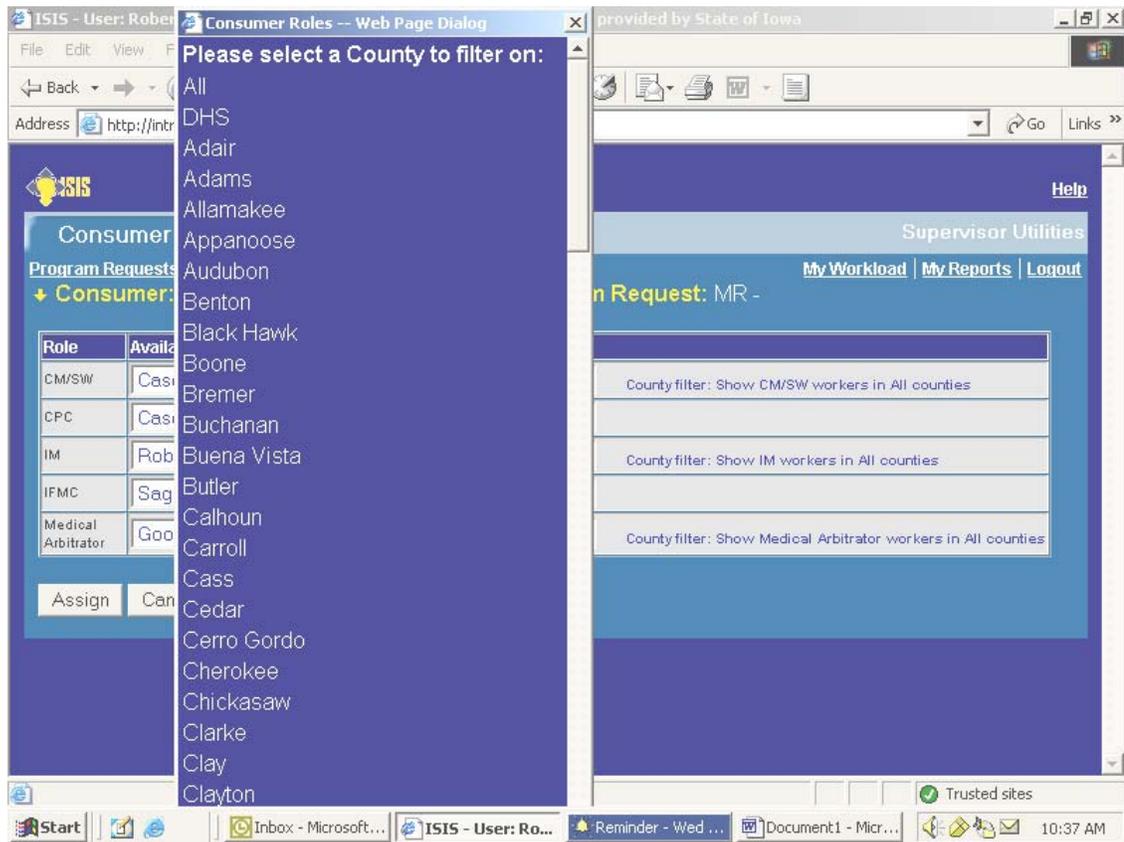
- ◆ **COUNTY FILTER** – This link appears to the right of the AVAILABLE WORKERS box. Clicking on this link will produce a pop-up box displaying a list of counties (as shown below). Choosing a county from this list will limit the workers shown in the AVAILABLE WORKERS box to those in the county selected.

Consumer Status Screen



Access the CONSUMER STATUS screen by:

- ◆ Clicking on the STATUS tab after selecting a consumer; or
- ◆ Selecting the VIEW STATUS button on your WORKLOAD screen if the latest key task is assigned to you; or
- ◆ Clicking on a consumer found from the consumer search, clicking on a record from the PROGRAM REQUEST screen that follows, then clicking on the STATUS sub tab.



- ◆ **ASSIGN** button – Causes the system to accept the role assignments you have selected.
- ◆ **CANCEL** button – Postpones assigning workers.

Consumer Details Screen

ISIS - User: Roberts, Lisa Session: 591043 - Microsoft Internet Explorer provided by State of Iowa

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites Media Print

Address http://intranet01/Isis/ISIS/pages/isisapp.asp?Mode=

Consumer Provider Supervisor Utilities

Program Requests Service Plan Status Roles Details My Workload My Reports Logout

Consumer: TestCase, Sarah SID: 9999001A Program Request: MR -

Name (First / MI / Last):	Sarah	S	TestCase
State ID:	9999001A		
BirthDate:	1/15/80		
SSN:	999-99-0001		
Payee Name:			
Consumer Address1:	101 N Main		
Address2:			
City / State / ZipCode:	Anytown	IA	50000
Phone:			
County of Residence:	000 - DHS		
County of Responsibility:	000 - DHS		
Guardian Information:			
Payee Name:			
Payee Modifier:			
Case Number:			

Done Trusted sites

Start Inbox - Microsoft... ISIS - User: Ro... Reminder - Wed ... Document1 - Micr... 10:38 AM

Access the CONSUMER DETAILS screen by clicking on the DETAILS subtab after selecting a consumer.

The CONSUMER DETAILS screen provides demographic data regarding a consumer who has been added to ISIS as a result of the IM worker entering the data in the ABC system.

This screen does not provide the means for changing the demographics information for a consumer. These changes are entered in ABC, and ABC provides the information to ISIS. The ISIS system will NOT generate notifications when demographics information changes. Gender and marital status fields are not used.

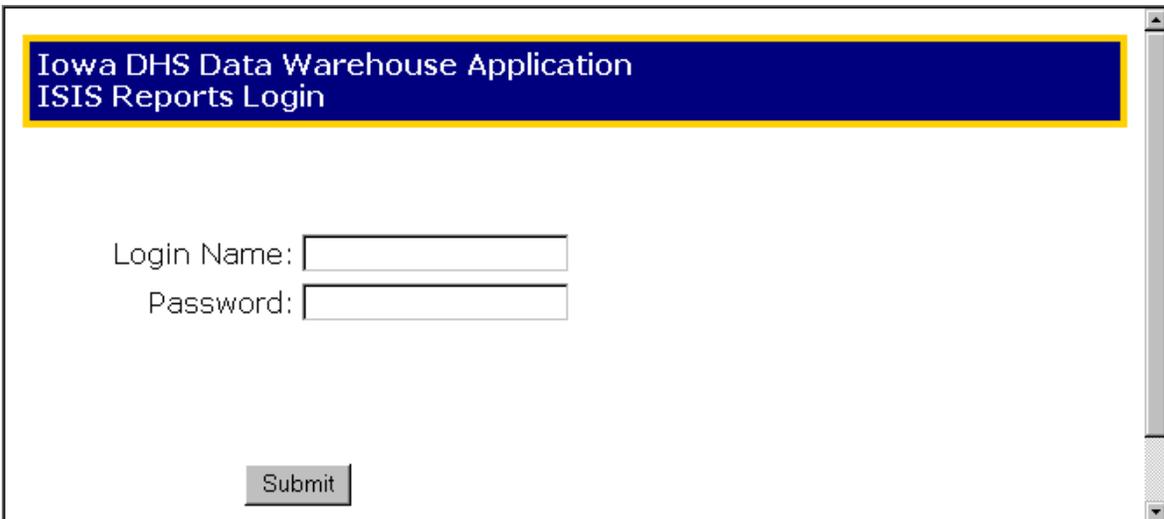
Fields on the CONSUMER DETAILS screen include:

- ◆ **FIRST NAME, MIDDLE INITIAL, LAST NAME:** The consumer's legal name.
- ◆ **STATE ID:** The Medicaid identification number assigned to the consumer.
- ◆ **BIRTHDATE:** The consumer's birthday in mm/dd/ccyy format, where mm=month, dd=day, cc=century, and yy=year. For example, 12/25/2001 is the correct entry for December 25, 2001.
- ◆ **COUNTY OF RESIDENCE:** The county where the consumer lives.
- ◆ **COUNTY RESPONSIBILITY:** The county of legal settlement (responsibility), if assigned (defaults to the county of residence). This should be the county that has accepted responsibility. This county should also be the Medicaid SSNI billing county.
- ◆ **SSN:** The consumer's social security number (run together without hyphens).
- ◆ **PAYEE NAME:** The party responsible for assisting the consumer with financial affairs. In RCF cases, payment is made to this payee.
- ◆ **ADDRESS1 and ADDRESS2:** The payee's address if there is a payee. Otherwise, this is the consumer's address. In RCF cases, this is also the mailing address for the State Supplementary Assistance payments.
- ◆ **CITY:** The payee's city of residence if there is a payee. Otherwise, this is the consumer's city.
- ◆ **STATE:** The payee's state of residence if there is a payee. Otherwise, this is the consumer's state.
- ◆ **ZIP CODE:** The payee's ZIP code if there is a payee. Otherwise, this is the consumer's ZIP code.

REPORTS SCREENS

The REPORTS screen provides access to reports that have been prepared for you. The number and type of reports available will vary with the role of the worker determined by the worker's user identification. If you have multiple roles in ISIS, use the user identification associated with the report you want to view.

Access the REPORTS screen by clicking on the CONSUMER tab and then the MY REPORTS subtab. Options to log out and change password are also available from the MENU OPTIONS list.



Iowa DHS Data Warehouse Application
ISIS Reports Login

Login Name:

Password:

Submit

Fields on the LOGIN screen include:

- ◆ **LOGIN NAME:** Type in your ISIS user name.
- ◆ **PASSWORD:** Type in your ISIS reports password. This ISIS reports password is maintained separately. For security purposes, you should use a unique password.
- ◆ **SUBMIT** button: Submits your user name and password for authentication, and opens the REPORTS menu.

Navigating the Menu of Report Options



The ISIS report menu is located on the left side of the page. The menu selections are tailored to show only the reports you are authorized to access, based upon your role in ISIS. Menu items that are underlined, such as CHANGE PASSWORD, take you directly to the report.

Menu items that are not underlined, such as MY REPORTS, display a yellow pop-up menu box when you move your cursor over the words. Pop-up menus group similar reports together and make it easier to find your reports without scrolling down through the web page. When the pop-up box appears, you may move your mouse to your report selection and click to see the report.

As you move your cursor over the menu items in the pop up box, some menu items may show a right arrow. These menu options will show more pop-up menu options as you move your cursor over the box with the arrow.



Menu items include:

- ◆ **MENU OPTIONS:** This is a summary of the reports available on ISIS. Access to each report is restricted by your ISIS role and security. Many of the reports are further restricted to allow you to see only the consumers that are connected to you.
- ◆ **LOGOUT:** When you are finished reviewing reports you should always log out. ISIS reports contain confidential information; therefore, it is critical that you maintain security by closing out the application when you are not actively using it.
- ◆ **FAQ ANSWERS:** Have a question? Chances are good that someone else has already asked that same question. This report shows the answers to frequently asked questions.
- ◆ **CHANGE PASSWORD:** You are required to change your password every 60 days. See **Log-In Procedures** for more information of password requirements.

Worker Reports

Reports menu selections shown for most users are as follows:

- ◆ **MY REPORTS:** These reports are targeted towards workers actively assigned to cases. They have been built at the request of other workers and are intended to assist you in identifying errors, managing your workload, and researching activity. MY REPORTS menu items include:
 - **MY CASE LOAD:** Provides a complete listing of all of your active consumers.
 - **MY CASES NEEDING PLANS:** Lists all consumers who are active for a waiver program, but do not have an approved service plan effective today. Please review this list carefully. Many of these cases had service plans in the past, but the service plans have expired and a new plan has not been approved.
 - **MY FACILITY CASES NEEDING APPROVAL:** Lists all consumers who are active for facility program, but do not have an approved program request. Workflow may need to be completed on these consumers.
 - **MY CONSUMER PAYMENTS:** Allows you to review your list of clients. Once you select your client, you may click on the client's state identification number to see the approved plan, the status of claims processed by the fiscal agent, and claims that appear to have been paid in error (the claim does not match an authorization record). Denied claims are highlighted in yellow.
 - **MY PROVIDERS:** Lists providers serving your consumers. Select the provider to see all of the consumers under your workload being served by that provider. Use this list to identify consumers needing record changes when provider numbers change, or clients that must be moved in the event a provider certification ends.
 - **MY WORKLOAD TASKS:** Shows all of the outstanding tasks assigned to you. The tasks are sorted by the date the task was created. Tip: To see the data in a different grouping, highlight the table of data, copy it to your clipboard, and then paste it into Excel or Lotus. This will allow you to sort the report information in a way that makes sense to you.
 - **OVERDUE TASKS:** Shows all of the outstanding tasks assigned to you that are long over due. Lists similar data to MY WORKLOAD TASKS.

- **PSYCHOLOGICAL EVALUATIONS DUE:** Lists all consumers that needing a psychological evaluation.
- **DENIED CLAIMS:** Provides a list of consumers who have had claims denied in the last three months. Click on the consumer's state identification number to see the consumer authorization and payment detail.
- **NOTICE OF DECISION:** Can be used by service workers and case managers to report approved services to the consumer and the providers. This information may copied and pasted on an electronic notice of decision template. Note that the information will display the day **after** the plan is approved in ISIS. Also note that services that have already ended will not appear on this report.
- ◆ **AAA CONSUMERS / CHSC CONSUMERS / CM/SW CONSUMERS:** Allows a supervisor or central office worker to pick a demographic area, person, or both and view a detailed report of consumers or consumers and services. The selection options vary depending upon your security, role, and the consumers assigned to you.
- ◆ **CPC 16 YEAR OLDS / CPC 17 YEAR OLDS:** Provides CPC workers with a way to identify consumers who are moving to adulthood. This tool aids CPC workers in managing future budgets.
- ◆ **EXPIRED CSR:** Lists cases where the service plan is still effective and the most recent CSR DATE is less than the current date. The selection of consumers varies depending upon your ISIS security role and your relationship to the consumer.
- ◆ **INVALID SERVICE PLANS:** Lists plans that are invalid or need review. Once a plan has been entered and approved, it should be ready to send for payment authorization. Sometimes there are errors that will prevent the plan from being sent.

The edit checks that select a plan for this report are listed at the top of the report. Generally, the field in error will appear in red. The selection of consumers varies depending upon your ISIS security role and your relationship to the consumer. Once a service plan has ended, it will no longer be reviewed for this report.

Common problems and resolutions are as follows:

- If the PROGRAM BEGIN DATE is missing, ask the IM worker to put the eligibility date in the ABC system.
 - If the service plan starts before the PROGRAM BEGIN DATE, the PROGRAM BEGIN DATE will be used for authorization of payments.
 - If the service plan is after the PROGRAM END DATE, payments will end as of the PROGRAM END DATE.
 - If the CSR DATE has past, the payment will still be authorized, but the case may need review by IFMC. If it does, initiate a LOC workflow.
 - If the rate or number of units is zero, edit the plan with the appropriate rate and units.
- ◆ **PSYCHOLOGICAL EVALUATIONS:** Lists psychological evaluations that are overdue.
 - ◆ **OVERDUE TASKS:** Lists tasks that have not been completed within the expected time. The selection of consumers varies depending upon your ISIS security role and your relationship to the consumer.
 - ◆ **HCBS ELIGIBILITY VERIFICATIONS:** Allows Rent Subsidy Program staff to verify waiver eligibility for a specific consumer.
 - ◆ **RENT SUBSIDY TERMINATIONS:** Lists consumers with terminations for use in managing the rent subsidy program.

Management Reports

Management reports are restricted to program managers, Quality Assurance, and central office staff members. They provide support for questions from the field regarding a particular consumer.

◆ CONSUMER RESEARCH

- **CONSUMER RESEARCH → CLAIMS:** Allows Quality Assurance to research the consumer service plan and claims made against that plan.
- **CONSUMER RESEARCH → AUDIT CONSUMER/PROGRAM CHANGES:** Provides an audit trail of changes made to program requests, service plans, and service spans. When records don't appear as expected on ISIS, this report helps to identify when changes were made and who made them.
- **CONSUMER RESEARCH → AUDIT CONSUMER/PAYEE CHANGES:** Provides an audit trail of changes made to payee. When records don't appear as expected on ISIS, this report helps to identify when changes were made and who made them.

- ◆ **MR CONSUMERS OPENED RECENTLY:** List consumers recently opened for the MR waiver. This assists in tracking the slot availability for MR waiver.

◆ ERROR REPORTS

- **ERROR REPORTS → CASES NEEDING END DATE:** Lists open program requests (pending or active) that are missing an IM worker. This report is reviewed by central office. The IM worker associated with the case on ABC is contacted to determine the status of the case. Frequently the IM worker has responded that the consumer is denied but entries to close the have never been passed from the ABC system.
- **ERROR REPORTS → DENIED LOC:** Lists consumers who have a beginning date on the program but the level of care response is "denied."
- **ERROR REPORTS → HOME & VEHICLE MODIFICATIONS:** Identifies cases that have utilized the home and vehicle modification service, but now exceed the program caps for the consumer. The program manager reviews this report regularly.

- **ERROR REPORTS → OVERDUE COUNTY OF LEGAL SETTLEMENT:** Identifies cases where the county of legal settlement has not been resolved within the expected time. The medical arbitrator reviews this report regularly.
- **ERROR REPORTS → TERMINATED CONSUMERS:** Lists consumers that the provider has indicated were discharged. The fiscal agent passed this information from the provider to ISIS. IM workers need to be informed to verify continued eligibility.
- **ERROR REPORTS → MEDICARE 100+ DAYS:** Lists consumers that have Medicare designated as the entity that determined level of care, but the effective date of that determination is more than 100 days old. For these consumers, the provider needs to be asked to call IFMC for a determination. IFMC can then initiate level of care to enter the response to that determination.
- **ERROR REPORTS → PROGRAM OVERLAPS:** Lists consumers that have medical facility and waiver dates overlapping. IM workers will be asked to resolve the overlap.
- ◆ **MAILING LISTS:** Used by the ISIS Support team to select a mailing list for broadcasting communications to the ISIS users.
- ◆ **MINOR SCL:** Lists minors who receive more than 52 hours of supported community living service in a given month. The program manager reviews these cases regularly.
- ◆ **PROGRAM STATISTICS:** Used by program managers to identify the number of consumers within a program receiving specific services.
- ◆ **PROVIDERS**
 - **PROVIDERS → ACTIVE PROVIDERS:** Lists the providers that are currently authorized to provide services on active service plans. The program manager or HCBS specialist can then review the list of consumers receiving services.
 - **PROVIDERS → ANNUAL SURVEY DUE:** Used by HCBS specialists to identify providers whose annual survey is due.
 - **PROVIDERS → EXPIRED CERTIFICATIONS:** Identifies expired certifications for an HCBS specialist.
 - **PROVIDERS → PROVIDER STATISTICS:** Count the providers that were certified within a given period, by program and service code.
 - **PROVIDERS → SERVICE CAP RATES**

- ◆ **SPLASH MESSAGE UPDATE:** Utility restricted to ISIS Support Team.
- ◆ **MAINTENANCE → FAQ NEW:** Utility restricted to ISIS Support Team.
- ◆ **MAINTENANCE → FAQ CHANGE:** Utility restricted to ISIS Support Team.
- ◆ **PROVIDER CERTIFICATIONS:** Identifies certified providers by program and service code. Similar to the provider search.
- ◆ **PROVIDER RATE HISTORY:** Identifies rates and bed-hold rates for a specific provider for a specific period. Similar to the provider search.
- ◆ **PROVIDER PAYMENT HISTORY:** Reports all payments made to a specific provider.
- ◆ **TIME TO SERVICE:** Identifies statistical trends in how long it takes between the application date and the approval into the HCBS program. Early statistics from ISIS from cases loaded 9/1/01 can be misleading due to missing application dates.
- ◆ **WORKERS BY SUPERVISOR:** Identifies the workers attached to a supervisor. For IM workers, this report can also identify the worker numbers assigned to each worker under the supervisor. It is critical that these numbers match the information in the DHS WRKR system.

KEY TASKS (MILESTONE) SCREENS

Milestone screens will present a question, instruction, or a statement followed by choices for a response on two to five response links. Reaching a choice may take quite a bit of activity outside of ISIS. People interested in the process should remember that while ISIS tends to speed up the process, it does not replace all the difficult and often time-consuming work that must still be done.

Caution: On any milestone screen, if you do not have the correct information to respond, then don't respond. Instead, use the CANCEL response to exit the screen. This will postpone answering until that information is available.

Clicking on CONTINUE, or OK, or on any response other than the CANCEL, will complete your milestone response, and in most cases will send the process to the next task (milestone) to be performed by the next person for the type of case being processed.

Milestone screens have a COMMENT field where the person responding can enter any information that would be helpful to others involved with the case. Comments are optional on all milestone screens except the COUNTY OF LEGAL SETTLEMENT screen. When a CPC administrator chooses not to accept a consumer, a comment explaining the rejection is required.

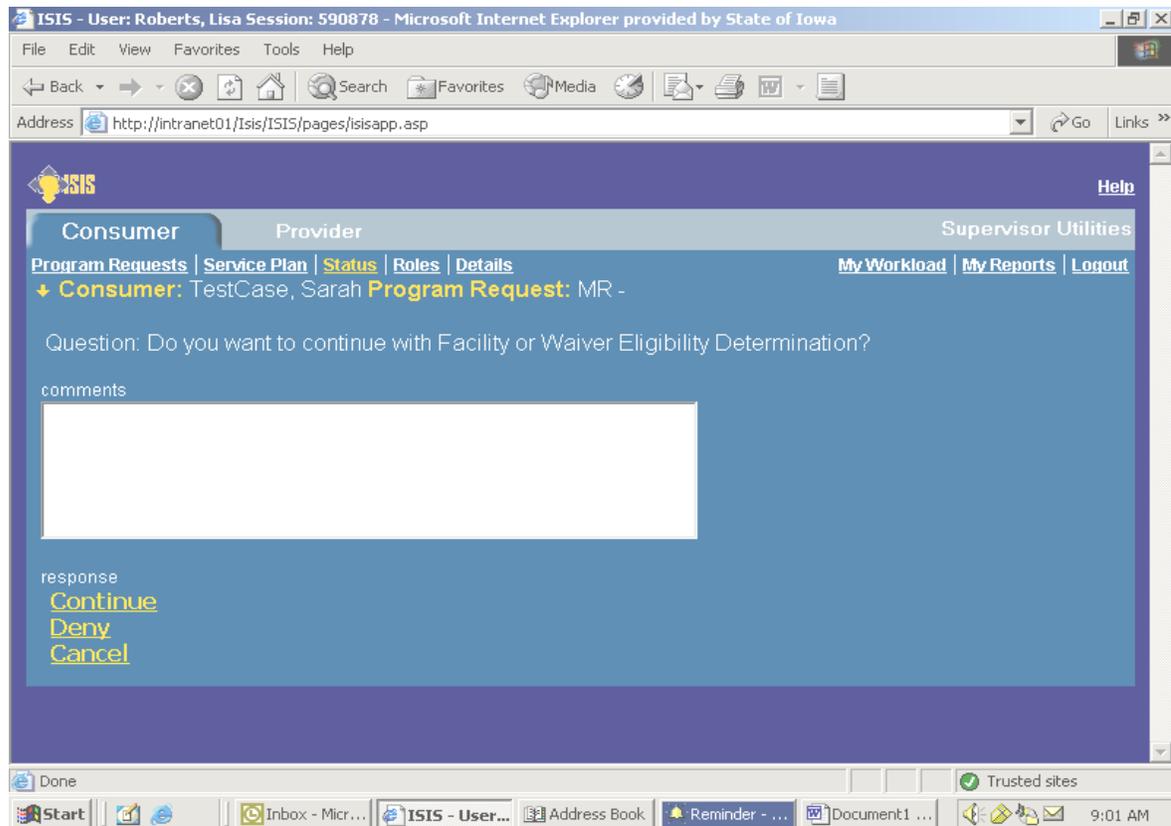
Note that the milestone response screens have the same subtabs shown as the consumer screens. (See **CONSUMER SCREENS**.) In addition to the subtabs described for consumer screens, the following buttons are commonly used on the milestone screens:

- ◆ CONTINUE response: Select when the answer to a task question is YES.
- ◆ OK response: Select when acknowledging a notification milestone.
- ◆ DENY response: Select when the answer to the question is NO.
- ◆ CANCEL response: Postpones responding to the milestone (question, instruction, or statement).

The key milestone screens include:

- ◆ Standard
- ◆ Typical notification
- ◆ Continue with eligibility determination
- ◆ Disability determination
- ◆ Slot availability
- ◆ Age check
- ◆ Referral for assignment
- ◆ County of legal settlement
- ◆ COLS arbitration
- ◆ Verify legal settlement
- ◆ Complete assessment
- ◆ Determine assessment status
- ◆ Level of care
- ◆ Verify aid type
- ◆ Complete service plan
- ◆ Verify service plan

Standard Milestone Screen



The key tasks (or milestones) are assigned on the WORKLOAD screen to each person (role) in the process. Clicking on the RESPONSE button brings you to the appropriate milestone screen, such as the one pictured above. Additionally, clicking on the row displaying a current milestone assigned to you on the CONSUMER STATUS page will also bring you to the appropriate milestone screen.

Standard milestone screen fields include:

- ◆ **COMMENTS** field – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **CONTINUE** response – Select when answer to question is YES.
- ◆ **DENY** response – Select when answer to question is NO.

- ◆ **CANCEL** response – Postpones answering the question. Use this response on any milestone screen to exit the screen without responding to the milestone.

CONTINUE and DENY response title texts can vary from one milestone to the next depending on the desired positive and negative actions.

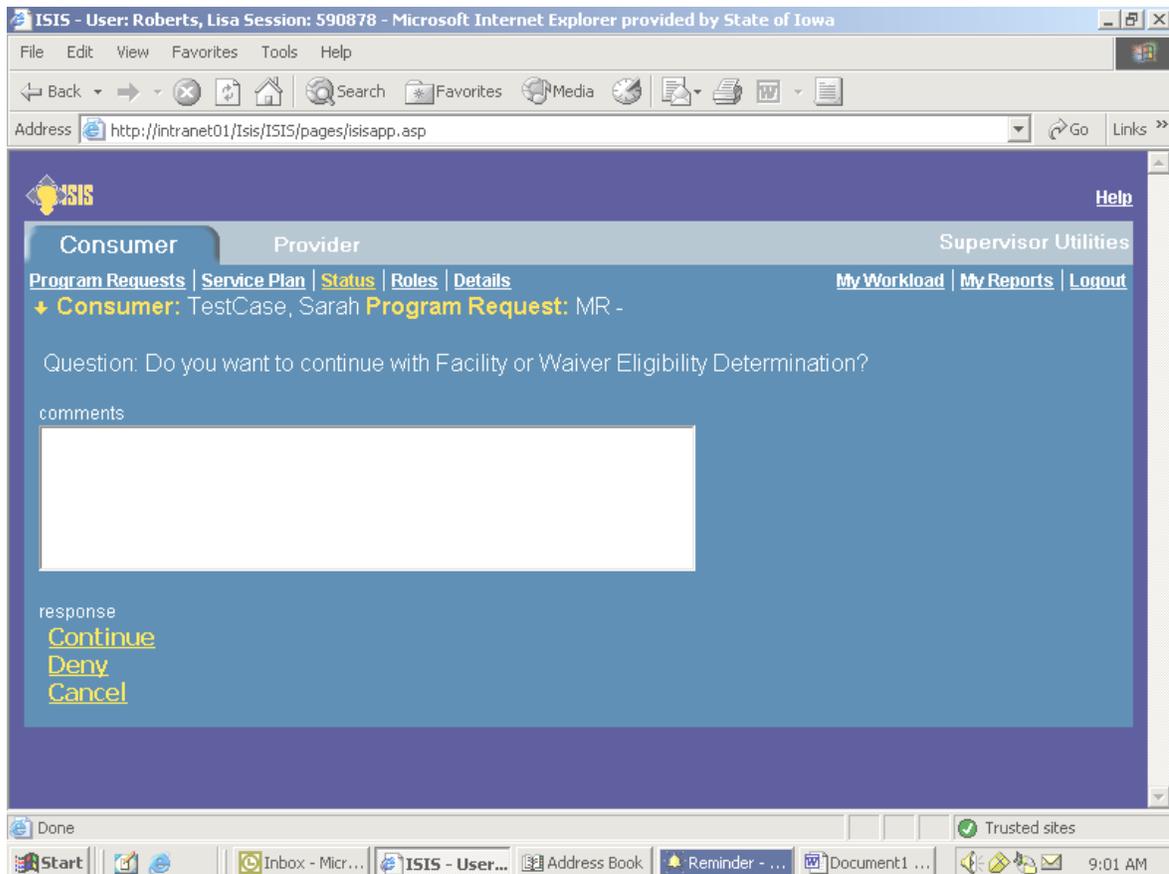
If the person responsible for a milestone responds prematurely with insufficient or erroneous information, it may be possible to “undo” the milestone. To see if that is possible, the person responsible for the milestone should navigate to the STATUS screen for the consumer by clicking on the STATUS subtab while the consumer is selected.

If it is possible to undo the milestone, a TRASH CAN icon will be present in the last column of the milestone’s record.

If the undo is not permitted, as would likely be the case if “downstream” milestones have been accomplished, it will be necessary to contact people who have performed the downstream milestones to arrange for a series of undo actions or ISIS Help Desk for assistance.

Everyone involved in processing and tracking facility and waiver program cases should keep in mind that many things must happen to support the accomplishment of a milestone. Responding to a milestone, while easy to do on line in ISIS, may be delayed due to procedures outside of ISIS.

Typical Notification Milestone Screen

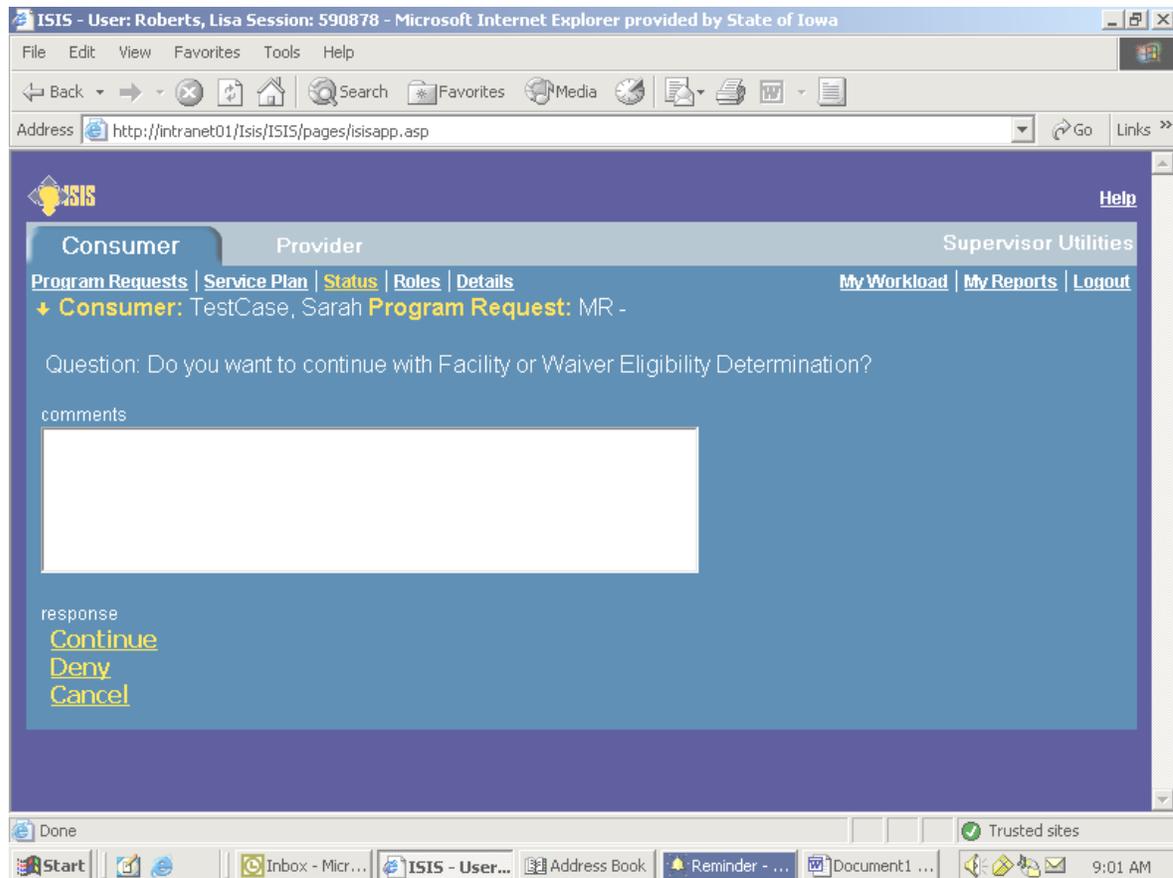


This is a typical key task (or milestone) screen, where the task is simply to acknowledge a notification. The only action for notification milestones is to acknowledge receipt and optionally to submit a comment.

The following responses are typical for acknowledgment milestones:

- ◆ **COMMENTS** field – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **OK** response – Acknowledges receipt and submits comment.
- ◆ **CANCEL** response – Postpones the response.

Continue With Eligibility Determination Milestone Screen



The IM worker would be assigned the “continue with eligibility determination” key task (milestone) on the WORKLOAD screen, and selecting the RESPOND button for that task would lead to this response screen.

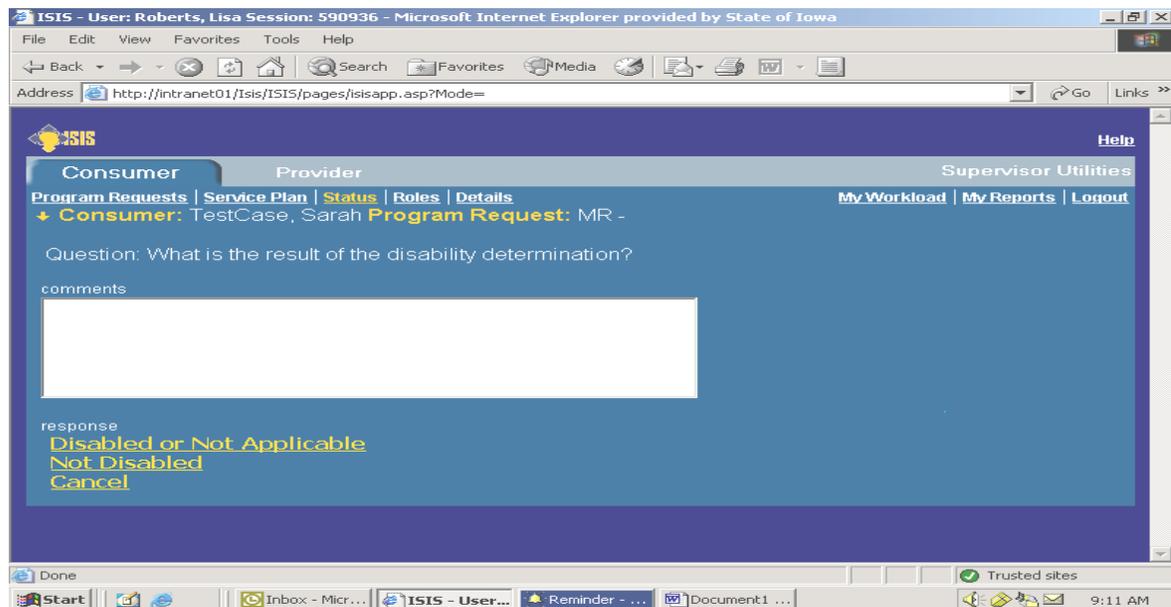
This is normally the first milestone for any case, and it provides the IM worker the ability to deny the application for a facility or waiver program when it is obvious right from the start that the consumer will not be eligible. If the decision is to continue the case, the IM worker will have to assign the CM/SW role (using the CONSUMER ROLES screen) as part of the activities for this milestone.

Note: Choosing the CONTINUE option on this screen does NOT give final approval for Medicaid eligibility. It does allow the next role responsible in processing this case to be notified that it is their turn to do a task. Final approval of Medicaid eligibility by the IM worker occurs at the end of the process.

Fields on the CONTINUE WITH ELIGIBILITY DETERMINATION screen include:

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **CONTINUE** response – Select when answer to question is “yes.”
- ◆ **DENY** response – Select when answer to question is “no.” This will un-assign all roles and leave the record accessible to the IM or other DHS staff only by using the CONSUMER SEARCH screen for “all consumers.”
- ◆ **CANCEL** response – Postpones answering the question.

Disability Determination Milestone Screen



The IM worker is assigned the “disability determination” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

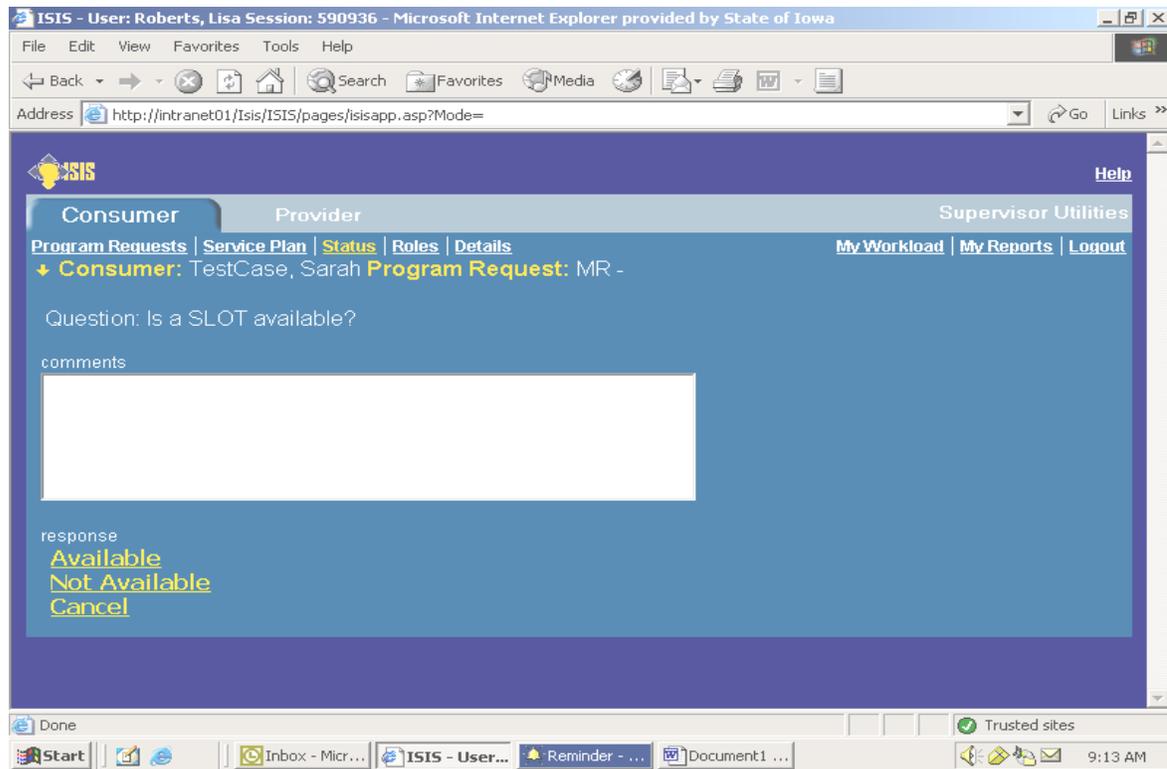
For some facility or waiver cases, a determination from the Social Security Administration or Disability Determination Services that the applicant is disabled is required.

Fields on the DISABILITY DETERMINATION screen include:

- ◆ **COMMENTS** field – Allows entry of information that will be useful to others who will be involved in processing this Facility or Waiver case.
- ◆ **DISABLED OR NOT APPLICABLE** response – Select when the disability determination finds that the applicant is disabled, or when a determination is not necessary for the program the applicant is requesting.
- ◆ **NOT DISABLED** response – Select when the determination finds that the applicant is not disabled.
- ◆ **CANCEL** response – Postpones answering the question.

If a determination has not yet been received, neither the DISABLED nor the NOT APPLICABLE response is correct. The IM worker should click CANCEL to postpone answering until the determination is received.

Slot Availability Milestone Screen



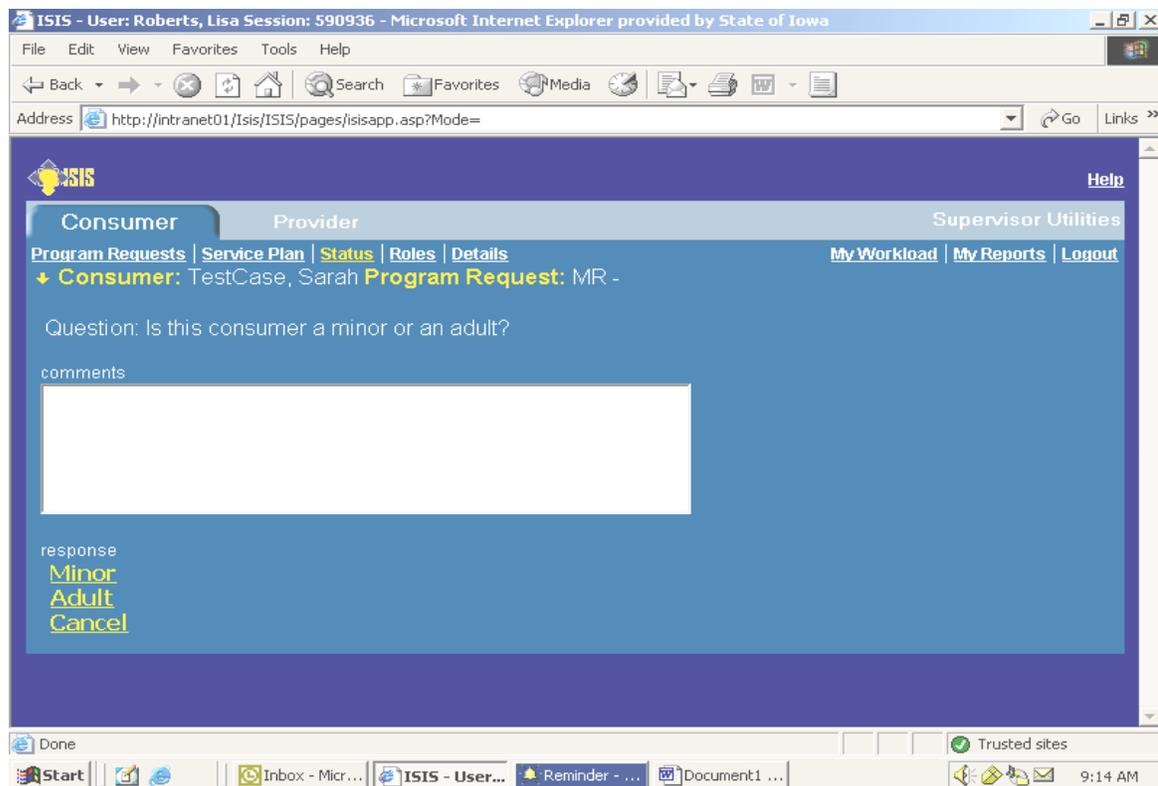
The IM worker is assigned the “slot availability” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

The number of people served under the some waivers is subject to a limit based on the number of payment slots. The county of legal settlement (for ICF/MR level of care for adults) and the state (for all others) designate the number of people to be served under the waiver. The IM worker should contact the county CPC or the HCBS program manager to verify that a payment slot is available.

Fields on the SLOT AVAILABILITY screen include:

- ◆ **COMMENTS** field – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **AVAILABLE** response – Select when a payment slot is available.
- ◆ **NOT AVAILABLE** response – Select when a payment slot is not available.
- ◆ **CANCEL** response – Postpones answering the question.

Age Check Milestone Screen



The IM worker would be assigned the “age check” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task would lead to this response screen.

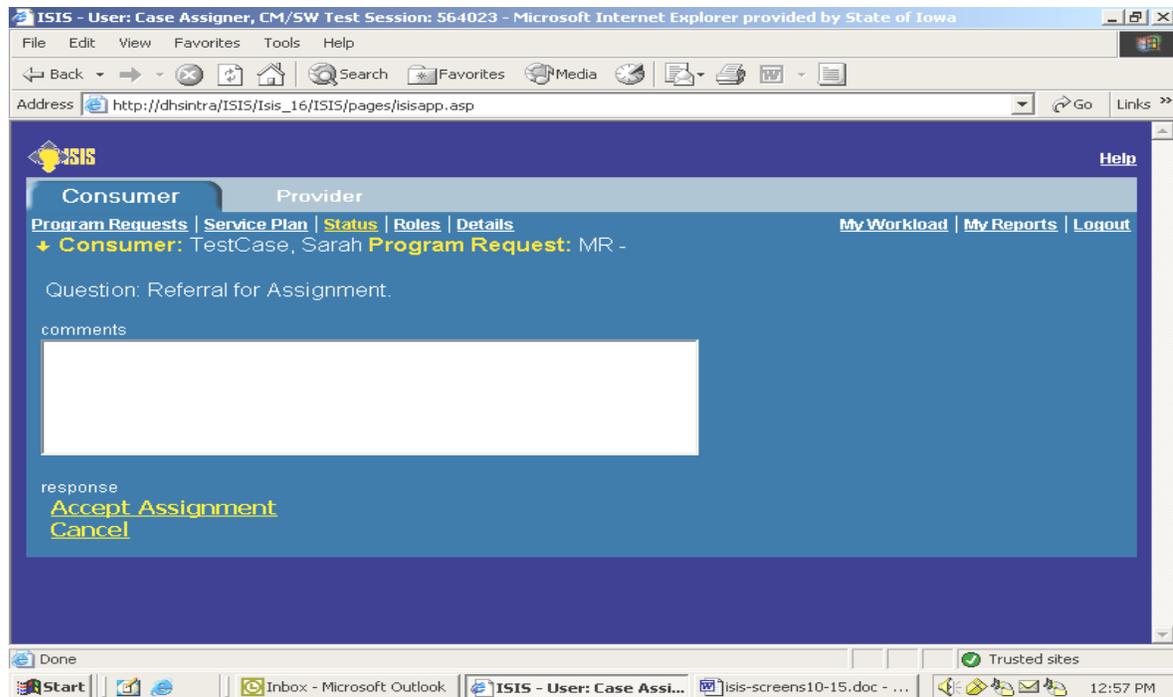
For some facility or waiver programs, the tasks to be completed and the party responsible for completing them is determined by whether or not the applicant is a minor or an adult. Responding accurately to this milestone allows ISIS to assign upcoming tasks to the proper role.

Fields on the AGE CHECK screen include:

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **MINOR** response – Select when the consumer is under 18 years old.
- ◆ **ADULT** response – Select when the consumer is 18 years old or older.
- ◆ **CANCEL** response – Postpones answering the question.

To quickly determine the consumer's age, you can check the DATE OF BIRTH on the CONSUMER DETAILS screen.

Referral for Assignment Milestone Screen



The CM/SW supervisor is assigned the “referral for assignment” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

When a case begins in ISIS, the IM worker makes an initial assignment for the CM/SW role in the case. The CM/SW role is normally assigned to the service unit supervisor for that county.

When the service unit supervisor receives the milestone, that supervisor can assign the case to a subordinate service worker or to another case management or service unit supervisor using CONSUMER ROLES screen. Doing this removes this milestone from the supervisor’s workload and sends it to the selected CM/SW.

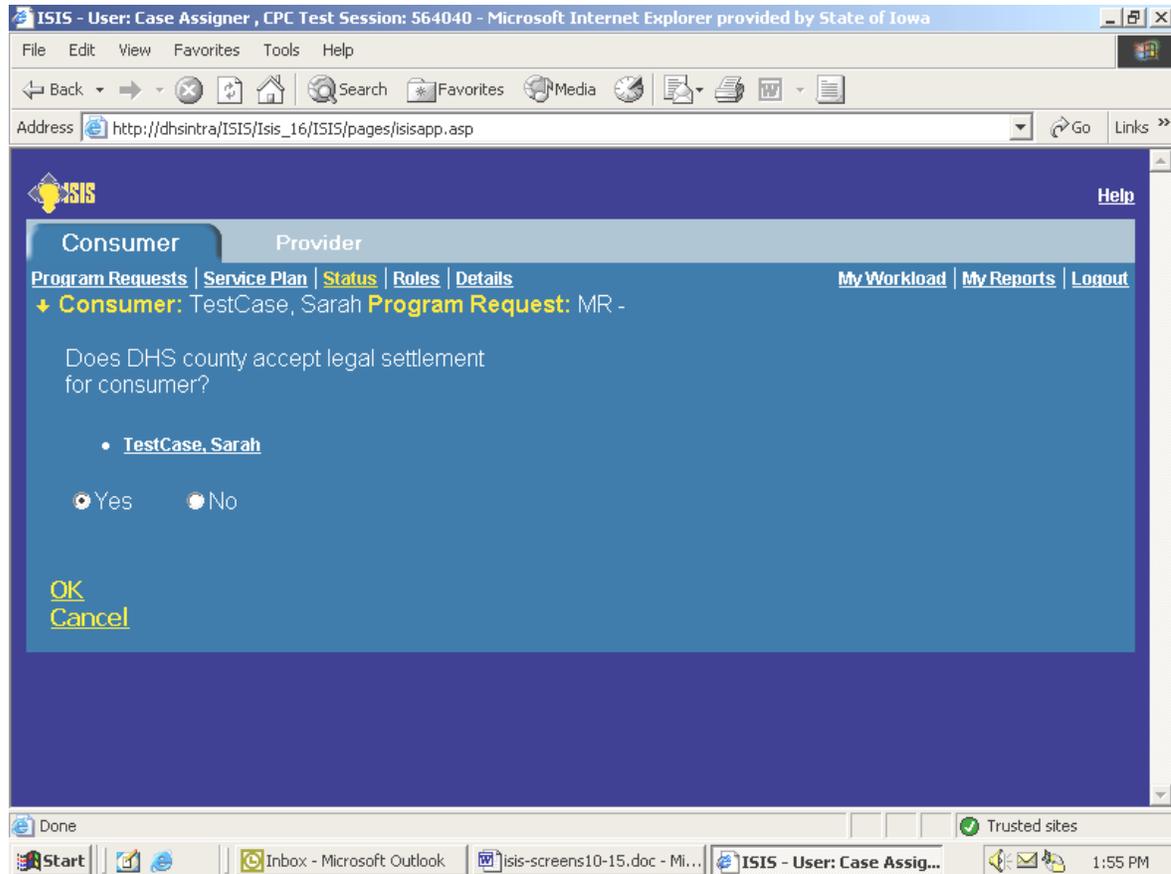
A CM/SW who receives this milestone should acknowledge the case assignment by selecting the ACCEPT ASSIGNMENT response.

A supervisor also may personally work the case by simply accepting the assignment on this screen. If a supervisor believes that a case was directed incorrectly, the supervisor can reassign it to the correct supervisor rather than a CM/SW.

Fields on the REFERRAL FOR ASSIGNMENT screen include:

- ◆ **COMMENTS** field – Allows entry of information that will be useful to others who will be involved in processing this Facility or Waiver case.
- ◆ **ACCEPT ASSIGNMENT** response – Select to accept the assignment of this case.
- ◆ **CANCEL** response – Postpones answering the question.

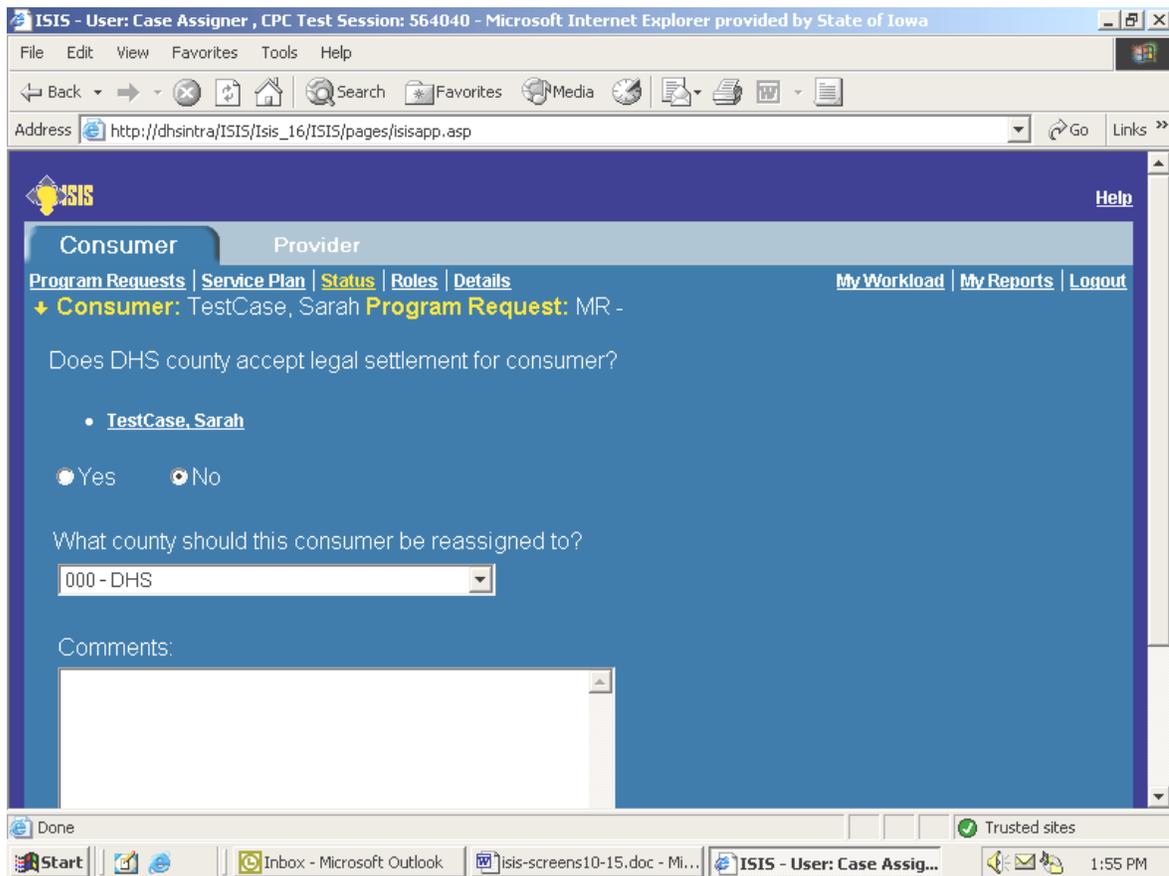
County of Legal Settlement Milestone Screen



A CPC administrator is assigned the “county of legal settlement” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

Selecting the “yes” response and then clicking the OK button will complete the response. When choosing a response, click to make sure a black dot appears in the circle next to the response chosen.

When the “no” response is selected, the screen expands to provide a pull-down menu of counties as shown:



One of the counties (or the state) must be chosen. A COMMENTS field is also provided. You must provide a statement in the COMMENTS field explaining why the other county is the correct one to accept legal settlement for this case.

Fields on the COUNTY OF LEGAL SETTLEMENT screen include:

- ◆ **YES and NO responses** – The CPC administrator must click one or the other to indicate choice.
- ◆ **WHAT COUNTY SHOULD THIS CONSUMER BE REASSIGNED TO?** – When “no” has been selected, the CPC administrator must choose a county from this pull-down menu. Note that “000 – DHS” assigns the consumer to the state.

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case. An entry in this field to explain the choice is mandatory when the CPC administrator has selected “no.”
- ◆ **OK** response – Submits answer chosen above.
- ◆ **CANCEL** response – Postpones the response.

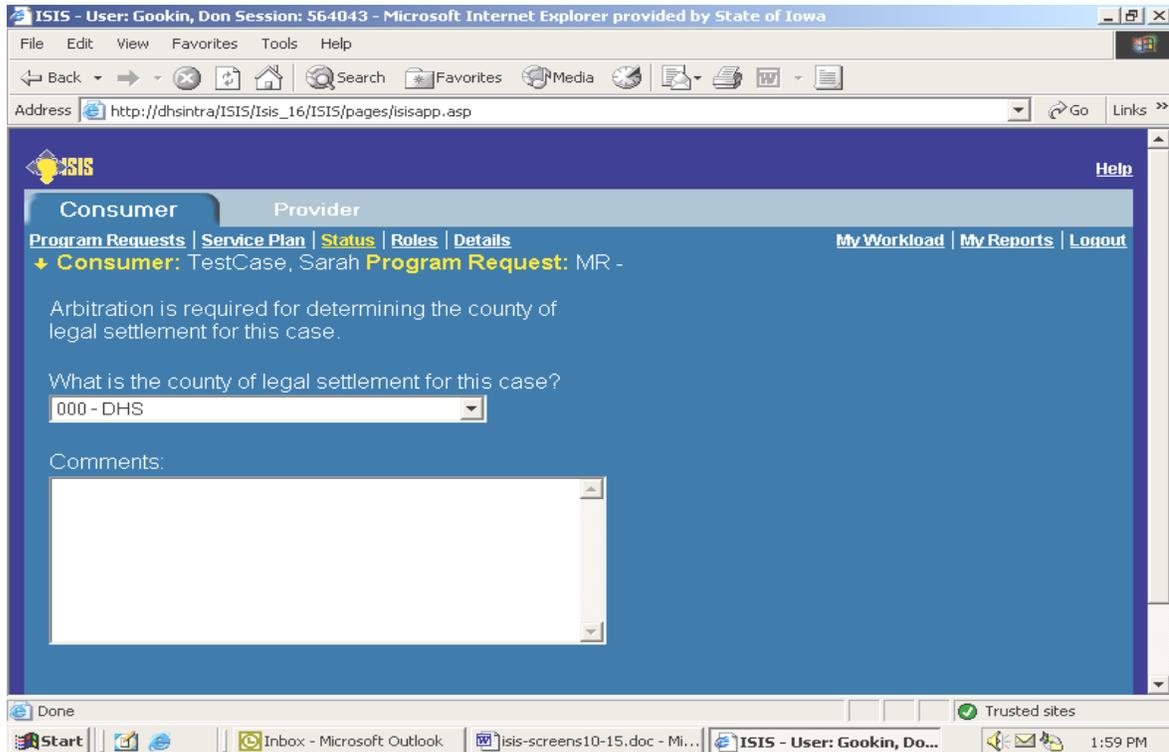
The county of legal settlement should be entered in ABC when the case is first entered, if it is known at that time. If the IM worker is not sure of the county, the worker should enter the county believed to be responsible.

If the county of legal settlement changes, then the CM/SW may need to be reassigned. Consider contacting the appropriate CM/SW Supervisor.

If a CPC administrator does not accept legal settlement for a consumer, and selects another county as the county of responsibility, the CPC will need to forward the legal settlement information that was the basis for the decision to the county they have selected. This will likely need to be done outside of ISIS.

If the county that finally accepts responsibility is different than the one originally entered in the ABC system, the IM worker should make entries in ABC to show the correct county.

COLS Arbitration Milestone Screen



The COLS arbitrator (DHS Medical Services arbitrator) receives this milestone on the WORKLOAD page when there have been three refusals by CPC administrators to accept legal settlement for the case. Selecting the RESPOND button for that task on the WORKLOAD screen leads to the COLS ARBITRATION screen.

This screen enables the COLS arbitrator to assign the case to a county, and to enter comments regarding the decision.

Fields on the COLS ARBITRATION screen include:

- ◆ **WHAT IS THE COUNTY OF LEGAL SETTLEMENT FOR THIS CASE?** – The arbitrator must make a choice from this pull-down menu based on arbitration.
- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case. An entry should be made in this field explaining the rationale for the county of legal settlement assignment.

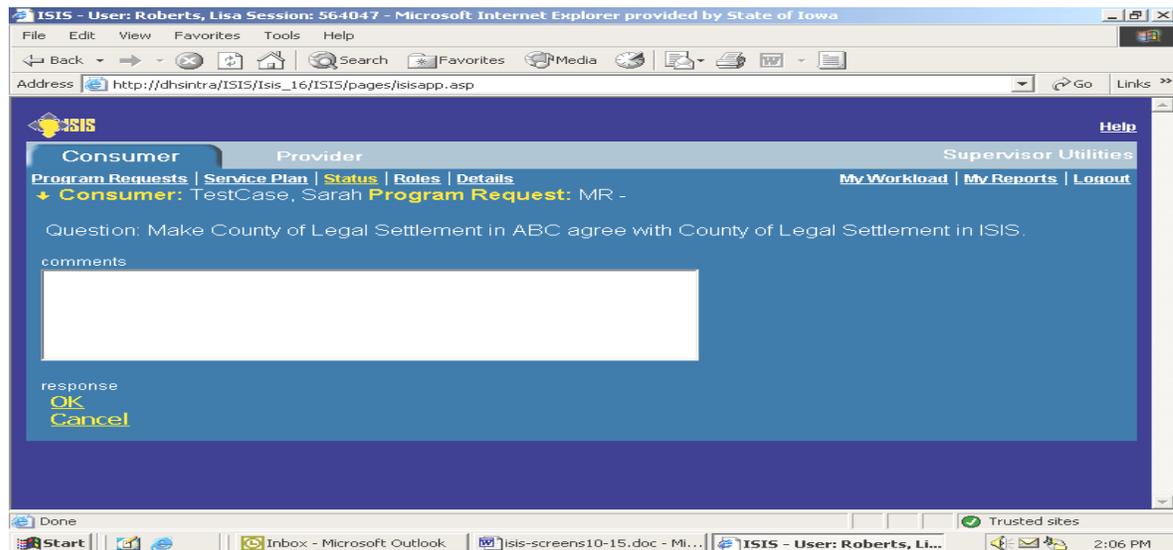
- ◆ **OK** button – Submits answer chosen above and notifies the CPC administrator for the county selected by the COLS arbitrator.
- ◆ **CANCEL** button – Postpones the response.

While ISIS will notify the CPC administrator for the county selected through arbitration, the COLS arbitrator must notify the CPC administrators of the other involved counties of the decision by means outside of ISIS.

If the county of legal settlement changes, then the CM/SW may need to be reassigned. Consider contacting the appropriate CM/SW supervisor.

An arbitration decision will be based upon information that is available at the time the decision is made. New information could change the decision. If so, the change would be made through coordination with the DHS Medical Services arbitrator and Quality Assurance.

Verify Legal Settlement Milestone Screen



The IM worker is assigned the “verify legal settlement” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

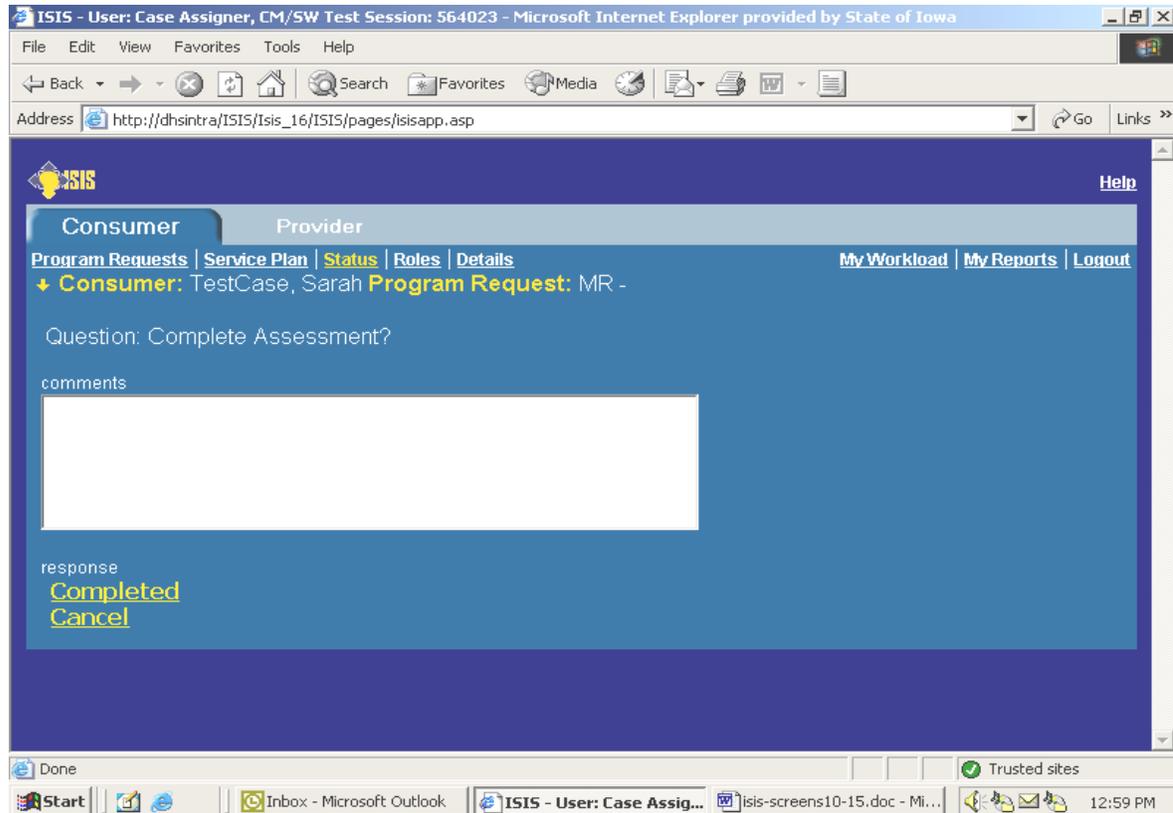
This screen serves as a reminder for the IM worker to check the consumer's legal settlement on the TD03 screen in ABC, to make sure that it is correct now that a specific county has accepted financial responsibility for the consumer.

If the county of legal settlement on ABC does not match, the IM worker must change it so that the county that has accepted responsibility in ISIS matches the county of legal settlement in ABC.

Fields on the VERIFY LEGAL SETTLEMENT screen include:

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **OK** response – Indicates that county of legal settlement in ABC has been checked.
- ◆ **CANCEL** response – Postpones answering the question.

Complete Assessment Milestone Screen



For HCBS waiver cases, the CM/SW, CHSC, or AAA worker is assigned the “complete assessment” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

Responding to this task indicates in ISIS that you have completed the level of care assessment for the consumer. Note that the assessment is to be completed outside of ISIS, and mailed to IFMC.

Fields on the COMPLETE ASSESSMENT screen include:

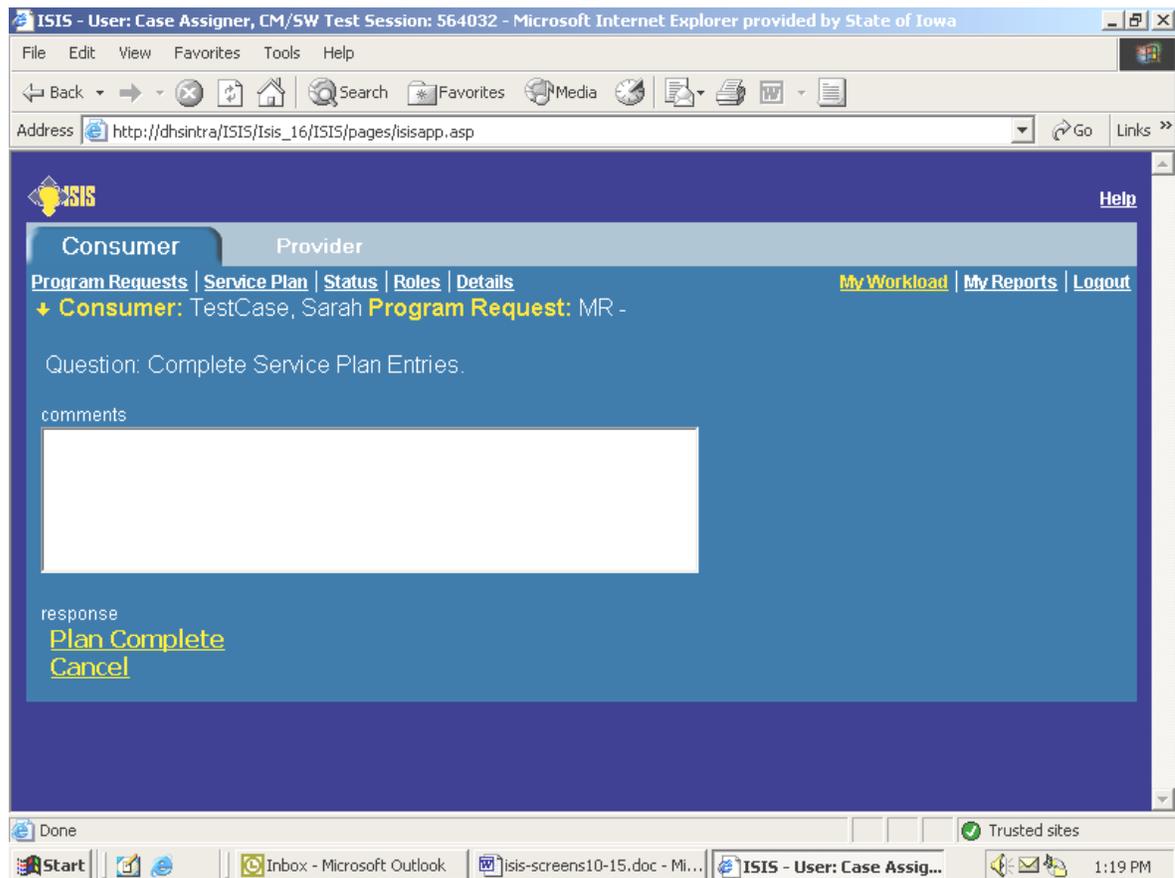
- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this waiver case.
- ◆ **COMPLETED** response – Select when the assessment has been completed and sent.

- ◆ **CANCEL** response – Postpones answering the question.

In the initial workflow to enroll consumers has the full workflow for each task in order. Therefore, a response to this task will kick off a task for the IFMC worker that an assessment has been sent, so IFMC can complete the level of care determination.

The case manager or service worker does not need to click on the initiate level of care button on the PROGRAM REQUEST screen to obtain the level of care for a new enrollment. If this is an assessment sent for continued stay review, the worker will need to click on the “initiate LOC” button when the assessment is mailed to IFMC.

Determine Assessment Status Milestone Screen



The utilization review agency (currently the Iowa Foundation for Medical Care) is assigned the “determine assessment status” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

This screen provides the utilization review agency the means to report whether it has received the assessment and if additional information is needed.

Fields on the DETERMINE ASSESSMENT STATUS screen include:

- ◆ **COMMENTS:** Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **COMPLETE ASSESSMENT RECEIVED:** Select when the assessment has been received.
- ◆ **ASSESSMENT NOT RECEIVED:** Select when the assessment has not been received.
- ◆ **ASSESSMENT RECEIVED BUT NEED MORE INFORMATION:** Select when the assessment is not complete. This sends the flow back to the CM/SW, CHSC, or AAA for more information as requested.
- ◆ **CANCEL:** Postpones the response.

For a re-assessment or level of care change for a consumer with an approved service plan, changing the level of care to a new value or to “Denied” will “split” the existing service plan if the new effective date falls within the service plan service period.

Existing services are ended on the day before the new level of care effective date. A new service plan is built from the active services in the old service plan. The new service plan and new services are started on the new level of care effective date and ended on the plan and service end dates from the old service plan.

Level of Care Milestone Screen

The screenshot shows a web browser window titled "ISIS - User: Sage, Janet Session: 564026 - Microsoft Internet Explorer provided by State of Iowa". The address bar shows "http://dhsintra/ISIS/Isis_16/ISIS/pages/isisapp.asp". The page content includes a navigation menu with "Consumer", "Provider", and "Supervisor Utilities" tabs. Under "Consumer", there are links for "Program Requests", "Service Plan", "Status", "Roles", and "Details". A breadcrumb trail shows "Consumer: TestCase, Sarah Program Request: MR -". A form contains the following fields:

Application Date:	2/1/03
Client Level of Care:	Unknown
Effective Date:	10/15/03
CSR Date:	10/15/04

Below the form is a "comments" section with a text area and a "response" section with "OK" and "Cancel" buttons. The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, isis-screens10-15.doc - Mi...), and the system tray with the time 1:10 PM.

The utilization review agency is assigned the “level of care” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

The LEVEL OF CARE screen enables the utilization review agency to enter the level of care that has been determined to be appropriate for the selected consumer, along with an effective date and a date for a continuing stay review.

The screen also allows input of any comments that would be useful to other workers who will have roles in this case.

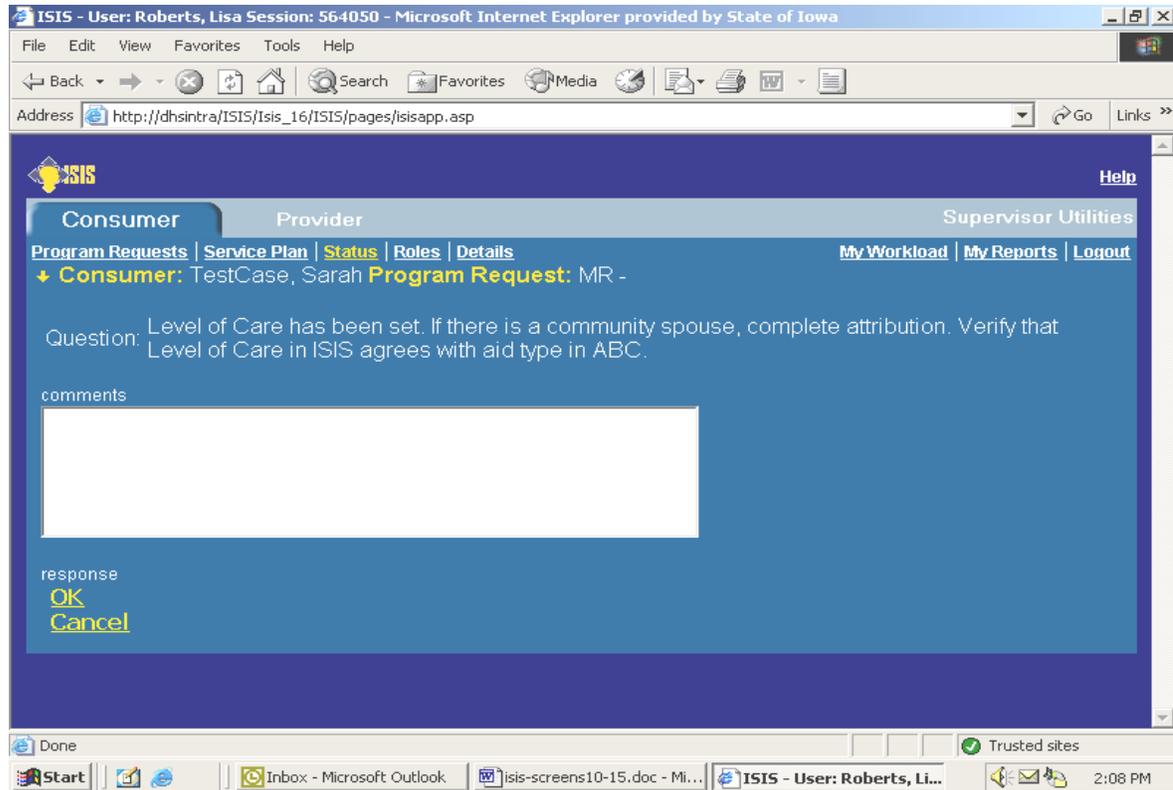
Fields on the LEVEL OF CARE screen include:

- ◆ **CLIENT LEVEL OF CARE** – Select the correct level of care from this pull-down menu. Note that the choice of “Denied” means the consumer does not meet any of the levels of care.

If denial is selected, the waiver will be denied or canceled. If after a reconsideration or appeal, the consumer’s denial is reversed, the responses will need to be removed by using the “undo” feature on the STATUS page, or the IM worker will need to be asked to start a new program request by pending the consumer again in the ABC system.

- ◆ **EFFECTIVE DATE:** – Enter the date the level of care becomes effective.
- ◆ **CSR DATE:** – Enter the date chosen for the continuing stay review. If an entry is not made, the CSR DATE will default to one year after the entered EFFECTIVE DATE.
- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **OK response** – Submits answer chosen above.
- ◆ **CANCEL response** – Postpones the response.

Verify Aid Type Milestone Screen



The IM worker is assigned the “verify aid type” key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

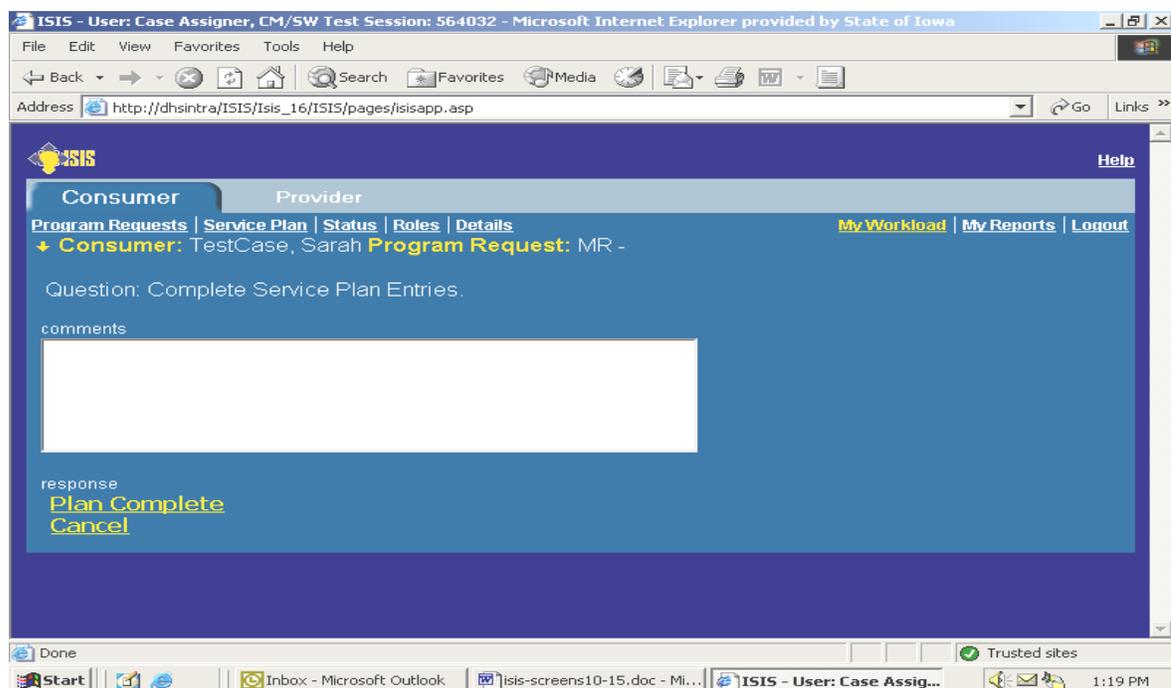
This screen serves as a reminder for the IM worker to check the consumer’s aid type in the ABC system, to make sure that it is correct for the level of care that has been approved. If the aid type on a pending case is not correct, the IM worker must correct it when the case is approved.

For elderly waiver applicants, this screen reminds the IM worker that the worker can now complete the attribution of resources if the consumer has a spouse.

Fields on the VERIFY AID TYPE screen include:

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **OK response** – Indicates that aid type in ABC has been checked.
- ◆ **CANCEL response** – Postpones answering the question.

Complete Service Plan Milestone Screen



The CM/SW or AAA is assigned this key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this response screen.

Responding to this task indicates in ISIS that you have completed a service plan for the consumer. After responding to this milestone, you should not make any further changes to the plan (nor the services attached to it) except through coordination with the authority that reviews and approves the plan.

Approval of the service plan will be for the entire service plan as you have defined it. Therefore, it is very important that the final service plan be exactly as you want it before you respond to this milestone.

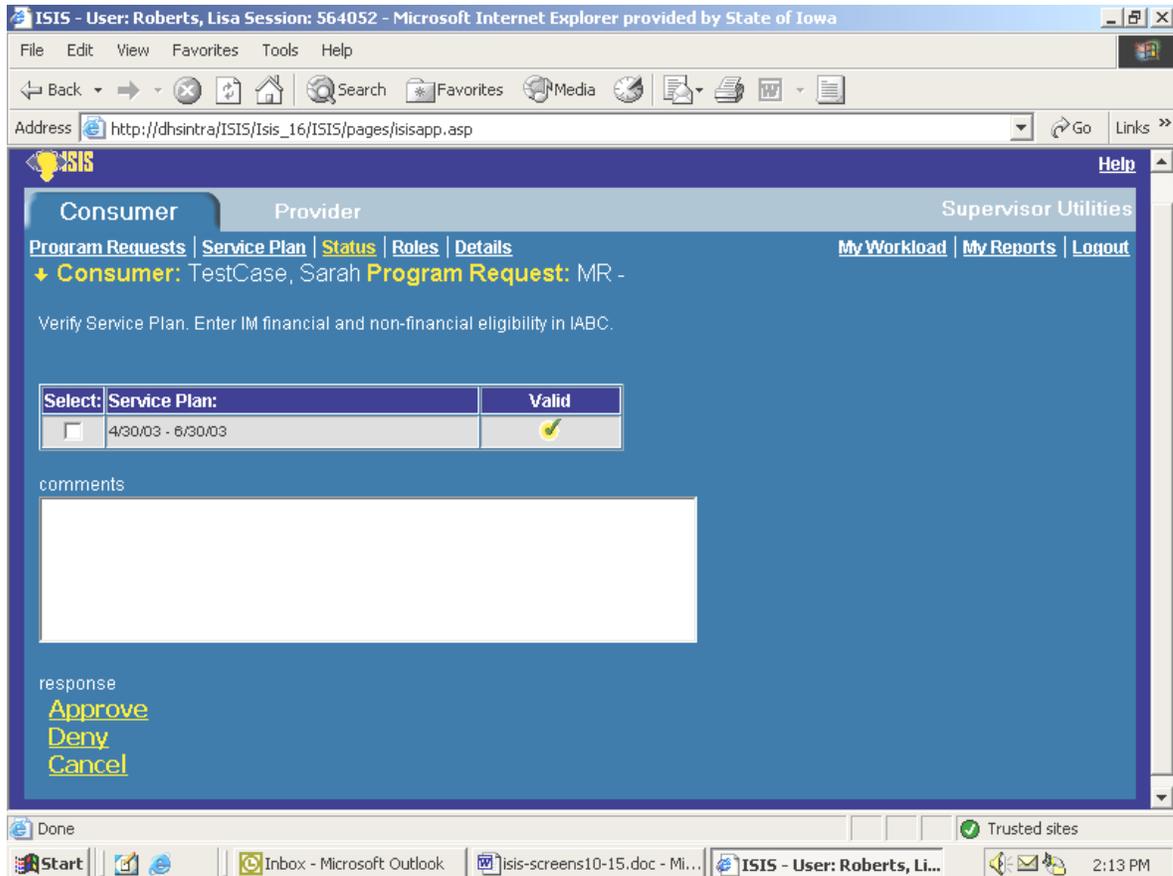
Fields on the COMPLETE SERVICE PLAN screen include:

- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this Waiver case.
- ◆ **PLAN COMPLETE** response – Select when a service plan has been completed.
- ◆ **CANCEL** response – Postpones answering the question.

With the initial enrollment, the case manager/service worker does not need to press the START APPROVAL PROCESS button. The workflow for initial enrollment will automatically authorize the plan when the IM worker responds to the final tasks that waiver is approved and ABC entries will be completed.

Starting the approval process prematurely on a new enrollment will authorize the plan and result in the IM worker receiving all error message that there is no valid plan on the VERIFY SERVICE PLAN screen when the worker tries to respond to the final workflow task.

Verify Service Plan Milestone Screen



The IM worker is assigned the "verify service plan" key task (milestone) on the WORKLOAD screen. Selecting the RESPOND button for that task leads to this screen.

For waiver cases, this screen allows the IM worker to enter verification that the CM/SW has entered a service plan for the consumer before giving final approval of Medicaid eligibility. This ensures that information on the case is not sent to the fiscal agent until a valid service plan has been completed.

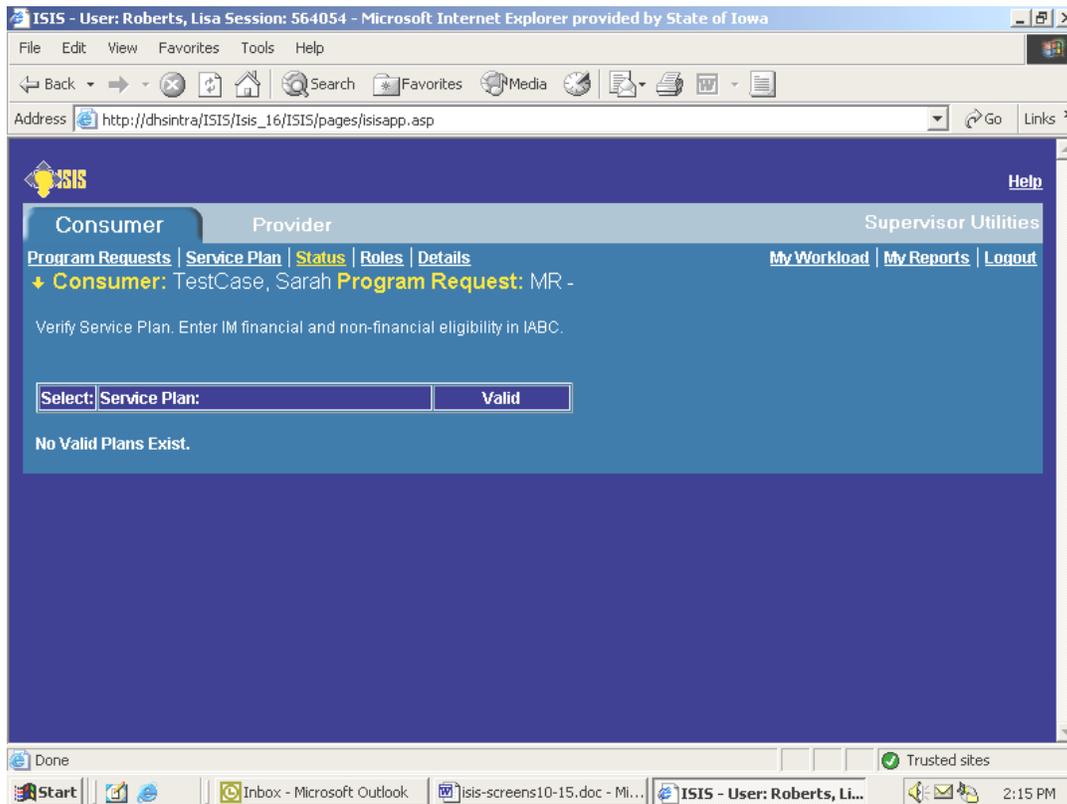
Note: The IM worker is not verifying that the services in the service plan are correct or appropriate, but is simply verifying that the service plan has been entered into ISIS.

For either facility or waiver cases, this milestone indicates that final eligibility for Medicaid has been established. IM workers should always make appropriate entries to approve or deny eligibility in ABC before completing this milestone in ISIS.

Fields on the VERIFY SERVICE PLAN screen include:

- ◆ **SELECT** check box – Select to verify that a valid service plan is present.
- ◆ **COMMENTS** – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ **APPROVE** response – Select when a service plan is present, the consumer is Medicaid eligible, and eligibility has been entered in ABC.
- ◆ **DENY** response – Select when the consumer is not Medicaid eligible (and eligibility has been denied in ABC).
- ◆ **CANCEL** response – Postpones answering the question.

If a valid service plan has not been entered or the service plan is not valid or is already approved, ISIS will not allow the IM worker to complete this task. ISIS will display the milestone screen without the options to respond, and a message that no valid plans exist:



PROVIDER SCREENS

Common elements on provider screens include:

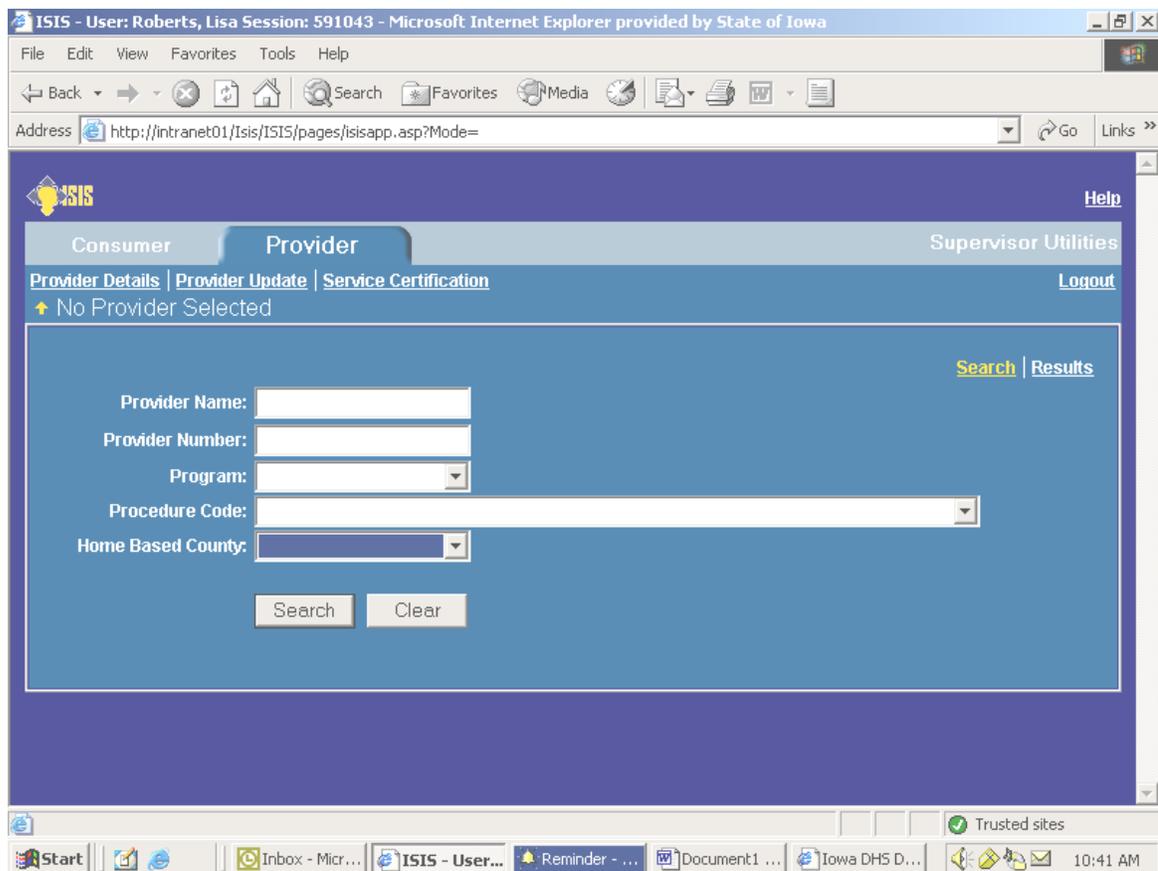
- ◆ **PROVIDER DETAILS** subtab – Access screen showing information including services approved for a selected provider.
- ◆ **PROVIDER UPDATE** subtab – Access screen for viewing and entering demographic data for a provider. Access or ability to enter information on this screen is limited to those with proper security permissions.
- ◆ **PROVIDER SERVICE CERTIFICATION** subtab – Access screen to view services for which a provider has been certified or deemed. Most users have access to this screen for viewing purposes only. Access or ability to enter or change information on this screen is limited to those with security permissions.

- ◆ LOGOUT subtab – Immediately logs you out of ISIS.

Provider screens include:

- ◆ Provider search
- ◆ Provider search results
- ◆ Provider details
- ◆ Provider update
- ◆ Provider service certification

Provider Search Screen



Access the PROVIDER SEARCH screen by clicking on the PROVIDER tab.

Note the similarity of this screen to the PROVIDER SEARCH pop-up screen accessed via the magnifying glass icon on the CONSUMER SEARCH screen and on the WAIVER SERVICES AGREEMENT WORKSHEET – SERVICE AND PROVIDER screen.

The PROVIDER SEARCH screen shows fields into which you may enter data relevant to a provider (or providers) you seek. You may search for a provider with data in any single field or combination of fields. Then clicking on the SEARCH button executes a search based on the data you entered.

Normally the purpose of the search is to find the correct provider(s) and the information needed to arrange for services for a consumer.

Fields on the PROVIDER SEARCH screen include:

- ◆ **PROVIDER DETAILS** subtab – Access screen showing information including services approved for a selected provider.
- ◆ **PROVIDER UPDATE** subtab – Access screen for viewing and entering demographic data for a provider. Access or ability to enter information on this screen is limited to those with security permissions.

Note: If you do not have the appropriate security permissions, you will not see the PROVIDER UPDATE subtab.

- ◆ **PROVIDER SERVICE CERTIFICATION** subtab – Access screen to view details about services for which a provider has been certified or deemed. Most users will have access to read this screen, but not change anything on it. Access or ability to enter information on this screen is limited to those with security permissions.

A provider can be used for a service entered in ISIS if the provider has a certification start date and no termination date. The certification end date is used to track certification requirements, not deny use of the provider in ISIS. Provider certification is considered continuous. Providers that fail re-certification will be terminated from that service.

- ◆ **LOGOUT** subtab – Immediately logs you out of ISIS.
- ◆ **PROVIDER NAME:** – If used, you may enter a partial name, but must use the starting letters.

- ◆ **PROVIDER NUMBER:** – If used, you may enter a partial number, but must have starting digits.
- ◆ **PROGRAM:** – Select from the list or leave blank.
- ◆ **PROCEDURE CODE:** – Select from the list or leave blank. Note that the list is made to comply with the choice you made in the PROGRAM field.
- ◆ **HOME BASED COUNTY:** – The base county of the provider. Select from the list or leave blank.

Note: It is important to learn and understand the difference between the SEARCH tab and the SEARCH button, both described below.

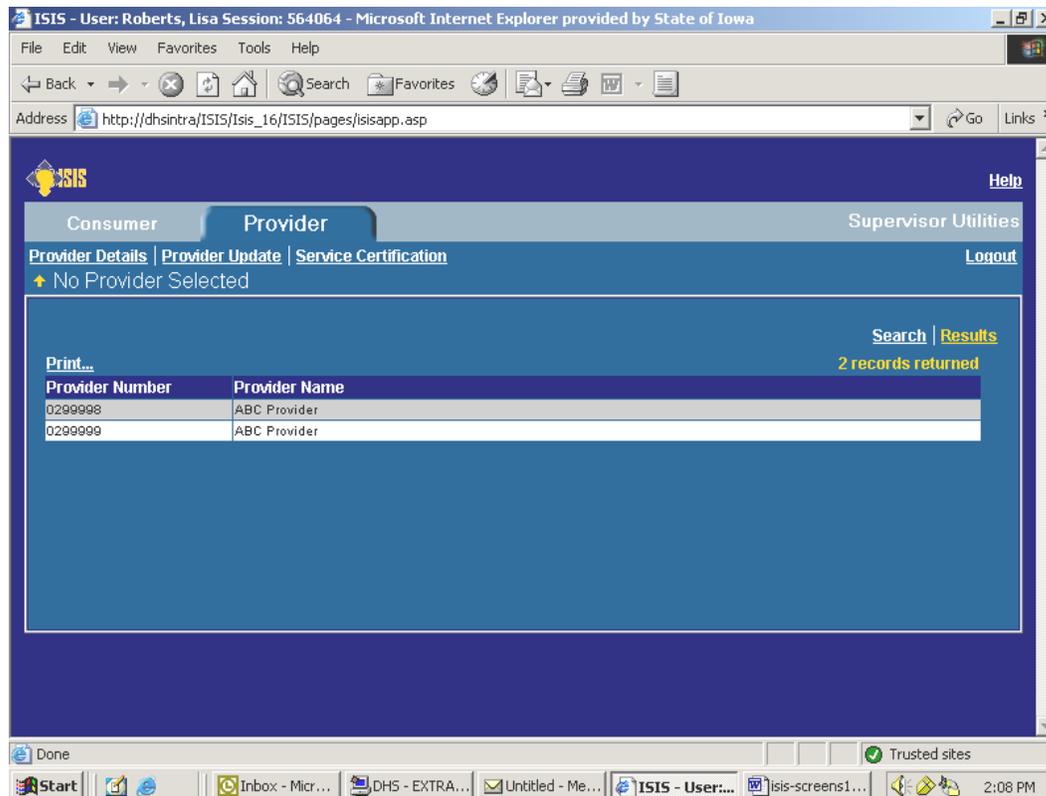
- ◆ **SEARCH tab** – Resets fields to previously used entries. This can be useful when you want to recall what you used for a previous search, and you can refine that search by adding to or changing an entry in any field.

Caution: If you change the fields and then click on the SEARCH tab rather than the SEARCH button, the fields will be reset to what they were before you made the changes. If the changes were slight, you might not notice what has happened, and clicking on the SEARCH button now won't deliver the results you want.

To avoid problems like this, it will always be good practice to review what is in every field just before hitting the SEARCH button.

- ◆ **RESULTS tab** – Displays results of last search you performed.
- ◆ **SEARCH button** – Causes ISIS to perform the search.
- ◆ **CLEAR button** – Clears fields for new entries.

Provider Search Results Screen



Access the PROVIDER SEARCH RESULTS screen by performing a search from the PROVIDER SEARCH screen.

Note the similarity of this screen to the results obtained by the PROVIDER SEARCH pop up window, which may be accessed via the magnifying glass icon on either the CONSUMER SEARCH screen or on the WAIVER SERVICES AGREEMENT WORKSHEET – SERVICE AND PROVIDER screen.

The PROVIDER SEARCH RESULTS screen shows results of a provider search. If only one provider was found, you will not get this screen but will get the PROVIDER DETAILS screen displaying data for the one provider.

Otherwise this screen shows a list of providers that satisfy the data entered in the search fields. The system displays an informative message if no providers were found or if too many were found to display (over 100).

If you don't find the correct providers in the results list, use the **SEARCH** tab on this window to toggle back to the **PROVIDER SEARCH** screen, where you may search again using different criteria.

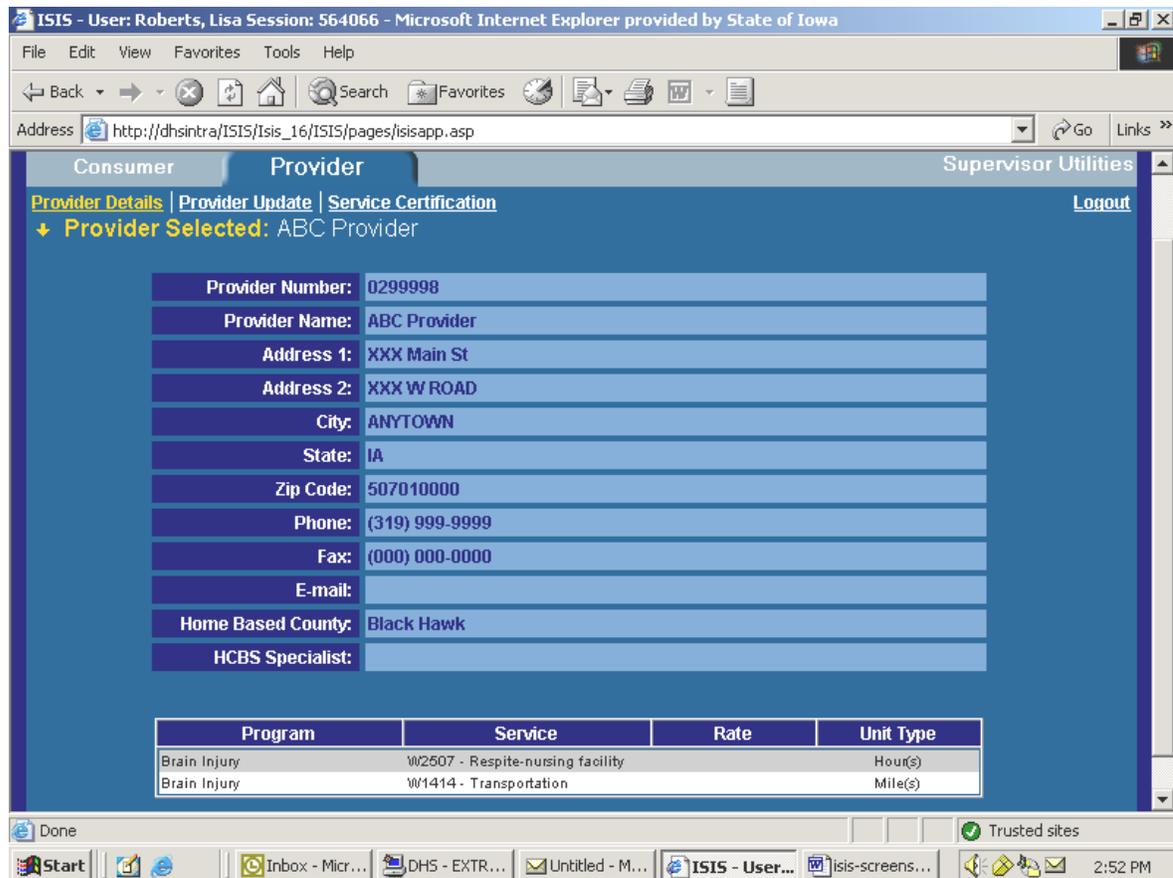
If you have found a correct provider in the list, clicking on the line for that provider will lead to a **PROVIDER DETAILS** screen displaying data for that provider.

Fields on this Screen

- ◆ **SEARCH** tab – Will take you back to the **Provider Search** screen.
- ◆ **RESULTS** tab – Allows you to toggle back to this screen from the **Provider Search** screen (without needing to repeat the search).
- ◆ **PRINT...** – Prepares a report of the results that you may print. The report will be shown in a second Internet Explorer window that will open, and you may print it by selecting the **PRINT** option from Explorer's **FILE** pull-down menu.
- ◆ **PROVIDER NUMBER** column – A number assigned by the fiscal agent to identify the provider; also known as the vendor ID. The list (if any) will be sorted by this number in ascending order.
- ◆ **PROVIDER NAME** column – Name assigned by providers to their business or to themselves as an individual.

If you want information on more than one of the providers that was found, you will be able to toggle back to this results list by clicking on the small arrow icon (in the upper, left portion of the screen); and then you may double click on another provider's line, and repeat this until you have all the information you want.

Provider Details Screen



Access the PROVIDER DETAILS screen by selecting a provider from the list given in a PROVIDER SEARCH RESULTS screen. You may be also access this screen by selecting the PROVIDER tab and then the PROVIDER DETAILS subtab once a provider has been selected by some other means.

The PROVIDER DETAILS screen displays information regarding a provider, including what services (certified or deemed) are available through the provider.

Fields on this screen are for display only and cannot be edited. If you have the correct security permissions, you can change the information for a provider using the PROVIDER UPDATE screen.

PROVIDER DETAILS screen fields include:

- ◆ **PROVIDER NUMBER:** – The vendor identification number assigned by the Medicaid fiscal agent to the provider you selected on a previous screen.
- ◆ **PROVIDER NAME:** – The name of the provider you selected on a previous screen.
- ◆ **ADDRESS 1:** and **ADDRESS 2:** – The provider’s address.
- ◆ **CITY:/STATE:/ZIP:** – The (city, state or zip code) of the provider’s address.
- ◆ **PHONE:** – The provider’s phone number.
- ◆ **FAX:** – The provider fax number.
- ◆ **E-MAIL:** – The provider’s E-mail address (if any).
- ◆ **HOME BASE COUNTY:** – The county of the provider’s home base location.
- ◆ **HCBS SPECIALIST:** – The certification manager for this provider.
- ◆ **PROGRAM** – Identifies the certified or deemed facility or waiver program for which the service is approved.
- ◆ **SERVICE** – Certified or deemed services available from the selected provider.
- ◆ **RATE** – Provider’s rate per unit.
- ◆ **UNIT TYPE** – Billing unit associated with the service.

Note: When an E-mail address is present in the E-MAIL field, it will be a link that when clicked will conveniently open your E-mail and place the provider’s address into the address box.

Unfortunately, the system will open Outlook Express if it is present on your machine; and if Outlook Express isn’t correctly configured for you (the most likely case), then this feature won’t help you. If this happens, close Outlook Express, then open your E-mail the way you usually do, open a new E-mail to compose, and then copy the address from the this screen and paste it into the address box in your E-mail.

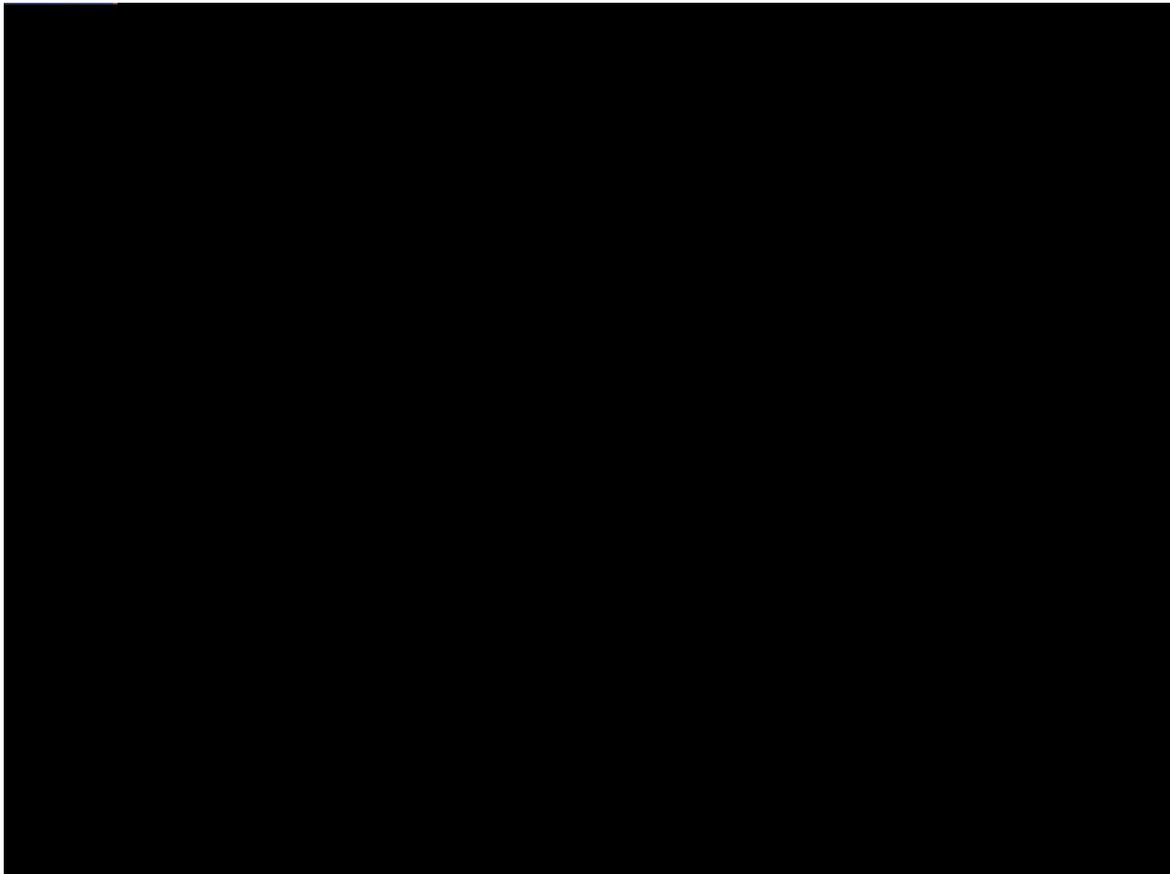
The first two fields on the PROVIDER UPDATE screen are not entry fields and are therefore not subject to editing:

- ◆ **PROVIDER NUMBER** – The number (Vendor ID) for the provider you selected on a previous screen.
- ◆ **NAME** – The name of the provider you selected on a previous screen.

People who have the correct security permissions may edit the remaining fields:

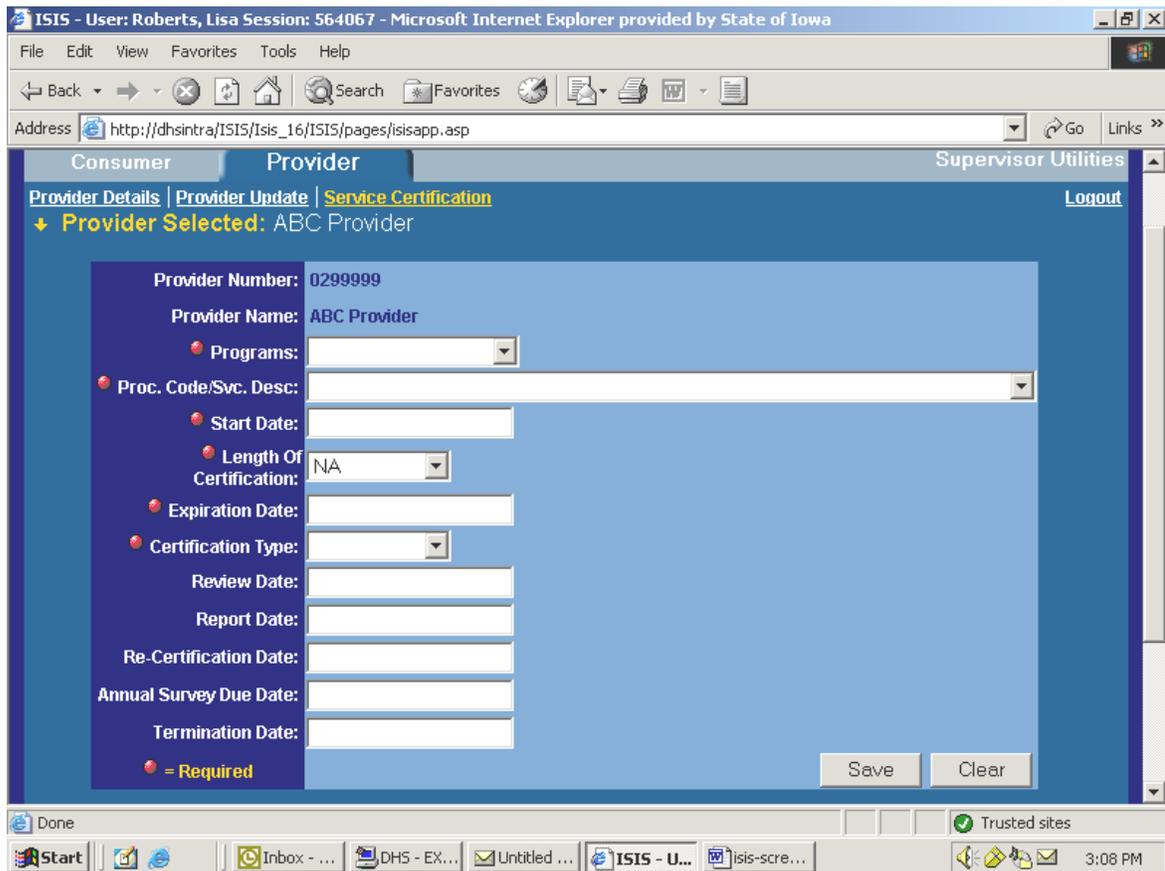
- ◆ **ADDRESS 1:** and **ADDRESS 2:** – The provider's main address.
- ◆ **CITY:/STATE:/ZIP:** – The (city, state or zip code) of the provider's address.
- ◆ **E-MAIL** – The provider's E-mail address (if any).
- ◆ **PHONE** field – The provider's phone number.
- ◆ **FAX** field – The provider's phone number for receiving FAX transmissions.
- ◆ **HOME BASED COUNTY:** label – County where provider's main work center is located.
- ◆ **HCBS SPECIALIST:** label – The certification/deeming manager for this provider.
- ◆ **UPDATE** button – Causes the ISIS system to accept all changes you have made on this screen and moves you to the **Provider Details** screen.
- ◆ **RESET** button – Cancels all changes you made on this screen.

Provider Service Certification Screens



Access the PROVIDER SERVICE CERTIFICATION screens by selecting the PROVIDER tab then the SERVICE CERTIFICATION subtab once a provider has been selected. This will result in a list of all services that the provider is approved to provide, sorted by waiver program name.

Select a service from this list by clicking on the row that contains that service. This will take you to that provider's certification details for that service:



The PROVIDER SERVICE CERTIFICATION screen allows you to view details, and (if you have the correct security permissions) to edit or add services for which the provider has been certified, enrolled, or deemed.

In addition to certification by DHS personnel, a provider's services may be deemed or enrolled. "Deeming" means the service is approved by another agency and there's an established expiration date.

"Enrolled" means the service is approved by another agency but there is no established expiration date. For purposes of ISIS, however, an enrolled provider will be designated as "deemed" and any reasonable expiration date will be entered, since expiration date is a required field in ISIS.

If you click on one of the services in the table at the bottom of the screen, the detailed information for that service will be displayed in the fields in the top frame. Then if you have the correct permissions, you may change any of the fields and click the SAVE button to update ISIS with the new information.

Note that this screen is not used to establish a new provider in ISIS. The Medicaid fiscal agent establishes new provider names and numbers, and they come to ISIS from the DHS mainframe computer.

The first two fields on the PROVIDER SERVICE CERTIFICATION screen are not entry fields and are therefore not subject to editing:

- ◆ **PROVIDER NUMBER** – The vendor identification number for the provider you selected on a previous screen.
- ◆ **NAME** – The name of the provider you selected on a previous screen.

People who have the correct security permissions may edit the remaining fields:

- ◆ **PROGRAMS:** – Select the waiver program under which the service will be provided.
- ◆ **PROC. CODE/SVC. DESC:** – From the pull-down menu of procedure codes and service descriptions, select a service to enter as certified or deemed for the selected provider.
- ◆ **START DATE:** – Enter the date the service is certified.
- ◆ **LENGTH OF CERTIFICATION:** – The expected duration of the certification or deeming. Selections are 270 days, 1 year, 2 years, or 3 years.
- ◆ **EXPIRATION DATE:** – Shows the date the certification or deeming will expire. This date may be beyond “length of certification” due to an extension. This field will initially be calculated and populated based on the length of certification selected. The HCBS specialist may then edit or change this calculated date.
- ◆ **CERTIFICATION TYPE:** – Select the authorized type (certified or deemed) from the pull-down menu.
- ◆ **REVIEW DATE:** – The date the certification or deeming is scheduled for review.
- ◆ **REPORT DATE:** – The date on the certification report.
- ◆ **RE-CERTIFICATION DATE:** – The original expiration date.

- ◆ **ANNUAL SURVEY DUE DATE:** – The date the survey is due for a certified provider.
- ◆ **TERMINATION DATE:** – The date the provider’s certification was terminated for the service shown.
- ◆ **SAVE** button – Stores the data you entered for the service.
- ◆ **CLEAR** button – Cancels all entries you made on this screen.
- ◆ **PROGRAM NAME** – Identifies the Facility or Waiver program for which the service is approved (certified or deemed).
- ◆ **SERVICE NAME** – Identifies the services available from the selected provider.
- ◆ **START DATE** – Date the certification or deeming starts. The service is available for use in service plans starting this date.
- ◆ **EXP. DATE** – Date that the certification or deeming is scheduled to expire.
- ◆ **RATE** – The maximum rate for a standard unit of service. A rate is shown only if provided as a negotiated rate from Ryan and Givens or the fiscal agent (ACS).
- ◆ **CERT. DESC.** – Identifies whether the service is certified or deemed.

SUPERVISOR UTILITIES SCREENS

Common fields on the supervisor utility screens include:

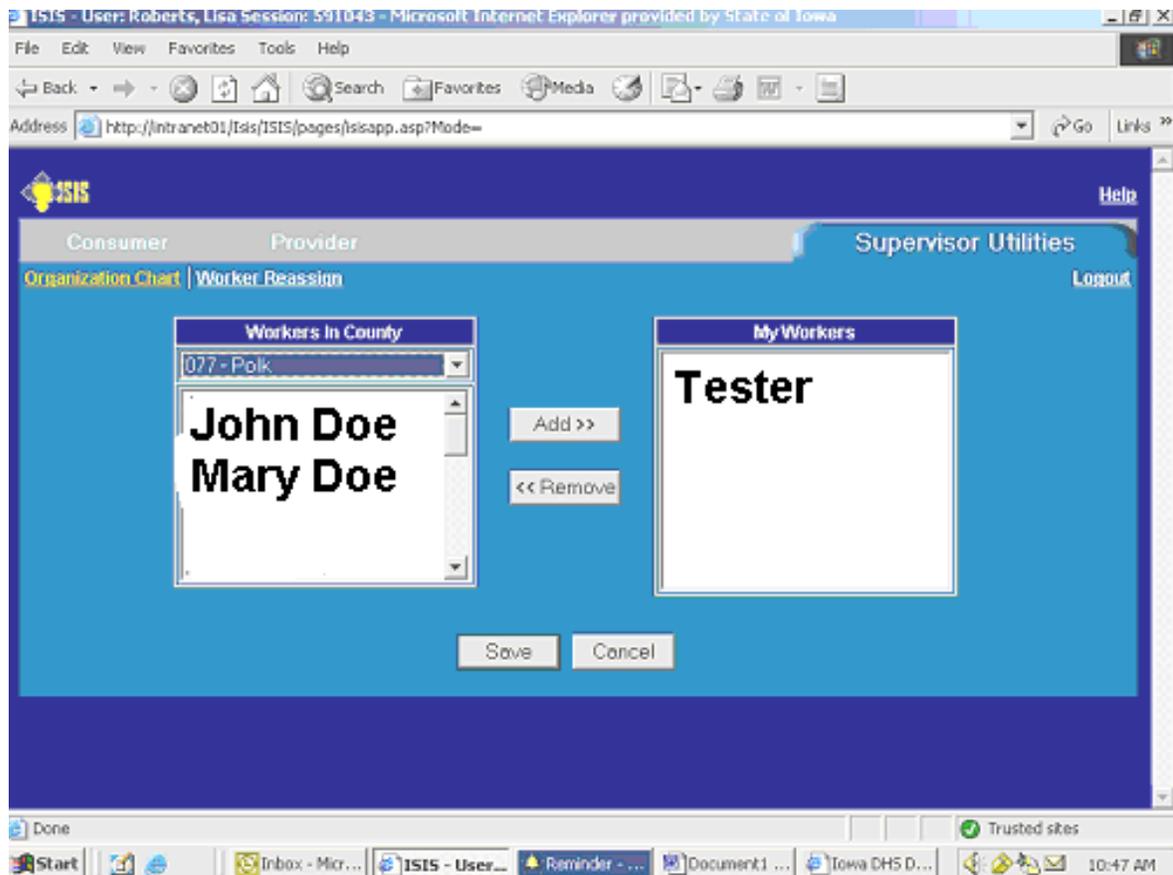
- ◆ **ORGANIZATION CHART** subtab – Provides a means to assign and reassign workers to or from your supervision. Access or ability to enter information on this screen is limited to those with proper security permissions. The box on the left contains the names of workers in a specific county. The box on the right contains the names of workers you added to the list because you supervise them.

The supervisor should select the name of the worker from the box on the left and click on add. The name is added to the box titled “My Workers” on the right. The supervisor will now be able to assign work to those workers in the “My Workers” box and will be able to view information in “My Report” about the consumers assigned to those workers.

- ◆ **WORKER REASSIGN** subtab – Provides a means to assign and reassign caseloads among people you supervise. Access or ability to enter information on this screen is limited to those with proper security permissions.
- ◆ **LOGOUT** subtab – Immediately logs you out of ISIS.

If the service plan is not valid, the assigned CM/SW or AAA worker must correct the invalid conditions to activate this milestone. If the service plan is already approved, contact the DHS ISIS Help Desk to activate this milestone.

Supervisor Organization Chart Screen



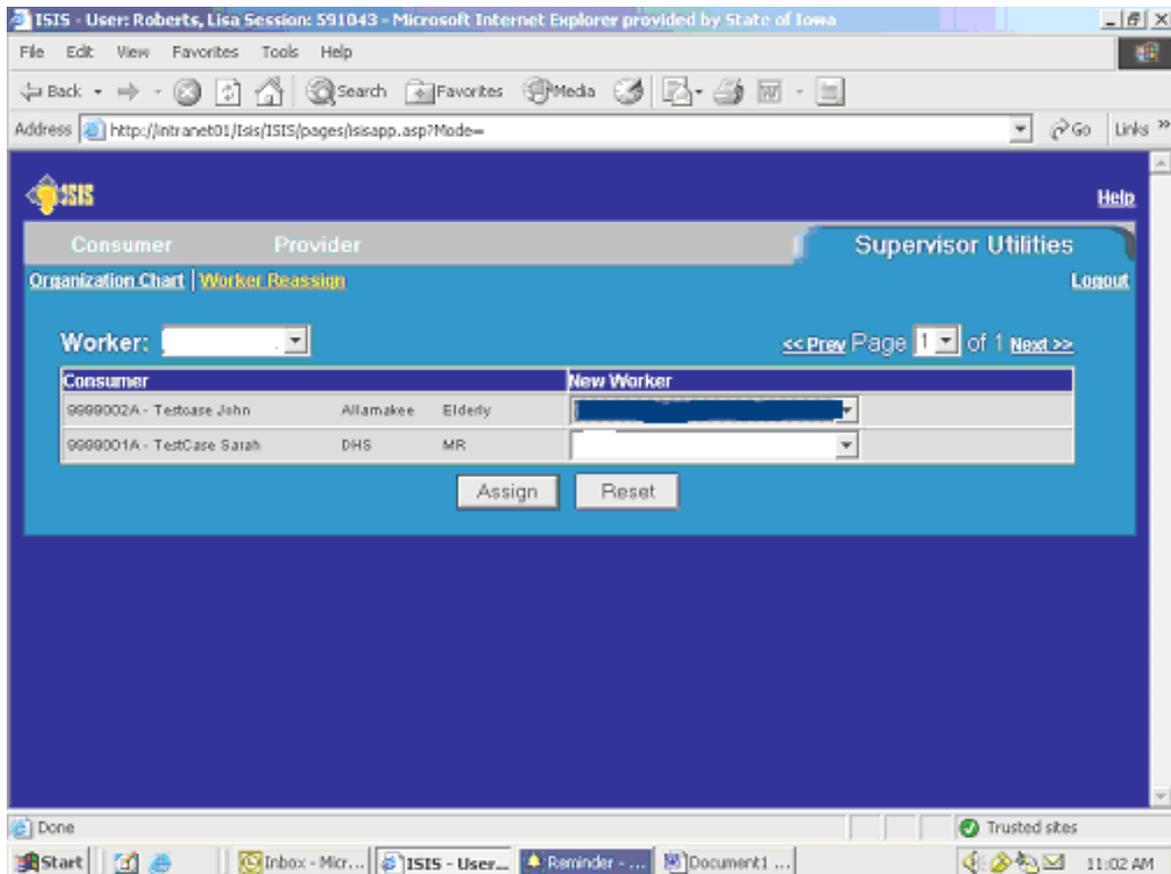
Access the SUPERVISOR ORGANIZATION CHART by clicking on the SUPERVISOR UTILITIES tab and then the ORGANIZATION CHART subtab.

Supervisor use this screen to change their organization charts by assigning workers to or from their supervision.

Fields on the SUPERVISOR ORGANIZATION CHART screen include:

- ◆ **ORGANIZATION CHART** subtab – Provides a means to assign/reassign workers to or from your supervision.
- ◆ **WORKER REASSIGN** subtab – Provides means to assign and reassign caseloads among people you supervise.
- ◆ **LOGOUT** subtab – Immediately logs you out of ISIS.
- ◆ **WORKERS IN COUNTY** box – Choosing a county from the drop-down list displays a list of workers available for your supervision in that county. Workers listed are limited to those with a like role as the supervisor.
- ◆ **MY WORKERS** box – Contains a list of workers you supervise.
- ◆ **ADD>>** button – Moves workers you select from “Workers in County” area to “My Workers” area.
- ◆ **<<REMOVE** – Removes workers you select from “My Workers” area.
- ◆ **SAVE** button – Permanently stores changes you have made.
- ◆ **CANCEL** button – Reverses any changes that you made.

Supervisor Worker Reassign Screen



Access the SUPERVISOR WORKER REASSIGN screen by clicking on the SUPERVISOR UTILITIES tab and the WORKER REASSIGN subtab.

This screen allows supervisors to reassign cases among the workers assigned to them. Note that this screen can be used for “load leveling” to spread caseloads evenly among your workers.

Fields on the SUPERVISOR WORKER REASSIGN screen include:

- ◆ **WORKER:** pull-down menu – Allows you as a supervisor to select one of your workers (or yourself) so that consumers assigned to that worker (or yourself) will then be displayed in the list on this screen. A worker's name is listed once for each county assigned. Selection of any listing of the worker's name will return all active consumers assigned to that worker without regard to the consumer's county of residence.
- ◆ **WORKLOAD:** label – The title of the table that shows the consumers currently assigned to the worker that you selected from the Worker pull-down menu.
- ◆ **CONSUMER** – Identifies the consumers by name.
- ◆ **NEW WORKER** column & pull-down menu: – Allows you to select yourself or a new worker to be assigned to the consumer's case. The pull-down menu will display workers that have previously been included under your supervision using the SUPERVISOR ORGANIZATION CHART screen.
- ◆ **ASSIGN** button – Causes the system to accept the changes you have entered.
- ◆ **RESET** button – Causes the system to reverse (cancel) all the changes you may have made on this screen.
- ◆ **<<PREV** and **NEXT>>** links – If you have more than one page of workers, you can use these links to toggle between which page you are viewing.

As a supervisor you may need to respond to milestones. Initially the case in question would be assigned to you, and you can leave it that way. If later a situation arises where you should respond to milestones for a case that you previously assigned to someone else, you should use this screen to reassign the case to yourself.

A consumer is assigned to a CM/SW supervisor as soon as the IM worker makes the assignment. This will place the consumer on the supervisor's caseload search results and worker's assigned listing before the consumer appears on the supervisor's WORKLOAD screen.

GLOSSARY

The following terms and acronyms are either used in this manual or are associated with the ISIS system.

Term or Acronym	Explanation
AAA	Area agency on aging. There are 13 such agencies that advocate and provide a focal point for senior services in the 99 counties in Iowa.
ABC	Automated Benefit Calculation system
AIDS/HIV	The AIDS/HIV HCBS waiver program type
Aid type	A three-digit program code described in 14-B-Appendix, TD01: Aid Type
Application date	The date a consumer applied for the facility or waiver program
Arbitrator	See COLS arbitrator.
Assessment	The review of a consumer's current functioning in regard to the consumer's situation, needs, strengths, abilities, desires and goals
BI	The HCBS brain injury waiver program type
Browser	A computer program used to access the Internet. Microsoft's Internet Explorer is the browser that DHS uses to access ISIS via the internet.
Case number	Identification number to a consumer assigned by the ABC system
CDAC	Consumer-directed attendant care
CHSC	Child Health Specialty Clinics
Client participation	The amount a consumer must contribute toward paying for facility and waiver services.
CM	Case manager
CMS	Centers for Medicare and Medicaid Services (formerly the Health Care Financing Administration). The federal agency that administers Medicare, Medicaid, and the State Children's Health Insurance Program (SCHIP).
COLS	County of legal settlement
COLS Arbitrator	A DHS employee who determines county of legal settlement for cases where a county has refused legal settlement three times.

Term or Acronym	Explanation
Consumer	An applicant for or recipient of Medicaid facility or waiver services.
CP	Client (or consumer) participation (the amount a consumer must contribute toward paying for facility and waiver services).
CPC	Central point of coordination. A county's CPC administrator is the person responsible for accepting COLS assignment for a consumer. The administrator also approves county funding for adults for ICF/MR, MR waiver, and some BI waiver cases.
CSR	Continuing stay review: A review to determine continued eligibility for medical services, typically one year from the medical eligibility date. Also known as IFMC level of care review date.
Deeming	First meaning: The specified amount of parental or spousal income and resources considered in determining eligibility for a child or spouse according to current Supplemental Security Income (SSI) guidelines.
Deeming	Second meaning: To accept another credible agency's approval of a provider's service as equivalent to certification of that service. Deeming (as opposed to "enrolled") has an expiration date.
DHS	Department of Human Services
DT	Date
Enrollment	"Enrolled" means a provider's services are approved by another agency, but there is no established expiration date. For ISIS purposes, an enrolled provider is designated as "deemed" and an expiration date is entered, since expiration date is a required field in ISIS.
Fiscal agent	A contracted agent whose responsibilities include payment of provider billing for Medicaid facility and waiver services and the enrollment of providers. The fiscal agent is currently ACS.
HCBS	Medicaid home- and community-based services. Used loosely to refer to all waiver services.
HCBS specialist	A DHS-contracted employee who maintains provider information for the waiver programs. HCBS specialists provide technical assistance and quality assurance for the waiver programs.
HCFA	See CMS.

Term or Acronym	Explanation
HIPAA	The acronym for the federal Health Insurance Portability and Accountability Act of 1996. HIPAA requires that information systems that contain health-related data meet certain standards in relation to privacy, security, and administrative simplification.
ICF	Intermediate care (nursing) facility
ICF/MR	Intermediate care facility for the mentally retarded: An institution where the primary purpose is the diagnosis, treatment, or rehabilitation of persons who have mental retardation. ICFs/MR provide, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or related services to help each resident function at the resident's greatest ability.
ID	Identification
IFMC	Iowa Foundation for Medical Care: Currently the utilization review agency (peer review organization) for Iowa Medicaid.
IH	The HCBS ill and handicapped waiver program type
IM worker or IMW	Income maintenance worker: A person in this role is the primary entry point for consumer applications for Medicaid services. An IM worker's entry of a consumer's initial application and case data into the ABC system is required to create an ISIS file for that consumer.
ISIS	Individualized Services Information System
LOC	Level of care: The category of medical treatment that best suits a particular consumer's medical condition. Facilities and waiver levels of care include ICF, ICF/MR, pediatric SNF, and acute.
LOC effective date	The earliest possible date a consumer may receive facility or waiver services. Also referred to as the Medical eligibility date.
Medical institution	To DHS, a nursing facility, skilled nursing facility, an intermediate care facility for the mentally retarded, or hospital which has been approved as a Medicaid vendor.
MR	The HCBS mental retardation waiver program type
NEG	Negative
NOD	Notice of decision: The notification sent to a consumer stating whether the consumer's request has been accepted or denied, and giving the reasons for the decision.

Term or Acronym	Explanation
Occurrence	A record or line on the PROGRAM REQUEST screen. In the ABC system, an occurrence is a program request.
Payee	The party responsible for assisting a consumer with the consumer's financial affairs. In RCF cases, payment is made to this payee.
PD	The HCBS physical disability waiver program type
Policy manuals	Titles and chapters of the DHS Employees' Manual
Pop-up	A type of window on your computer (sometimes called a box, pane, frame, or screen) that "pops up" either to provide information to you or to enable you to do something.
Program	A set of related resources and services directed to the accomplishment of a fixed set of goals and objectives for the population of a specified geographic area or for special target populations. "Program" can mean an agency, organization, or unit of an agency, organization, or institution.
Program manager	A DHS Central Office employee designated to manage one or more HCBS waiver programs.
Program request	A record in ISIS that gives details of a consumer's request for Medicaid facility or waiver services. Often called an "occurrence" in the ABC system.
Provider	A person or business that provides medical services to a DHS consumer. Each service that a provider might offer must be certified or deemed before it can be used for a DHS consumer.
Provider number	The vendor identification number assigned by the fiscal agent.
Service plan	A written consumer-centered, outcome-based plan of services developed using an interdisciplinary process that addresses all relevant services and supports being provided. The plan can involve more than one agency.
Service span	The duration of a service. Sometimes used loosely to refer to a service.
SNF	Medicare-certified skilled nursing facility
SSI	Supplemental Security Income

Term or Acronym	Explanation
State ID	Seven digits followed by a letter that uniquely identifies a DHS consumer. Also known as the “Medicaid number.” This number appears on each consumer’s monthly Medicaid eligibility card. Also known as “SID” on ISIS screens.
State Supplementary Assistance	A program that supplements the income of aged, blind, or disabled people who have a financial need. Covered financial needs include costs of home health care, residential facility care, a dependent relative, living in a family-life home, and additional costs of a blind person. The residential facility care (RCF) program is the only State Supplementary Assistance program handled by the ISIS system.
SW	Service worker
TD03 and TD05	Data entry screens for the ABC system
Utilization review agency	The peer review organization that conducts utilization review for many medical care payers, including the Medicaid program. They determine a consumer’s initial and continuing need for a specific level of care.
Vendor ID	Provider number assigned to the provider by the Medicaid fiscal agent.
QA	Quality Assurance: DHS personnel whose duties include maintaining the integrity of information systems by changing incorrect or outdated data.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

December 30, 2003

GENERAL LETTER NO. 14-M-1

ISSUED BY: Bureau of Long Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 14, Chapter M, **ISIS USER GUIDE**, Title page, new;
Contents (pages 1 and 2), new; and pages 1 through 107, new.

Summary

This general letter transmits the new Chapter 14-M, **ISIS USER GUIDE**. This guide provides IM workers, case managers, and IFMC workers with information on how to navigate and use the Individualized Services Information System for facility and waiver programs.

This manual does not replace the home- and community-based waiver program policy manual. Policy information for the home- and community-based waiver programs remains in Chapters 8-N and 16-K.

Effective Date

Upon receipt.

Material Superseded

None

Additional Information

Refer questions about this general letter to your service area manager or designee.



STATE OF IOWA

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

November 26, 2004

GENERAL LETTER NO. 14-M-2

ISSUED BY: Bureau of Long Term Care, Division of Medical Services

SUBJECT: Employees' Manual, Title 14, Chapter M, *ISIS USER GUIDE*, Contents (pages 1 and 2), revised; pages 13 through 20, 29 through 32, 55 through 58, and 78, revised; and pages 32a, 32b, and 58a through 58g, new.

Summary

This general letter transmits the revisions to Chapter 14-M, *ISIS USER GUIDE*, due to implementation of facility cases.

This manual does not replace the policy manuals for medical institutions and psychiatric institutions. Policy information for medical institutions and psychiatric institutions remains in Chapters 8-I and 8-K, respectively.

Effective Date

Upon receipt.

Material Superseded

Remove the following pages from Employees' Manual, Title 14, Chapter M, and destroy them:

<u>Page</u>	<u>Date</u>
Contents (pages 1 and 2)	December 30, 2003
13-20, 29-32, 55-58, 78	December 30, 2003

Additional Information

Refer questions about this general letter to your service area manager or designee.