West Virginia (WV)
Bureau for Medical Services (BMS) and
Bureau of Senior Services (BoSS)

Online Case Management (CM) Pilot Project

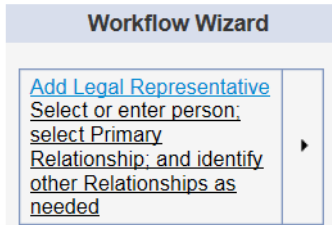## Training Supplement: Job Aids

Final version, June 14, 2019

Table of Contents

1. Case Relations

A. Add Legal Representative

The Demographics page includes the field 'Legal Representative' with lookup values (Yes, No). When the user selects 'Yes' and saves the record, the system triggers a Workflow Wizard as shown below.

To open the tickler, the user clicks on the hyperlink 'Add Legal Representative' or selects 'Open' in the fly-out menu. Then the system displays the list view of the Case Relations page. The user can select an existing Relation record or enter a new one.

B. Add Relations

To add a new record, the user selects the 'Add New Case Relations Search' in the File menu. The search function is system-required, but the filters are hidden to bypass that requirement. To proceed, the users clicks on the Search button (to show 0 records) and then the Add New button to display the page.
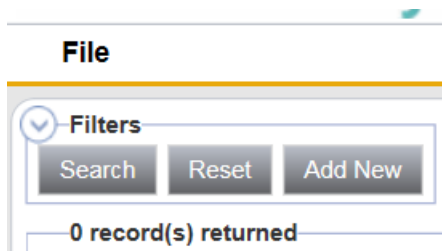
BoSS decided to bypass the search as a work-around to protect confidentiality of Participant and Relations records. Users can only view Relations in their Participant records. Please note that, if a Relation is entered on multiple Participants (e.g., physician), the system will include duplicate records for that Relation.

C. Relations in Clinical Documents

Case Managers enter Relations in the Person-Centered Assessment – Section 1 (CM) and Service Plan – Supplement. Currently, the WellSky system cannot link the data entered in the Case Relations page to Clinical Documents, so Case Managers enter the names of Relations manually as free-text. There is a system enhancement in progress to simplify entry using a lookup function. In the meantime, users can facilitate data entry by saving the Word Merge documents for Case Relations to copy/paste information.

2. Computer Setup

A. Computer Hardware/Workstation

Required: Review Computer Configuration Requirements manual to check computer for Windows Operating System and various setup details

Required: Review Mobile Assessments manual for device and internet browser compatibility

B. Internet

Required: Internet Explorer (IE) browser version 11 for WellSky application

Recommended: Chrome for Mobile Assessments

Recommended: Internet options for tab display, delete browsing history (see next pages)

C. Web addresses (URLs)

Recommended: Bookmark as favorite in Internet browser

Live database: https://fw1.harmonyis.net/WVLive/

Mobile assessments: https://fw1.harmonyis.net/wv-live-assessments/

D. Login Password for WellSky

Required: Minimum of 8 characters including all 4 types (capital, small, number, and special)

Required: Reset own password every 60 days (no re-use)

Note: Contact Support if password unknown or account locked due to 5 unsuccessful entries

3. Manual Ticklers

Case Managers and Registered Nurses can set-up a manual tickler for each Participant for the first assessment with the due date. The system will trigger ticklers automatically for subsequent assessments – due 180 days after the Assessment Date with an alert 60 days before the due date. Manual ticklers can also be added for MNER due.

To add a manual tickler, users open the Participant record from the Agencies work list. The Ticklers menu displays on several pages, but not Demographics or the three for enrollments – Assignments, Program, and Agencies. Users can go to any of the other pages (e.g., Clinical Documents).

1. Click on Ticklers menu (next to File) to display Ticklers list view
2. Select 'Add Detail' option in File menu
3. Enter Tickler Details as shown
4. Select 'Save and Close' option in File menu

Users can select Ticklers either in that pane of My Work Lists or the Ticklers list view of the Participant record. To view ticklers due in the future, users uncheck the box 'Apply Alert Days Before Due' below the filters and click on the Search button.

4. Mobile Assessments

Mobile Device Setup

- Chrome is recommended as Internet Browser for better performance/speed
- Go to Mobile Assessment website URL (save bookmark, no app to install)
- Access URL and logon on mobile device for offline use
- Compatible with multiple operating systems and browsers if recent version

Navigation Functionality

- Search Participant (Consumer) by last name or DOB
- Offline - Make Available Offline: download all existing documents for Participant
- Offline - Go offline or Go online: option if inconsistent mobile internet access
- Menu - Downloaded: Open Participant and document (cloud icon identifies if downloaded)
- Menu - History: retrieve records on device
- Assessment - Save: toolbar at top of document
- Assessment - Details: view/edit header fields
- Navigation pane: - Multiple options to search by keyword, section headers (also instructions), next/previous buttons for required and unanswered fields, and scroll

Workflow Sequence

1. Prep in either WellSky Human Services application or Mobile Assessments online to enter data known previously or duplicate existing document
2. Download document to mobile device storage while on-line in Mobile Assessments
3. Work offline to enter and save data on mobile device during home visit
4. Upload (synchronize) document from mobile device automatically when connected to Internet in online mode (notification displays at bottom of application screen)
5. Remove record from mobile device after upload
6. Complete document Status
    - CM – PC Assessment Section 1 – use application to link to Service Plan to "push" Risks
    - RN – PC Assessment Section 2 – use mobile or application

Misc. Training Tips

- User ID and password: same as WellSky application
- Icons: explanation in user guide (page 16)
- Keyboard short-cuts: list in drop-down menu under login name
- Time-out: automatically locked after 20 minutes of inactivity (system requires log-in to unlock)

5. My Work Lists

My Participants for CMs and RNs

- Agencies:
    - View list of Participants assigned to Worker and search/select

- Ticklers:
    - View list of Ticklers assigned to Worker and search/select, including past due and within date range of Alert Days (e.g., 60 days before Assessment due)
    - Dummy 'Tickler to enable display (do not cancel)' to enable Ticklers pane
    - After click on hyperlink to display Ticklers, may uncheck box "Apply Alert Days Before Due" to view Ticklers due in future
    - Filters include: Tickler (Begins With or Contains), Date (Less Than), Status
    - Fly-out menu includes: Cancel, Reassign, Complete, View Participant's Record

- Alert Notes:
    - View Notes received with Status = 'Alert' and Read Status = 'Unread'
    - Filters include Read Status (including value 'Read')
    - Click on hyperlink to view Note page OR View Record link to view all Pages

- Notes:
    - View Notes received with Status = 'Pending' or 'Complete' and Read Status = 'Unread'

Tasks for Supervisors

- Agencies:
    - View list of Participants assigned to Workers, then use Quick Search

- Ticklers:
    - View Ticklers assigned to Workers of Primary Supervisor and grouped by Worker, including past due and within date range of Alert Days

- Alert Notes:
    - View Notes received OR sent with Status = 'Alert' and Read Status = 'Unread'

- Clinical Documents:
    - Correct if forgot to update as 'Complete'
    - if Status = 'Complete' for Service Plan – Supplement, reverse status in File menu to unlock and update as 'Active'

- Service Plans:
    - Correct if forgot to update as 'Active' or 'Complete' (after Plan period ended)

6. Reports Workflow

CMs and RNs print summaries of Assessments and Service Plans using reports that compile data entered in Clinical Documents and other pages. For the Service Plan, the Start Date in the header of the Service Plan - Supplement must match the Plan Info page. Reports are similar to the paper forms. Users run the report, save it to the computer desktop as an electronic file in PDF format, and print it to share with Participants. To run the report, go to Clinical Documents page and open the relevant document.

Test, BoSS (10002)

Assignments	Program	Agencies

Demographics	Case Relations	**Clinical Documents**	Service Plans	Notes

Filters

Assessment ID ⌄   +

Search   Reset

3 Clinical Documents record(s) returned - now viewing 1 through 3

Clinical Document	Type	Date ▾	Worker	Status	Last Modified
Person-Centered Assessment - Section 1 (CM)	Initial	03/14/2019	Greenberg, Debby	Complete	3/14/2019 8:38:12 PM
Person-Centered Assessment - Section 2 (RN)	Initial	03/14/2019	Greenberg, Debby	Complete	3/14/2019 8:41:07 PM
Service Plan - Supplement	Annual	03/14/2019	Greenberg, Debby	Active	3/14/2019 8:40:27 PM

File   Reports   Word Merge

Person-Centered Assessment - Section 1 (CM)

1. Move the mouse to the Reports menu to display and select the Report name.
2. To view all pages on the screen, scroll using the arrows next to the page numbers at the top.
3. To save (export) on the computer, click the arrow on the disk icon and select PDF.
4. Click on Save, then Save As, enter file name (e.g., PCA1CM Last First MMDDYY), and Save.

|◀ ◀ 1 of 4 ▶ ▶| ◀   [   ] Find | Next   💾 ▾ 🔄

AGED AND DISABLED WAIVER: PERSON-CENTERED ASSESSMENT – SECTION 1 (CM)

Participant:	Test, BoSS	**DOB:** 03/01/1989	**Date of Assessment:**	03/14/2019

Worker: Greenberg, Debby   **Type:**   Initial

Status: Complete   **Date Completed:**   03/14/2019

Do you want to open or save **rp_custom_PersonCenteredAssessmentReport_CM.pdf** from **fw1.harmonyis.net**?   Open   Save ▾   Cancel   ✕

File name: PCA1CM Test Boss 031419

Save as type: Adobe Acrobat Document

de Folders   Save   Cancel

7. Risk and Interventions

A. Home/Neighborhood Risks

A.1   Is the home isolated from other homes in the area (no visible neighbors)?

- PERS (Personal Emergency Response System)
- Cell phone and/or emergency Plan

A.2   Unsafe feelings in the home

- Same as A.1

A.3   Unsafe feelings in neighborhood

- Same as A.1

A.4   Trouble with neighbors/others in the household/landlord

- Eviction of other person living in the home from the home
- CM to advocate with landlord on behalf of participant

B. In-Home Risks

B.1   No Running Water

- Work with community resources: Pay water bill
- Work with community resources: obtain well or repair well pump
- Work with community resources: Truck in fresh water

B.2   Inadequate Heat/Air

- Work with community resources: Pay heating/AC bill
- Work with community resources: repair current heating/AC unit
- Work with community resources: obtain supplemental heat/fans/room A/C unit

B.3   No Working Cook Stove

- Work with community resources: Obtain functional microwave, stove, or hot plate
- Work with community resources: Setup home delivered meals

B.4   No Working Refrigerator

- Work with community resources: obtain fridge
- Work with community resources: repair the fridge

B.5   Pets (animals which may be a potential danger to a worker)

- Put animals in room with door, outside, or in crate
- Add behavior contract as an addendum to Service Plan to corral animal during service hours

B.6   No Alarms (Smoke or Carbon Monoxide)

- Work with community resources: Obtain alarms, replace batteries
- Work with community resources: obtain new alarm to meet participant accessibility needs (Example: Flashing lights)

B.7   Firearms not locked up

- Work with community resources: obtain gun safe
- Work with community resources: obtain trigger lock
- Work with community resources: obtain lock box
- Add behavior contract as addendum to Service Plan to include language that details where firearm will be stored during service hours and gives PA ability to avoid contact with gun and deliver services safely

B.8   Structural or Upkeep Problems

- Work with community resources: obtain necessary home improvements

B.9   Barriers to Access Inside or Outside (like steps, narrow doorways, etc.)

- Work with community resources: obtain ramp, widen doorways, etc.

B.10   Plumbing Issues

- Work with community resources: resolve plumbing issues

B.11   Electrical Hazards/Unsafe/Poor Lighting

- Work with community resources: resolve electrical issues
- Work with community resources: obtain accessible necessary lighting

B.12   Scattered Floor Rugs

- Encourage to remove rugs

B.13   Uneven Flooring

- Tape tiles down
- Re-stretch the carpet
- Remove damaged carpet

B.14   No Grab Bar in Bathroom, if needed

- Work with community resources: install bathroom grab bars

B.15   Other Safety/Sanitation Hazards (insects, rodents, no trash pickup, soiled living area, etc.)

- Work with community resources: obtain pest control for home
- Work with community resources: cleaning service
- Work with community resources: obtain trash and recycling pickup assistance

C. Medical Risks

C.1   Oxygen
- Don't smoke and use oxygen at same time
- Post signs in the home
- Make sure oxygen is stored safely
- Make sure they have ample portable oxygen tanks in the event of an electrical outage

C.2   Smoking
- Offer smoking cessation program
- Refer to doctor for medical smoking cessation program (prescription medications)

C.3   Alcohol or Substance Abuse
- Inform PCP
- Work with doctor to decrease quantity of prescription or check with pharmacy to get medication in bubble packs
- Provide phone number 800-HELP-4WV
- Add behavior contract as addendum to Service Plan to state that PA safety cannot be compromised d/t recipient's alcohol or substance abuse so use will be curtailed or cease during service hours

C.4   Morbid Obesity as R/T Mobility and Transport
- Contact PCP for order for bariatric equipment or DME
- Contact WVATS library for access to adaptive technology
- Work with community resources to resolve accessibility issues in home by widening doorways, reinforcing certain structures within the home

C.5   Need for Medication Management
- Provide details on a system for safe medication management
- Provide details on safe storage and use
- Check with pharmacy to get medication in bubble packs
- Provide prompting to take medications as prescribed

C.6   Other
- Other Intervention

D. Fall Risks

D.1   Outside/Inside Stairs

- Work with community resources: Install hand railings, obtain a chair lift, and/or change number of risers and depth of risers in stairs
- Move participant bedroom to main floor of residence
- Work with community resources: Relocate participant to new home/apartment with easier access
- Work with community resources: Install better lighting or motion sensor lighting

D.2   Ambulation Equipment

- Ensure that equipment is within participant reach
- Work with PCP to order appropriate equipment

D.3   Inability to evaluate the home

- PERS (Personal Emergency Response System)
- Cell phone and/or emergency Plan
- Ensure phone is within participant reach when left alone
- Ensure participant is never left alone because when an emergency will occur is unpredictable

D.4   Cluttered living environment and/or numerous throw rugs

- Educate on importance of clear paths for safe ambulation
- Work with community resources/family and friends to clean and clear up environment
- Remove/put away children's toys
- Encourage to remove or secure rugs

D.5   History of falls

- Assess reason for falls and based on reason refer to PCP for appropriate treatment
- Educate on importance of clear paths for safe ambulation
- Educate on danger of throw rugs

D.6   Vertigo, dizziness, numbness, tingling

- Refer to PCP for determination of cause
- If cause known, develop plan to counteract, such as moving to edge of chair and waiting 30 seconds, standing and waiting 30 seconds, then begin walking
- Make sure any ambulation equipment is within reach
- Make sure participant has prescription glasses close by and puts them on before walking
- Ensure participant has shoes on before walking

D.7   Unsteady gait

- Same as D.6

E. Behavioral Risks

E.1   Wandering

- PERS (Personal Emergency Response System)
- Work with community resources: Obtain alarms and/or location device for participant

E.2   Resistance to care

- If possible, assess for reason
- Refer to PCP for evaluation
- If appropriate, refer to APS

E.3   Changes in behavior

- If possible, assess for reason
- Refer to PCP for evaluation

F. Emotional Risks

F.1   Have you experienced a major loss that has had a big impact on you?

- Refer to PCP for evaluation

F.2   Within the last year, are you experiencing feelings of depression, overwhelmed, crying or trouble sleeping which was not there before?

- Refer to PCP for evaluation

F.3   Do you feel that you are not thinking as clearly or you feel confused?

- Refer to PCP for evaluation

F.4   Do you feel depressed and think about hurting yourself?

- Refer to PCP for evaluation
- If plan, assist in arrangement for inpatient care if voluntary or proceed to mental hygiene if involuntary

F.5   Do you have trouble taking medication as prescribed or eating when you are supposed to do so?

- Refer to PCP for evaluation
- Assess for assistive devices that could help
- Check WVATS to check out equipment

F.6   Please describe any cognitive impairment (change in memory, concentration or attention span).

- Refer to PCP for evaluation

F.7   Do you get frustrated, angry and lose control of your actions? (verbal or physical threats)

- Refer to PCP for evaluation

F.8   Other

- Other intervention

G. Needs

G.1   Do you have problems hearing people, alarms, the TV, etc.?

- Refer to PCP for audiological assessment
- if needs hearing aids, check community resources or person's own bank account to see if they have assets that need to be spent down in order to remain financially eligible for ADW

G.2   Do you need home modifications in order to safely stay in your home?

- Depending upon answer work with participant and community resources to obtain needed mods

G.3   Do you have problems with having enough food to eat?

- Refer to DHHR for food stamps

G.4   Do you have problems with bill collectors calling you, not being able to pay all of your bills?

- Refer to debt counseling

G.5   Do you have problems having enough money to pay your utilities?

- Refer to DHHR for LIEAP

G.6   Do you feel a draft when standing in front of your doors, windows, or electrical outlets?

- Refer to community resources for weatherization

8. Service Plan Summary Map

Key: `Service Plan Supplement`   `Service Plan Sub-Pages`   `Other Pages`

0. Header

   `Clinical Documents`   Date, Type (Initial, 6 Mo., Annual, As Needed)

   `Program`   Dual Services (for Level of Service = D)

I. Demographics

   `1. Basic Information`

   `Demographics`   Medicaid ID

   `Program`   Service Level, Anchor Date (also in document)

   `Plan Info and Dates`   Start Date, End Date

   `Assignments`   Take Me Home, WV Participant

II. Goal(s) and Preferences

   `2. Goals and Preferences`

III. Risk Plan

   `Risks and Interventions`

IV. Service Plan

   `Services`

V. Resource Plan
   `3. Services/Resource Providers`

VI. Home and Community Based Setting

   `5. Additional Info`

VII. Personal Attendant Log

   Word Merge document linked to Person-Centered Assessment - Section 2 (RN)

VIII. My Emergency Backup Plan

   `4. Emergency Backup Plan`

   `Case Relations and Demographics`   Directions to Home (also in document)

X. Bottom

   `5. Additional Info and 6. ADW Service Plan Agreement`

   `Service Plan Update`

9. Word Merge

Demographics – List View

People Summaries: *Print as needed*

- Demographics Summary
- Case Relation Summary

Clinical Documents

Signature Pages: *Print as part of prep for visits*

- Signature Page - Assessment
- Signature Page - Service Plan
- Signature Page - RN Contact
- Signature Page - Interim Service Plan

Service Plans:

- Personal Attendant Log (PAL)   *Print as template for PA; Save file to make edits*
- Interim Service Plan   *Print as needed*

Contacts: *Print as needed*

- Contact - Case Management Monthly
- Contact - Registered Nurse

Case Relations: *Save file to copy/paste in Case Relations page*

- Case Relations in PCA - Section 1 (CM)
- Case Relations in Service Plan - Supplement

10. Workflow Wizard Checklists for Service Plans

CMs and RNs can use the Workflow Wizard (WFW) ticklers to guide the sequence of steps required to complete Service Plans. Each Role has a separate set as shown below, which is triggered as follows:

- **CMs**: Service Plan – Supplement document saved with Status as "Active"
- **RNs**: Person-Centered Assessment – Section 2 (RN) saved with Status as "Complete"

Case Managers

Workflow Wizard

1. Case Relations - Add or update info from Supplement (message) Use Word Merge to facilitate data entry ▸

2. Plan Info - Enter dates and workers ▸

3. Interventions - Enter for each Risk ▸

4. Services - Enter details for ADW ▸

5. Summary Reports - Print and send to Participant Export in PDF format for Assessment and Service Plan ▸

6. Signature Page - Add Note with attachment ▸

7. Timeliness Tracking - Update dates including next due ▸

Registered Nurses

Workflow Wizard

1. PAL (Word Merge) - Print and send to PA (message) ▸

Case Relations - Add or update info from Assessment Use Word Merge to facilitate data entry ▸

2. Medication Profile - Add Note with attachment ▸

Insurance (Demo) - Add or update info from Assessment ▸

3. Services - Enter Amount and Frequency for PA ▸

4. Summary Report - Print and send to Participant Export in PDF format for Assessment ▸

5. Signature Page - Add Note with attachment ▸

6. Timeliness Tracking - Update dates including next due ▸

Users open ticklers by clicking on the blue hyperlink or selecting the "Open" option in the fly-out menu. Some ticklers go to the relevant page when opened, such as Notes (detail view) or Clinical Documents (list view). Some are message ticklers, so users can proceed as needed. Instructional text displays in black. Users also have the option to "View Participant's Record".

When ticklers are completed, users select the "Complete" option in the fly-out menu, and the system displays it with strike-out format. If users select the "Cancel" option, it displays as strike-out in red font.