

# **IoWANS User Guide**

---

|   | <u>Page</u> |
|---|-------------|
| <b>Overview .....</b>   | <b>1</b>    |
| Getting Started .....   | 2           |
| Standard Functions In IoWANS .....  | 4           |
| Tabs, Buttons and Icons Used In IoWANS.....                                     | 4           |
| Overview of IoWANS Processing .....   | 6           |
| Log-In Procedures .....   | 7           |
| Log-Out Procedures .....  | 8           |
| IoWANS Screens.....   | 8           |
| <b>Consumer Screens .....</b>   | <b>9</b>    |
| Workload.....   | 11          |
| Team Workload .....   | 12          |
| Consumer Search Screen .....  | 14          |
| Consumer Search Results Screen .....  | 17          |
| Provider Search Pop-Up Window .....   | 18          |
| Provider Search Pop-Up Results .....  | 20          |
| Program Request Screen.....   | 22          |
| Service Plan Screen .....   | 28          |
| Services Agreement Worksheet - Date Screen .....                                | 32          |
| Services Agreement Worksheet - Service and Provider Screen .....                | 33          |
| Services Agreement Worksheet - Rate and Units Screen.....                       | 35          |
| Services Agreement Worksheet - Client Participation Screen .....                | 37          |
| Services Agreement Worksheet - Confirm Screen.....                              | 39          |
| Consumer Status Screen.....   | 41          |
| Consumer Roles Screen .....   | 43          |
| Role Assignment and Description .....   | 44          |
| Reassignment of Roles .....   | 46          |
| Consumer Details Screen .....   | 47          |
| <b>Reports Screens.....</b>   | <b>49</b>   |
| Navigating the Menu of Report Options .....                                     | 50          |
| Worker Reports .....  | 52          |
| Management Reports .....  | 55          |
| <b>Milestone Screens.....</b>   | <b>58</b>   |
| Select Level of Care, Enter Effective Date, and CSR Date Milestone Screen ..... | 61          |
| Verify Service Plan Milestone Screen.....                                       | 61          |
| <b>Provider Screens.....</b>  | <b>63</b>   |
| Provider Search Screen .....  | 63          |
| Provider Search Results Screen.....   | 65          |
| Provider Details Screen.....  | 67          |
| Provider Update Screen .....  | 69          |
| Provider Service Certification Screens .....                                    | 71          |

|   | <u>Page</u> |
|---|-------------|
| <b>Add/Cancel Program Screens.....</b>    | <b>75</b>   |
| <b>Supervisor Utilities Screens .....</b> | <b>77</b>   |
| Supervisor Organization Chart Screen..... | 77          |
| Supervisor Worker Reassign Screen .....   | 78          |
| <b>Creating Worker Teams.....</b>         | <b>80</b>   |
| <b>Glossary.....</b>                      | <b>81</b>   |

## **Overview**

IoWANS is the Iowa Department of Human Services' *Institutional and Waiver Authorization and Narrative System*.

The purpose of IoWANS 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 IoWANS until that consumer is no longer accessing a facility or waiver program. Upon approval, participants will use IoWANS to provide the Medicaid fiscal agent with information and authority to make accurate payments to providers of facility or waiver services.

Accessing IoWANS on the World Wide Web through Microsoft Edge (Edge) 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 IoWANS 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.

In most cases the process starts in IoWANS upon receipt of information from ABC regarding a facility or waiver request. IoWANS 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 can be sent to the fiscal agent. Some situations will require assistance by the IoWANS QA staff to get the process started in IoWANS.

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 IoWANS should keep in mind that many things outside IoWANS must happen to support the accomplishment of a milestone. Responding to a milestone, while easy to do online in IoWANS, may be delayed due to procedures outside of IoWANS.

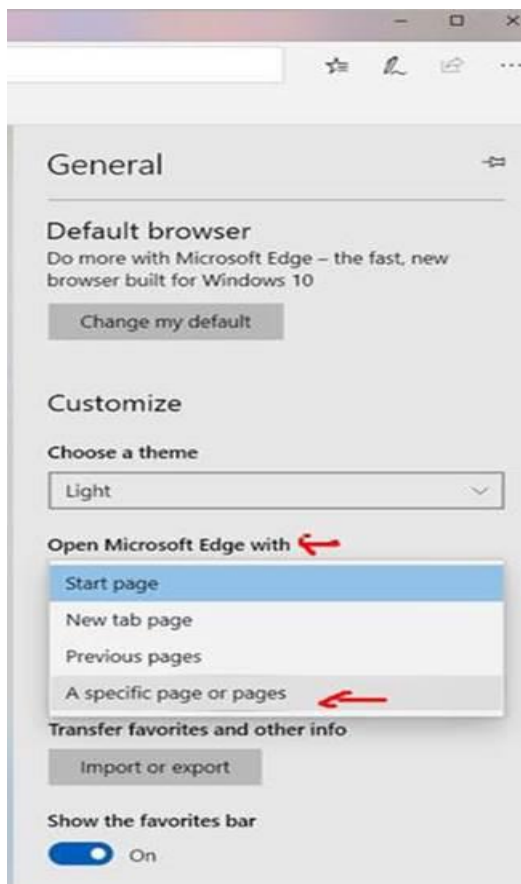
Through IoWANS, you will gain insight into not only your own role but also the roles of other participants, which will include supervisors, income maintenance workers, service workers, case managers, Core Standardized Assessment (CSA) reviewer, the DHS Medical Services arbitrator, Incident Reporting specialist, Quality Assurance, and the Medicaid fiscal agent.

## **Getting Started**

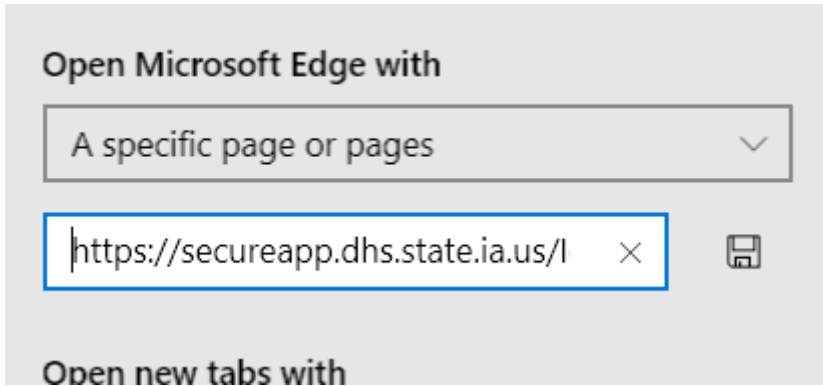
IoWANS can be used on most modern web browsers, such as Microsoft Edge, Chrome, Firefox, and Safari. For best performance, it is recommended to use IoWANS with Microsoft Edge.

Follow these steps to set Microsoft Edge as the default browser for IoWANS to open in.

1. Copy the IoWANS link.
2. Open Microsoft Edge browser.
3. Click the three dots in the upper right corner and select 'Settings'.
4. Click 'Open Microsoft Edge With' and a drop-down box will appear.
5. Select 'A specific page or pages'.

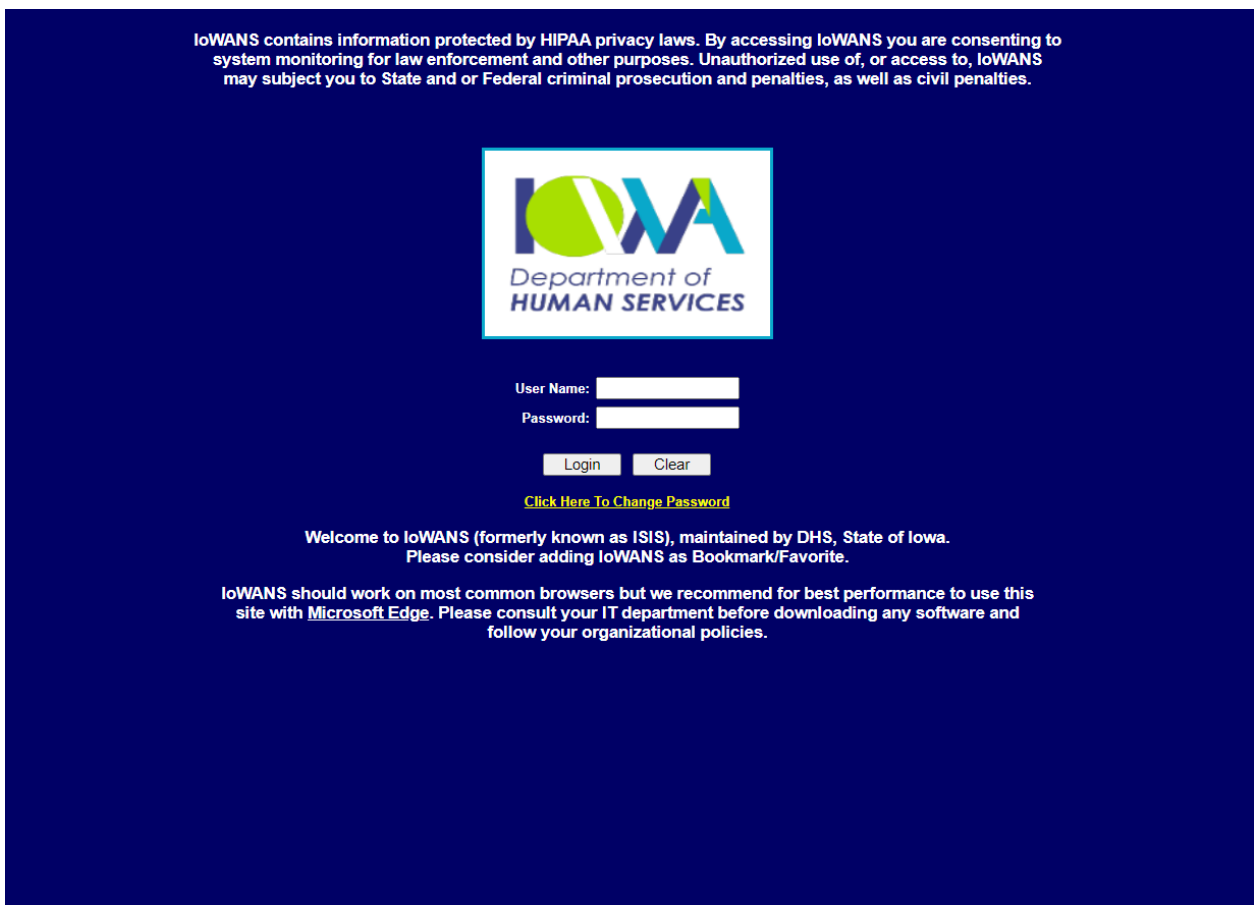


6. Paste the IoWANS link and click the save button on the right.



7. IoWANS will automatically open when the next time you open Microsoft Edge.

The IoWANS login screen will appear as:



## **Standard Functions In IoWANS**

IoWANS uses many of the same standard functions associated with Microsoft Windows and Edge. Some examples are:

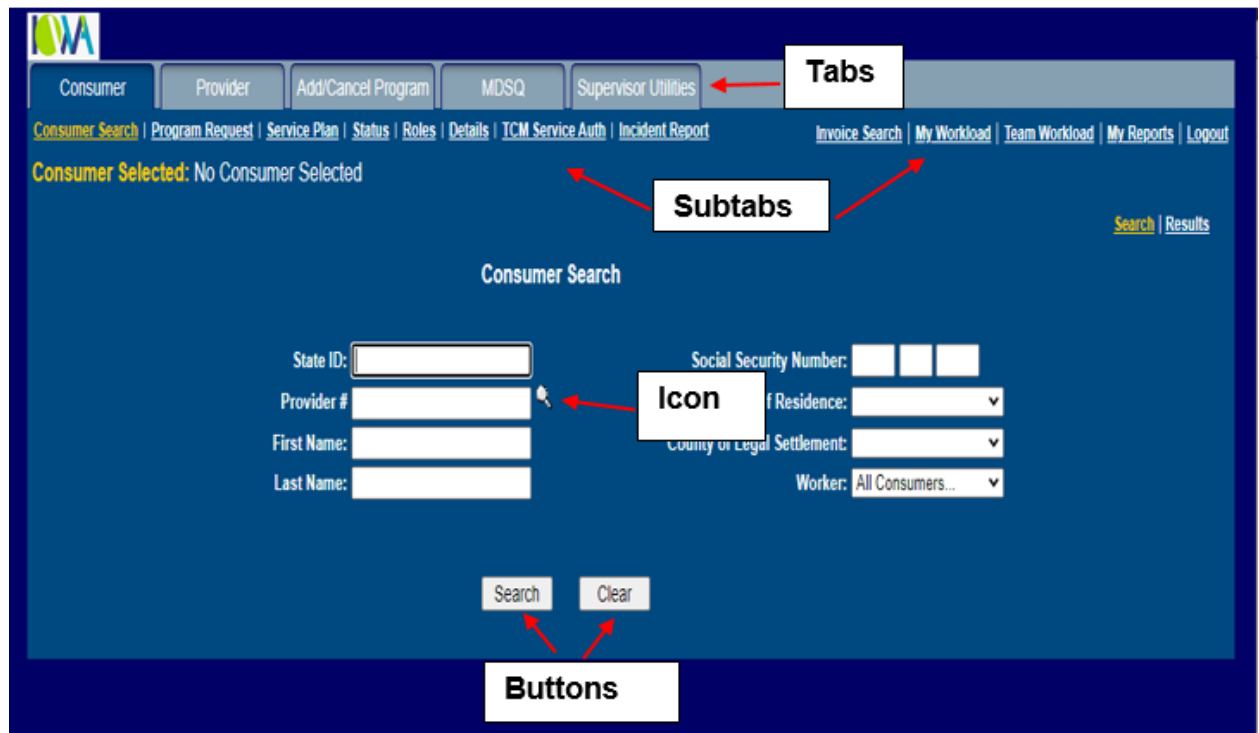
- ◆ You may use the TAB key to move from field to field on IoWANS screens. Do not try to use the ENTER key to move from field to field -- the ENTER key won't work that way!
- ◆ Moving the mouse "arrow" into the field you want and then clicking the left mouse button will put you into the field. In fields 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 IoWANS 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 IoWANS screen at once.
- ◆ For IoWANS, enter date values in mm/dd/ccyy format, where mm=month, dd=day, cc=century, and yy=year. For example, 12/25/2020 is the correct entry for December 25, 2020.

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 IoWANS**

Nearly all IoWANS 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 IoWANS 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 IoWANS Processing**

Entries made in ABC on facility or waiver cases are passed to IoWANS 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 IoWANS, you will be notified by WISE Alert. You will need to contact staff in SPIRS to make corrections in IoWANS.

Use form 470-3924, *Request For IoWANS Changes*, to transmit requests to add, change, or terminate information in IoWANS when the information can't be submitted through ABC system entries. See 6-Appendix.

Once the consumer's data is in IoWANS, clicking on any of the links will take you to that screen in IoWANS. 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 IoWANS, assigned workers must complete additional "workflow" activity. Consumer cases waiting for a response to workflow in IoWANS can be found by clicking on "My Workload" or "Team Workload." The program request is not authorized for payment until all milestones in a workflow are complete.

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 IoWANS. 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 IoWANS:

1. Double click the Edge icon on your desktop. If the icon is not there, click on the START button and select Edge from the next menu that appears.
2. In the address box at the top of Edge's window type the web address of the IoWANS 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 IoWANS LOGIN page will open in the Edge browser. (You may want to make IoWANS your home page or mark it as a favorite within Edge.
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 eight characters in length for regular users and at least ten characters in length for super users. Passwords are case sensitive and alphanumeric. Your password must also include at least one upper case letter, one lower case letter, and one special character. IoWANS won't allow you to use many common words for passwords, including some common names. Additionally, you will not be allowed to update your password to a previously used password. The purpose for this is to improve security by making it harder for someone to guess your password.

## **Log-Out Procedures**

If you intend to be away from your desk for an extended period, log out of IoWANS. You should do this for security reasons. If you are logged in to IoWANS, 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 IoWANS again before you will be able to continue working.

Each screen in IoWANS 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 IoWANS. After logging out, you will likely still be in an Edge session. You may close the window by clicking the **X** button that appears in the upper right corner of the screen. You may also exit Edge by clicking on the  icon at the top right-hand corner and selecting 'Close Microsoft Edge' from the menu.

## **IoWANS Screens**

There are three major tabs on IoWANS screens: CONSUMER, PROVIDER, and SUPERVISOR UTILITIES. These are considered as categories for the IoWANS 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 IoWANS that displays details of a consumer's request for Medicaid facility, HCBS waiver, or state plan enhanced services. Most of the information on the PROGRAM REQUEST screen is passed to IoWANS 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 IoWANS. See [Service Plan Screen](#). (NOTE: Facility consumers and members enrolled with MCOs 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 page is defaulted to show the last three years of milestones in order to increase page performance. However, workers can change the page view to see all milestones or just the unanswered milestones by selecting 'All' or 'Unanswered' from the drop-down labeled 'Milestones' just above the milestone table.

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 IoWANS 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.

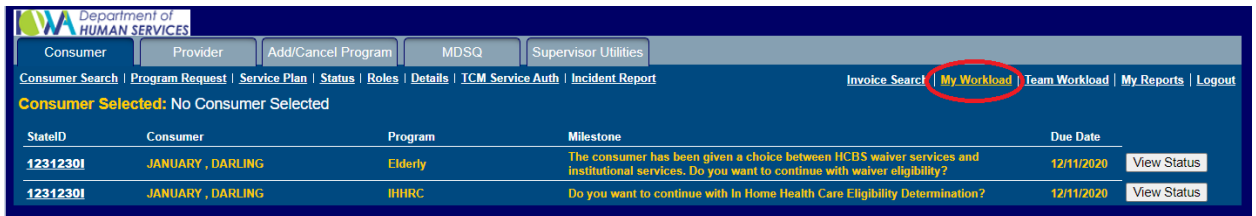
- Case managers, service workers and nurse reviewers (QIO) can reassign a consumer back to their supervisor.
- ◆ A DETAILS subtab displays demographic information on the selected consumer. This information is passed to IoWANS from the ABC system. See [Consumer Details Screen](#).
- ◆ A MY WORKLOAD subtab accesses a screen showing consumers that require your action. See [The Workload Screen](#).
- ◆ A TEAM WORKLOAD subtab assesses a screen showing consumers assigned to workers on the team that require 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 IoWANS 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 Screen](#)
- ◆ [Waiver services agreement – Service and Provider Screen](#)
- ◆ [Waiver services agreement – Rate and Units](#)
- ◆ [Waiver services agreement – Client Participation](#)
- ◆ [Waiver services agreement – Confirm](#)
- ◆ [Consumer status](#)
- ◆ [Consumer Roles](#)
- ◆ [Details](#)

## **Workload**

The WORKLOAD screens, MY WORKLOAD or TEAM WORKLOAD displays a list of consumer cases that require some action by you or a team. The entry on each line in the list gives the consumer's state identification number and name, program, milestone, and due date. 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.



The screenshot shows the IoWANS interface with the 'My Workload' tab selected. The table below contains the following data:

| StateID  | Consumer         | Program | Milestone  | Due Date   |                             |
|----------|------------------|---------|--|------------|-----------------------------|
| 12312301 | JANUARY, DARLING | Elderly | The consumer has been given a choice between HCBS waiver services and institutional services. Do you want to continue with waiver eligibility? | 12/11/2020 | <a href="#">View Status</a> |
| 12312301 | JANUARY, DARLING | IHHRC   | Do you want to continue with In Home Health Care Eligibility Determination?  | 12/11/2020 | <a href="#">View Status</a> |

When you click on VIEW STATUS button for the selected consumer you will be taken to the STATUS page which 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.

Consumer CASES are listed on the workload screens by their due date in descending order. Cases with the latest due dates are 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 MY WORKLOAD OR TEAM WORKLOAD tab.

Not all cases are in IoWANS. In general, a case will be in IoWANS only if Medicaid is paying for the facility stay, including RCF, HCBS waiver services, In-Home Health Related Care (IHHRC) services, or enhanced state plan services, including Targeted Case Management (TCM) and Habilitation.

If you believe that a waiver type for a particular consumer is wrong, it **cannot** be changed in IoWANS. 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.

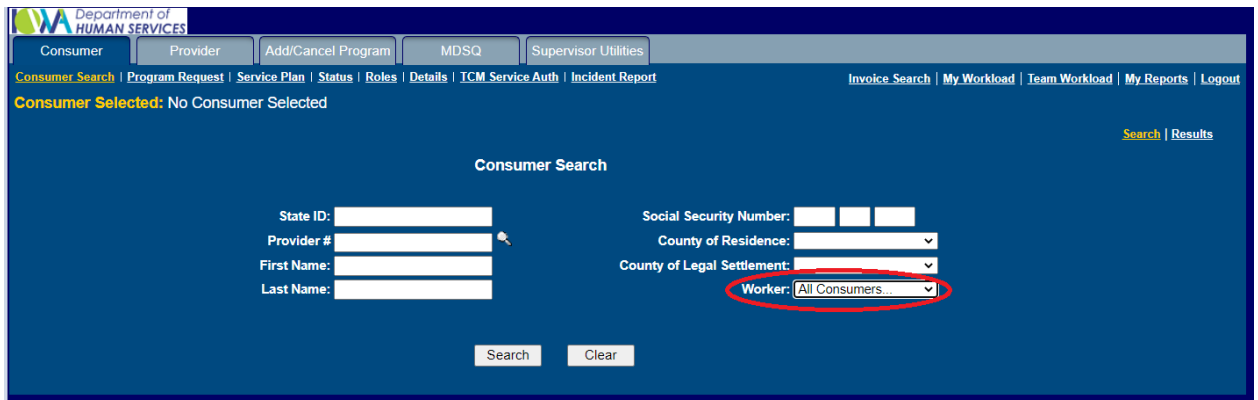
## **Team Workload**

- ◆ Workers will login using their individual login IDs.
- ◆ Any team logins will be disabled and workers will not be able to login under a team name.
- ◆ Workers can view and work on any case/milestone on the team’s workload. Workers can also work on any milestone assigned to any other team member.
- ◆ Upon login, all workers will see the Consumer SEARCH page. Use the links at the top of the screen to select the TEAM WORKLOAD page.



The screenshot shows the IoWANS web application interface. At the top, there is a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', 'MDSQ', and 'Supervisor Utilities'. Below this, a secondary navigation bar contains links for 'Consumer Search', 'Program Request', 'Service Plan', 'Status | Roles | Details | ICM Service Auth | Incident Report', 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Logout'. The 'Team Workload' link is circled in red. The main content area is titled 'Consumer Search' and contains several input fields: 'State ID', 'Provider #', 'First Name', 'Last Name', 'Social Security Number', 'County of Residence', 'County of Legal Settlement', and 'Worker'. The 'Worker' dropdown menu is currently set to 'Polk - IoWANS IM, TE'. At the bottom of the form are 'Search' and 'Clear' buttons.

REMINDER: Workers must change the WORKER to ALL CONSUMERS in order to search for a member that is not assigned to them.



This screenshot is identical to the one above, but the 'Worker' dropdown menu is now set to 'All Consumers', which is circled in red. This change is necessary to search for team members who are not assigned to the worker's specific team.

- ◆ Click on TEAM WORKLOAD to show all active milestones of the team.

The screenshot shows the IoWANS Team Workload interface. At the top, there are navigation tabs for Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. Below these are links for Consumer Search, Program Request, Service Plan, Status, Roles, Details, ICM Service Auth, Incident Report, Invoice Search, My Workload, Team Workload, My Reports, and Logout. The 'Consumer Selected' field shows 'No Consumer Selected'. The 'Team Member' dropdown is set to 'IoWANS IM, TEAM' with a 'Get Workload' button next to it. The main area displays a table of milestones with columns for StateID, Consumer, Program, Milestone, Due Date, and a 'View Status' button for each row.

| StateID  | Consumer          | Program           | Milestone  | Due Date   |             |
|----------|-------------------|-------------------|--|------------|-------------|
| 1231248C | AUGUST , LISANNE  | Brain Injury      | Effective July 1, 2008 a referral to the Iowa Department of Public Health is no longer necessary. Funding has been discontinued.               | 12/11/2020 | View Status |
| 1231248S | AUGUST , LISANNE  | Brain Injury      | A request for Waiver services has been received for this consumer.   | 12/11/2020 | View Status |
| 1231233A | BOYD , JULIE      | Hospice           | Do you want to continue with Facility or Waiver Eligibility Determination?   | 12/11/2020 | View Status |
| 1231238D | DECEMBER , MORGAN | Health Disability | The consumer has been given a choice between HCBS waiver services and institutional services. Do you want to continue with waiver eligibility? | 12/11/2020 | View Status |
| 1231241B | FEBRUARY , LOVIE  | Skilled           | Do you want to continue with Facility or Waiver Eligibility Determination?   | 12/11/2020 | View Status |
| 0211118A | FRANK , BRENDA    | PACE              | Do you want to continue with PACE Eligibility Determination?   | 12/11/2020 | View Status |
| 0111112A | GRUMPY , SAMUEL   | AIDS - HIV        | The program request has been denied. Would you like to continue notification?  | 12/11/2020 | View Status |

- ◆ Any team member can respond to an active milestone.
- ◆ Multiple team members can potentially respond to various milestones. IoWANS will track who responded to the milestone.
- ◆ Once milestone is pulled by a worker it is locked to that worker until they answer the milestone.
- ◆ IoWANS will display an error message with the worker's name and the date the milestone was locked.
- ◆ Ask the worker to respond to the milestone so that the workflow can continue.
- ◆ QA can also unlock milestones only if needed and as a last resort.

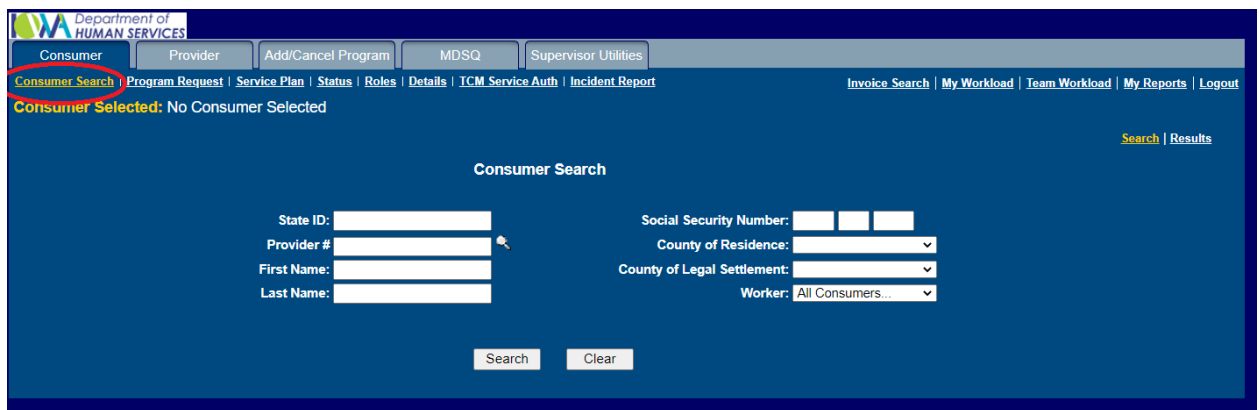
The screenshot shows a detailed view of a milestone. At the top, there are navigation tabs for Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. Below these are links for Consumer Search, Program Request, Service Plan, Status, Roles, Details, ICM Service Auth, Incident Report, Invoice Search, My Workload, Team Workload, My Reports, and Logout. The 'Consumer Selected' field shows 'AUGUST , LISANNE' with 'SID: 1231248S' and 'Program Request: Brain Injury 11/03/2020 -'. A red error message states: 'Cannot respond to milestone. This milestone is locked because Satish Yeluri from your team is currently attempting to answer this milestone. Locked since 12/22/2020 6:55:07 AM.' Below the error message is a 'Milestones:' dropdown set to 'Last 3 Years'. The main area displays a table with columns for Description, Worker Name, Worker Role, Response, Response Date, Due Date, and Comments. The table shows one row with the description 'PAGE Option Flow' and 'A request for Waiver services has been received for this consumer.', worker name 'IoWANS IM, TEAM', and worker role 'IM'.

| Description:   | Worker Name:    | Worker Role: | Response: | Response Date: | Due Date:  | Comments: | Undo: |
|--|-----------------|--------------|-----------|----------------|------------|-----------|-------|
| PAGE Option Flow<br>A request for Waiver services has been received for this consumer. | IoWANS IM, TEAM | IM           |           |                | 12/11/2020 |           |       |



## **Consumer Search Screen**

Access the CONSUMER SEARCH screen by clicking CONSUMER SEARCH link on the CONSUMER tab.



The screenshot shows the 'Consumer Search' screen. At the top, there is a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', 'MDSQ', and 'Supervisor Utilities'. The 'Consumer' tab is selected, and the 'Consumer Search' link is highlighted. Below the navigation bar, there are links for 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'ICM Service Auth', and 'Incident Report'. The main content area is titled 'Consumer Search' and contains several input fields: 'State ID', 'Provider #', 'First Name', 'Last Name', 'Social Security Number', 'County of Residence', 'County of Legal Settlement', and 'Worker'. There are 'Search' and 'Clear' buttons at the bottom.

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 IoWANS 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 MY 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.
- ◆ COUNTY OF RESIDENCE – Select a county listed in the drop-down list to search for a consumer based on county of residence.
- ◆ COUNTY OF LEGAL SETTLEMENT – Select a county listed in the drop-down list to search for a consumer based on county of legal settlement.
- ◆ WORKER – Shows whose cases are to be searched. IoWANS will automatically select the person who is logged on to IoWANS. 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 IoWANS 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 IoWANS 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 IoWANS, 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 **subtab** and the Search **button**, both described below.

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

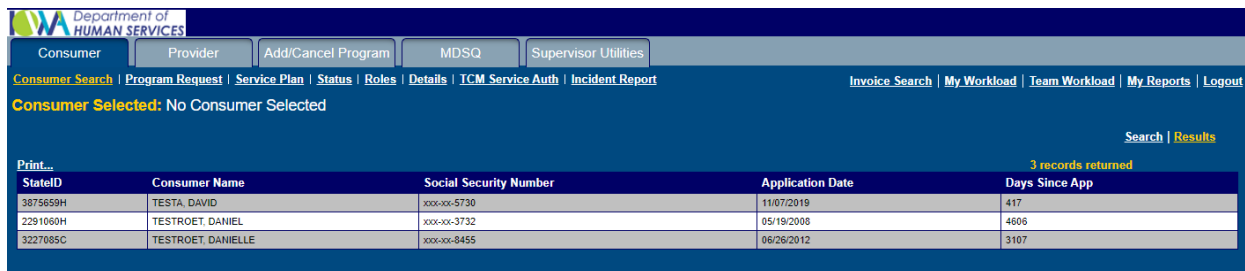
NOTE: The results of searches that find more than 100 records will not be displayed – you'll have to narrow the search by adding additional criteria.

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



| StateID  | Consumer Name      | Social Security Number | Application Date | Days Since App |
|----------|--------------------|------------------------|------------------|----------------|
| 3875659H | TESTA, DAVID       | xxx-xx-5730            | 11/07/2019       | 417            |
| 2291060H | TESTROET, DANIEL   | xxx-xx-3732            | 05/19/2008       | 4606           |
| 3227085C | TESTROET, DANIELLE | xxx-xx-8455            | 06/26/2012       | 3107           |

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 REQUEST 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 CONSUMER SEARCH link to toggle between the PROGRAM REQUEST display and the search results list.

Fields on the CONSUMER SEARCH RESULTS screen include:

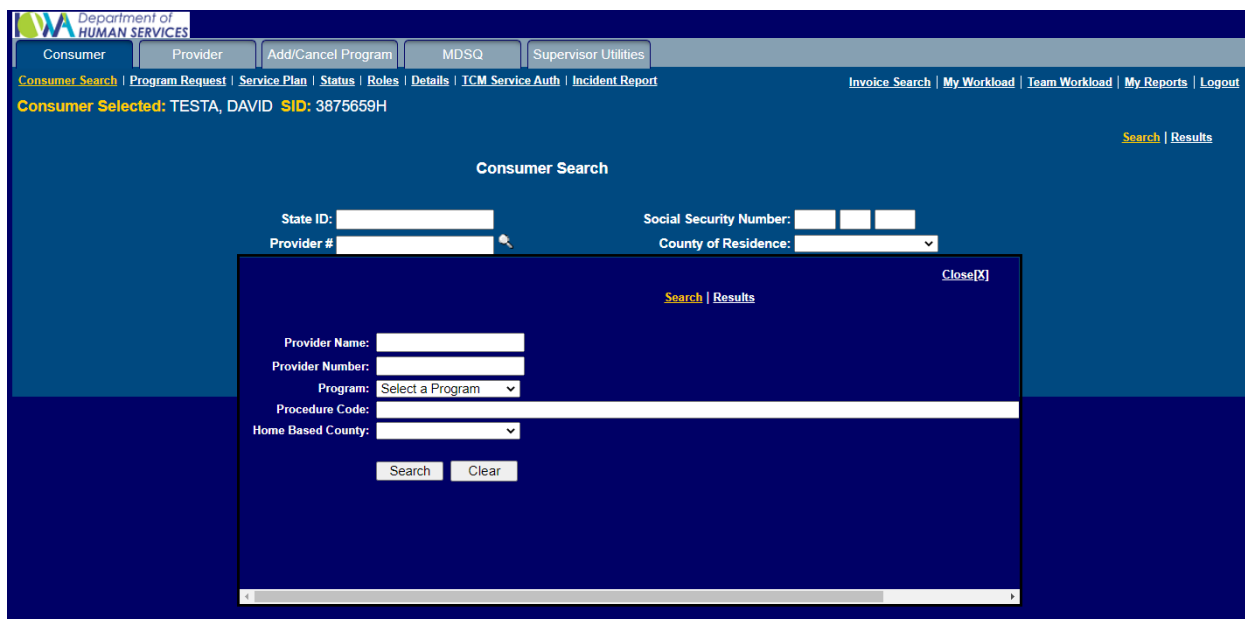
- ◆ PRINT... – Prepares a report of the results that you may print. The report will be shown in a second Microsoft Edge window that will open, and you may print it by selecting the printer icon.
- ◆ SEARCH subtab – Returns to search screen with previously used entries (if any).
- ◆ RESULTS subtab – Displays 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 last four digits of 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**



The screenshot shows the 'Consumer Search' interface. At the top, there is a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', 'MDSQ', and 'Supervisor Utilities'. Below this, a breadcrumb trail includes 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'TCM Service Auth', and 'Incident Report'. On the right, there are links for 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Logout'. The main content area is titled 'Consumer Search' and contains several input fields: 'State ID', 'Social Security Number', 'Provider #', and 'County of Residence'. A magnifying glass icon is positioned to the right of the 'Provider #' field. A pop-up window titled 'Provider Search' is overlaid on the main screen, containing fields for 'Provider Name', 'Provider Number', 'Program' (a dropdown menu), 'Procedure Code', and 'Home Based County'. At the bottom of the pop-up are 'Search' and 'Clear' buttons. A 'Close[X]' button is located in the top right corner of the 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 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 as first name/last name. You will need to search using the first name or you will not be able to locate the provider.

- ◆ 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.
- ◆ 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 **subtab** and the SEARCH **button**, both described below

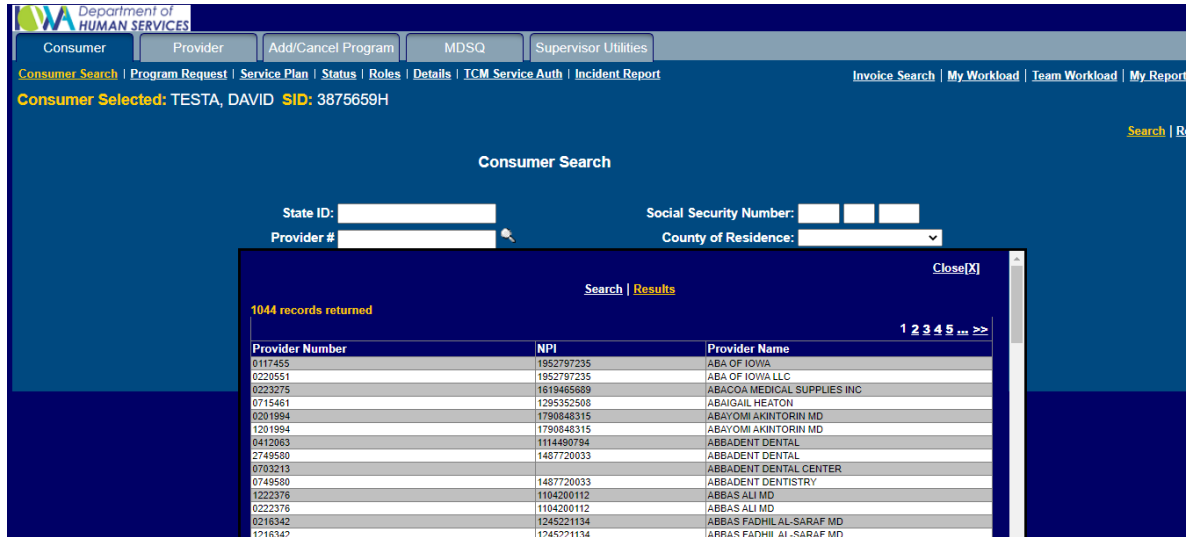
- ◆ SEARCH subtab – Resets fields to previously used entries. This can be useful when you want to recall what you used for a previous search, and you can refine that search by adding to or changing an entry in any field.

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 subtab – Displays results of last search you performed.
- ◆ SEARCH button – Begins the search based on information currently entered.
- ◆ 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 CONSUMER SEARCH link. This sequence will return you to the CONSUMER SEARCH 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 subtab 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 subtab – Takes you back to the PROVIDER SEARCH pop-up screen.
- ◆ RESULTS subtab – 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.
- ◆ NPI – The provider's unique national provider identifier. PROVIDER NAME - Assigned by providers to their business or to themselves as an individual.

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 Request Screen**

The PROGRAM REQUEST screen shows information on program requests for a selected consumer. A “program request” is a record in IoWANS that gives details of a consumer’s request for Medicaid facility, State Supplemental program, or home and community-based services.

Access the PROGRAM REQUEST 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 REQUEST subtab when a consumer has been selected.

| Begin Date | Begin Code | Tier | End Date  | End Code | Authorized | Aid Type | LOC     | Assessment Date | Cnty of Res. | Cnty of Resp. | CP 1st Month | CP Ongoing | CP Ongoing Eff. Date | Program           | Provider Number | Case Number | App Date | Workflow Processes |
|------------|------------|------|-----------|----------|------------|----------|---------|-----------------|--------------|---------------|--------------|------------|----------------------|-------------------|-----------------|-------------|----------|--------------------|
|            | 0          | 0    |           | 000      | No         | 845      | Unknown |                 | 052          | 052           | \$0.00       | \$0.00     |                      | Health Disability | 0650009         | 445896020   | 1/4/2021 |                    |
| 11/1/2020  | 075        | 0    |           |          | No         | 838      |         |                 | 052          | 077           | \$950.00     | \$950.00   | 12/1/2020            | Skilled           | 0650009         | 445896010   | 9/8/2020 |                    |
| 10/11/2020 | 070        | 0    | 11/1/2020 | 000      | No         | 838      |         |                 | 052          | 077           | \$1,100.00   | \$1,100.00 | 11/1/2020            | Skilled           | 0650009         | 445896010   | 9/8/2020 |                    |
|            | 0          | 0    | 1/31/2021 | 000      | No         | 845      | Unknown |                 | 052          | 052           | \$0.00       | \$0.00     |                      | PACE - Home       | 0706542         | 445896030   | 1/4/2021 |                    |

Pending program requests have no beginning or ending date. When the IM worker makes entries to pend a consumer’s application for services in the eligibility system, the program request in IoWANS 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 eligibility system, the last day of the current calendar month is passed to IoWANS and displayed in the 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 home and community-based services, the positive date entered is passed to IoWANS and displayed in the BEGIN DATE field on the program request. This is the first day for which services can be paid.

Closed program requests have both a beginning and ending date. When an active consumer is canceled, the negative date entered is passed to IoWANS 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 or date of discharge. 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 eligibility system with the exception of LOC and LOC EFFECTIVE DATE. The level of care information is passed back to the program request after the QIO worker responds to the level of care tasks and enters that information in IoWANS. Clicking on this record leads to the SERVICE PLAN screen for waiver consumers and to the STATUS screen for facility consumers.

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

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

It may be necessary to complete form 470-3924, *Request for IoWANS Changes*, to transmit requests to add or change program request information in IoWANS when the information can't be submitted through ABC system entries. See [6-Appendix](#) for additional information on completing this form.

Fields on the PROGRAM REQUEST 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 consumer has been determined to meet all financial and non-financial requirements by the IM worker. 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 eligibility system. Facilities will not be paid for this day. If a waiver needs to be canceled, contact the IM worker.

- ◆ END CODE: A three-digit negative action code. Hovering over this code will display the reason the program request ended. 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 eligibility 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 QIO worker responding to the workflow sets the level of care in IoWANS. 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 eligibility system.
- ◆ 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 IoWANS.
- ◆ CP 1ST MONTH: The amount of consumer participation for the first month. The client participation amount is passed to IoWANS from the ABC system.
- ◆ CP ONGOING: The consumer's monthly participation. The client participation amount is passed to IoWANS from the ABC system.

For waiver consumers, the case manager 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 case manager is also responsible for notifying the provider of client participation. The provider collects the client participation from the client and submits a claim for the remainder of the services to the fiscal agent.

- ◆ CP ONGOING EFF. DATE: The date that the consumer's ongoing participation begins. This date is not entered in the ABC system; therefore IoWANS sets this date to the first day of the month after the "begin date" that was entered in ABC.

The CP amounts can be adjusted using the CP CHANGE TOOL.

IM workers can enter retroactive client participation adjustments directly into IoWANS using a pop-up window. The CP amounts will be underlined for those program requests that will allow the IM to enter a CP change. For users with roles other than the IM Worker role, the CP amounts will not be underlined because the user does not have the appropriate permissions to enter CP changes.

The IM worker selects the Program Request that covers the period of time where the client participation needs to be changed. The date entered for split becomes the end date on the selected Program Request and the begin date on the new Program Request. The amount entered is the amount on the new Program Request created from the split.

If the begin date on the Program Request selected matches the begin date that covers the period of time that the CP needs changed, the IM leaves the split date blank and just enters the corrected CP amounts. This will replace the old CP with the newly entered amounts for the dates on the Program Request that was selected.

EXAMPLE: The ongoing client participation shown on the Program Request was \$900.00 until November 1<sup>st</sup> when it increased to \$950.00. The worker then finds out in December the consumer has been receiving an additional \$100.00 from a private pension that started in October. The client participation should have been \$1000.00 for October, and \$1050.00 for November and December. The client participation should be \$1072.00 for January and ongoing. The IM worker can make entries in ABC to change the client participation effective January 1<sup>st</sup>. The Program Request looks as shown below before ABC changes.

| Begin Date | Begin Code | Tier | End Date  | End Code | Authorized | Aid Type | LOC      | Assessment Date | Cnty of Res. | Cnty of Resp. | CP 1st Month    | CP Ongoing      | CP Ongoing Eff. Date | Program | Provider Number |
|------------|------------|------|-----------|----------|------------|----------|----------|-----------------|--------------|---------------|-----------------|-----------------|----------------------|---------|-----------------|
| 11/1/2020  | 075        | 0    |           | 000      | No         | 136      | Approved | 8/1/2020        | 052          | 077           | \$950.00        | \$950.00        | 12/1/2020            | NF      | 0800278         |
| 8/1/2020   | 070        | 0    | 11/1/2020 | 000      | No         | 136      | Approved | 8/1/2020        | 052          | 077           | <u>\$900.00</u> | <u>\$900.00</u> | 9/1/2020             | NF      | 0800278         |

After the client participation change effective 1/1/2021 is passed from ABC to IoWANS, the Program Request looks as shown below.

| Begin Date | Begin Code | Tier | End Date  | End Code | Authorized | Aid Type | LOC      | Assessment Date | Cnty of Res. | Cnty of Resp. | CP 1st Month    | CP Ongoing      | CP Ongoing Eff. Date | Program | Provider Number |
|------------|------------|------|-----------|----------|------------|----------|----------|-----------------|--------------|---------------|-----------------|-----------------|----------------------|---------|-----------------|
| 1/1/2021   | 075        | 0    |           | 000      | No         | 136      | Approved | 8/1/2020        | 052          | 077           | \$1,072.00      | \$1,072.00      | 2/1/2021             | NF      | 0800278         |
| 11/1/2020  | 075        | 0    | 1/1/2021  | 000      | No         | 136      | Approved | 8/1/2020        | 052          | 077           | <u>\$950.00</u> | <u>\$950.00</u> | 12/1/2020            | NF      | 0800278         |
| 8/1/2020   | 070        | 0    | 11/1/2020 | 000      | No         | 136      | Approved | 8/1/2020        | 052          | 077           | <u>\$900.00</u> | <u>\$900.00</u> | 9/1/2020             | NF      | 0800278         |

In the past the IM worker would then need to submit form 470-3924 *Request for IoWANS Changes* or form 470-0041 *Adjustment to Facility Payment* to correct

the past month’s client participation amounts. With the CP CHANGE TOOL pop-up, the worker can now enter the correct client participation for past months.

In the example above the worker would follow the steps below to make the changes for past month client participation.

1. From the program request screen, place your cursor arrow over either the CP 1st Month or CP Ongoing dollar amounts in the Program Request line that covers the period of time where the correction is needed. In the example above the Program Request line that runs from 8/1/2020 to 11/1/2020 would be selected. “Left click” with your mouse over the CP amount. The CP Pop-up screen will appear. The existing amounts will be at the top of the screen and will not be touchable.
2. Enter the date that the correction should begin. In the example, enter 10/1/2020 in the split date field as this is the first month that the CP needs to be corrected.
3. Enter the correct CP amount. In this example enter \$1000.00 in the new CP amount fields.

For your changes to be applied, click on the “Change CP Amounts” button. You will return to the Program Request screen. You should see the program request split on 10/1/20 with the CP of \$1000.00 as shown on the picture below.

| Be<br>Da  | Begin<br>Code | Tier | End<br>Date | End<br>Code | Authorized | Aid<br>Type | LOC      | Assessment<br>Date | Cnty<br>of<br>Res. | Cnty<br>of<br>Resp. | CP 1st<br>Month       | CP<br>Ongoing         | CP<br>Ongoing<br>Eff. Date | Program | Provider<br>Number |
|-----------|---------------|------|-------------|-------------|------------|-------------|----------|--------------------|--------------------|---------------------|-----------------------|-----------------------|----------------------------|---------|--------------------|
| 11/1/20   | 075           | 0    |             | 000         | No         | 136         | Approved | 8/1/2020           | 052                | 077                 | \$1,072.00            | \$1,072.00            | 2/1/2021                   | NF      | 0800278            |
| 11/1/20   | 075           | 0    | 1/1/2021    | 000         | No         | 136         | Approved | 8/1/2020           | 052                | 077                 | \$950.00              | \$950.00              | 12/1/2020                  | NF      | 0800278            |
| 10/1/2020 | 070           | 0    | 11/1/2020   | 000         | No         | 136         | Approved | 8/1/2020           | 052                | 077                 | <del>\$1,000.00</del> | <del>\$1,000.00</del> | 11/1/2020                  | NF      | 0800278            |
| 8/1/2020  | 070           | 0    | 10/1/2020   | 000         | No         | 136         | Approved | 8/1/2020           | 052                | 077                 | <del>\$900.00</del>   | <del>\$900.00</del>   | 9/1/2020                   | NF      | 0800278            |

The IM worker would follow these same steps again to make the additional CP corrections for November 2020 through December 2020 by selecting the Program Request dated 11/1/2020 through 1/1/2021.

The CP CHANGE pop-up only works for those Program Requests that have both a begin and an end date. You will need to make the change in ABC for the current date before making entries in using the CP CHANGE pop-up for the past months.

If for some reason you need to make changes to client participation on a Program Request that does not have an end date, the change will still need to be submitted on the appropriate form. Continue to use the form 470-3924 *Request for IoWANS Changes* to request changes other than client participation such as vendor number changes and date changes.

- ◆ PROGRAM: The current Medicaid long-term care program for the 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 eligibility system. A single consumer may have multiple case numbers. The state identification number is the only number uniquely assigned for each consumer.
- ◆ APP DATE – Date the application (signed by the consumer or legal representative) for this facility or waiver program was received in the local DHS office.
- ◆ WORKFLOW PROCESSES: A button is displayed in this field when your role allows for you to initiate a level of care change workflow on an active case.

This button is not displayed unless you are assigned to a role that allows initiating the level of care. For example case managers will see this button on waiver consumers. QIO workers will see this button for facility consumers.

## Service Plan Screen

Department of HUMAN SERVICES

Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -

Select a service plan or create a new one: 12/01/2020 - 10/31/2021

Authorized: NO Is Plan Valid: Yes! Exception?: NO

Service Plan Start Date: 12/01/2020  
 Service Plan End Date: 10/31/2021  
 Plan Review Date: 10/31/2021  
 Level of Care: NF  
 Assessment Date: 11/04/2020  
 Original Assessment Date: 11/04/2020  
 CSR Date: 11/04/2021

Tier History: Tier.0 - Effective Date:  
 CP 1st Month: \$0.00  
 CP Ongoing: \$0.00  
 CP Ongoing Effective Date:  
 Support Broker: --Select Support Broker--

Delete Plan Start Approval Process

Build Self-Direction Budget Add Service... Monthly Cap: \$1,365.78 Yearly Cap: \$0.00

| Self Direct?             | Program | Approved/Denied | Service ID | Service  | Begin Date | End Date   | Provider Number/Name       | Monthly Total 1st Month | Monthly Total Ongoing | Units | Rate   | Exc |
|--------------------------|---------|-----------------|------------|--|------------|------------|----------------------------|-------------------------|-----------------------|-------|--------|-----|
| <input type="checkbox"/> |         |                 | 3243428    | S5125--Attendant Care Services - Agency non-skilled--Tier# 0 | 12/01/2020 | 10/31/2021 | 0202523 - CALVIN COMMUNITY | \$70.00                 | \$70.00               | 20    | \$3.50 | No  |

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.

After entering these three dates, click on the ADD NEW SERVICE PLAN button, and the system will populate the three fields to the left while activating a link named "ADD SERVICE..." Also a DELETE PLAN 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: 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.

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 IoWANS with standard values, and request the exceptions through the regular exception to policy process outside of IoWANS. 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 IoWANS) and then entered into IoWANS 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 services are to start. 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 QIO milestone.
- ◆ CSR DATE – The level of care annual continuing stay review (CSR) date.
- ◆ LOC EFFECTIVE DATE: – This date is entered automatically from the QIO milestone.



- ◆ PLAN REVIEW DATE: – This date must be between the SERVICE PLAN START DATE and END DATE, inclusive.
- ◆ CP 1ST MONTH: – The client participation amount is calculated by the IM Worker and comes over automatically from the ABC system.
- ◆ CP ONGOING: – The client participation amount is calculated by the IM Worker and 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.
- ◆ IS PLAN VALID – Confirms the validity of the service plan and individual services.
- ◆ SAVE CHANGE TO PLAN button – Saves changes to IoWANS.
- ◆ 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 SERVICE PLAN START DATE and END DATE, inclusive.
- ◆ END DATE – Must be between the SERVICE PLAN START DATE and SERVICE PLAN END DATE, inclusive.
- ◆ PROVIDER NUMBER/NAME – Identifies the name of the provider responsible for the service.
- ◆ MONTHLY TOTAL 1ST MONTH – The first-month cost of the service minus CP FIRST MONTH. This amount is calculated from data in other fields.
- ◆ MONTHLY TOTAL ONGOING – Ongoing monthly cost of the service minus CP ONGOING MONTHS. This is calculated from data in other fields.
- ◆ UNITS – The number of units to be used in a month for the identified provider and service.

- ◆ RATE – The rate per unit for the identified provider and service.
- ◆ EXC – Identifies that the service is an exception to policy.

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

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

If an error is found, IoWANS will display a diamond and the error message in red 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, IoWANS 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 IoWANS to check the SERVICE PLAN START DATE, PLAN REVIEW DATE and SERVICE PLAN END DATE against the level of care ASSESSMENT 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 must be cleared before you can respond to the milestone screen (“Complete the Service Plan Entries”) that submits and authorizes the final service plan.

## **Services Agreement Worksheet - Date Screen**

The screenshot shows the 'Services Agreement Worksheet' screen in the IoWANS system. The header includes the Department of Human Services logo and navigation tabs for Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. A breadcrumb trail shows: Consumer Search | Program Request | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout. Below this, it displays 'Consumer Selected: JANUARY, DARLING SID: 1231230I Program Request: Elderly 11/4/2020 -'. The main title is 'Services Agreement Worksheet'. A message states: 'Please enter the start and end dates for this service. These dates must fall within the service plan start and end dates, and the start date must be on or after the Level of Care effective date.' Below this, it shows 'Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021'. The 'Dates' section has two input fields: 'Service Start Date' with the value '12/01/2020' and 'Service End Date' with the value '10/31/2021'. On the left, there are links for 'Dates', 'Service & Provider', 'Rate & Units', 'CP', and 'Confirm'. At the bottom right, there are buttons for '<< Back', 'Next >>', and 'Cancel'.

Access the SERVICES AGREEMENT WORKSHEET DATE E screen by clicking on the ADD SERVICE link on a consumer's SERVICE PLAN screen.

The 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 SERVICE PLAN START DATE and the SERVICE PLAN 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 SERVICE PLAN START DATE and the SERVICE PLAN 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.

### **Services Agreement Worksheet - Service and Provider Screen**

Department of HUMAN SERVICES

Consumer | Provider | Add/Cancel Program | MDSQ | Supervisor Utilities

Consumer Search | Program Request | Service Plan | Status | Roles | Details | ICM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected: JANUARY, DARLING SID: 1231230I Program Request: Elderly 11/4/2020 -

### 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).

Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021

Procedure Code: S5125: - Attendant Care Services - Agency non-skilled--Tier#0

Provider (Num/Name): 0202523 CALVIN COMMUNITY

Dates

Service & Provider

Rate & Units

CP

Confirm

<< Back Next >> Cancel

Access the SERVICES AGREEMENT WORKSHEET SERVICE AND PROVIDER screen by clicking on the NEXT>> button on the 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 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.

## **Services Agreement Worksheet - Rate and Units Screen**

Department of HUMAN SERVICES

Consumer | Provider | Add/Cancel Program | MDSQ | Supervisor Utilities

Consumer Search | Program Request | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -

### 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).

Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021

Dates

Service & Provider

**Rate & Units**

CP

Confirm

Rate(\$):

Units Per Month:  1-15 Minute Increment(s)

<< Back | Next >> | Cancel

Access the SERVICES AGREEMENT WORKSHEET RATES AND UNITS screen by:

- ◆ Clicking on the NEXT>> button on the 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 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.

## **Services Agreement Worksheet - Client Participation Screen**

Department of HUMAN SERVICES

Consumer | Provider | Add/Cancel Program | MDSQ | Supervisor Utilities

Consumer Search | Program Request | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout

Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -

### 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.

Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021

CP First Month(\$):

CP Ongoing Months(\$):

Dates

Service & Provider

Rate & Units

CP

Confirm

<< Back Next >> Cancel

Access the SERVICES AGREEMENT WORKSHEET CLIENT PARTICIPATION screen by:

- ◆ Clicking on the NEXT>> button on the SERVICES AGREEMENT WORKSHEET RATES AND 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 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.

## **Services Agreement Worksheet – Confirm Screen**

The screenshot shows the 'Services Agreement Worksheet' confirm screen. At the top, there is a navigation bar with tabs for 'Consumer', 'Provider', 'Add/Cancel Program', 'MDSQ', and 'Supervisor Utilities'. Below this is a menu with links for 'Consumer Search', 'Program Request', 'Service Plan', 'Status', 'Roles', 'Details', 'TCM Service Auth', 'Incident Report', 'Invoice Search', 'My Workload', 'Team Workload', 'My Reports', and 'Logout'. A status bar indicates 'Consumer Selected: JANUARY, DARLING SID: 12312301 Program Request: Elderly 11/4/2020 -'. The main title is 'Services Agreement Worksheet' with a subtitle 'Please review this summary of the service agreement you are entering.' Below this, the 'Service Plan Start Date: 12/01/2020 - Service Plan End Date: 10/31/2021' is displayed. The summary table includes the following data:

|                    |  |
|--------------------|--|
| Dates              | Service Span: 12/01/2020 - 10/31/2021  |
| Service & Provider | Service: S5125 : -Attendant Care Services - Agency non-skilled Tier#: 0 ServiceID: 269 |
| Rate & Units       | Provider: 0202523 : -CALVIN COMMUNITY  |
| CP                 | Rate: \$3.50   |
| Confirm            | Units Per Month: 30 1-15 Minute Increment(s)   |
|                    | Sum: \$105.00  |
|                    | CP First Month: \$0.00   |
|                    | CP Ongoing Months: \$0.00  |
|                    | Monthly Impact First Month: \$105.00   |
|                    | Monthly Impact Ongoing Months: \$105.00  |

At the bottom right, there are four buttons: '<< Back', 'Next >>', 'Cancel', and 'Finish'.

Access the SERVICES AGREEMENT WORKSHEET CONFIRM screen by:

- ◆ Clicking on the NEXT>> button on the 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 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.

## Consumer Status Screen

| Description:   | Worker Name:    | Worker Role: | Response:             | Response Date: | Due Date:  | Comments: | Undo: |
|--|-----------------|--------------|-----------------------|----------------|------------|-----------|-------|
| <b>Pending All Waivers Slot Approval</b>   |                 |              |                       |                |            |           |       |
| What is the result of the disability determination?  | IoWANS IM, TEAM | IM           |                       |                | 6/27/2021  |           |       |
| The consumer has been given a choice between HCBS waiver services and institutional services. Do you want to continue with waiver eligibility? | Oudekerk, Sally | IM           | Continue, HCBS chosen | 12/29/2020     | 12/11/2020 |           |       |

Access the consumer's status screen by:

- ◆ Clicking on the STATUS tab after selecting a consumer; or
- ◆ Selecting the VIEW STATUS button on MY 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 subtab.

The 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 the 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 IoWANS 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 REQUEST screen. For waivers only, the level of care information may also be found on the SERVICE PLAN screen.

## Consumer Roles Screen

| Role         | Available Workers                                       | County filter                  |
|--------------|---|--------------------------------|
| IM           | IoWANS IM, TEAM - 5151111111 - IoWANSIM@dhs.state.ia.us | Show IM workers: All           |
| Slot Manager | Slot Management, Team - DHS - DBall@dhs.state.ia.us     | Show Slot Manager workers: All |

| Role         | Available Workers     | County filter                         |                              |                                 |
|--------------|-----------------------|---------------------------------------|------------------------------|---------------------------------|
| IM           | IoWANS IM, TEAM       | 1305 E Walnut<br>Des Moines, IA 50309 | Phone: 5151111111<br>Fax:    | Email: IoWANSIM@dhs.state.ia.us |
| Slot Manager | Slot Management, Team | Phone:<br>Fax:                        | Email: DBall@dhs.state.ia.us |                                 |

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 program.

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.

This screen lists the workers assigned in IoWANS to each specific role for a consumer. This screen also provides the means to those with permissions to assign people to roles for a selected consumer.

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. Most of the roles are automatically assigned by the system but there are some exceptions.

Fields on the 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 – Pull-down menus allow you to choose a county from a list to limit the workers shown in the AVAILABLE WORKERS box to those in the county selected.
- ◆ ASSIGN button – Causes the system to accept the role assignments you have selected.
- ◆ CANCEL button – Postpones assigning workers.
- ◆ WORKER INFORMATION table - Each worker's contact information is displayed at the bottom of the page.

### **Role Assignment and Description**

- ◆ CHSC – For consumers age 20 and older assign the Health and Disability waiver program manager. For consumers under age 20, assign the CHSC Supervisor. This role assists with getting children under age 21 on the Health and Disability waiver.
- ◆ CM/SW ROLE – For waivers, the CM/SW Supervisor is assigned once the member is determined to be fee for service. If a CM/SW was assigned to a previous program for this consumer and that worker is still a valid IoWANS user, then IoWANS will assign that same CM/SW. For enhanced services, the case manager that adds the service is assigned. This role determines services and service eligibility.
- ◆ IM WORKER ROLE – The IM worker number is passed to IoWANS from the eligibility system. The worker identified in IoWANS for that county and worker number is assigned to the consumer in IoWANS. If a worker is received from the eligibility system but is not assigned to any worker in IoWANS, the IM role is assigned to the IM supervisor in the worker's county. The exception to this assignment of IM is the MFP program. The IM assigned to the active ICF/ID is IoWANS is assigned to the MFP program. This role determines financial and Medicaid eligibility and completes the approval flow for all new waiver and facility eligibility once all tasks completed by other roles are finished.
- ◆ MEDICAL SERVICES – For the MHI and Children's Mental Health waiver, the Medical Services Reviewer is assigned by program. For Out of State Skilled the Medical Services Reviewer is assigned to the worker that has the OOS Skilled Reviewer role. All other programs are assigned to Medical Services Reviewers by program and the county in which IoWANS indicates they work. If there isn't anyone to assign, a Medical Services Supervisor is

---

assigned. This role determines and enters initial level of care for all members, including managed care enrolled and fee for service, continued stay review level of care for fee for service members, and when level of care changes.

- ◆ SLOT MANAGER – Assigned to the slot manager designated by program. This role manages the requests for slots on each of the waivers, starts slot available flows when a slot becomes available and responds that slots are assigned. Tasks also include managing waiting lists maintained outside of the IoWANS application based upon IoWANS milestones.
- ◆ PA REVIEWER – Assigned to the worker by program and the county in which IoWANS indicates they work at the time a service is added to the service plan and IoWANS internally indicates that the service needs prior authorization.
- ◆ RS REVIEWER – Assigned to the worker that adds MCO Habilitation Services or is assigned by program for non MCO Habilitation Services. This role completes assessments for habilitation services members.
- ◆ BIP Reviewer – Assigned to the worker by program and the county in which IoWANS indicates they work. If there isn't anyone to assign, a Medical Services Supervisor is assigned. This role completes assessments for fee for service waiver members.
- ◆ CCO REVIEWER – Assigned to the designated worker for this role. This role reviews and gives approval for certain non-standard consumer choices option budget items.
- ◆ OOS SKILLED – Assigned to the designated out of state skilled program manager. This role adds and approves payment for out of state placement for members placed in out of state skilled facilities.
- ◆ PACE Reviewer – Assigned to the PACE Reviewer Supervisor in the county. This role completes the case management duties for the PACE members.
- ◆ TS SPECIALIST – Assign to the worker that adds the service. This role completes the case management duties for Money Follows the Person (MFP) members.
- ◆ MFP BUDGET APPROVER – Assigned to the designated Money Follows the Person program manager. This role reviews and gives approval for certain Money Follows the Person budgets.
- ◆ IN HOME HEALTH RELATED CARE INVOICE MANAGER – This role is not assigned for members in IoWANS. The role is assigned to users that enter information to get In Home Health Related Care (IHHC) payments paid. The users are typically a DHS service worker or support worker that works with the IHHC program.



- ◆ REPORT POWER USER – This role is not assigned for members in IoWANS. The role is typically given to supervisors or users that will be assisting with resolving issues from members, providers, etc. This role allows the user to access to all reports for all members, regardless of whether the member is assigned to the user or not.

### **Reassignment of Roles**

The ROLES screen is also 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. The following rules apply to allowing authorized workers to reassign roles:

- ◆ IM workers can reassign a consumer to a different case manager or service worker supervisor.
- ◆ Supervisors can reassign a consumer to a different supervisor or one of their workers.
- ◆ Designated help desk staff and central office staff can reassign any worker role via the internal IoWANS maintenance screens.
- ◆ All other roles can reassign a consumer back to their supervisor.

## Consumer Details Screen

Department of HUMAN SERVICES

Consumer Selected: JANUARY, DARLING SID: 12312301

|                           |                 |         |
|---------------------------|-----------------|---------|
| Name (First / MI / Last): | DARLING         | JANUARY |
| State ID:                 | 12312301        |         |
| BirthDate:                | 11/27/1942      |         |
| SSN:                      | xxx-xx-5353     |         |
| Vendor Customer ID:       |                 |         |
| Payee Name:               | DARLING JANUARY |         |
| Payee Modifier:           |                 |         |
| Consumer Address1:        |                 |         |
| Address2:                 | 554 S MAINE ST  |         |
| City / State / ZipCode:   | DAVENPORT IA    | 52806   |
| Phone:                    | (000) 000-0000  |         |
| County of Residence:      | 082 - Scott     |         |
| County of Responsibility: | 077 - Polk      |         |
| MCO Assignment:           |                 |         |
| Parent Name:              |                 |         |
| Parent Address1:          |                 |         |
| Address2:                 |                 |         |
| City / State / ZipCode:   |                 |         |
| Phone:                    | ( ) -           |         |
| E-Mail:                   |                 |         |

Save Clear

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

The DETAILS screen provides demographic data regarding a consumer who has been added to IoWANS 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 IoWANS. The IoWANS system will NOT generate notifications when demographics information changes. Gender and marital status fields are not used.

Fields on the DETAILS screen include:

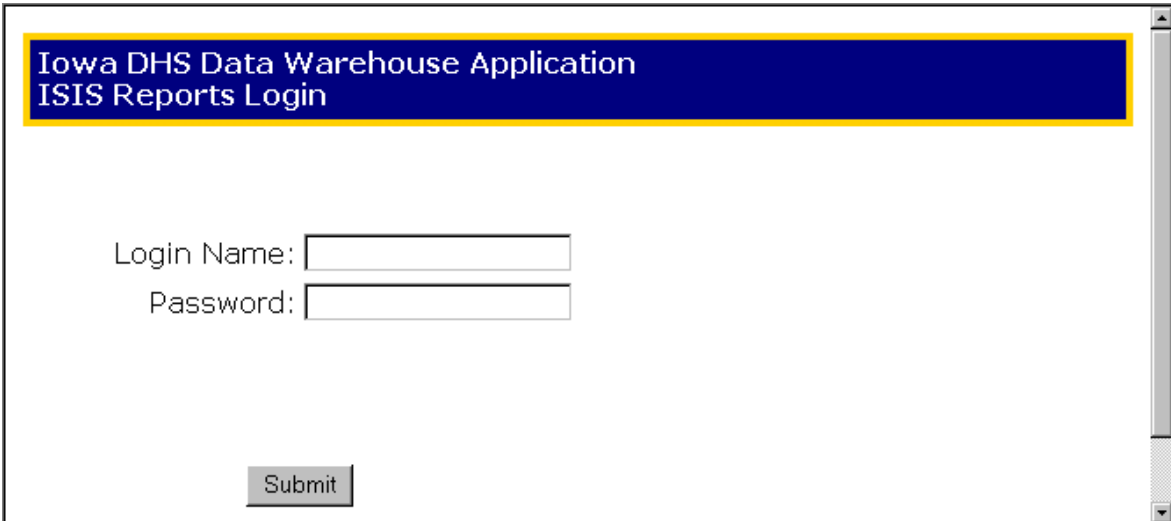
- ◆ FIRST NAME, MIDDLE INITIAL, LAST NAME – The consumer’s legal name.
- ◆ STATE ID – The Medicaid identification number assigned to the consumer.
- ◆ BIRTHDATE – The consumer’s birthday in mm/dd/ccyy format, where mm=month, dd=day, cc=century, and yy=year. For example, 12/25/2001 is the correct entry for December 25, 2001.
- ◆ SSN – The consumer’s social security number (run together without hyphens).
- ◆ VENDOR CUSTOMER ID – A IHHRC consumer’s ID in the I/3 payment system.

- ◆ PAYEE NAME – The party responsible for assisting the consumer with financial affairs. In RCF cases, payment is made to this payee. Therefore, the payee and address are only updated for a recipient that is active for RCF payment when the payee or address change is entered in ABC on the RCF case.
- ◆ 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.
- ◆ PHONE – The payee’s phone number if there is a payee. Otherwise this is the consumer’s phone number.
- ◆ 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 county should also be the Medicaid SSNI billing county.
- ◆ MCO ASSIGNMENT – Identifies if the consumer is enrolled in a managed care plan or Fee-For-Service.
- ◆ PARENT NAME – When the consumer is a minor, the IM worker can enter that consumer’s parent information. This allows the CM/SW to contact the parent regarding a minor child’s services.
- ◆ PARENT ADDRESS 1 and ADDRESS 2 – The parent’s address. IM worker is able to edit this field.
- ◆ CITY, STATE, ZIPCODE – The parent’s city, state, and zip code. IM worker is able to edit this field.
- ◆ PHONE – The parent’s phone number. IM worker is able to edit this field.
- ◆ E-MAIL – The parent’s email address. IM worker is able to edit this field.
- ◆ SAVE button – Causes the system to accept any changes that you have made.
- ◆ CANCEL button – Exits DETAILS page and abandoning all entries made.

## **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 IoWANS, 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 IoWANS user name.
- ◆ PASSWORD – Type in your IoWANS reports password. This IoWANS reports password is maintained separately but is updated to match your IoWANS password. If you change your password in IoWANS your IoWANS reports password will match the following day.
- ◆ SUBMIT button – Submits your user name and password for authentication, and opens the REPORTS menu.

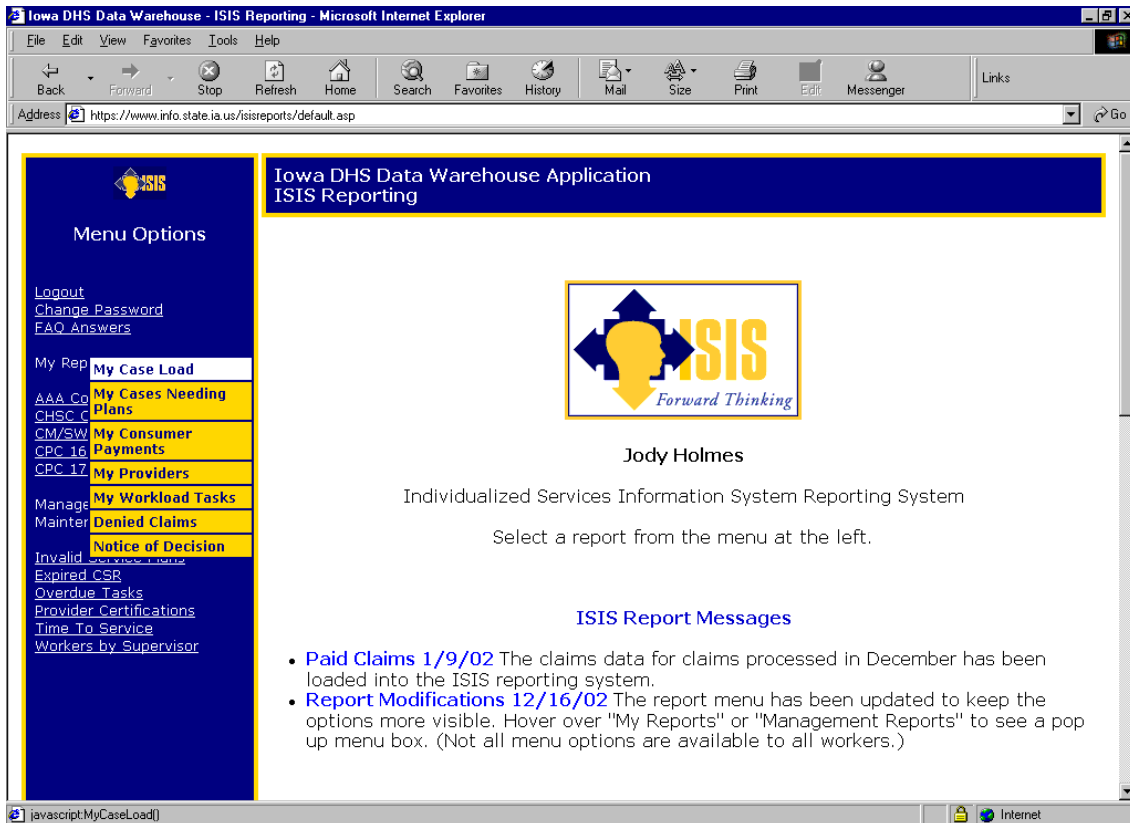
## **Navigating the Menu of Report Options**



The IoWANS 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 IoWANS. 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 IoWANS. Access to each report is restricted by your IoWANS 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. IoWANS 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 overdue. 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 IoWANS. 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 IoWANS 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 IoWANS 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 QIO. 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 IoWANS 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.
  - ◆ TIMELY LOC Detail: Lists the level of care assessments completed for a specified time period. The user can choose a specific program or request a report of all programs. The user is able to also request reports of a specific service are or county and a specific worker or a report for all workers.
  - ◆ TIMELY LOC SUMMARY: Provides a summary of the level of care assessments completed and the average completion time for a specified time period. The user can choose a specific program or request a respond of all programs. The user is able to also request reports of a specific service are or county and a specific worker or a report for all workers.
  - ◆ # OF LOC REVIEWS: List the number of level of care assessments completed for a specified time period. The user can choose a specific program or request a respond of all programs. The user is able to also request reports of a specific service are or county and a specific worker or a report for all workers.

## **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 IoWANS, 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 IoWANS, this report helps to identify when changes were made and who made them.

### ◆ 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 IoWANS. 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 QIO for a determination. QIO 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 IoWANS Support team to select a mailing list for broadcasting communications to the IoWANS 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.
- ◆ SPLASH MESSAGE UPDATE: Utility restricted to IoANS Support Team.
- ◆ MAINTENANCE → FAQ NEW: Utility restricted to IoWANS Support Team.
- ◆ MAINTENANCE → FAQ CHANGE: Utility restricted to IoWANS 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 IoWANS 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 WKER system

## **Milestone Screens**

Milestone screens will present a question, instruction, or a statement followed by a choice of responses. Reaching a choice may take quite a bit of activity outside of IoWANS. People interested in the process should remember that while IoWANS 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.

If you fail to either respond or cancel, this may lock the milestone so that no other users will be able to respond. If this occurs, send a request to the SPIRS IoWANS-Facilities HelpDesk and ask them to unlock the milestone.

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 for in the following:

On the "Enter LOC and Effective Date," when the Medical Services Reviewer enters a denied LOC or sets a CSR date that is less than the one year maximum, comments are required.

A workflow is a set of milestones that assist the IoWANS workers by tracking the tasks that must be completed by multiple roles in order to authorize facility, waiver, and enhanced services or track and make necessary changes to continue ongoing coverage. The workflows fit into one of the following two types:

- ◆ Full Flow – A full flow is a set of milestones that walks the workers through the process of authorizing an initial request for waiver, facility, or enhanced services. Full flows are also used to authorize services that were reopened after being closed with a break in dates of service.
- ◆ Change Flow – Change flows are flows that track specific tasks or events where the worker may need to be made aware of the event or may need to take some action related to an event. Events that start change flows include but are not limited to the following:
  - When Medicaid is cancelled for an active consumer, the Cancel flow is started to notify the worker of the cancellation.

- 
- When Medicaid is denied for a consumer, the Denial flow is started to notify the worker of the denial.
  - When Medicaid reopened for a closed consumer with less than 30 days break in services, a Reopen flow is started to notify the workers that services can be continued.
  - At specific age changes, there are flows started. For example, when a Children's Mental Health waiver consumer nears age of 18, notifications are issued to notify the worker that they need to begin transitioning the consumer to some other adult services.
  - When reviews, such as the level of care, service plan, or Medicaid eligibility review, are due a flow is started to notify the workers that the related tasks need to be completed and assist in tracking the completion of those tasks.
  - When changes are made on service plans, workflow is started in order to obtain any appropriate approvals.
  - Workflow is started to manage slots for the waivers and for Residential-Based Supported Community Living services.

Each task in the workflow will be displayed on the workload pages and will also be displayed in the list of milestones on the STATUS page.

From the STATUS page, you can access the milestone screen by clicking on the row displaying a current milestone assigned to you. It is a good idea to read the responses and comments made that lead up to the milestone on your workload page before responding to your milestone. Responses in the previous questions and comments may help the worker understand what is happening outside of the IoWANS system.

Milestone screen fields include:

- ◆ COMMENTS – Allows entry of information that will be useful to others who will be involved in processing this facility or waiver case.
- ◆ RESPONSES – Allows selection of the appropriate answer to the question.
- ◆ CANCEL – Postpones answering the question. Use this response on any milestone screen to exit the screen without responding to the milestone.

The screenshot shows the IoWANS system interface. At the top, there is a navigation bar with tabs for Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. Below the navigation bar, there is a menu with links for Consumer Search, Program Request, Service Plan, Status, Roles, Details, TCM Service Auth, Incident Report, Invoice Search, My Workload, Team Workload, My Reports, and Logout. The main content area displays the following information:

**Consumer Selected:** JULY , DONNA **SID:** 1231247P **Program Request:** Elderly 12/1/2020 -

**Question:** The consumer has been given a choice between HCBS waiver services and institutional services. Do you want to continue with waiver eligibility?

**Comments:** [Empty text area]

**response**

- [Continue, HCBS chosen](#)
- [Consumer has chosen institutional services](#)
- [Deny](#)
- [Cancel](#)

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 IoWANS HelpDesk for assistance.

Everyone involved in processing and tracking facility and weiver 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 online in IoWANS, may be delayed due to procedures outside of IoWANS.

Most milestones require only a response but a few require additional actions or entries to the response. Examples of these milestone screens are the milestone for entry of the level of care and the milestone for approval of the service plan show in the screens below.

## Select Level of Care, Enter Effective Date, and CSR Date Milestone Screen

The screenshot shows the IoWANS interface for the 'Select Level of Care, Enter Effective Date, and CSR Date Milestone Screen'. The header includes the Department of Human Services logo and navigation tabs for Consumer, Provider, Add/Cancel Program, MDSQ, and Supervisor Utilities. The breadcrumb trail shows: Consumer Search | Program Request | Service Plan | Status | Roles | Details | TCM Service Auth | Incident Report | Invoice Search | My Workload | Team Workload | My Reports | Logout. The consumer information is: Consumer Selected: JULY, DONNA SID: 1231247P Program Request: Elderly 12/1/2020 -.

Question: Select Level of Care, Enter Effective Date and CSR Date.

Application Date: 09/08/2020

Client Level of Care: NF

Effective Date: 12/01/2020

CSR Date: 12/01/2021

Comments:

response

- OK
- Physician Review
- Assessment not Received
- Assessment was received, but more information is needed
- No qualifying diagnosis for ID or CMH waiver
- Cancel

The Medical Services Reviewer is assigned to select the level of care and enter the effective date and CSR Date. For most programs, the CSR Date is 365 days after the level of care effective date. IoWANS defaults to 365 days out. The Medical Services Reviewer has the option to make this date earlier but not more than 365 days after the effective date. Comments on this screen are optional, except when the level of care is denied. Upon entry of denied level of care, the Medical Services Reviewer is required to enter comment.

## Verify Service Plan Milestone Screen

The screenshot shows the IoWANS interface for the 'Verify Service Plan Milestone Screen'. The header and breadcrumb trail are identical to the previous screen. The consumer information is: Consumer Selected: JULY, DONNA SID: 1231247P Program Request: Elderly 12/1/2020 -.

Question: Approve Service Plan changes. Send NOD.

| Select:                  | Service Plan:           | Valid:                              |           |
|--------------------------|-------------------------|-------------------------------------|-----------|
| <input type="checkbox"/> | 12/01/2020 - 11/30/2021 | <input checked="" type="checkbox"/> | View Plan |

Comments:

response

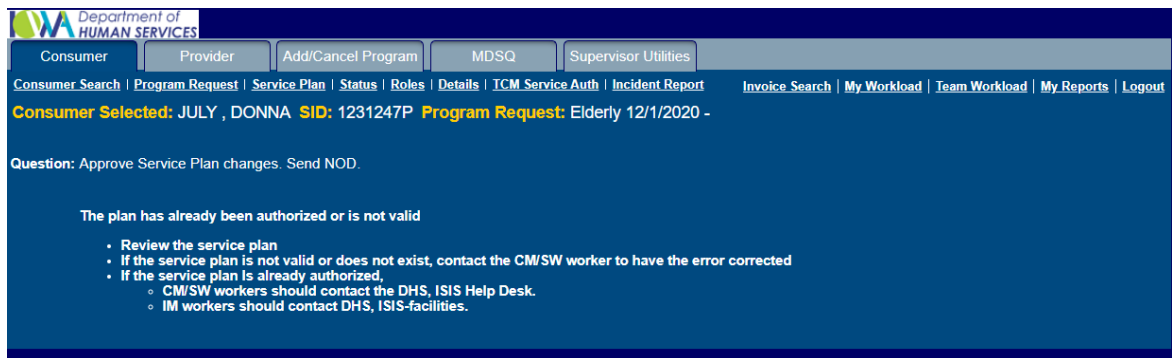
- Approve
- Deny
- Cancel



For waiver, IHHC, and TCM cases, this screen allows the worker to enter verification that a service plan has been entered for the consumer. This ensures that information on the case is not sent to the fiscal agent until a valid service plan has been completed.

NOTE: For IHHC cases, 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 IoWANS.

When there is no valid service plan, as shown in the next screen, the screen will not display the check box required to complete the milestone. To resolve this, the case manager needs to review the plan, resolve any errors, and save the plan.



## **Provider Screens**

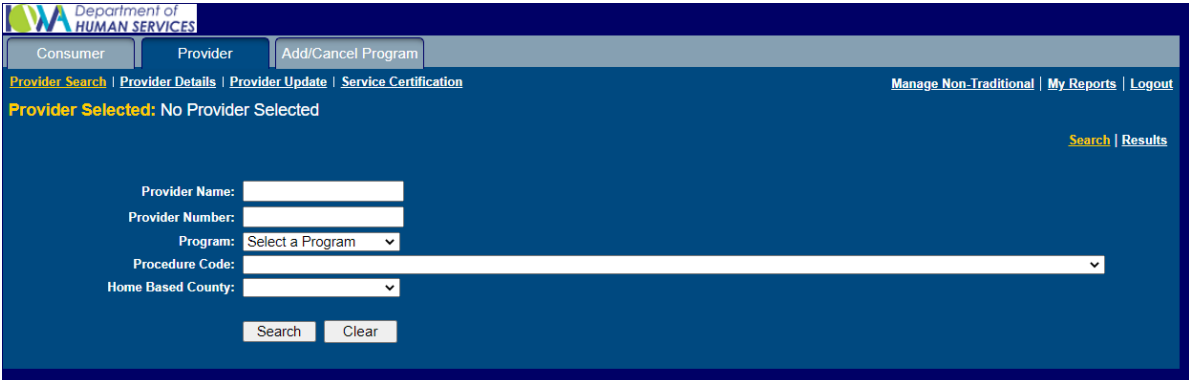
Common elements on provider screens include:

- ◆ PROVIDER SEARCH subtab – Allows for worker to search for a provider.
- ◆ 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, deemed, or enrolled. 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.
- ◆ MANAGE NON-TRADITIONAL subtab – Access screen showing information including services approved for a selected provider.
- ◆ LOGOUT subtab – Immediately logs you out of IoWANS.

Provider screens include:

- ◆ [Provider search](#)
- ◆ [Provider search results](#)
- ◆ [Provider details](#)
- ◆ [Provider update](#)
- ◆ [Provider service certification](#)

## **Provider Search Screen**



The screenshot shows the 'Provider Search' screen within the 'Department of HUMAN SERVICES' interface. The top navigation bar includes tabs for 'Consumer', 'Provider', and 'Add/Cancel Program'. The 'Provider' tab is active, and the 'Provider Search' subtab is selected. The page displays a search form with the following fields: 'Provider Name' (text input), 'Provider Number' (text input), 'Program' (dropdown menu with 'Select a Program' selected), 'Procedure Code' (text input), and 'Home Based County' (dropdown menu). Below the form are 'Search' and 'Clear' buttons. The status bar at the top right shows 'Manage Non-Traditional | My Reports | Logout'. The main content area displays 'Provider Selected: No Provider Selected' and a 'Search | Results' link.

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 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 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 **subtab** and the SEARCH **button**, both described below.

- ◆ SEARCH subtab – 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 subtab – Displays results of last search you performed.
- ◆ SEARCH button – Causes IoWANS to perform the search.
- ◆ CLEAR button – Clears fields for new entries.

## Provider Search Results Screen

| Provider Number | NPI        | Provider Name                       |
|-----------------|------------|-------------------------------------|
| 0703757         | 1487794921 | ABC DRUG                            |
| 0401401         | 1477534717 | ABC HOME MEDICAL SUPPLY INC         |
| 0704152         | 1578649687 | ABC MEDICAL SUPPLY & EQUIPMENT      |
| 0712037         | 1639538044 | ABC TRANSPORTATION INC              |
| 0454488         | 1710989397 | ABCM                                |
| 0296475         | 1071595363 | ABCM CORP DBA                       |
| 0703851         | 1568756925 | ABCM CORPORATION                    |
| 0703792         | 1941292448 | ABCM CORPORATION                    |
| 0176479         | 1861494445 | ABCM CORPORATION D/B/A              |
| 0282145         | 1427050038 | ABCM CORPORATION DBA                |
| 0417592         | 1477546703 | ABCM CORPORATION DBA                |
| 0417618         | 1578585255 | ABCM CORPORATION DBA                |
| 0252619         |            | ABCM CORPORATION DBA                |
| 0445270         | 1952303588 | ABCM CORPORATION D/B/A              |
| 0001469         | 1235636910 | ABCM HEALTHY LIVING HOME CARE       |
| 0804773         | 1952303558 | ABCM HEALTHY LIVING HOME CARE       |
| 0807388         | 1588666127 | ABCM REHAB CENTER OF INDEPENDENCE   |
| 0807412         | 1992707525 | ABCM REHAB CENTER OF INDEPENDENCE   |
| 0853030         | 1427127364 | ABCM REHABILITATION CTR OF INDEPEND |
| 1653030         | 1427127364 | ABCM REHABILITATION CTR OF INDEPEND |
| 0706880         | 1083081707 | ABCM THERAPY                        |

Access the 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 SERVICES AGREEMENT WORKSHEET – SERVICE AND PROVIDER screen.

The 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 over 100 were found.

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 subtab – Will take you back to the PROVIDER SEARCH screen.
- ◆ RESULTS subtab – 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 Microsoft Edge window that will open, and you may print it by selecting the printer icon.
- ◆ 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.
- ◆ NPI column – The provider's national provider indicator number.
- ◆ 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 PROVIDER SEARCH tab 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

| Program    | Service Name  | Start Date | Exp. Date | Term. Date | Rate | Rate Eff Date | Unit Type |
|------------|---|------------|-----------|------------|------|---------------|-----------|
| AIDS - HIV | SS170.UF-Home Delivered Meals - morning, 1 unit per day --Tier# 0 | 1/27/2020  | 1/26/2021 |            |      |               | Meal(s)   |
| AIDS - HIV | SS170.UG-Home Delivered Meals - noon, 1 unit per day --Tier# 0    | 1/27/2020  | 1/26/2021 |            |      |               | Meal(s)   |
| AIDS - HIV | SS170.UH-Home Delivered Meals -                                   | 1/27/2020  | 1/26/2021 |            |      |               | Meal(s)   |

Access the PROVIDER DETAILS screen by selecting a provider from the list given in the RESULTS screen. You may 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, deemed, or enrolled) 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.
- ◆ NPI – The NPI number of 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.
- ◆ ENROLLMENT STATUS - DATE – The provider’s enrollment status and status’s effective. This information comes from the provider’s enrollment record maintained by IME Provider Services.
- ◆ HCBS SPECIALIST – The certification manager for this provider.
- ◆ PROGRAM – Identifies the program for which the selected provider is approved to provider services for.
- ◆ SERVICE NAME – Identifies the service code, modifier, and service description for the program which the selected provider is approved for.
- ◆ START DATE – The enrollment begin date when the selected provider can provide the identified service for the identified program.
- ◆ EXP. DATE – The expiration date when the selected provider is no longer able to provide the identified service for the indentified program.
- ◆ TERM DATE – The selected provider’s termination date as a Medicaid provider.
- ◆ RATE – Selected provider’s rate per unit. If a rate is not entered, the rate is defaulted to the service maximum rate for that program.
- ◆ RATE EFF DATE – The effective date of the selected 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.

## Provider Update Screen

Department of HUMAN SERVICES

Consumer Provider Add/Cancel Program MDSQ Supervisor Utilities

Provider Search | Provider Details | **Provider Update** | Service Certification Manage Non-Traditional | My Reports | Logout

**Provider Selected:** ABCM

Provider Number: 0454488  
NPI: 1710989397  
Provider Name: ABCM

Physical Address 1: DBA MAPLE MANOR VILLAGE APT  
Physical Address 2: 343 PARRIOTT  
Physical City/State/Zip: APLINGTON IA 50604-1093  
Pay To Address 1:  
Pay To Address 2:  
Pay To City/State/Zip:

Mailing Address 1:  
Mailing Address 2:  
Mailing City/State/Zip:  
Corporate Address 1:  
Corporate Address 2:  
Corporate City/State/Zip:

Enrollment Status - Date: Active - 4/1/2005  
e-Mail:

Phone: (319) 347-2309  
Fax: (319) 347-6347  
Home Based County: 012 - Butler  
HCBS Specialist: Barber - Rebecca

CMH Specialists:  
All Workers: Shelton-Beedle, Julene  
My Workers:  
Add >>  
<< Remove

Access the provider update screen by selecting the PROVIDER tab and then the PROVIDER UPDATE subtab once a provider has been selected.

NOTE: You will not see this screen unless you have the correct access permissions.

With the right security permissions, you may access this screen to view and edit demographics data concerning a provider.

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

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.
- ◆ NPI – The NPI number of the provider you selected on a previous screen.
- ◆ PROVIDER NAME – The name of the provider you selected on a previous screen.



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

- ◆ PHYSICAL ADDRESS 1 and ADDRESS 2 – The provider’s main address.
- ◆ PHYSICAL 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 IoWANS 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.

| Program Name | Service Name  | Start Date | Exp. Date | Term. Date | Rate | Rate Eff. Date | Cert. Desc |
|--------------|---|------------|-----------|------------|------|----------------|------------|
| AIDS - HIV   | S5170 UF-Home Delivered Meals - morning, 1 unit per day --Tier# 0         | 1/27/2020  | 1/26/2021 |            |      |                | Enrolled   |
| AIDS - HIV   | S5170 UG-Home Delivered Meals- noon, 1 unit per day --Tier# 0             | 1/27/2020  | 1/26/2021 |            |      |                | Enrolled   |
| AIDS - HIV   | S5170 UH-Home Delivered Meals- evening, 1 unit per day --Tier# 0          | 1/27/2020  | 1/26/2021 |            |      |                | Enrolled   |
| AIDS - HIV   | S5170 UJ-Home Delivered Meals-Liquid Supplement, 1 unit per day --Tier# 0 | 1/27/2020  | 1/26/2021 |            |      |                | Enrolled   |
| AIDS - HIV   | T1005 US-Respite Care Services - facility --Tier# 0                       | 7/1/2013   | 2/22/2222 |            |      |                | Deemed     |
| AIDS - HIV   | W2507 -Respite-nursing facility --Tier# 0                                 | 2/1/2007   | 6/30/2013 | 7/1/2013   |      |                | Deemed     |
| Brain Injury | S5170 UF-Home Delivered Meals - morning, 1 unit per day --Tier# 0         | 1/27/2020  | 1/26/2021 |            |      |                | Enrolled   |

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:

Department of HUMAN SERVICES

Consumer Provider Add/Cancel Program MDSQ Supervisor Utilities

Provider Search | Provider Details | Provider Update | Service Certification Manage Non-Traditional | My Reports | Logout

Provider Selected: ABCM

|                           |   |
|---------------------------|---|
| Provider Number:          | 0454488   |
| NPI:                      | 1710989397  |
| Provider Name:            | ABCM  |
| Enrollment Status - Date: | Active - 4/1/2005   |
| Programs:                 | Brain Injury  |
| Service Info:             | S5170:UF-Home Delivered Meals - morning, 1 unit per day --Tier#:0 |
| Start Date:               | 1/27/2020 Format: (mm/dd/ccyy)                                    |
| Length Of Certification:  | NA  |
| Expiration Date:          | 1/26/2021 Format: (mm/dd/ccyy)                                    |
| Certification Type:       | Enrolled  |
| Review Date:              | Format: (mm/dd/ccyy)  |
| Report Date:              | Format: (mm/dd/ccyy)  |
| Re-Certification Date:    | Format: (mm/dd/ccyy)  |
| Rate:                     |   |
| Rate Effective Date:      | Format: (mm/dd/ccyy)  |
| Annual Survey Due Date:   | Format: (mm/dd/ccyy)  |
| Termination Date:         | Format: (mm/dd/ccyy)  |

Enrollment Qualifiers:

|    |    |    |    |    |    |    |    |    |    |
|----|----|----|----|----|----|----|----|----|----|
| 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
| 16 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| 32 | 35 | 37 | 38 | 39 | 40 | 44 | 45 | 46 | 47 |
| 48 | 49 | 50 | 51 | 52 | 53 | 54 | 55 | 56 | 59 |
| 61 | 62 | 65 | 66 | 69 | 70 | 71 | 72 | 73 | 74 |
| 75 | 76 | 77 | 78 | 79 | 80 | 81 | 82 | 83 | 84 |
| 85 | 86 | 87 | 88 | 89 |    |    |    |    |    |

• = Required

Save Clear

The 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 IoWANS, however, an enrolled provider will have a reasonable expiration date entered, since expiration date is a required field in IoWANS.

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 IoWANS with the new information.

NOTE: This screen is **not** used to establish a new provider in IoWANS. The Medicaid fiscal agent establishes new provider names and numbers, and they come to IoWANS from the DHS mainframe computer.

The first two fields on the **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.
- ◆ **NPI** – The NPI number of the provider you selected on a previous screen.
- ◆ **PROVIDER NAME** – The name of the provider you selected on a previous screen.
- ◆ **ENROLLMENT STATUS - DATE** – The selected provider’s enrollment status and effective date of the enrollment status.

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

- ◆ **PROGRAMS** – Select the program under which the service will be provided.
- ◆ **PROC. CODE/MODIFIER/SVC. DESC/TIER#** – From the pull-down menu of procedure codes and service descriptions, select a service to enter as certified, deemed, or enrolled 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, deemed, or enrolled) 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.
- ◆ ENROLLMENT QUALIFIERS –
- ◆ 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, deemed, or enrolled).
- ◆ 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.
- ◆ RATE EFF. DATE – The effective date of the shown rate.
- ◆ CERT. DESC. – Identifies whether the service is certified, deemed, or enrolled.

## **Add/Cancel Program Screens**



The ADD/CANCEL tab allows workers with the appropriate role to add enhanced services and other state plan services so that those services can be authorized for a Medicaid eligible member. Services added using the ADD/CANCEL tab include:

- ◆ Habilitation Service or MCO Habilitation Services
- ◆ Targeted Case Management (TCM)
- ◆ Money Follows the Person
- ◆ MHI – Only used by MHI IM workers to add MHI for members aged 18 to 64.
- ◆ Skilled – Only used by the Out of State Reviewer to add skilled facility program request for Out of State skilled members.
- ◆ MDSQ – Only used by QIO to add a Minimum Data Set (MDS) Section Q referral for residents on a nursing facility.

Fields on the ADD/CANCEL PROGRAM screen include:

- ◆ STATE ID - Enter the entire eight-character state ID number assigned to the consumer.
- ◆ PROGRAM START DATE - Enter the date services will begin. This date will become the Program Request begin date. When adding Habilitation Services it can be left blank in order to indicate Habilitation Services are pending approval. All other programs must have a valid start date.
- ◆ PROGRAM - Select the program from the dropdown box.

Add the program for a member by making entries on the above fields. Then click the INITIATE PROGRAM button. IoWANS will obtain the member's Medicaid approval and demographic information that was previously entered by the IM worker in the ABC system and passed through TXIX system to MMIS. Before allowing the program to be added, IoWANS also checks for current Medicaid eligibility based on MMIS data.

The following errors may be received when adding a consumer:

- ◆ Consumer is in a facility.
- ◆ Consumer is not age 18 by the start of the enhanced Program.
- ◆ Participant is not Medicaid eligible
- ◆ Consumer already has a Program Request overlapping with the begin date.

## **Supervisor Utilities Screens**

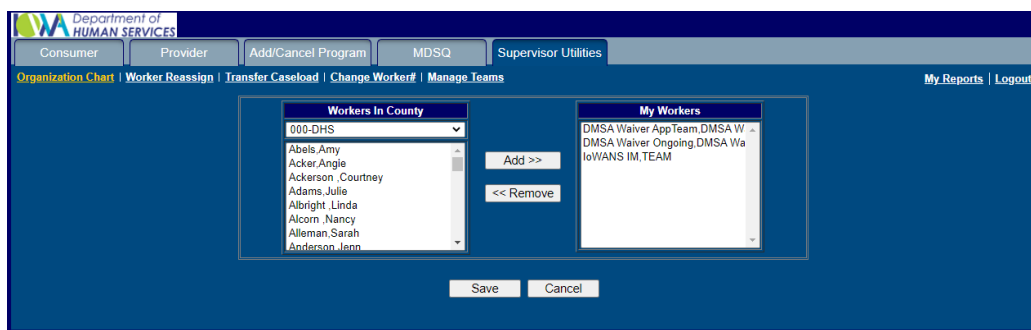
Common fields on the Supervisor Utilities screens include:

- ◆ 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.
- ◆ TRANSFER CASELOAD subtab – Provides a means to transfer assigned caseload between to workers who you supervise. Access or ability to enter information on this screen is limited to those with proper security permissions.
- ◆ CHANGE WORKER# subtab – Provides a means to add or remove an assigned worker number for workers who you supervise. Access or ability to enter information on this screen is limited to those with proper security permissions.
- ◆ MANAGE TEAMS subtab – Provides a means to add or remove workers from a team. Access or ability to enter information on this screen is limited to those with proper security permissions.

## **Supervisor Organization Chart Screen**



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



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

Fields on the ORGANIZATION CHART subtab include:

- ◆ 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**

| Consumer                   | Residence | Responsibility | Program | New Worker     |
|----------------------------|-----------|----------------|---------|----------------|
| 12312301 - JANUARY DARLING | Scott     | Polk           | Elderly | TEAM IoWANS IM |
| 12312301 - JANUARY DARLING | Scott     | Polk           | IHHRC   | TEAM IoWANS IM |

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 table – 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.
- ◆ RESIDENCE – Identifies the consumer’s county of residence.
- ◆ RESPONSIBILITY – Identifies the consumer’s county of legal settlement.
- ◆ PROGRAM – Identifies the program name for the consumer.
- ◆ 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 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.

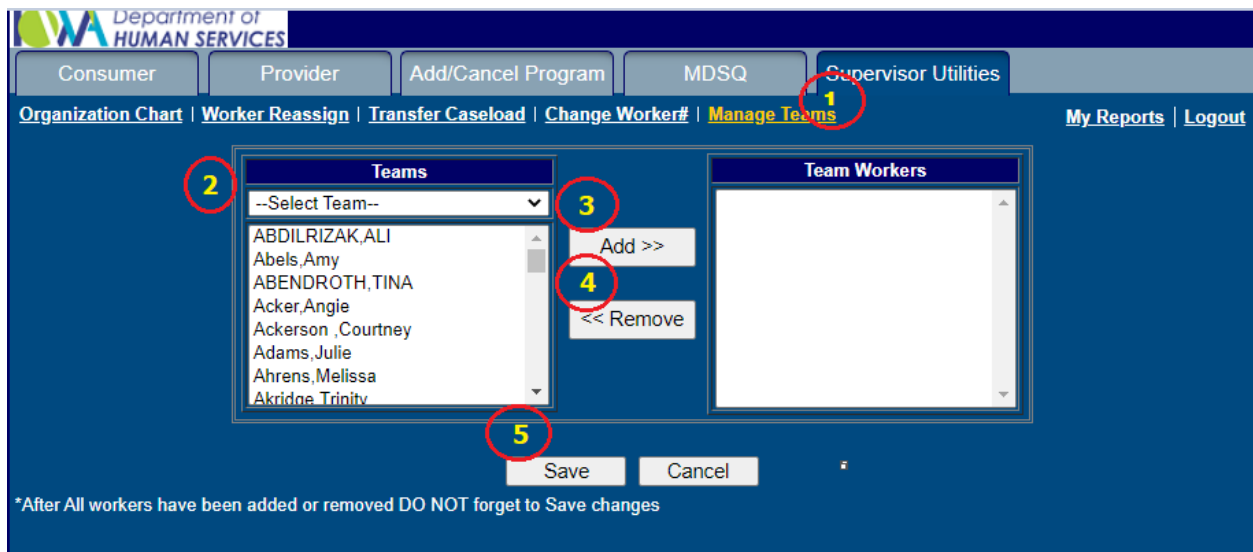
As a supervisor you may need to respond to milestones. Initially the case in question would be assigned to you, and you can leave it that way. If later a situation arises where you should respond to milestones for a case that you previously assigned to someone else, you should use this screen to reassign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

When applicable, 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.

## **Creating Worker Teams**

A team is created using the same IoWANS Security Request form that is used to get a new worker access to IoWANS.

- ◆ The LAST NAME field will be displayed as the team name (e.g., if the team is Team 1, Team 1 is the last name).
- ◆ Once a team has been built, the Supervisor can add workers to the team.
  1. Under the SUPERVISOR UTILITIES tab, select "Manage Teams".
  2. Select the team name from the dropdown box.
  3. To add a worker to a team, select the worker's name from under the list under "Teams" and click ADD>>.
  4. To remove a worker from a team – select the worker's name from the list under "Team Workers" and click <<REMOVE.
  5. After all workers have been added or removed click on the SAVE button to save the changes.



## **Glossary**

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

| <b>Term or Acronym</b> | <b>Explanation</b>   |
|------------------------|--|
| 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, <a href="#">TD01: Aid Type</a>  |
| Application date       | The date a consumer applied for the facility or waiver program   |
| Arbitrator             | See <a href="#">COLS arbitrator</a> .  |
| 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 IoWANS 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.  |

| <b>Term or Acronym</b> | <b>Explanation</b>   |
|------------------------|--|
| 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/ID, ID 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 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 IoWANS purposes, an enrolled provider will have an expiration date entered, since the expiration date is a required field in IoWANS. |
| 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 <a href="#">CMS</a> .  |

| <b>Term or Acronym</b> | <b>Explanation</b>   |
|------------------------|--|
| 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/ID                 | Intermediate care facility for the intellectually disabled: An institution where the primary purpose is the diagnosis, treatment, or rehabilitation of persons who have an intellectual disability. ICFs/ID 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   |
| QIO                    | Quality Improvement Organization: Currently the utilization review agency (peer review organization) for Iowa Medicaid.  |
| HD                     | The HCBS Health and Disability 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 IoWANS file for that consumer.  |
| IoWANS                 | Institutional and Waiver Authorization and Narrative 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/ID, 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.   |
| ID                     | The HCBS Intellectual Disability 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.   |

| <b>Term or Acronym</b> | <b>Explanation</b>   |
|------------------------|--|
| 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 IoWANS 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, deemed, or enrolled 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   |

| <b>Term or Acronym</b>         | <b>Explanation</b>   |
|--------------------------------|--|
| 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 IoWANS 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 IoWANS 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.   |