

HCSIS Data Entry Guidebook

Program and System Data Entry Procedures and Requirements for Service Coordinators Using HCSIS

Significant Updates to the Guidebook are as follows: Effective for plans submitted after October 24, 2011

1. The Meeting Details and Contact Log screens are no longer required to be completed. OLTL is requiring SCs to use the Service Note Screen.
2. Page 18-19: Clarification and further detailed information has been provided on the Physical Assessment Screen.
3. Page 21: There must be a Crisis Support Plan in place; this is stated on Page 21.
4. Pages 25-27: Clarification and further detailed information on how Outcome Statements should be documented on the Outcome Summary Screen.
5. Pages 27-31: Clarification and further detailed information on how Outcome Phrases should be entered on the Outcome Action Screen.

**** NOTE: OLTL provided 2 examples of acceptable documentation in the Outcome Summary Screen and Outcome Action Screen. Moving forward, OLTL will be evaluating this as part of our work to evaluate the overall ISP process. SC's are not required to update or change any existing plans and are to use either method at this time.**

6. Page 32-34: Clarification of the completion of the Non-Waiver Screen.
7. Page 35-38: Clarification on moving back to using the Service Note Screen. OLTL is requiring SCs use the Service Note screen for documentation of contacts with participants. These pages include specific instructions for completing the Service Note Screen.

Chapter
1

Introduction

The Office of Long-Term Living (OLTL) uses an information system called HCSIS (Home and Community Based Services Information System) to manage several of its home and community based services programs. This guidebook is intended to provide service coordinators with the data entry requirements specific to OLTL. The guidebook focuses solely on data requirements and does not address navigation or other system trainings. The guidebook should be used in conjunction with other HCSIS resources.

Overview

HCSIS Overview

HCSIS is a web-enabled system that can be accessed by authorized users from any computer with access to the internet. This feature allows HCSIS to serve as a central information system; in most cases, information entered into the system from the field is accessible in real-time at the central office. Each user has one or more roles in HCSIS that allow access to the system based on their specific needs and job functions. For example, a service coordinator can see the service plans and demographic information of only the participants he/she is responsible for.

HCSIS automates the collection, storage, analysis, and retrieval of information for several of the OLTL's home and community based waivers and programs. Specifically, OLTL uses HCSIS to:

- Register new participants for programs.
- Perform service coordination tasks.
- Track service plans.
- Track provider and fiscal details.
- Verify provider payments.

Program Overview

Within OLTL, the following programs use HCSIS:

- Attendant Care Waiver
- Attendant Care Act 150
- COMMCARE Waiver
- OBRA Waiver
- Independence Waiver

Each of these programs has different policies and procedures that dictate how eligibility decisions are made. As OLTL standardizes the home and community based service system, there is a need to standardize the participant records maintained in HCSIS.

The OLTL uses information from HCSIS to meet the Waiver Assurances mandated by the Centers for Medicare and Medicaid Services (CMS). The assurances were put into place by Congress to address the unique challenges of assuring the quality of services delivered to vulnerable persons living in their

community. The documentation and information required in HCSIS supports the assurances and ensures that our programs continue to be supported. Service coordinators and their supervisors play an integral role in ensuring that the information in HCSIS is consistent, complete, and correct.

How this Guidebook is Organized

Most of the screens in HCSIS can be completed in any order. In addition, the records in HCSIS are constantly evolving as our participant's unique needs and service plans change. Service coordinators can enter information in one area, save it, and then enter additional information to the same area at a later date. This guidebook will address screens in the order in which they appear in HCSIS.

For most screens, HCSIS offers several ways to navigate to the information. This guidebook will always list screens by the menu path. The menu path is always listed in the top left hand corner of the HCSIS screen, below the blue bar. For example:

Individual – Demographics – Contacts – Contacts Detail

The guidebook has been divided into several chapters. Each chapter reflects a HCSIS module. The modules addressed in this guidebook are:

- Individual
- Plan
- SC

This guidebook will mention but not address *Individual - Clearance* and *Individual – Eligibility* screens. Service Coordinators should continue to enter data in those screens as indicated in existing HCSIS tip sheets and trainings. In addition, this guidebook **will not address** screens which cannot be used within the OLTL Programs/Waivers.

All screenshots and participant information included in this guidebook are fictional but have been intentionally designed to resemble real world scenarios.

Chapter 2

Individual

The Individual module improves efficiency in the registration process for services and supports by recording key demographics, evaluation, and eligibility information for participants. The module provides an overall picture of the participant's needs and goals.

If a participant is identified as being served by multiple program offices, the information on many of the screens in the Individual module can be viewed and updated by each program office serving the participant. Users should refer to the recording worker information and date stamp at the bottom of the screen to determine when the information was last updated and by whom.

Individual - Clearance

There are no changes to the Individual-Clearance screens. Service coordinators and intake coordinators should continue to use the following tip sheets and training materials to perform clearance activities for participants:

- [OLTL SC-1.0 New Consumer Tip Sheet](#)
- [OLTL HCSIS SC Training Part 1](#)
- [OLTL HCSIS SC Training Part 2](#)

All of the tip sheets and training materials referenced throughout this guide are available on the HCSIS Learning Management System (LMS). The LMS is available from the HCSIS Welcome screen via the Learning Management System link.

Individual - Demographics

Individual – Demographics – Alt ID – Alternate Identifiers

This screen captures alternate identifiers for the participant, such as Social Security Number (SSN), Base Services Unit number (BSU; Office of Developmental Programs only), Medical Assistance (MA, Medicaid), and Medicare (MC). Currently, the Social Security Number is mandatory. In order to enroll a participant in an OLTL Waiver/Program, the SSN must be entered on this screen. When available, the Medical Assistance number must be entered as well. In order to enroll a participant in an OLTL Waiver, the MA number must be entered on this screen.

For each identifier, the following fields must be completed:

- Identifier Type – Service coordinators for OLTL should only enter SSN and MA. When available, the Medicare number should not be entered on this screen. This number is captured elsewhere in HCSIS.

- Identifier
- Effective Begin Date – This refers to the start date for the identifying number.
- Effective End Date – This date must be entered if the identifier is no longer active (for example, the participant becomes ineligible for MA).

Individual – Demographics – Alt ID – Alternate Identifiers

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Search					
Select	Identifier Type	Identifier	Effective Begin Date		
⊕	SSN	002-88-8888	05/05/1975		
⊖	MA	2202142895	01/01/2003		
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>					
Alternate Identifier Details					
Identifier Type:	* SSN				
Identifier:	* 002888888				
Effective Begin Date (MM/DD/YYYY):	* 05/05/1975				
Effective End Date (MM/DD/YYYY):					
Recording Worker (Program Office):	PW-OSSTAP, PW-OSSTAP (OMAP)				
Recording System:	HCSIS				
Date Stamp:	04/12/2010				

Individual – Demographics – Demo. – Individual Demographics

This screen displays general demographics information about the participant. The SSN is pre-populated from the *Individual – Demographics – Alt ID – Alternate Identifiers* screen. The following fields are pre-populated from the *Individual – Clearance* screen after the participant has been either added or linked to existing records within the Commonwealth’s data systems: First Name, Last Name, Ethnicity, Gender, and Citizenship.

The following fields must be completed in order to enroll a participant in an OLTL Waiver/Program:

- First Name (pre-populated)
- Last Name (pre-populated)
- Date of Birth
- Primary Race
- Ethnicity (pre-populated)
- Gender (pre-populated)
- Living Situation
- Educational and Vocational Status
- Veteran Status
- Marital Status
- Primary Language
- Primary Language at Home
- Ambulation
- Is Interpreter Needed – Refers only to the participant’s needs.
- If yes, Interpreter Needed For – Required if the response to the above question is “Yes.”
- If other, Please Specify – Required if the response to the above question is “Other.”
- Other Special Needs – Expands on the participant’s interpretive and/or communication needs. For example, a need for Braille, large print, or sign language could be indicated in this field.
- County of Residence
- Citizenship Status (pre-populated)
- Home/Work/Mobile/Other Phone – At least one phone number must be entered. Service Coordinators should enter as many numbers as are known for the participant.

- Confidential – If the participant has limited the type of information or to whom information may be shared, this field should be marked “yes.”
- Confidential Details – This field should be completed only if Confidential is marked “yes.” The specific limitations on information sharing must be detailed here.

Individual – Demographics – Demo. – Individual Demographics

The screenshot shows a web-based data entry form for individual demographics. The form is organized into a grid with labels on the left and input fields on the right. Fields include: First Name (DOHN), Middle Initial (I), Last Name (DOE), Suffix (dropdown), Last Name at Birth, Preferred Name or Nickname, Social Security Number (XXX-XX-6573), Date of Birth (05/05/1975, Age: 36 Years, 02 Months), Race (Black or African American, American Indian or Alaskan Native, White), Ethnicity (Non-Hispanic), Gender (Male), School District, Graduation Date, Original Registration Date, Living Situation (Own Residence), Living Situation Qualifier, Priority Group, Educational and Vocational Status (Competitive Employment Full Time), Veteran Status (Veteran), Marital Status (Married, Living with Spouse), Primary Language (English), Primary Language at Home (Spanish), Is Interpreter Needed? (No), If yes, Interpreter is needed for, If Other, please specify, Ambulation (AMBULATORY CAN WALK INDEP WITHOUT ASSISTANCE), Other Special Needs, County of Residence (Dauphin), Citizenship Status (US Citizen), Special Indicator, Home Phone (717) 123-4567, Work Phone (717) 123-9876, Mobile Phone (717) 123-7854, Other Phone, Pager, Confidential (Yes), and Confidential Details (Maximum of 512 Characters) containing text about biological mother information.

A “yes” response on Confidential and information listed in the Confidential Details do not replace a signed release of information from the participant.

Individual – Demographics – Address – Individual Address

This screen allows the user to capture information pertaining to the participant’s mailing and residential addresses and contact information. Service coordinators must enter both a mailing and a residential address if the addresses are different for the participant.

For each address entered, the following fields must be completed:

- Address Line 1 – Use additional lines as necessary.

- City
- State
- Zip
- Address Type – Both a mailing and residential address must be listed if they are not the same.
- Email Address – This field is optional but must be completed if the service coordinator communicates with the participant via email. The participant's email address should always be listed with their residential address.
- Effective Begin Date – This refers to the date the participant moved to this address.

Individual – Demographics – Address – Individual Address

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Show Filter					
Select	Address Type	Address	Effective Begin Date		
<input type="radio"/>	Mailing	PO BOX 1234, HARRISBURG, Pennsylvania, 17108-0000	01/01/2010		
<input checked="" type="radio"/>	Residential	555 WALNUT ST FL 5, HARRISBURG, Pennsylvania, 17101-1925	01/01/2010		
Add Edit Delete					
Address Details					
Address Line 1:	* 555 WALNUT ST FL 5				
Address Line 2:					
Address Line 3:					
City:	* HARRISBURG				
State:	* Pennsylvania				
Zip:	* 17101-1925				
Address Type:	* Residential				
Email Address:	jdoe@gmail.com				
Additional Notes:	Recently moved from Philadelphia County				
Effective Begin Date (MM/DD/YYYY):	* 01/01/2010				
Effective End Date (MM/DD/YYYY):					
Recording Worker (Program Office):	PW-OSSTAP, PW-OSSTAP (OMAP)				
Date Stamp:	4/12/2010 1:45:41 PM				

If the participant moves the old address should be end dated and the new address added as a separate entry.

Individual – Demographics – Address – Individual Address – Historical

Select	Address Type	Address	Effective Begin Date	Effective End Date
<input checked="" type="radio"/>	Residential	5450 WISSAHICKON AVE, #236, PHILADELPHIA, Pennsylvania, 19144	01/01/2003	12/31/2009
<input type="radio"/>	Mailing	2991 WISSAHICKON AVE, PHILADELPHIA, Pennsylvania, 19144	01/01/2003	01/01/2010
<input type="radio"/>	Mailing	2991 WISSAHICKON AVE, PHILADELPHIA, Pennsylvania, 19144	01/01/2003	
<input type="radio"/>	Residential	5450 WISSAHICKON AVE, #236, PHILADELPHIA, Pennsylvania, 19144	01/01/2003	

Individual - Demographics - Ins - Individual Insurance

This screen allows the user to capture information related to a participant's private and Medicare insurance. Service coordinators must enter all other insurance options for the participant. If a policy becomes inactive, the service coordinator must enter a Policy Stop Date for that entry. For each insurance policy listed, the following fields must be completed:

- Company
- Insurance/Third Party Liability Type
- Policy Number
- Policy Holder
- Policy Start Date

Individual - Demographics - Ins - Individual Insurance (With Insurance)

Individual - Demographics - Ins - Consumer Insurance
 Search

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Select	Company	Insurance/Third Party Liability Type	Policy Number	Policy Start Date	
<input type="radio"/>	Delta Dental	Dental Benefits	456456464	01/01/2005	
<input type="radio"/>	American Insurance	Basic Coverage	79798797	01/01/2005	
<input checked="" type="radio"/>	BCBS for Veterans	Health Maintenance Organization	99810	01/01/2005	

[Add](#) [Edit](#) [Delete](#)

Insurance Details

Company: * BCBS for Veterans
 Insurance/Third Party Liability Type: Health Maintenance Organization
 Policy Number: * 99810
 Policy Holder: * Self
 Policy Start Date (MM/DD/YYYY): * 01/01/2005
 Policy Stop Date (MM/DD/YYYY):
 Recording Worker(Program Office): PW-OSSTAP, PW-OSSTAP (OMAP)
 Date Stamp: 4/12/2010 1:48:34 PM

[Reset](#) [Save](#) [View History](#) [Save And Continue](#)

If the participant has no other insurance options, users should add a “not applicable” insurance entry.

Individual - Demographics - Ins - Individual Insurance (Without Insurance)

Individual - Demographics - Ins - Consumer Insurance
 Search

Current Individual	Name: SMITH, ABBA	SSN: XXX-XX-2892	MCI#: 700336357	Residential County: Allegheny	Info
Select	Company	Insurance/Third Party Liability Type	Policy Number	Policy Start Date	
<input checked="" type="radio"/>	NA		000000	01/01/2010	

[Add](#) [Edit](#) [Delete](#)

Insurance Details

Company: * NA
 Insurance/Third Party Liability Type:
 Policy Number: * 000000
 Policy Holder: * NA
 Policy Start Date (MM/DD/YYYY): * 01/01/2010
 Policy Stop Date (MM/DD/YYYY):
 Recording Worker(Program Office): PW-OSSTAP, PW-OSSTAP (OMAP)
 Date Stamp: 4/13/2010 3:30:34 PM

[Reset](#) [Save](#) [View History](#) [Save And Continue](#)

Individual - Demographics - Medicaid – Medicaid

This screen allows the user to capture information related to the participant’s Medicaid insurance. The MA number pre-populates from the *Individual – Demographics – Alt ID – Alternate Identifiers* screen. The following fields must be completed:

- Provider
- Provider Type – If the participant participates in a Managed Care Organization, use the Health Maintenance Organization option. If the participant is in a fee-for-service MA plan, use the Other option.
- Assistance was provided in applying for MA? – The user should select “Yes” if the coordination agency assisted the participant in completing the MA600 and/or in gathering the documentation necessary for the County Assistance Office for either an initial MA application or a reevaluation to maintain eligibility.
- Medicaid Eligibility Effective Begin Date

Individual - Demographics - Medicaid - Medicaid

Individual - Demographics - Medicaid - Medicaid

Search

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
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Medicaid Details

Medicaid (MA) Number: 2202142895

Provider: Keystone

Provider Type: Health Maintenance Organization

Provider Policy Number: 554545

Assistance was provided in applying for MA?: * Yes

Medicaid Eligibility Effective Begin Date (MM/DD/YYYY): * 01/01/2003

Medicaid Eligibility Effective End Date (MM/DD/YYYY):

Recording Worker (Program Office): PW-OSSTAP, PW-OSSTAP (OMAP)

Date Stamp: 4/13/2010 3:37:12 PM

Reset Save View History Save And Continue

Individual - Demographics - Diagnosis - Diagnosis

This screen allows the user to add a Program or Additional Diagnosis. Service coordinators should enter all diagnoses for the participant in this screen. Program diagnosis is optional. If a program diagnosis is entered, the exact diagnosis must also be entered as an Additional Diagnosis. If the waiver/program has a diagnosis component to the eligibility requirements (e.g., CommCare requires a Traumatic Brain Injury), the applicable diagnosis must be entered as an Additional Diagnosis.

For each diagnosis, the following fields must be completed:

- Diagnosis Category
- Diagnosis Description
- Comments - Users should provide basic information regarding the diagnosis, medication, symptoms, reactions, etc.
- Age at Onset – Years
- Age at Onset – Months

Individual - Demographics - Diagnosis - Diagnosis

Individual - Demographics - Diagnosis - Diagnosis

Search

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
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Select	Type	Diagnosis Category	Description	Age at Onset
<input type="radio"/>	Additional Diagnosis	Allergies	Environment	10 Years, 4 Months
<input type="radio"/>	Additional Diagnosis	GI (Digestive)	Ulcer disease, Unspecified	34 Years
<input checked="" type="radio"/>	Additional Diagnosis	Allergies	Latex	5 Years, 0 Months
<input type="radio"/>	Additional Diagnosis	Nervous	Head Trauma, Concussion without bleed	29 Years, 8 Months

Add Edit/View Delete

Diagnosis Details

Additional Diagnosis:

Diagnosis Category: * Allergies

Diagnosis Description: * Latex

Comments: Requires non-latex gloves for personal care activities.

Age at Onset - Years: 5

Age at Onset - Months: 0

Diagnosis Begin Date (MM/DD/YYYY): 05/05/1980

Recording Worker (Program Office): PW-OSSTAP, PW-OSSTAP (OMAP)

Date Last Modified: 4/12/2010 2:09:22 PM

Reset Save View History Save And Continue

If a diagnosis becomes obsolete, service coordinators should enter the reason the diagnosis is changing in the comments section and save the diagnosis.

Individual - Demographics - Contacts - Contacts Detail

This screen allows the user to capture information pertaining to people the participant identifies as contacts. The participant should always be entered.

For each contact entered, the following fields must be completed:

- First Name
- Last Name
- Relationship to Individual
- Role(s) – All contacts with the role of “Support Team Member” can then be included via a check box in the *Individual – Activity – Meeting Details* screen. A Support Team Member is any person who the participant indicates can be included in the service plan development and review process to provide advice and/or recommendations regarding services.
- Address Line 1 – Use additional lines as needed
- City
- State
- Zip
- Preferred Contact Method - Contact information (e.g. phone, email) for this method must be entered.
- Best Time to Contact
- Contact Notes – Indicate the reason this person is a contact, when it is appropriate to contact them, and/or additional details specific to the contact.
- Effective Begin Date
- Effective End Date – If contact is no longer to be used.

Individual - Demographics - Contacts - Contacts Detail

ICID#	Name	Relationship	Role	Phone	Email	Effective Date
6	Keate, Donald	Other	S		E-mail	12/15/2010
C	Doe, John	Self	P		Home Phone	12/15/2010
C	Welch, John	Brother	S		Home Phone	12/15/2010
C	Doe, Jane	Wife	C		Home Phone	12/15/2010

Add Edit Delete

Contact Details

First Name: * Donald
 Last Name: * Keate
 Middle initial:
 Suffix:
 Adjudication Date (If Fiscal Guardianship/Personal Guardianship) (MM/DD/YYYY):
 Relationship to Individual: Other
 Role(s): Primary Contact 'P', Additional Primary Contact 'A', Legal Guardian 'G', Caregiver 'C'
 If Power of Attorney, is document on file at agency?
 If Legal Guardian, is document on file at agency?
 If Living Will, is document on file at agency?
 If Caregiver indicate Date of Birth (MM/DD/YYYY):
 Address Line 1: * 555 WALNUT ST
 Address Line 2:
 Address Line 3:
 City: * HARRISBURG
 State: * Pennsylvania
 Zip: * 17101-1925
 Home Phone ((123)456-7890):
 Work Phone ((123)456-7890):
 Mobile Phone ((123)456-7890):
 Other Phone ((123)456-7890):
 E-mail Address: jkeate@gmail.com
 Preferred Contact Method: * E-mail
 Best Time to Contact:
 Contact Notes:
 Effective Begin Date (MM/DD/YYYY): * 12/15/2010

Individual - Demographics - Pre-Screening - Pre-Screening

This screen allows the user to capture information obtained during the pre-screening process. Service coordinators should not enter information into this screen.

Individual - Demographics - Referral - Referral

This screen allows the user to capture referral information for the participant. The following fields are pre-populated from the *Individual - Demographics - Contacts - Contacts Detail* screen: Name, Relationship to the individual, Address, Home Phone, Email Address. The contact is either the primary contact or self, if no primary contact is entered.

Service coordinators should enter information only as it pertains back to the **initial program referral**.

The following fields must be completed:

- Date of Referral
- Original Source of Referral
- Referral Notes – The name and number of the referring participant should be entered in this field.

Individual - Demographics - Referral - Referral

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Referral Details					
Name:	DOE, JOHN				
Relationship to the individual:	SELF				
Address:	555 WALNUT ST FL 5, HARRISBURG, Pennsylvania, 17101-1925				
Home Phone:	(717) 123-4560				
E-Mail Address:	jdoe@gmail.com				
Date of Referral (MM/DD/YYYY):	* [03/05/2010]				
Time of Referral (HH:MM AM/PM):	[]				
Original Source of Referral:	* [Hospital or Pre/Postnatal facilit]				
Referral Notes:	* [Hospital discharge worker provided initial referral. Worker is Suzie Smith, available at (717) 981-0984.]				

Individual – Eligibility

There are no changes to the Individual-Eligibility screens. Service coordinators and intake coordinators should continue to use the following tip sheets and training materials to perform eligibility activities for participants:

- [OLTL SC-1.0 New Consumer Tip Sheet](#)
- [OLTL SC-2.0 Waiver Transfer Tip Sheet](#)
- [OLTL HCSIS SC Training Part 1](#)
- [OLTL HCSIS SC Training Part 2](#)

Individual – Activity

Individual - Activity – Meeting Details

- SC's are not required to complete this screen. You must document all contact with participants in the Service Notes Screen

Individual - Activity – Contact Log

- SC's are not required to complete this screen. You must document all contact with participants in the Service Notes Screen

Chapter 3

Plan

The Plan module facilitates the service planning process. The module records basic medical, health, and safety information for all participants. In addition, the module records a participant's outcomes/goals and the services and supports designed to address these.

Plan – Plan Admin

There are no changes to the Plan Admin screens. Service coordinators and intake coordinators should continue to use the following tip sheets and training materials to create and submit draft plans:

- [OLTL SC-1.0 New Consumer Tip Sheet](#)
- [OLTL SC-2.0 Waiver Transfer Tip Sheet](#)
- [OLTL SC-3.0 Service Changes Tip Sheet](#)
- [OLTL SC-5.0 Demographics Changes Tip Sheet](#)
- [OLTL SC-6.0 Vendor Services Tip Sheet](#)
- [OLTL SC-7.0 Annual Review Tip Sheet](#)
- [OLTL HCSIS SC Training Part 1](#)
- [OLTL HCSIS SC Training Part 2](#)
- [Case Management Wizard – Adobe Captivate Simulation](#)

Plan – Indiv Pref

Plan – Indiv Pref – Know & Do

This screen allows the user to enter information that service providers and service workers need to know or do to provide services for the participant. This screen should be completed for all participants with the following type of information:

- The participant's likes, dislikes, or preferences regarding his/her daily habits
- Special details regarding how to actually provide the care
- The participant's preferred method of service delivery (i.e. agency model, consumer employer model etc.)

Plan – Indiv Pref – Know & Do

Plan – Individual Preference – Know & Do

Search

Name: DOE, JOHN Z	MCI#:	Residential County: Dauphin	Info
Plan Status: Draft	Changed: 2010-04-12 15:11:48	Agency /SC Entity: OSP DATA	Fiscal Year: 2005-2006

Go to: Know & Do [Go]

What does the consumer/family think someone needs to know to provide support?

CONSUMER ENJOYS WORK AND FEELS THIS IS CRITICAL TO HIS INDEPENDENCE. CONSUMER'S WIFE MAINTAINS THE HOME AND DOES MOST OF THE COOKING; WORKERS MAY BE ASKED TO PROVIDE COOKING ASSISTANCE IF HIS WIFE IS NOT AT HOME.

CONSUMER WANTS CLOTHING LAID OUT ON HIS BED PRIOR TO TAKING A SHOWER IN THE MORNING; HE WILL DIRECT THE WORKER AS TO WHICH PIECES HE WILL WANT ON A GIVEN DAY. CONSUMER SHOWERS DAILY BUT ONLY SHAVES ON M/W/F USING ELECTRIC RAZOR (WORKER ASSISTS WITH SHAVING). CONSUMER REQUIRES ASSISTANCE WITH TRANSFERRING IN/OUT OF SHOWER BUT CAN BATHE WITH PROMPTING AND CUES ONLY.

CONSUMER NEEDS ENVIRONMENTAL MODIFICATIONS IN THE BATHROOM TO ENHANCE HIS INDEPENDENCE WITH SHOWERING.

Plan – Indiv Pref – Desired Acts

This screen allows the user to capture information about the activities the participant would like to participate in. Service coordinators should not enter information into this screen.

Plan – Indiv Pref – Pers. Interest

This screen allows the user to capture information about the participant's personal interests. Service coordinators should use this screen to capture the participant's long-term and short-term goals. The service plan should then tie in to the goals listed for each participant. For each goal, the following fields must be completed:

- Important to Individual – Goals and outcomes that the participant has indicated are a priority.
- Priority – The importance the participant sets to each goal listed.
- The SC will need to copy the goal or goals that have waiver services tied to them onto the Outcome Summary Screen as the Outcome statement.
- While Independent Living may be a long term goal of the participant, this cannot be listed for every goal for each service. There must be desired outcomes related to the services being recommended.

Plan – Indiv Pref – Pers. Interest

Name: DO, JOHN Z		MCI#:	Residential County: Dauphin		Info
Plan Status: Draft	Changed: 07/13/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS		Waiver/Program: OBRA	Fiscal Year: 2011-2012

Select	Important to Individual	Priority
<input checked="" type="radio"/>	INDEPENDENT LIVING	Strongly Desired
<input type="radio"/>	INDEPENDENTLY COMPLETE CERTAIN TASKS RELATED TO DAILY HYGEINE	Essential
<input type="radio"/>	MAINTAIN EMPLOYMENT IN THE COMMUNITY	Essential
<input type="radio"/>	MAINTAIN LEVEL OF PERSONAL HYGEINE, MAINTAIN A CLEAN SAFE HOME FOR MAXIMUM INDEPENDENCE IN THE HOME AND COMMUNITY	Essential

[Add](#) [Edit](#) [Delete](#)

Personal Interests	
Important to Individual:	* INDEPENDENT LIVING
Priority:	* Strongly Desired
Date Stamp:	07/13/2011 15:19:04
Recording Worker:	OLTL TRAINING

[Reset](#) [Save](#) [Save And Continue](#)

You are presently logged into HCSIS Friday, October 14, 2011 2:41 PM Your session will expire at approximately 3:45 PM

Plan – Indiv Pref – Strengths – Strengths

This screen allows the user to capture information about the participant’s strengths. Service plans cannot be submitted if this screen is blank. For each strength, the following must be completed:

- Category
- Description - Briefly explain where the participant’s strength lay.

Plan – Indiv Pref – Strengths - Strengths

Operation successful.

Search

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Plan Status: Draft	Changed Date: 9/27/2010 10:06:49 AM	Agency /SC Entity: OSP DATA		Waiver/Program: OBRA	Fiscal Year: 2006-2007

Go to: Strengths [Go](#)

Select	Category	Strength Description
<input checked="" type="radio"/>	Able to Access Supports	Consumer is able to explain what he needs and to work with providers and coordinator to facilitate.
<input type="radio"/>	Good Communicator	Consumer is fluent in two languages and very capable of explaining his needs.
<input type="radio"/>	Good Informal Supports	Wife and family very involved.

[Add](#) [Edit](#) [Delete](#)

Strength	
Category:	* Able to Access Supports
Description of Strength:	Consumer is able to explain what he needs and to work with providers and coordinator to facilitate. 1 characters remaining
Date Stamp:	9/27/2010 10:24:03 AM
Recording Worker:	PW-OSSTAP, PW-OSSTAP (OMAP)

[Reset](#) [Save](#) [Save And Continue](#)

Plan - Medical

Plan – Medical – Medications/Supplements

This screen allows the service coordinator to capture information about the participant’s medications or supplements. Prescription and over-the-counter medications/supplements which are taken regularly by the participant should be entered if the reason for taking relates back to a diagnosis entered on the *Individual – Demographics – Diagnosis – Diagnosis* screen. The following fields must be completed for each medication or supplement:

- Diagnosis – This should match up to a diagnosis entered on the *Individual – Demographics – Diagnosis – Diagnosis* screen.
- Medication/Supplement Name
- Dosage
- Frequency

- Route
- Blood Work Required?
- If Yes, How Frequently?
- Does the Person Self Medicate? – Indicate “Yes” if the participant can take the medication without supervision or if the participant needs assistance taking the medication (e.g., opening a prescription bottle or blister pack) but can direct the assistance.
- Name of Prescribing Doctor – If the medication is an over-the-counter recommended by a physician or a prescription, the doctor’s name should be completed. If the medication is an over-the-counter medication recommended by anyone other than the participant’s physician, this field should be left blank.
- Special Instructions/Precautions

Plan – Medical – Medications/Supplements

Select	Diagnosis	Medication/Supplement	Dosage	Frequency	Route
☐	LATEX ALLERGY	BENADRYL	50 MG	PRN	By Mouth
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>					
Medication/Supplement					
Diagnosis:	* LATEX ALLERGY				
Medication/Supplement Name:	* BENADRYL				
Dosage:	* 50 MG				
Frequency:	* PRN				
Route:	* By Mouth				
Blood Work Required?:	* No				
If Yes, How Frequently?:					
Does the Person Self Medicate?:	Yes				
Name of Prescribing Doctor(Last, First):	SMITH, JOHN				
Special Instructions/Precautions:	TAKE AS NEEDED TO PREVENT/MINIMIZE HIVES CAUSED BY CONTACT WITH LATEX (CONSUMER CAN INDICATE WHEN THIS WILL BE NECESSARY). MUST INFORM DOCTOR WITHIN 24 HOURS OF TAKING AS ALLERGY IS CURRENTLY BEING MONITORED FOR THE SEVERITY OF HIS				
Date Stamp:	04/12/2010 15:29:38				
Recording Worker:	PW-OSSTAP PW-OSSTAP				

Plan – Medical – Allergies

This screen allows the service coordinator to capture information about the participant's allergies. Service coordinators should enter any critical allergies that service providers and direct workers should be aware of. For each allergy listed, the following fields must be completed:

- Known Allergy – Allergy must also be listed on the *Individual – Demographics – Diagnosis – Diagnosis* screen.
- Reaction – Describe the reaction or symptoms the participant has if he/she comes into contact with the allergen.
- Required Response – Detail the response the worker should take and the length of time in which to provide that response.

Plan – Medical – Allergies

Go to: Allergies

Select	Known Allergy	Reaction	Required Response
<input type="checkbox"/>	LATEX	HIVES	BENADRYL THEN CALL DOCTOR WITHIN 24 HOURS

Allergies

Known Allergy:	* LATEX
Reaction:	* HIVES
Required Response:	* BENADRYL THEN CALL DOCTOR WITHIN 24 HOURS
Date Stamp:	04/12/2010 15:43:28
Recording Worker:	PW-OSSTAP PW-OSSTAP

Plan – Medical – Health Evaluations

This screen allows the service coordinator to track information about recent health evaluations. Service coordinators should not enter information into this screen.

Plan – Medical – Medical Contacts

This screen allows the service coordinator to capture information about the participant's medical contacts. The participant's primary physician and all specialists whom the participant sees regularly should be entered. For each contact entered, the following fields must be completed:

- First Name
- Last Name
- Clinic
- Specialist Type
- Address Line1 - Use additional lines as necessary.
- City
- State
- Zip
- Phone Number

Plan – Medical – Medical Contacts

Select	Name	Clinic	Specialist Type	Address	Phone
<input checked="" type="checkbox"/>	JONES, JUNIE J	DAUPHIN MEDICAL GROUP	PRIMARY CARE PHYSICIAN	13 PAXTON ST., HARRISBURG PA 17101	(717) 555-9890

Add Edit Delete

Medical Contacts

First Name: JUNIE

Last Name: JONES

Middle Initial: J

Clinic: DAUPHIN MEDICAL GROUP

Specialist Type: PRIMARY CARE PHYSICIAN

Address Line1: 13 PAXTON ST.

Address Line2:

Address Line3:

City: HARRISBURG

State: Pennsylvania

Zip: 17101

Phone Number(123)456-7890: *(717) 555-9890

Fax Number(123)456-7890:

Date Stamp: 04/12/2010 15:52:42

Recording Worker: PW-OSSTAP PW-OSSTAP

Plan – Medical – Medical History – Current Health Status

This screen captures a summary of the participant’s current health status. Service coordinators should summarize the participant’s general health information and overall health status in this screen. Information in this screen should be linked to information that is found in the Level of Care Assessment which highlights the participant’s need for services and supports.

The field must be updated as necessary; when applicable, entries should be tied in to increases and decreases in services. Service coordinators should add a bottom row with their initials and the date the field was last reviewed/updated.

Plan – Medical – Medical History – Current Health Status

Go to: Current Health Status Go

Current Health Status

CONSUMER CONSIDERS HIMSELF HEALTHY ASIDE FROM HIS BRAIN INJURY AND THE LIMITATIONS CAUSED BY THIS. CONSUMER IS MONIROED ANNUALLY BY HIS DOCTOR.

CONSUMER HAS A RECENT DIAGNOSIS OF STRESS-RELATED ULCERS. HE IS WATCHING HIS DIET (WITH WIFE'S HELP AS SHE DOES MOST OF THE COOKING) AND HIS DOCTOR IS CLOSELY FOLLOWING THE PROGRESS. DOCTOR FEELS THAT ULCERS ARE A REATION OF AN INCREASE IN SYMPTOMS FOR HIS BRAIN INJURY (SOME CONFUSION AND LOSS OF SHORT TERM MEMORY) WHICH ARE VERY ALARMING TO JOHN AND AN INCREASE IN WORK-RELATED STRESS AS HIS COMPANY PREPARED FOR AND IMPLEMENTED A LARGE MOVE OF THEIR PHYSICAL PLANT.

PW-4/10/2011

Reset Save View History Report Save And Continue

Plan – Medical – Medical History – Pertinent Medical History

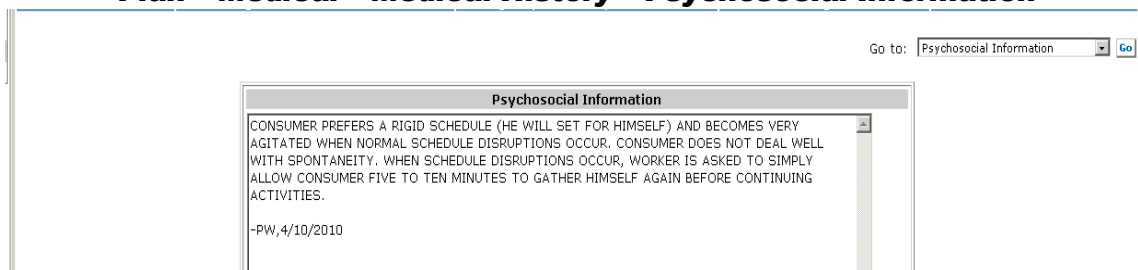
This screen allows the service coordinator to capture the participant's pertinent medical history. Service coordinators should not enter information into this screen.

Plan – Medical – Medical History – Psychosocial Information

This screen allows the service coordinator to capture the participant's psychosocial information. Service coordinators must complete this screen with factors that influence the participant's care, emotional and behavioral reactions that may be observed by workers and how to address them, known fears and anxieties that may impact services. If the participant has no psychosocial issues, the service coordinator should enter "NA."

The field must be updated as necessary; service coordinators should add a bottom row with their initials and the date the field was last reviewed/updated.

Plan – Medical – Medical History – Psychosocial Information



The screenshot shows a web application interface. At the top right, there is a "Go to:" label followed by a dropdown menu set to "Psychosocial Information" and a "Go" button. Below this is a large text area with a title "Psychosocial Information". The text area contains the following text: "CONSUMER PREFERS A RIGID SCHEDULE (HE WILL SET FOR HIMSELF) AND BECOMES VERY AGITATED WHEN NORMAL SCHEDULE DISRUPTIONS OCCUR. CONSUMER DOES NOT DEAL WELL WITH SPONTANEITY. WHEN SCHEDULE DISRUPTIONS OCCUR, WORKER IS ASKED TO SIMPLY ALLOW CONSUMER FIVE TO TEN MINUTES TO GATHER HIMSELF AGAIN BEFORE CONTINUING ACTIVITIES." Below the text is a signature line: "-PW, 4/10/2010".

Plan – Medical – Medical History – Physical Assessment

This screen allows the user to capture information about the participant's diagnosis, functional need and the information directly related to a recommended service and support. Service coordinators should complete the form for each area where the participant needs assistance. Information should match up with the Level of Care Assessment and CMI; identified needs should be addressed in the service plan. For each item entered, the following fields must be completed:

- System Area
- Description – Briefly describe the specific health issue
- Care Needs – Detail the type of services participant needs as a result of the specific health issue
- Service Needs

Plan – Medical – Medical History – Physical Assessment

Plan Status: Draft	Changed: 07/13/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS	Waiver/Program: OBRA	Fiscal Year: 2011-2012
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Go to:

Operation successful.

Select	System Area	Description	Care Needs	Service Needs
<input checked="" type="radio"/>	Neurology	PARTICIPANT HAS LOST SOME COGNITIVE FUNC	SKILLS BUILDING FOR LEARNING BUS ROUTE A	Community Integration
<input type="radio"/>	Nervous System	PARTICIPANT HAS LOST FUNCTIONING IN HIS	ASSESSED TO NEED ASSISTANCE WITH ADL'S A	Attendent Care
<input type="radio"/>	Nervous System	PARTICIPANT HAS LOST FUNCTIONING IN HIS	BATHROOM MODIFICATION TO ALLOW PARTICIPA	Environmental Accessibility Adaptations

Physical Assessment

System Area: *

Description: *

Care Needs: *

Service Needs: *

Date Stamp: 10/11/2011 13:17:37

Recording Worker: OLT TRAINING

You are presently logged into HCSIS Tuesday, October 11, 2011 1:17 PM Your session will expire at approximately 2:17 PM

Plan – Medical – Medical History – Immunization/Booster

This screen allows the service coordinator to capture the participant’s pertinent medical history. Service coordinators should not enter information into this screen.

Plan – Health & Safety

Plan – Health & Safety – Focus Area – General Health and Safety Risks

This screen allows the service coordinator to capture information about general health and safety risks for the participant. Service coordinators should enter identified risks, the likelihood of the risk occurring, and mitigation strategies that the consumer has in place. If the consumer does not have a mitigation strategy in place for an identified risk, service coordinators should enter the participant’s response to the risks and what steps will be taken when the risk occurs.

The field must be updated as necessary; service coordinators should add a bottom row with their initials and the date the field was last reviewed/updated.

Plan – Health & Safety – Focus Area – General Health and Safety Risks

General Health and Safety Risks

-FALLING WHILE IN SHOWER IS A SERIOUS RISK. CONSUMER HAS HANDS-ON ASSISTANCE (PERSONAL ASSISTANT WORKER) FOR SHOWERING ACTIVITIES AND HOME MODIFICATIONS ARE PENDING. IF CONSUMER FALLS, WORKER SHOULD ASSESS CURRENT CONDITION (DOES HAVE CURRENT PAIN, DID HE HIT HIS HEAD, ETC.) AND ASSIST CONSUMER TO STAND UP IF HE DESIRES. IF CONSUMER DID HIT HIS HEAD, WORKER SHOULD CALL 911 AND MAKE CONSUMER AS COMFORTABLE AS POSSIBLE.

-AGITATION AND ADDED STRESS IF TRANSPORTATION TO WORK DOES NOT FOLLOW NORMAL SCHEDULE. CONSUMER HAS COMMUNITY INTEGRATION TO PROVIDE SKILLS TRAINING AND SHOW HIM NEW TRANSPORTATION ROUTE AND ALTERNATE ROUTES AS NECESSARY. CI WILL ALSO TEACH COPING SKILLS FOR CONSUMER TO DEAL WITH STRESSFUL SITUATION. IF THERE IS A DISRUPTION IN TRANSPORTATION, CONSUMER'S WIFE IS AVAILABLE BY CELL PHONE AND CAN PICK HIM UP.

-EXACERBATING ULCERS DUE TO POOR DIET. CONSUMER HAS NO HISTORY OF DIGESTIVE PROBLEMS AND DOES NOT SEE A NEED TO WATCH HIS DIET WITH THE NEW DIAGNOSIS OF ULCERS. WHEN CONSUMER COMPLAINS OF STOMACH PAINS, WORKER IS INSTRUCTED TO NOTIFY CONSUMER'S WIFE IMMEDIATELY. WIFE WILL CONTACT CONSUMER'S DOCTOR.

UPDATED 4/22/10 TO ADD ULCER RISK. -PW

Plan – Health & Safety – Focus Area – Environmental Safety

Information about environmental safety is captured on this screen. Service coordinators should not enter information into this screen; environmental safety risks should be entered on the *Plan – Health & Safety – Focus Area – General Health and Safety Risks* screen.

Plan – Health & Safety – Focus Area – Sensory Concerns

This screen allows the user to detail information about the participant's sensory concerns. Service coordinators should not enter information into this screen; sensory concerns and risks should be entered on the *Plan – Health & Safety – Focus Area – General Health and Safety Risks* screen.

Plan – Health & Safety – Supvn Care

This screen allows the service coordinator to capture information about the type of supervision and the number of hours of supervision required for the participant. Service coordinators should not enter information into this screen.

Plan – Health & Safety – Crisis Sup. Plan

A crisis support plan is a reactive plan that is designed to protect the participant, other participants, or valuable property. It is designed only for protection during a crisis and not as a means to limit future crises. It must address the participant's needs in and out of the provider's service area. The field must be updated as necessary; service coordinators should add a bottom row with their initials and the date the field was last reviewed/updated. Service coordinators should complete the following fields:

- Is there a crisis support plan in place? This must be marked "yes" as it is a requirement.
- Summary - enter the following information into this field:
 - Individualized back-up plan – Detail the participant's back-up plan and who will provide back-up services. If the participant will use informal supports for part or their entire back-up

plan, those individuals should be listed here and their information entered to the *Individual – Demographics – Contacts – Contacts Detail* screen. It is the participant's responsibility to ensure that these individuals are aware, willing, and able to be part of the back-up plan.

- Emergency back-up plan – Detail the participant's course of action if the home or area is being evacuated.
- Provide any additional information that is relevant to the participant in the event of a general emergency.

Plan – Health & Safety – Focus Area – Crisis Support Plan

Plan Status: Draft	Changed: 07/19/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS	Waiver/Program: OBRA	Fiscal Year: 2011-2012
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Go to: Crisis Support Plan

Crisis Support Plan

<p style="font-size: x-small;">Is there a crisis support plan in place ?</p> <p style="font-size: x-small;">Summary</p>	<div style="border: 1px solid gray; padding: 2px;"> <p style="font-size: x-small;">INDIVIDUALIZED BACK-UP PLAN PARTICIPANT'S WIFE CAN PROVIDE MINIMAL ASSISTANCE TEMPORARILY. FRIEND, DON KEATE, CAN PROVIDE ASSISTANCE IF WIFE IS UNAVAILABLE. DON WORKS SECOND SHIFT AND IS NOT ABLE TO ASSIST AFTER 3:00PM M-F BUT IS AVAILABLE ANY OTHER TIME.</p> <p style="font-size: x-small;">EMERGENCY BACK-UP PLAN CONSUMER AND WIFE HAVE DEVELOPED AN EVACUATION PLAN AND MEETING SITE IF SOMETHING HAPPENS TO THEIR HOUSE. THIS IS POSTED PROMINENTLY ON THE BULLETIN BOARD IN HIS KITCHEN. IF THERE IS A BROADER EVACUATION NECESSARY, WELSPAN HOSPITAL HAS A DEDICATED EMERGENCY SITE FOR INDIVIDUALS NEEDING ACCESSIBILITY ASSISTANCE THAT THE PARTICIPANT WILL USE.</p> <p style="font-size: x-small;">UPDATED-9/1/2011-PW USER</p> </div>
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You are presently logged into HCSIS
Your session will expire at approximately 3:24 PM

Plan – Health & Safety – Svc Mgmt

This screen captures information regarding the participant's ability/desire to manage his/her own services for the Consumer Employer or Services My Way models. Service coordinators should not enter information into this screen.

Plan – Func Info

Plan – Func Info – Functional Level – Physical Devepment

This screen allows the service coordinator to capture information about the participant's physical development. Service coordinators should not enter information into this screen.

Plan – Func Info – Functional Level – Adaptive/Self-Help

This screen allows the service coordinator to capture information about the participant's adaptive/self-help abilities and needs. Service coordinators should not enter information into this screen.

Plan – Func Info – Functional Level – Learning/Cognition

This screen allows the service coordinator to capture information about the participant's cognitive abilities. Service coordinators should not enter information into this screen.

Plan – Func Info – Functional Level – Communication

This screen allows the service coordinator to capture information about the participant's communication abilities and recommended supports. Service coordinators should not enter information into this screen.

Plan – Func Info – Functional Level – Social/Emotional Information

This screen allows the service coordinator to capture information about the participant's social/emotional status. Service coordinators should not enter information into this screen.

Plan – Func Info – Functional Level – Educational/Vocational Information

This screen captures information about the participant's educational and vocational status. Service coordinators should complete the following fields:

- Student
- Frequency – Only complete if applicable.
- School – Only complete if the participant is a student and receives services while at school.
- Address Line 1 (use additional lines as needed) - Only complete if the participant is a student and receives services while at school.
- City - Only complete if the participant is a student and receives services while at school.
- State - Only complete if the participant is a student and receives services while at school.
- Zip - Only complete if the participant is a student and receives services while at school.
- Phone - Only complete if the participant is a student and receives services while at school.
- OVR Client
- OVR Counselor Name - Only complete if applicable.
- OVR Counselor Phone - Only complete if applicable.
- Does this individual have training goals? – Only complete if the participant is an OVR client.
- List training goals – If the participant is an OVR client, enter their OVR goals.
- Comments – Detail the services the participant receives while at school in this field.

Plan – Func Info – Functional Level – Educational/Vocational Information

Student	Frequency	School	OVR Client	Goals?
6 Yes	Part-time	HACC	Yes	Yes
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>				
Educational/Vocational Information				
Student:	* Yes ▾			
Frequency:	Part-time ▾			
Current Educational Status:				
School:	HACC			
Address Line 1:	88 CAMERON STREET			
Address Line 2:				
City:	HARRISBURG			
State:	Pennsylvania ▾			
Zip:	17101			
Phone:	(717) 555-3422			
OVR Client:	* Yes ▾			
OVR Counselor Name:	MATT SMITH			
OVR Counselor Phone:	(717) 555-0987			
Does this consumer have training goals?:	* Yes ▾			
List training goals:	RELEARN DAILY COMPUTER TASKS USING JUST THE RIGHT SIDE OF HIS BODY.			
Comments:	CONSUMER HAS A VOLUNTEER NOTE-TAKER DURING CLASSES (CURRENT PROFESSOR DOES NOT ALLOW STUDENTS TO RECORD CLASSES).			
Recording Worker:	PW-OSSTAP, PW-OSSTAP			
Date Last Modified:	4/22/2010 3:31:18 PM			

Plan – Func Info – Functional Level – Employment/Volunteer Information

Information about the participant’s employment and volunteer status is captured on this screen. Service coordinators should complete the following fields:

- Work Status
- Frequency - Only complete if applicable.
- Position – This field is required if the Work Status field is entered yes. Service coordinator can enter participant’s position or can simply enter NA to maintain participant’s confidentiality to the greatest extent possible.
- Employer/Organization - Only complete if the participant works and receives services while at work.
- Address Line 1 (use additional lines as needed) - Only complete if the participant works and receives services while at work.
- City - Only complete if the participant works and receives services while at work.
- State - Only complete if the participant works and receives services while at work.
- Zip - Only complete if the participant works and receives services while at work.
- Phone - Only complete if the participant works and receives services while at work.
- Does this individual have employment/volunteer goals?
- List employment/volunteer goals – List the goals relating to the participant’s service need.
- Comments – Detail the services the participant receives while at work in this field.

Plan – Func Info – Functional Level – Employment/Volunteer Information

Work Status		Frequency	Employer/Organization	Goals?
Employed		Fulltime	COMPUTER SERVICES, INC.	Yes
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>				
Employment/Volunteer Information				
Work Status:	* Employed			
Frequency:	Fulltime			
Position:	NA			
Employer/Organization:	COMPUTER SERVICES, INC.			
Address Line 1:	123 PROGRESS AVE.			
Address Line 2:				
City:	HARRISBURG			
State:	Pennsylvania			
Zip:	17011			
Phone:	(717) 123-4561			
Does this consumer have employment/volunteer goals?:	* Yes			
List Employment/volunteer goals:	CONSUMER WANTS TO CONTINUE WORKING AND TO MAINTAIN HIS INDEPENDENCE AT WORK.			
Comments:	CONSUMER NEEDS ASSISTANCE LEARNING TRANSPORTATION ROUTE TO WORK. LUNCHROOM AT THE NEW WORKSITE IS NOT ACCESSIBLE; CONSUMER NEEDS ASSISTANCE DURING LUNCH HOUR WITH FOOD PREPARATION AND CLEAN-UP.			
Recording Worker:	PW-OSSTAP, PW-OSSTAP			
Date Last Modified:	4/26/2010 2:26:08 PM			

Plan – Func Info – Functional Level – Household Composition - Household Composition

Information about the other individuals the participant lives with is captured on this screen. Service coordinators should complete the following fields for each member of the household, including the participant:

- Age
- Relationship to Individual

Plan – Func Info – Functional Level – Household Composition – Household Composition

Plan - Functional Info - Household Composition - Household Composition					
Operation successful.					
Search					
Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Plan Status: Draft	Changed Date: 9/27/2010 10:06:49 AM	Agency /SC Entity: OSP DATA	Waiver/Program: OBRA	Fiscal Year: 2006-2007	
Go to: Household Composition <input type="button" value="Go"/>					
Select	Age (in Years)	Relationship to Individual			
<input checked="" type="radio"/>	19-59	Self			
<input type="radio"/>	19-59	Spouse			
<input type="button" value="Add"/> <input type="button" value="Edit"/> <input type="button" value="Delete"/>					
Household Composition					
Age (in Years):	* 19-59				
Relationship to Individual:	* Self				
Recording Worker (Program Office):	PW-OSSTAP, PW-OSSTAP (OMAP)				
Date Stamp:	9/27/2010 10:43:17 AM				
<input checked="" type="checkbox"/> Household Composition information is current for this plan					
<input type="button" value="Reset"/> <input type="button" value="Save"/>			<input type="button" value="Save And Continue"/>		

Please note: The information on this screen must be updated and confirmed before a service plan can be submitted. If there are no changes to the household composition, service coordinators should check the Household Composition information is current for this plan field. This field will be automatically checked if changes are entered.

Plan – Serv & Supp

Plan – Services and Supports – Outcome Summ

This screen collects detailed information about each of the participant's outcomes or goals. Service coordinators must complete this screen and include all of the identified outcomes and goals (as listed on the *Plan – Indiv Pref – Pers. Interest* screen) for which the consumer is receiving formal or informal services to achieve.

For each outcome/goal, the following fields must be completed:

- Outcome Phrase –Participants using the Services My Way model must have an Outcome Phrase, “SMW,” specifically for the model. With the exception of SMW, Waiver services are not listed as the Outcome Phrase
- The Outcome Phrase should be the “desired outcome” or goal of the participant. The Outcome Phrase should indicate the purpose for receiving assistance or support and be linked to an assessed need.
- Outcome Statement – Copy the goal exactly as it is stated on the *Plan – Indiv Pref – Pers. Interest* screen. For participants using the Services My Way model only, if Services My Way will meet multiple goals for the participant, the service coordinator should list each applicable goal.
- Concerns Related to Outcome – List any related risks that were identified on the *Plan – Health & Safety – Focus Area – General Health and Safety Risks*. If no risks are associated with the goal, service coordinators should enter “NA.”
- Relevant Assessments Linked to Outcome – List any supporting documentation that identifies or details the goal or associated service needs. If no documentation is related to the goal or associated service needs, service coordinators should enter “NA.” Supporting documentation can include assessments, physician’s prescription, etc.

Plan – Services and Supports – Outcome Summary (Example 1)

Plan Status: Draft	Changed: 07/11/2011 09:06:37	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS	Waiver/Program: OBRA	Fiscal Year: 2011-2012				
Operation successful.								
Select	Outcome Phrase	Outcome Start Date (MM/DD/YYYY)	Outcome End Date (MM/DD/YYYY)	Outcome Actual End Date (MM/DD/YYYY)	Outcome Statement	Reason for Outcome	Concerns Related to Outcome	Relevant Assessments Linked to Outcome
Ⓞ	INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE	07/01/2011	06/30/2012		INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE		RISK OF FALLING IN THE SHOWER	LEVEL OF CARE ASSESSMENT AND CMI
Ⓞ	MAINTAIN HYGIENE, CLEAN AND SAFE HOME FOR MAX. IND	07/01/2011	06/30/2012		TO MAINTAIN LEVEL OF PERSONAL HYGIENE , CLEAN AND SAFE HOME FOR MAXIMUM INDEPENDENCE IN THE HOME AND COMMUNITY.		NONE	LEVEL OF CARE ASSESSEMENT, CMI
Ⓞ	INDEPENDENT LIVING	07/01/2011	06/30/2012		MAINTAIN INDEPENDENT IN THE HOME AND COMMUNITY.		NONE	LEVEL OF CARE ASSESSMENT, CMI
Ⓞ	MAINTAIN EMPLOYMENT IN THE COMMUNITY	07/01/2011	06/30/2012		MAINTAIN EMPLOYMENT IN THE COMMUNITY		TRANSPORTATION ISSUES, AND STRESS RELATED ULCERS WHEN ROUTINE IS DISTRUPED.	LEVEL OF CARE ASSESSMENT, CMI AND OVR ASSESSMENT ON FILE
Add Edit Delete								
Outcome Summary								

Plan – Services and Supports – Outcome Summary (details-1)

Add Edit Delete	
Outcome Summary	
Outcome Phrase:	* [INDEPENDENTLY COM
Outcome Start Date (MM/DD/YYYY):	07/01/2011
Outcome End Date (MM/DD/YYYY):	06/30/2012
Outcome Actual End Date (MM/DD/YYYY):	
Outcome Statement:	INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE
Reason for Outcome:	
Concerns Related to Outcome:	RISK OF FALLING IN THE SHOWER
Relevant Assessments Linked to Outcome:	LEVEL OF CARE ASSESSMENT AND CMI

Plan – Services and Supports – Outcome Summary (Example 2)

Plan Status: Draft	Changed: 07/13/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS	Waiver/Program: OBRA	Fiscal Year: 2011-2012				
Operation successful.								
Select	Outcome Phrase	Outcome Start Date (MM/DD/YYYY)	Outcome End Date (MM/DD/YYYY)	Outcome Actual End Date (MM/DD/YYYY)	Outcome Statement	Reason for Outcome	Concerns Related to Outcome	Relevant Assessments Linked to Outcome
Ⓞ	MAINTAIN DAILY HYGIENE ROUTINE	07/01/2011	06/30/2012		MAINTAIN DAILY HYGIENE ROUTINE THROUGH ASSISTANCE WITH ADL'S.		NO RISK ASSOCIATED WITH THIS GOAL/NEED.	CMI, ISP HAS BEEN REASSESSED BASED ON THE COMPLETION OF THE NEEDS ASSESSMENT
Ⓞ	INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE	07/01/2011	06/30/2012		INDEPENDENTLY COMPLETE CERTAIN TASKS RELATED TO DAILY HYGIENE		RISK OF FALLING IN THE SHOWER.	LEVEL OF CARE ASSESSMENT/CMI
Ⓞ	PARTICIPANT DIRECTION	07/01/2011	06/30/2012		PARTICIPANT DIRECTION OF APPLICABLE SERVICES		NONE	CMI, ISP HAS BEEN REASSESSED BASED ON THE COMPLETION OF THE NEEDS ASSESSMENT
Ⓞ	MAINTAIN A SAFE AND CLEAN ENVIRONMENT TO LIVE IN	07/01/2011	06/30/2012		MAINTAIN A SAFE AND CLEAN LIVING ENVIRONMENT THROUGH LIGHT HOUSE CLEANING.		PARTICIPANT IS AT FALL RISK, WITH ASSISTANCE IN AREAS OF IADL'S RISKS AND BARRIERS ARE REDUCED.	ISP HAS BEEN REASSESSED BASED ON NEW ASSESSED NEEDS. CMI COMPLETED.
Ⓞ	MAINTAIN HEALTH AND NUTRITION THROUGH DIET	07/01/2011	06/30/2012		MAINTAIN HEALTH AND NUTRITION THROUGH DIET		NONE	CMI, ISP HAS BEEN REASSESSED BASED ON COMPLETION OF THE NEEDS ASSESSMENT.
Ⓞ	INDEPENDENT LIVING	07/01/2011	06/30/2012		PROVIDE SERVICES TO SUPPORT, FACILITATE AND COORDINATE DIRECT SERVICES		NONE	CMI, ISP HAS BEEN REASSESSED BASED ON THE COMPLETION OF THE NEEDS ASSESSMENT.
Ⓞ	MAINTAIN EMPLOYMENT IN THE COMMUNITY	07/01/2011	06/30/2012		MAINTAIN EMPLOYMENT IN THE COMMUNITY.		NONE	LEVEL OF CARE ASSESSMENT/CMI/ OVR ASSESSMENT HARD COPY IN FILE
Ⓞ	PAS UNIT CALCULATIONS	07/01/2011	06/30/2012		THIS LINE IS BEING USED TO SHOW TOTAL UNIT CALCULATION FOR TOTAL ALLOTMENT OF PAS SERVICE HOURS. BECAUSE THERE ARE SEVERAL DESIRED OUTCOMES RELATED TO ONE SERVICE, ONLY SHOW THE CALCULATION FOR EACH SERVICE ONCE.	TO PROVIDE ONE "FREQUENCY AND DURATION" FOR ALL PAS SERVICE HOURS. CALCULATION ONCE FOR EACH SERVICE	N/A	N/A
Add Edit Delete								

Plan – Services and Supports – Outcome Summary (details-2)

Outcome Summary	
Outcome Phrase:	* PAS UNIT CALCULATIC
Outcome Start Date (MM/DD/YYYY):	07/01/2011
Outcome End Date (MM/DD/YYYY):	06/30/2012
Outcome Actual End Date (MM/DD/YYYY):	
Outcome Statement:	THIS LINE IS BEING USED TO SHOW TOTAL UNIT CALCULATION FOR TOTAL ALLOTMENT OF PAS SERVICE HOURS. BECAUSE THERE ARE SEVERAL DESIRED OUTCOMES RELATED TO ONE SERVICE, ONLY SHOW THE CALCULATION FOR EACH SERVICE ONCE.
Reason for Outcome:	TO PROVIDE ONE "FREQUENCY AND DURATION" FOR ALL PAS SERVICE HOURS. CALCULATION ONCE FOR EACH SERVICE
Concerns Related to Outcome:	N/A
Relevant Assessments Linked to Outcome:	N/A

Reset Save Save And Continue

Please note: OLTL has tried to minimize the duplication necessary for data entry within HCSIS and understands that these instructions do require duplicate data entry. The *Plan – Services and Supports – Outcome Summary* is one screen that ties together several areas of HCSIS and full completion of the screen is critical to a comprehensive service plan.

Plan – Services and Supports – Outcome Act

This screen is the action planning screen of the Services and Supports module. It is critical for the team to address any concerns related to health and safety issues or other barriers that are not being met by non-waiver services. Participants need support and resources to achieve their goals/outcomes. Identify any actions necessary for achieving the goals/outcomes listed in *Plan – Services and Supports – Outcome Summ*. Service Coordinators should enter a separate outcome action (desired outcome of the participant) for each waiver service being recommended or coordinated. Waiver services can have more than one outcome action.

For Example:

- Some service plans may have one service that addresses multiple outcomes/goals. An example would be when PAS helps maintain daily hygiene, employment, and safety in the home
- Other service plans may have multiple services that address one outcome/goal. An example would be when PAS and non-medical transportation both help the participant remain active in their community.
- Some plans may also have a combination of these in order to ensure that the service plan is individualized to meet the participant's identified needs.

For each action, the following fields must be completed:

- Related Outcome Phrase
- What are current needs
- What actions are needed
- Who's responsible
- Frequency and duration of the actions needed
 - Please document units in the Frequency and Duration field. Units are to be calculated once for each service.**
- By When – This field should only be completed if the goal is time limited.
- How will you know that progress is being made towards this outcome?

***The following examples of documentation of Outcome Actions are acceptable**

Plan – Services and Supports – Outcome Actions (Example 1-Categorize all PAS needs under 1 outcome Action/phrase)

Name: DO, JOHN Z		MCI#:	Residential County: Dauphin		Info
Plan Status: Draft	Changed: 07/13/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS		Waiver/Program: OBRA	Fiscal Year: 2011-2012
Select	Outcome Phrase	What are current needs	What actions are needed	Who's Responsible	By When
<input type="checkbox"/>	INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE	GRAB BARS AND BATHROOM MODIFICATIONS FOR PARTICIPANT TO INDEPENDENTLY COMPLETE DAILY HYGIENE TASKS AS INDICATED BY THE GOAL	INSTALL GRAB BA	GENERAL CONTRACTOR/SERVICE COORDINATOR	08/15/2011
<input type="checkbox"/>	INDEPENDENT LIVING	MANAGE AND COORDINATE WAIVER AND NON-WAIVER SERVICES	PROVIDE SERVICE	SERVICE COORDINATOR/SERVICE COORDINATION AGENCY	
<input type="checkbox"/>	MAINTAIN HYGIENE, CLEAN AND SAFE HOME FOR MAX. IND	ASSISTANCE SHOWERING AND PERFORMING DAILY HYGIENE ROUTINE. ASSISTANCE MAINTAINING A CLEAN SAFE ENVIRONMENT, ASSISTANCE WITH PREPARING AND EATING LUNCH DAILY WHILE AT WORK (NEEDS WILL DECREASE ONCE BATHROOM MODIFICATIONS ARE COMPLETED)	ASSIST TO TRANS	PAS PROVIDER	
<input type="checkbox"/>	MAINTAIN EMPLOYMENT IN THE COMMUNITY	ASSISTANCE LEARNING NEW TRANSPORTATION ROUTE TO/FROM WORK.	WORK WITH PARTI	PARTICIPANT, COMMUNITY INTEGRATION PROVIDER	08/15/2011

Outcome Actions

Plan – Services and Supports – Outcome Actions- (Details-1)

Add Edit Delete	
Outcome Actions	
Related Outcome Phrase:	INDEPENDENTLY COMPLETE DAILY HYGIENE TASKS
What are current needs:	GRAB BARS AND BATHROOM MODIFICATIONS FOR PARTICIPANT TO INDEPENDENTLY COMPLETE DAILY HYGIENE TASKS AS INDICATED BY THE GOAL.
What actions are needed:	INSTALL GRAB BARS IN SHOWER AND HAND HELD SHOWER ATTACHMENT. REPLACE BATHTUB (TRANSFER BENCH CANNOT BE USED DUE TO LAYOUR OF BATHROOM) WITH WALK-IN SHOWER. REPLACE SINK AND CABINET UNIT WITH A PEDESTAL SINK TO ALLOW MORE ROOM TO
Who's responsible:	GENERAL CONTRACTOR
Frequency and Duration of the actions needed:	SINCE THIS IS A ONE TIME PURCHASE/SERVICE THE COST IS \$2000
By When (MM/DD/YYYY):	08/15/2010
How will you know that progress is being made towards this outcome?:	BATHROOM MODIFICAITONS ARE COMPLETED AND CONSUMER REQUIRES FEWER PAS HOURS DUE TO BEING ABLE TO COMPLETE CERTAIN DAILY HYGIENE TASKS INDEPENDENTLY.
Date Stamp:	05/11/2011 12:00:53
Recording Worker:	OLTL TRAINING
<input type="button" value="Reset"/> <input type="button" value="Save"/> <input type="button" value="Save And Continue"/>	

Plan-Service and Supports-Outcome Action- (Details-2)

***The screen below represents categorizing all PAS needs under ONE outcome Phrase**

Outcome Actions	
Related Outcome Phrase:	MAINTAIN HYGEINE, CLEAN AND SAFE HOME FOR MAX. IND
What are current needs:	ASSISTANCE SHOWERING AND PERFORMING DAILY HYGEINE ROUTINE. ASSISTANCE MAINTAINING A CLEAN SAFE ENVIRONMENT, ASSISTANCE WITH PREPARING AND EATING LUNCH DAILY WHILE AT WORK (NEEDS WILL DECREASE ONCE BATHROOM MODIFICATIONS ARE COMPLETED)
What actions are needed:	ASSIST TO TRANSFER IN/OUT OF SHOWER, (SET UP ROUTINE LAY OUT TOWELS, SHAVING KIT ETC.) TIDY UP BATHROOM WHEN COMPLETED, ASSIST WITH GENERAL UPKEEP OF HOUSE, LAUNDRY, VACUUM, DUST TO MAINGING A SAFE AND CLEAN ENVIRONMENT DUE TO LOSS OF
Who's responsible:	PAS PROVIDER
Frequency and Duration of the actions needed:	M-F 6:00A.M.TO 8:00 A.M.; SAT-SUN 7:30A.M. TO 9:30 A.M. 2 HOURS DAILY * 7 DAYS WEEKLY * 4 UNITS IN AN HOUR * 52 WEEKS = 2912 UNITS (USED OLTL SPREADSHEET FOR UNIT DETERMINATION)
By When (MM/DD/YYYY):	
How will you know that progress is being made towards this outcome?:	MAINTENANCE ACTIVITY--WHICH MEANS THIS WILL BE ONGOING UNLESS PARTICIPANT IS ABLE TO PERFORM TASKS INDEPENDENTLY.

Plan-Service and Supports-Outcome Action- (Example 2-completed by breakdown of outcome actions that are goal specific for each task that is required to meet PAS needs)

***Remember to include one line that represents one calculation for all PAS units**

Name: DO, JOHN Z		MCI#:	Residential County: Dauphin		Info
Plan Status: Draft	Changed: 07/13/2011 08:45:12	Agency /SC Entity: OFFICE OF MEDICAL ASSISTANCE PROGRAMS		Waiver/Program: OBRA	Fiscal Year: 2011-2012
Operation successful.					
Select	Outcome Phrase	What are current needs	What actions are needed	Who's Responsible	By When
<input checked="" type="checkbox"/>	MAINTAIN DAILY HYGIENE ROUTINE	ASSISTANCE WITH ALL DAILY HYGEINE TASKS INCLUDING BATHING, DRESSING, TRANSFERS, SHAVING,	PROVIDE ASSISTA	PARTICIPANT, DIRECT CARE WORKER.	
<input checked="" type="checkbox"/>	INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE	GRAB BARS AND BATHROOM MODIFICATIONS FOR PARTICIPANT TO INDEPENDENTLY COMPLETE DAILY HYGEINE TASKS AS INDICATED BY THE GOAL	INSTALL GRAB BA	GENERAL CONTRACTOR/SERVICE COORDINATOR	08/15/2011
<input checked="" type="checkbox"/>	PAS UNIT CALCULATIONS	TO PROVIDE TOTAL UNIT CALCULATIONS FOR TOTAL ALLOTMENT OF PAS SERVICE HOURS	TO PROVIDE ONE	SC	
<input checked="" type="checkbox"/>	MAINTAIN HEALTH AND NUTRITION THROUGH DIET	ASSISTANCE WITH MEAL PREPARATION	PROVIDE ASSISTA	PARTICIPANT, DIRECT CARE WORKER,	
<input checked="" type="checkbox"/>	INDEPENDENT LIVING	MANAGE AND COORDINATE WAIVER AND NON-WAIVER SERVICES	PROVIDE SERVICE	SERVICE COORDINATOR/SERVICE COORDINATION AGENCY	
<input checked="" type="checkbox"/>	MAINTAIN A SAFE AND CLEAN ENVIRONMENT TO LIVE IN	ASSISTANCE WITH CLEANING OF KITCHEN, BEDROOM, BATHROOM AND LAUNDRY FOR HOUSE TO REMAIN CLUTTER FREE AND CLEAN FOR SAFE LIVING.	PROVIDE ASSISTA	DIRECT CARE WORKER, PAS PROVIDER, PARTICIPANT	
<input checked="" type="checkbox"/>	MAINTAIN EMPLOYMENT IN THE COMMUNITY	ASSISTANCE LEARNING NEW TRANSPORTATION ROUTE TO/FROM WORK.	WORK WITH PARTI	PARTICIPANT, COMMUNITY INTEGRATION PROVIDER	08/15/2011
<input checked="" type="checkbox"/>	PARTICIPANT DIRECTION	ASSISTANCE DIRECTING SERVICES AND UTILITIZING THE CONSUMER DIRECTED MODEL OF SERVICE.	ASSISTANCE WITH	PARTICIPANT, FMS PROVIDER, DIRECT CARE WORKER	

Outcome Action (details: Outcome Summary with more than 1 Outcome Actions)

Outcome Actions	
Related Outcome Phrase:	MAINTAIN A SAFE AND CLEAN ENVIRONMENT TO LIVE IN
What are current needs:	ASSISTANCE WITH CLEANING OF KITCHEN, BEDROOM, BATHROOM AND LAUNDRY FOR HOUSE TO REMAIN CLUTTER FREE AND CLEAN FOR SAFE LIVING.
What actions are needed:	PROVIDE ASSISTANCE WITH IADL ACTIVITIES, INCLUDING CLEANING KITCHEN, BEDROOM, BATHROOM AND LAUNDRY.
Who's responsible:	DIRECT CARE WORKER, PAS PROVIDER, PARTICIPANT
Frequency and Duration of the actions needed:	4 HOURS PER WEEK.
By When (MM/DD/YYYY):	
How will you know that progress is being made towards this outcome?:	
Date Stamp:	10/17/2011 10:23:50
Recording Worker:	OLTL TRAINING

Outcome Action (details: Outcome Summary with more than 1 Outcome Actions)

Outcome Actions	
Related Outcome Phrase:	MAINTAIN DAILY HYGIENE ROUTINE
What are current needs:	ASSISTANCE WITH ALL DAILY HYGIENE TASKS INCLUDING BATHING, DRESSING, TRANSFERS, SHAVING,
What actions are needed:	PROVIDE ASSISTANCE WITH COMPLETING DAILY HYGIENE TASKS. DIRECT CARE WORKER WILL PROVIDE ASSISTANCE WITH COMPLETING DAILY HYGIENE ROUTINE AND TRANSFERS.
Who's responsible:	PARTICIPANT, DIRECT CARE WORKER.
Frequency and Duration of the actions needed:	8 HOURS PER WEEK
By When (MM/DD/YYYY):	
How will you know that progress is being made towards this outcome?:	MAINTENANCE ACTIVITY, SC WILL CONTINUE TO MONITOR THE NEEDS OF THE PARTICIPANT
Date Stamp:	10/18/2011 10:18:09
Recording Worker:	OLTL TRAINING

***The screen below represents the total PAS hours for the multiple outcomes being addressed by one service-PAS**

Outcome Actions	
Related Outcome Phrase:	PAS UNIT CALCULATIONS
What are current needs:	TO PROVIDE TOTAL UNIT CALCULATIONS FOR TOTAL ALLOTMENT OF PAS SERVICE HOURS
What actions are needed:	TO PROVIDE ONE UNIT CALCULATION FOR ALL PAS HOURS IN ISP
Who's responsible:	SC
Frequency and Duration of the actions needed:	23 HOURS PER WEEK FOR 07/01/2011-09/17/2011. (23 HOURS * 4 UNITS * 11 WEEKS = 1012) + (23/7 * 4 UNITS * 2 DAYS = 26). 26 UNITS FOR FIRST 2 DAYS OF FISCAL YEAR + 1012 UNITS FOR 11 WEEKS = 1038. PERMANENT INCREASE OF 5 HOURS PER WEEK TO GO INTO
By When (MM/DD/YYYY):	
How will you know that progress is being made towards this outcome?:	SC WILL CONTINUE TO MONITOR THE PROGRESS OF INCREASING INDEPENDENCE.
Date Stamp:	10/17/2011 10:39:38
Recording Worker:	OLTL TRAINING

(Details: Outcome Action with Quarterly Review)

Outcome Actions	
Related Outcome Phrase:	EMPLOYMENT
What are current needs:	ASSISTANCE LEARNING NEW TRANSPORTATION ROUTE TO/FROM WORK.
What actions are needed:	WORK WITH PARTICIPANT TO TEACH MAIN BUS ROUTE AND THE THREE ALTERNATE BUS ROUTES AVAILABLE, AS WELL AS THE BUS SCHEDULE AND USE OF THE BUSS PASS. WORK WITH CONSUMER TO DEVELOP COPING SKILLS FOR WHEN TRANSPORTATION IS NOT ON SCHEDULE.
Who's responsible:	CONSUMER, COMMUNITY INTEGRATION PROVIDER
Frequency and Duration of the actions needed:	10 HOURS PER WEEK (1 HOUR 8:00 TO 9:00 AM AND 1 HOUR 4:00 TO 5:00 PM M-F) * 4 UNITS IN AN HOUR * 8 WEEKS = 320 UNITS. QUARTERLY REVIEW DUE 6/2010.
By When (MM/DD/YYYY):	06/15/2010
How will you know that progress is being made towards this outcome?:	CONSUMER IS LEARNING BUS ROUTES. ULTIMATE GOAL IS FOR CONSUMER TO NAVIGATE BUS TRANSPORTATION INDEPENDENTLY BY 6/15/2010.
Date Stamp:	09/27/2010 15:20:53
Recording Worker:	PW-OSSTAP PW-OSSTAP

Reset Save Save And Continue

Please note: The guidelines presented above are a general description of how the Outcome Actions screen must be completed. Some services and models have very detailed, specific requirements regarding the information which must be presented in the Outcome Actions screen. Service coordinators should refer to the bulletins, standards, and waiver applications for additional information. If you are unsure of which specific services and models, please contact your regional program specialist.

Plan – Services and Supports – SSD

The Services and Supports Directory (SSD) is an on-line database of all the service providers in HCSIS. This directory can be searched by name, service type, location, and/or rate. Service coordinators are able to select service providers from the SSD for addition to the plan. After the service provider is added to the plan, the service coordinator can designate the number of units the participant will receive in the plan. HCSIS automatically calculates a plan budget based on the service rate and number of service units anticipated. Vendor services are one time services that are provided by businesses and organizations that are not contracted directly with the Commonwealth and are instead added through the *Plan – Services and Supports – SSD – Vendor Information* screen.

There are no changes to this screen. Service coordinators should continue to use the following tip sheets and training materials to enter service plan information:

- [OLTL SC-1.0 New Consumer Tip Sheet](#)
- [OLTL SC-2.0 Waiver Transfer Tip Sheet](#)
- [OLTL SC-3.0 Service Changes Tip Sheet](#)
- [OLTL SC-6.0 Vendor Services Tip Sheet](#)
- [OLTL SC-7.0 Annual Review Tip Sheet](#)
- [OLTL HCSIS SC Training Part 1](#)
- [OLTL HCSIS SC Training Part 2](#)

Plan – Services and Supports – Serv Dtls

This screen allows the service coordinator to add services to the plan and link each of the services to one or more outcomes. There are no changes to this screen. Service coordinators should continue to use the following tip sheets and training materials to enter service plan information:

- [OLTL SC-1.0 New Consumer Tip Sheet](#)
- [OLTL SC-2.0 Waiver Transfer Tip Sheet](#)
- [OLTL SC-3.0 Service Changes Tip Sheet](#)
- [OLTL SC-6.0 Vendor Services Tip Sheet](#)
- [OLTL SC-7.0 Annual Review Tip Sheet](#)
- [OLTL HCSIS SC Training Part 1](#)
- [OLTL HCSIS SC Training Part 2](#)

Plan – Services and Supports – Non-Waiver Services - Non-Waiver Services

This screen allows the service coordinator to detail the additional services, formal and informal, which the participant is receiving. Coordinators must indicate whether or not non-waiver services are being used in order for the service plan to be submitted for review. For example, if a spouse is listed as an informal support person on the service plan, this individual is listed on this screen.

Plan – Services and Supports – Non-Waiver Services – Non-Waiver Services

Plan - Service & Support - Non-Waiver Services - Non-Waiver Services No Current Information.

Search

Current Individual	Name: DOE, JOHN	SSN: XXX-XX-8888	MCI#:	Residential County: Dauphin	Info
Plan Status: Draft	Changed Date: 9/27/2010 10:06:49 AM	Agency /SC Entity: OSP DATA	Waiver/Program: OBRA	Fiscal Year: 2006-2007	

Are Non-Waiver/Program Services being received? *

Informal and formal services, regardless of the funding source, which the participant receives, must be listed on this screen. The Service Coordinator is responsible for checking EVS to verify any other services can be delivered through a separate funding source. If non-waiver services are being received, the service coordinator must complete the following for each non-waiver service:

- Service Name
- Start Date
- End Date
- Location
- Responsible Party
- Agency Name – If the “Responsible Party” is “Informal Support,” enter NA
- Contact Name
- Contact Phone
- Related Outcome Phrase
- What are the Current Needs?
- What Actions are Needed?
- Frequency and Duration of actions needed

Plan – Services and Supports – Non-Waiver Services – Non-Waiver Services

Non Waiver Service	
Service Name:	* Other <input type="text" value="Vocational Services"/>
If Other, please specify:	<input type="text" value="Vocational Services"/>
Start Date (MM/DD/YYYY):	* 01/01/2007 <input type="text"/>
End Date (MM/DD/YYYY):	* 06/15/2007 <input type="text"/>
Location:	* Community <input type="text"/>
Responsible Party:	* Agency <input type="text"/>
Agency Name:	* OVR <input type="text"/>
Contact Name:	Sara Smith <input type="text"/>
Contact Phone:	<input type="text"/>
Related Outcome Phrase:	* <input type="text" value="HYGIENE"/> <input type="text" value="EMPLOYMENT"/> <input type="text" value="SOCIAL"/> <input type="text" value="INDEPENDENT LIVING"/>
What are the Current Needs?:	* <input type="text" value="Relearn how to do daily computer tasks without use of the left side of his body."/> 20 characters remaining
What Actions are Needed?:	* <input type="text" value="Rehabilitation and some OT. Modified computer hardware; voice activated software."/> 19 characters remaining
Frequency and Duration of actions needed:	* <input type="text" value="3 hours weekly with an OTO installation."/>
Recording Worker:	PW-OSSTAP, PW-OSSTAP (OMAP)
Date Stamp:	10/4/2010 12:32:48 PM

Non Waiver Service	
Service Name:	* Meal Assistance
If Other, please specify:	
Start Date (MM/DD/YYYY):	* 04/03/2007
End Date (MM/DD/YYYY):	* 06/30/2007
Location:	* Home
Responsible Party:	* Agency
Agency Name:	* Agency X Home Health
Contact Name:	Benny Hill
Contact Phone:	
Related Outcome Phrase:	* HYGIENE EMPLOYMENT SOCIAL INDEPENDENT LIVING
What are the Current Needs?:	* Nutritional counseling to ensure that diet does not negatively impact ulcers. 23 characters remaining
What Actions are Needed?:	* Nutritionist meets with participant and wife to review special diet needs. 28 characters remaining
Frequency and Duration of actions needed:	* Once monthly
Recording Worker:	PW-OSSTAP, PW-OSSTAP (OMAP)
Date Stamp:	10/4/2010 12:34:50 PM

Non Waiver Service	
Service Name:	* Other
If Other, please specify:	Assistance with ADL's
Start Date (MM/DD/YYYY):	* 07/01/2011
End Date (MM/DD/YYYY):	* 06/30/2012
Location:	* Home
Responsible Party:	* Informal Support
Agency Name:	* Jane Doe (spouse)
Contact Name:	Jane Doe
Contact Phone:	7171234567
Related Outcome Phrase:	* INDEPENDENTLY COMPLETE TASKS RELATED TO HYGIENE MAINTAIN LEVEL OF SOCIAL ACTIVITIES INDEPENDENT LIVING MAINTAIN LEVEL OF PERSONAL HYGIENE
What are the Current Needs?:	* Assistance with bathing, dressing, grooming on the weekends. 40 characters remaining
What Actions are Needed?:	* Spouse assists on weekends 74 characters remaining
Frequency and Duration of actions needed:	* Weekends
Recording Worker:	TRAINING, OLT (OMAP)
Date Stamp:	7/26/2011 10:27:24 AM

The SC module captures service coordinator's activities and improves the quality of service to participants by easily sharing information between service coordination entities.

SC – Indiv Monitoring

This screen allows service coordinators to track unscheduled and unannounced visits with the participant. Service coordinators should not enter information into this screen.

SC – Service Notes

SC – Service Notes – New Service Note

Important: Several changes have been incorporated into HCSIS as part of this enhancement. Please review the detailed information and instructions below to begin using the *Service Note* screens immediately to capture meetings and contacts with consumers. Discontinue use of the *Meeting Details* and *Contact Log* screens. The [Add] button on the *Meeting Details* screen has been removed, although existing meeting details can still be viewed.

Users will notice the following changes when adding service notes.

- The Service Note Category and Sub-Category drop-down lists have new OLTL specific values. These values are designated with an "OLTL-" preceding the category/sub-category name:

Category:

- **Plan Increase:** Activity that focuses on the addition or increase of services to a plan due to a participant's change in need or condition
- **Plan Decrease:** Activity that focuses on the decrease of services to a plan due to a participant's change in need or condition
- **Temporary Plan Increase:** Activity that focuses on an increase or decrease in services to a plan that will last temporarily or less than 120 days due to a participant's change in need

Sub-Category:

- **Education Services:** Services that consist of courses that help the waiver participant in acquiring, re-learning or re-gaining skills and knowledge.
- **Community Integration:** Short-term, goal-based services designed to assist participants in acquiring, retaining and improving self-help, communication, socialization and adaptive skills necessary to reside in the community.
- **Accessibility Adaptations, Equipment, Technology and Medical Supplies:** An item, piece of equipment or product system, whether acquired commercially, modified or

customized, that is used to increase, maintain or improve functional capabilities of participants.

- **Service Coordination:** Services that will assist individuals who receive waiver services in gaining access to needed waiver services and other State Medicaid Plan services, as well as medical, social, educational and other services regardless of the funding source.
- **Adult Daily Living:** Services provided to meet the personal care, social, nutritional, therapeutic, educational and recreational needs of individuals in a licensed center.
- **Personal Emergency Response System:** Services include an electronic device which enables waiver participants to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the person’s phone and programmed to signal a response center once a “help” button is activated.

Users may continue to use the existing values in the drop-down list, even though they do not have the “OLTL-” prefix in the name.

Note: Users who would like a refresher on how to complete the services notes screen may review the Service Note Tip Sheet on the HCSIS LMS.

Updates to the Plan screens:

Navigate to the Plan screens by following the menu path: Plan > Services and Supports > Service Details

The [Add Service Note] and [Review Services Notes] buttons have been added to the Plan’s *Service Details* screen.

- Service Coordinators can click [Add Service Note] to open a new service note in a pop-up window to edit, or click [Review Service Notes] to view and edit a service note
- OLTL reviewers can click [Review Service Notes] to open service notes in a pop-up window and view the consumer’s recent service notes

This screen allows a service coordinator to enter detailed information about the participant’s services and contacts regarding the participant. This screen is required for all service coordinators. Provide a summary description of the contact along with the duration of the contact. Include documentation of the contact with the participant; include information on the delivery of services, goals being met, service outcomes and if the participant has utilized his/her back-up plan since the last review. Service notes must also be documented for any request to change a service on the participant’s service plan.

***When entering a service note that corresponds to a justification in change of service, the Service Coordinator should use the following drop down values for Category and Sub-Category. ** SC’s should include the screens that have been updated in the text of the Service Note.**

***When requesting an increase in services or the addition of a new service to the service plan, the SC should use:**

Category: OLTL-Plan Increase

Sub-Category: Choose the service being adjusted or added to the plan.

Service Note Pop-up - Windows Internet Explorer provided by Department of Aging

Operation successful.

Current Individual: Name: DO, JOHN | SSN: XXX-XX-6573 | MCI#: | Residential County: Dauphin | Info

MA Eligible: No

Program Diagnosis:

[PRINT THIS SERVICE NOTE](#)

entered on 10/7/2011 9:18:56 AM

Service Note Entered by: TRAINING, OLTL

Date of Service/Contact (MM/DD/YYYY): * 9/30/2011 | Location of Service: * Individual's Home

Service Type: * Coordinate

Category: * OLTL- Plan Increase

Sub-Category: * OLTL- Accessibility Adaptations, Equipment, Technology and Medical Supplies

No. of Units: 0 | Credited to: N/A

Follow-up: * Not Required | Follow-up Due Date (MM/DD/YYYY):

Billable: Yes No

Service Note: Home Modification-SC met with participant in home to assess the need for a bathroom modification (installation of grab bars) to address his goal/need of independently completing daily hygiene tasks. Updated screens include: OS, OA, Service Details and physical assessment screen.

Supervisory Edit:

Adjustment Service Note:

Last Edited: TRAINING, OLTL on 10/7/2011 9:18:56 AM

Funded Amount:

Authorization Status:

Authorization Date And Time:

Authorization Comments:

[Add Service Note](#) [Review Service Notes](#)

[PRINT THIS SERVICE NOTE](#)

SERVICE NOTE/BILLABLE CLAIMS DETAILS - entered on 9/29/2011 2:32:11 PM

Service Note Entered by: KHALILAH, FELDT

Date of Service/Contact (MM/DD/YYYY): * 9/20/2011 | Location of Service: * Individual's Home

Service Type: * Monitor

Category: * OLTL- Plan Increase

Sub-Category: * Personal Assistance Services

No. of Units: 0 | Credited to: N/A

Follow-up: * Not Required | Follow-up Due Date (MM/DD/YYYY):

Billable: Yes No

Service Note: SC met with participant on 9/20/11 in his home to discuss his increasing needs. Due to a decline in medical condition, the participant requires additional assistance to complete daily hygiene tasks (ADL's). After completing the assessment, it is determined that participant needs an additional hour of PAS to maintain independent in the community and is

Adjustment Service Note:

Last Edited: KHALILAH, FELDT on 9/29/2011 2:32:11 PM

[Reset](#) [Save And Add New](#) [Save](#) [Check Spelling](#)

[Return to Page Top](#)

You are presently logged into HCSIS Thursday, September 29, 2011 2:32 PM Your session will expire at approximately 3:32 PM

***When requesting a Decrease in service or removing a service from the service plan the SC should use:**



Category: OLTL-Plan Decrease


Sub-Category: Choose the service that is being decreased or removed.


[PRINT THIS SERVICE NOTE](#)


SERVICE NOTE/BILLABLE CLAIMS DETAILS - entered on 9/29/2011 2:32:11 PM

Service Note Entered by: **KHALILAH, FELDT**



Date of Service/Contact (MM/DD/YYYY): * 9/20/2011  Location of Service: * Individual's Home 

Service Type: * Monitor 


Category: * OLTL- Plan Decrease 

Sub-Category: * OLTL- Community Integration 

No. of Units: 0 Credited to: N/A

Follow-up: * Not Required  Follow-up Due Date (MM/DD/YYYY): 


Billable: Yes No

Service Note: SC met with participant on 9/20/11 and he/she has met all Community Integration goals and therefore the service is being removed from the plan. | 

Adjustment Service Note:

Last Edited: **KHALILAH, FELDT on 9/29/2011 2:32:11 PM**

[Reset](#) [Save And Add New](#) [Save](#) [Check Spelling](#)



***When requesting a temporary Increase the SC should use:**



Category- OLTL-Temporary Plan Increase


Sub-Category: Choose the service that is temporarily implemented according to a change in need.


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SERVICE NOTE/BILLABLE CLAIMS DETAILS - entered on 9/30/2011 9:51:26 AM

Service Note Entered by: **KHALILAH, FELDT**



Date of Service/Contact (MM/DD/YYYY): * 9/20/2011  Location of Service: * Individual's Home 

Service Type: * Coordinate 


Category: * OLTL- Temporary Plan Increase 

Sub-Category: * Respite Services 

No. of Units: 0 Credited to: N/A

Follow-up: * Not Required  Follow-up Due Date (MM/DD/YYYY): 

Billable: Yes No

Service Note: participant's care giver going on an emergency trip Saturday October 1 through Sunday October 2nd. Updates to the plan have been made as appropriate. SC completed necessary documentation to justify the need for temporary respite. (add any additional information that details the nature of the request) 

Adjustment Service Note:

Last Edited: **KHALILAH, FELDT on 9/30/2011 9:51:26 AM**

[Reset](#) [Save And Add New](#) [Save](#) [Check Spelling](#)

[Return to Page Top](#)

A variety of resources for HCSIS users exist. Service Coordinators should be familiar with the resources that can assist them in their day to day use of HCSIS.

Online Help

Online Help is a valuable HCSIS tool. Each screen in HCSIS contains online help that is updated with each HCSIS release. Help contains a screen description or overview and a description for each field or button on the screen.

Users can access online help by clicking in the top, right corner of your screen. The online help page will open in a separate internet browser window with information for the current screen in HCSIS.

Many screens in HCSIS are shared by multiple program offices. Because online help is created for each screen in HCSIS, there may be information in the online help page that is not applicable to your program office. This information is clearly labeled to designate the program office specific information.

HCSIS Learning Management System

The Learning Management System (LMS) is a repository for HCSIS training materials and communications. Service Coordinators can use the LMS to register for web-based training. System training materials and communications are also available on the LMS for download. HCSIS users can access the LMS from the HCSIS Home Page or directly at <https://www.humanservices-r.state.pa.us/HCSISLMS/>.

The LMS user ID will be different than the HCSIS user ID. Users who do not know their LMS user ID should contact their HCSIS Business Partner Administrator (a provider agency's HCSIS lead) to set up an LMS Login ID.

HCSIS Information

The HCSIS Information link within the LMS directs users to a list of HCSIS project communications. A wide variety of information is stored under the HCSIS information link. Service Coordinators should check this link regularly for updates.

All types of communications may be posted under this link. Typical communications include:

- Release Communications
- Reports Guides
- System Security Commutations

- Billing and Service Rate Communications
- Forms and Checklists

My Curriculum

The My Curriculum link in the LMS contains a list of courses and training materials that the Service Coordinator roles have access to. The LMS is role based, so users will only see courses and information relevant to their role and the programs they provide services for. There are four Training Types of materials within the LMS:

- Instructor Led Training (ILT) – OLTL has phased out many of the instructor led trainings for HCSIS to instead offer users more advanced training on HCSIS via webinars and guidebooks such as this one.
- Web Based Training (WBT) – A variety of webinars and web-based trainings are available to HCSIS users. These trainings allow service coordinators to review key HCSIS information from their desk. Most of these trainings are self-paced, so Coordinators can go back in the training to review information and can proceed through the training materials at their own speed.

All Captivate training materials should be saved to the user's computer first and then opened from the user's computer. Please do not attempt to run these files directly from the LMS; this will cause the file to perform slowly.

- Job Aid (JA) – A job aid is a downloadable document the user may reference while performing their job duties. These materials include tip sheets and guidebooks that offer detailed how-to information for the service coordinators. Tip sheets guide users step-by-step through a process in HCSIS while guidebooks give a higher level overview of the topic.
- Inactive – As instructor led trainings are phased out, the materials which were used for those trainings are available for use and are updated regularly as HCSIS changes. They are still grouped under the initial training category for ease of finding the documents.

Long-Term Living Training Institute

The Long Term Living Training Institute of Pennsylvania, or LTLTI, endeavors to maximize the independence, safety and well-being of older adults and adults with disabilities, their families and communities, by supporting the work of competent, committed and confident professionals. The Training Institute, which was established in January 2008, is a collaborative effort of the Pennsylvania Departments of Aging and Public Welfare.

LTLTI works to ensure that the long term living network is supported by, and retains, qualified trained staff. This is accomplished by providing educational opportunities including traditional classroom, conferences, webinars, and on-line training thereby enriching the expertise of those who support and/or provide services to older and disabled Pennsylvanians to maximize their level of independence and community living options.

A variety of trainings and training materials, including this guidebook, are available online at <http://www.lttrainingpa.org/index.cfm>.

Who to Call

HCSIS Help Desk

The HCSIS Help Desk is available to provide assistance to all HCSIS users. Contact the HCSIS Help Desk with technical/system related issues. Help Desk contact information is posted on the HCSIS Home Page.

HCSIS HelpDesk Contact Information			
Hours of Operation: Monday through Friday: 8AM-5PM			
Phone	Fax	Support Via Email	Password Resets
1(866)444-1264	(717)540-0960	c-hhcsishd@state.pa.us	ra-hcsispassword@state.pa.us

Service coordinators should contact the HCSIS Help Desk with questions about:

- HCSIS-required fields
- Walkthroughs or how to do a particular task
- Bugs, errors, and HCSIS not responding as the user expects it to

OLTL Program Staff

Program office specific and business policy questions should be directed to your OLTL regional program specialist. Service coordinators should contact their regional program specialist in the OLTL Bureau of Individual Support with questions about:

- General program issues (non-HCSIS related)
- Development or modifications of service plans from a program/policy perspective (e.g., service limitations or program design)
- Questions about what specific information should be entered in HCSIS (most of those questions will also be answered in this guidebook)