

## DDSD SUPPORTS WAIVER OPERATIONS: THERAP GUIDANCE

### THERAP MODULES

The following functions in Therap will be used by Community Support Coordinators (CSC) in operation of the Supports Waiver:

- Individual Data Form
- Scomm
- Case Notes
- GER Reporting for COVID-19 and other initiatives as determined by DDSD

### AGENCY ADMINISTRATOR

CSC agencies must have a designated agency administrator who sets up CSC user permissions, assigns caseloads and reset passwords or send a request to the Therap team via 'My Issues' to have *Self Password Reset* activated for their agency.

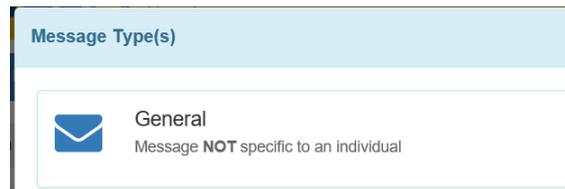
### SCOMM

Scomm is the secure communication email system on the Therap platform. CSCs need to use



this email system for secure communication with DOH as needed. Note: Mi Via Consultant Agencies with an existing Scomm account through DOH-DSD oversight account must follow *DDSD Guidelines Migrate to Agency Account* to render that account inactive. Once CSC begin all Scomm must initiated and responded to through the Agency's account.

Scomm can also be used for Supports Waiver business using the general message type.



## INDIVIDUAL DATA FORM

The Individual data form must be opened and updated at least monthly by the CSC following monthly monitoring or as updated information becomes available to the CSC. The following information is required:

1. Demographic information
2. Community Support Coordinator (CSC) information. (Auto filled when assigned by CSC Agency)
3. Current MCO Care Coordinator information in the contact list. To enter MCO Care Coordination, select contact List and Add New Contact.

### Individual Contact New ⓘ

Individual Ethan Williams, 01234

- a. Complete Care Coordinator First Name, Last Name; Agency (Enter MCO Agency Name; Relationship to Individual (Case Worker)

* First Name	<input type="text" value="Marie"/>	* Last Name	<input type="text" value="Sanders"/>
Middle Name	<input type="text"/>	Agency	<input type="text" value="MCO NAME"/>
* Relationship To Individual	<input type="text" value="Case Worker"/>		

- b. When a Care Coordinator is unknown, not assigned or care coordination declined, complete first name, last name as below

* First Name	<input type="text" value="NOT"/>	* Last Name	<input type="text" value="ACTIVE"/>
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## CASE NOTES

The Case Notes module is used for both the Initial Waiver Eligibility Reporting and for Monthly Monitoring.

- Case Notes include a Questionnaire Pop up and a notes section.
- The correct Case Note template name must be selected for the purpose of the Case Note.
- Initial Waiver Eligibility Period- Case Note Template name is **SW Offer Reporting Form**.
- Ongoing monthly Monitoring Case Note Template name is **SW Monthly Monitoring**.
- Case Notes must always be saved. Case notes can be saved in DRAFT form or SUBMITTED when final.

<input type="button" value="Cancel"/>	<input type="button" value="Back"/>	<input type="button" value="Save"/>	<input type="button" value="Submit"/>
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- All updates to a Case Note whether in DRAFT or SUBMITTED form are date and time stamped in Therap and can be accessed through the Case Notes [Update History](#) button.

Case Note Submitted ⓘ

Template: Case Management

Case Note Details

Form ID : CN-  
Time Zone : L  
Entered By : |  
Submitted By  
Update History

### **SW Offer Report**

1. Reporting during this period is in the Case Note titled *SW Offer Reporting*.
2. During the entire reporting period only ONE Case Note for *SW Offer Reporting* should be initiated per person.
3. The *SW Offer Reporting* Case Note should be continuously updated in DRAFT as work progresses and at least once per month by the 15<sup>th</sup> of the month.
4. This Case Note should continue to be saved in DRAFT until of all required information and attachments are completed in the Questionnaire pop-up or the person later chooses to no longer pursue enrollment in the Supports Waiver.
5. When the SW Offer Reporting is complete based on #4, the Case Note should be SUBMITTED.
6. At those times time, the Case Note is SUBMITTED as final.
7. Notes on CSC initial waiver eligibility required activities conducted by CSC in the notes section outside of the Questionnaire pop up. This should include a running log of dates, times and required activities conducted until initial ISP is approved. For example:
  - 7/1/2020 10:40 am – 10:55 am- Called to schedule initial meeting after receipt of PFOC
  - 7/20/2020 1:00 PM – 2:30 PM Conducted waiver enrollment meeting
  - 8/1/2020 Completed LOC scoring with individual and family member
  - 8/15/2020 Completed home site visit
8. Required documents must be attached according to prompts in the Questionnaire.
9. All questions must be answered with a final SUBMISSION of the Case Note unless the individual decided not to enroll in the Supports Waiver.
10. When an individual decides not to enroll in the Supports Waiver, SUBMIT the Case Note and notify Intake and Eligibility Bureau.

### **SW Monthly Monitoring**

1. Reporting during this period is in the Case Note titled *Supports Waiver Monthly Monitoring*.
2. Use of this Case Note starts in the month of initial approval of Individual Service Plan and budget.
3. Each month a new *SW Monthly Monitoring* Case Note should be initiated per person. The Case Note may remain in DRAFT until the end of the month in which the reporting is complete. The Case Note must be SAVED and SUBMITTED by the end of the month and before any billing can occur for the month.

4. All questions in Questionnaire pop up are required to be completed.
5. A new *SW Monthly Monitoring* Case Note must be submitted monthly to support billing.
6. Notes on additional monthly contacts or CSC activities in addition to the monthly Questionnaire during the month should be logged in the *Notes* section outside of Questionnaire pop-up with date, time and description of activity.

## GER Reporting

The following events need to be reported in the Therap GER by the CSC:

- COVID Events
- Other as determined by DDSD that occur during delivery of Supports Waiver services.

Entry Guidance: Community Supports Coordinators (CSC) must complete the following sections of the GER with detailed information: profile information, event information, other event information, general information, notification, actions taken or planned, and the review follow up comments section. Please attach any pertinent external documents such as discharge summary, medical consultation form, etc. CSC Agencies must enter and approve GERs within 2 business days.

Event	Description	Entry Requirement	Notification Level
COVID	COVID related events including testing, possible exposure	Event: Other Event Type: Communicable Disease Subtype COVID-19: Enter Status field options:	HIGH