Division of Technology Services
DEVELOPMENT AND APPLICATION SUPPORT

AOF
Website

2014

The purpose of this document is to outline the steps required to complete and track the progress of an Authorization of Funding (AOF) request made by a provider via the Provider Web-Tools AOF Request website and submitted to BDDS.

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Adding New Contact Info

(**Note**: Adding new contact info can be done by Provider Admins)

Please note that at least one Contact Person is required for every budget request. Be sure to set-up at least one Contact in the Contact People section before you attempt to 'Copy AOF from this Budget' or 'Create an AOF Budget from Scratch'.

- Navigate to the DDRS Web-Based Tools Website: https://ddrsprovider.fssa.in.gov/bdds/
- Login to the DDRS Web-Based Tools Website with appropriate credentials
- Select AOF Request from the menu options
- Select Contact People
- Select "Add New Contact"
- Enter required contact information
- Select "Save Changes"

Home

Request New AOF

AOF Requests Under Construction

Check Request Status

Contact People

Logout

Select which Contact-Person you want to work with: (new person) ▼

Add new Contact

Details

Current e-mail	Amy.Farrah-Fowler@fssa.IN.gov
Name	Amy Farrah-Fowler
Phone#	(765)542-6598
Extension#	256
Is Available	☑ (Can be added to new AOF Requests)

Save Changes

When adding a new Contact Person, click the [Add new Contact] button **first**, enter their information, and then click the [Save Changes] button.

Request New AOF

Copy AOF from this Budget

- Navigate to the DDRS Web-Based Tools Website: https://ddrsprovider.fssa.in.gov/bdds/
- Login to the DDRS Web-Based Tools Website with appropriate credentials
- Select AOF Request from the menu options

DDRS Web-Based Tools

Home
Instructions

BDDS Links
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 NOA Email Address
 Resident Review
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Menu
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State Line
 Budget
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 AOF Request

Instructions

To avoid the need to use scroll bars in this application, set your computer monitor screen resolution to 1024 x 768 pixels or higher. Use the following steps to change the screen resolution on your computer:

1. Right-click on your desktop and select **Properties** from the shortcut menu. The **Display Properties** window appears.

1. Select the **Settings** tab.

1. Drag the slider in the **Screen resolution** section right or left to increase or decrease the screen resolution.

1. Select **Apply**.

- Enter the data required for the system to locate the client you would like to work with, then click on the Search button

- IF there are budgets that are available for copying, the system will display the appropriate previous budget(s) for client
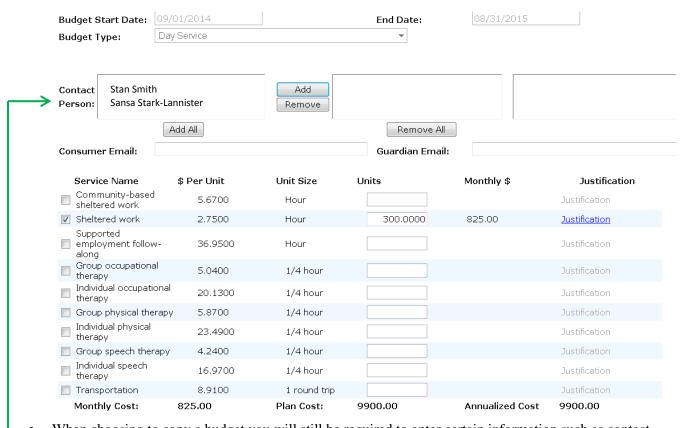 - (**NOTE:** if you prefer to start a "New, From-Scratch" budget, skip to page 5)
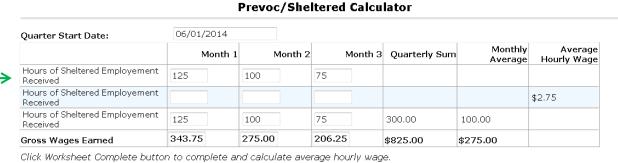

- Enter the Budget Start Date and End Date
- Review the budgets available, make a choice and then click on the 'Copy AOF from this Budget' button

| Budget Start Date: | 09/01/2014 | | End Date: | 08/31/2015 |
| Budget Type: | Day Service | | | |

Contact Person:

| Stan Smith |
| Sansa Stark-Lannister |

Add
Remove

Add All   Remove All

Consumer Email: _____   Guardian Email: _____

	Service Name	$ Per Unit	Unit Size	Units	Monthly $	Justification
☐	Community-based sheltered work	5.6700	Hour			Justification
☑	Sheltered work	2.7500	Hour	300.0000	825.00	Justification
☐	Supported employment follow-along	36.9500	Hour			Justification
☐	Group occupational therapy	5.0400	1/4 hour			Justification
☐	Individual occupational therapy	20.1300	1/4 hour			Justification
☐	Group physical therapy	5.8700	1/4 hour			Justification
☐	Individual physical therapy	23.4900	1/4 hour			Justification
☐	Group speech therapy	4.2400	1/4 hour			Justification
☐	Individual speech therapy	16.9700	1/4 hour			Justification
☐	Transportation	8.9100	1 round trip			Justification
	Monthly Cost:	825.00	Plan Cost:	9900.00	Annualized Cost	9900.00

- When choosing to copy a budget you will still be required to enter certain information such as contact person (see *Adding New Contact Info*), justification entry and if selecting Sheltered service(s) the Prevoc/Sheltered Calculator.

This upcoming quarter the individual should be receiving Prevocational Services funded by waiver services.

Prevoc/Sheltered Calculator

Quarter Start Date: 06/01/2014

	Month 1	Month 2	Month 3	Quarterly Sum	Monthly Average	Average Hourly Wage
Hours of Sheltered Employement Received	125	100	75			
Hours of Sheltered Employement Received						$2.75
Hours of Sheltered Employement Received	125	100	75	300.00	100.00	
Gross Wages Earned	343.75	275.00	206.25	$825.00	$275.00	

Click Worksheet Complete button to complete and calculate average hourly wage.

Worksheet Complete

(Note: The Prevoc/Sheltered Calculator is required for all sheltered services)

- Enter hours received
- Calculate Gross Wages Earned and enter total
- Select "Worksheet Complete" when finished entering data
- Upon completing worksheet a message will appear above the Prevoc/Sheltered Calculator

Create an AOF Budget from Scratch

- Enter the Budget Start Date and End Date

Enter the start/end dates for the NEW budget, and then either use the Copy-From-Prior function or select a Budget-Type to start From-Scratch.

Budget Start Date: ✱ Required   **End Date:** ✱ Required

Day Service   [Copy AOF from this Budget]

- Jun-01-2014 thru Aug-31-2014
  - _____
  - Sheltered work, 300.000 units (Hour)

No budget available   [Copy AOF from this Budget]

(n/a)

No budget available   [Copy AOF from this Budget]

(n/a)

Budget Type: [Select] ▼

To start a new budget **From Scratch**, select the Budget-Type and then click here: [New, From-Scratch]

- Select the Budget Type
  - Caregiver Support
  - Day Service
  - Nursing Facility Day Service

- Select the "New, From-Scratch" button

Day Service/Nursing Facility Day Service

Client Name:	JOHN DOE
Address:	1234 E. 96th Street, INDIANAPOLIS, IN 46240
DART ID:	5862
District:	5 - INDY METRO
District Toll Free Phone:	1-877-218-3530
District Fax:	(317)254-2075
County:	MARION
Guardian Name:	LISA SMITH
Guardian Address:	
Waiver-Funding from most-recent CCB:	
Start-Date of most-recent CCB:	
Was most-recent CCB Terminated:	
Plan-Type of most-recent CCB:	

- Choose Contact Person

Budget Start Date:	07/31/2014	**End Date:** 06/30/2015
Budget Type:	Day Service	

Contact Person:
- Stan Smith
- Sansa Stark-Lannister

[Add] [Remove]

[Add All] [Remove All]

Consumer Email: _____ **Guardian Email:** _____

Service Name	$ Per Unit	Unit Size	Units	Monthly $	Justification
☐ Community-based sheltered work	5.6700	Hour			Justification
☐ Sheltered work	2.7500	Hour			Justification
☐ Supported employment follow-along	36.9500	Hour			Justification
☐ Group occupational therapy	5.0400	1/4 hour			Justification
☑ Individual occupational therapy	20.1300	1/4 hour	30.50	613.96	Justification
☐ Group physical therapy	5.8700	1/4 hour			Justification
☑ Individual physical therapy	23.4900	1/4 hour	17.00	399.33	Justification
☐ Group speech therapy	4.2400	1/4 hour			Justification
☐ Individual speech therapy	16.9700	1/4 hour			Justification
☐ Transportation	8.9100	1 round trip			Justification
Monthly Cost: 1013.29		**Plan Cost:** 12159.48		**Annualized Cost** 12159.48	

- Choose which Services are needed
  (*You cannot combine Sheltered Services with other services)
  (*Supported Employment Follow-Along (SEFA) cannot exceed 10 hours)
- Enter Units required
  o Monthly Cost, Plan Cost and Annualized Cost will auto-populate
  o Justification link will become active

Provide justification of service(s) requested:

Requested Service: Individual occupational therapy

Enter the justification for the Services requested here.

Save/Close

- Enter the justification of services provided and select Save/Close (each service has a separate justification box)

Save   Discard   Submit To BDDS   Print   Attach Documents   Back

NOTE: The Print and Submit actions may take 5-10 seconds to complete, please be patient for those.

- You can upload any documents that are necessary for the budget request
- Select the Document Group (required) for your upload and enter any Notes/Comments needed

New document for Doe, John

Please click the browse button and locate the document you want to upload for this consumer. There is a limit of 4MB on the size of the document, larger files will cause an error.

Document to upload   [   ]   Browse...

Document Group   [Select]   ▼
                        [Select]
                        Assessment documents
Notes / Comments about the   Appeals paperwork
document   Case Notes
                              Other

Upload

Document types allowed	Specific file-types
Image files	BMP, JPG, JPEG, GIF, PNG, TIF, TIFF
PDF documents	PDF
Micorsoft Word documents	DOC, DOCX
Microsoft Excel workbooks	XLS, XLSX, CSV
Text (NotePad) files	TXT, LOG

- Once you have completed the request select "Save" and the "Submit to BDDS" option will be active

Caregiver Support

Client Name:	JOHN DOE
Address:	1234 E. 96th Street, INDIANAPOLIS, IN 46240
DART ID:	5862
District:	5 - INDY METRO
District Toll Free Phone:	1-877-218-3530
District Fax:	(317)254-2075
County:	MARION
Guardian Name:	LISA SMITH
Guardian Address:	
Waiver-Funding from most-recent CCB:	
Start-Date of most-recent CCB:	
Was most-recent CCB Terminated:	
Plan-Type of most-recent CCB:	

- Select Contact Person

Budget Start Date:	07/25/2014	End Date: 06/30/2015
Budget Type:	Caregiver Support ▼	

Contact Person:
Stan Smith
Sansa Stark-Lannister

[Add] [Remove]

[Add All] [Remove All]

Consumer Email: _____   Guardian Email: _____

☐ By checking this box, I certify that the Caregiver has appropriately exhausted the current Caregiver Supports Services budget and is in need of and has requested additional funding for this fiscal year.

Service Name	$ Per Unit	Unit Size	Units	Monthly $	Justification
☑ Caregiver Supports Services	16.0000	Hour	2.6040	41.66	Justification
		Plan Cost:	41.66		

- Check Caregiver Supports Services box
- Enter the Units needed
  - o The Monthly Cost and Plan Cost will auto-populate
  - o The Justification link will become active
- Enter Justification for Services (see page 7) and "Save/Close"
- Attach any documents needed and "Save"
- Once saved the "Submit To BDDS" button will become active

Check Request Status

- There are five status types
    - Approved
    - Void – budget request has been discarded
    - More-info – not all necessary entries have been completed
    - At-Central – Waiting for review
    - Under Construction- saved but not submitted

Home

Request New AOF

AOF Requests Under Construction
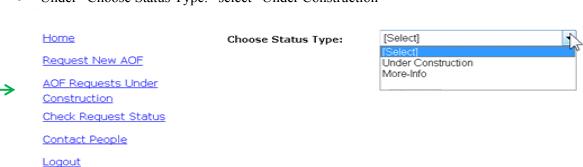
Check Request Status

Contact People

Logout

Client Name	Budget Type	Budget ID	Budget Start Date	Budget End Date	Status
John Doe	Day Service	94147	6/01/2014	12/31/2014	Approved
W.W. Heisenberg	Nursing Facility Day Service		7/1/2014	9/30/2014	Void
Rob Stark	Day Service		7/1/2014	5/31/2015	More-info
Emma Swan	Caregiver Support		7/1/2014	6/30/2015	At-Central
Killian Jones	Day Service		06/01/2014	08/31/2014	Under Construction

AOF Requests Under Construction

Reviewing/Editing budgets Under Construction and budgets requiring More-Info

- Select AOF Requests Under Construction
- Under "Choose Status Type:" select "Under Construction"

Home

Request New AOF

AOF Requests Under
Construction

Check Request Status

Contact People

Logout

Choose Status Type:

[Select]
[Select]
Under Construction
More-Info

ID	CustID	Client Name	Budget Type	Budget ID	Started At Date	
26	84512	Jon Snow	Day Service		5/21/2014	Edit
99	85417	Killian Jones	Day Service		6/01/2014	Edit
87	59841	Rob Stark	Day Service		07/01/2014	Edit

- Select the **Edit** link
- Review/Edit information if needed

Requests that require more information be submitted will show under the More-Info option in the dropdown list.

- Select More-Info
- Select Budget and click blue **Edit** link

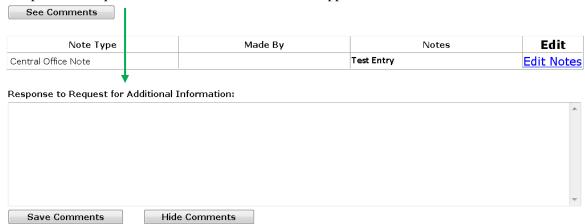Choose Status Type: More-Info

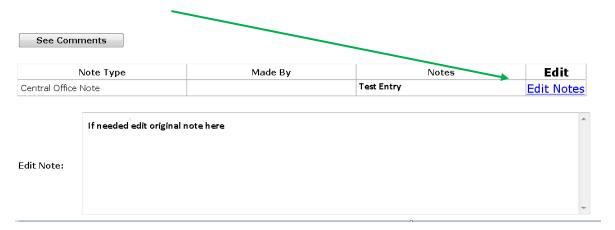| ID	CustID	Client Name	Budget Type	Budget ID	Started At Date	
26	84512	Jon Snow	Day Service		5/21/2014	Edit

- Select "See Comments"

	Service Name	$ Per Unit	Unit Size	Units	Monthly $	Justification	
☐	Community-based sheltered work	5.6700	Hour			Justification	
☑	Individual habilitation	28.8200	Hour	6.0000	172.92	Justification	
☑	Group habilitation	5.3400	Hour	12.5000	66.75	Justification	
☐	Sheltered work	2.7500	Hour			Justification	
☐	OBRA Prevoc Large Group	3.0000	Hour			Justification	
☑	OBRA Prevoc Medium Group	4.7200	Hour	10.0000	47.20	Justification	
☐	OBRA Prevoc Small Group	8.4800	Hour			Justification	
☑	Supported employment follow-along	36.9500	Hour	10.0000	369.50	Justification	Y
	Monthly Cost:	656.37	**Plan Cost:**	656.37	**Annualized Cost**	7876.44	

[See Comments]

[Save] [Discard] [Submit To BDDS] [Print] [Attach Documents] [Back]

NOTE: The Print and Submit actions may take 5-10 seconds to complete, please be patient for those.

- Response to Request for Additional Information box appears

[See Comments]

Note Type	Made By	Notes	**Edit**
Central Office Note		Test Entry	Edit Notes

Response to Request for Additional Information:

[   ]

[Save Comments] [Hide Comments]

- Selecting **Edit Notes** opens the Edit Note box

Note Type	Made By	Notes	**Edit**
Central Office Note		Test Entry	Edit Notes

Edit Note:
If needed edit original note here

- When response is completed select "Save Comments" and then "Save"
- Response will appear below original note
- "Submit To BDDS" becomes active

Save Comments   Hide Comments

Save   Discard   Submit To BDDS   Print   Attach Documents   Back

NOTE: The Print and Submit actions may take 5-10 seconds to complete, please be patient for those.

See Comments

Note Type	Made By	Notes	**Edit**
Central Office Note		Test Entry	Edit Notes
Provider Note	test03	test entry reply	Edit Notes