INsite v. 3.7b Release Notes

June 26, 2009

Note: the Dead Line for applying this patch is July 3, 2009. Any CCB's finalized with an earlier version of INsite on or after that date will be automatically denied when received at the State.

Please read these release notes in their entirety

A&D – Respite (applies to all case managers)

For A&D, effective July 1, 2009 the limits for respite nursing (RNUR) and respite home health aide (RHHA) are changing.

- ✓ For dates of service **prior** to 7/1/2009 there is still a combined limit of 60 hours per month. That is the combination of RNUR and RHHA can't exceed 60 hours in any given month.
- ✓ For dates of service of 7/1/2009 and after the combined limit is 720 hours per 12 months (per year). Thus, some months can exceed the current 60 hour limit. Often CCBs are for less than a year. The 720 hours will be 'pro-rated' for the time of the CCB from 7/1/2009 and after. That pro-rated amount will then be compared to the hours on the CCB from 71/2009 to the end of the CCB.

A&D – Level of Care (applies to just AAA case managers)

Effective, July 1, 2009 the Area Agencies on Aging can approve locally all A&D Levels of Care. The Division of Aging will continue to approve Levels of Care submitted by IPMG and Independent Case Managers.

Removing and adding services (applies to all case managers)

For *all* waivers, a new 'soft warning' will display if an update CCB adds a service that didn't appear on the previous CCB or if a service is dropped completely from the update CCB. For example, assume a CCB has 1,000 hours of residential habilitation level 1 (RH1O) and no hours of residential habilitation level 2 (RH2O). If an update CCB entirely removes RH1O and level 2 (RH2O) takes its place, the case manager will receive a warning that RH1O has been dropped and RH2O has been added. Similarly, if a CCB has no RHHA but an update CCB adds RHHA, the case manager will receive a warning that RHHA has been added. These warnings will occur when the CCB is finalized. These types of changes are permitted; however, we just want to be sure that is the case manager's intent and to be sure they explain that type of change adequately. When the Waiver Specialists review a CCB, they will also receive the warning messages to call their attention to those types of service changes.

Vehicle Modification Maintenance (VMOM) Service (applies to all case managers)

The VMOM service has been added for all the waivers. The limit is $500 per year. An RFA will be required. Before adding VMOM, the client must have had a Vehicle Modification Installation (VMOD) on an approved CCB.

PDF Printing (applies to all case managers)

As technology has evolved, it has affected the PDF printing capability within INsite. Those using CITRIX connections for their case managers and those using Windows VISTA have been unable to utilize the INsite PDF feature. We have upgraded the PDF printer driver utilized by INsite and have updated all the routines that utilize that driver. If you have Vista systems or utilize CITRIX you may want to consider installing the upgrade. If you currently don't utilize those operating environments, there is no need to upgrade. A separate set of instructions have been prepared to guide you through the process of upgrading. Those instructions are in the Release Notes – Miscellaneous INsite Help section. The title of the document is 'Installation Instructions – New PDF Driver".

A special thanks to Area 6 and Area 8 for testing this upgrade over the last few weeks.

Exporting of Case Note Narrative (applies to all case managers except IPMG)

As you may know, for all case managers except IPMG case managers not all the case note narrative you record in INsite is exported to the State. Effective with this update, all client based case note narrative will be exported to the State. There is nothing special you need to do to implement this change. The upgrade will just export the narrative for new case notes. However, the Division of Aging and DDRS are asking that case note narrative for older case notes also be available to them. Thus, we will be contacting the AAAs and Independent Case Managers to obtain a CD of your data so we can extract the narrative for the older case notes and place it on the State's system.

Again, a special thanks to Area 6 and Area 8 for testing this upgrade over the last few weeks.

Exporting of non-waiver (CHOICE, SSBG, Title III) plans of care (applies to AAAs only)

As you may know, your CHOICE, SSBG, and Title III plan of care data has not been exported to the State. The fiscal, NAPIS, and case note activity for those three funding sources has always been exported to the State. The Division of Aging has requested that the care plan data now also be sent to them. Effective with this update, the CHOICE, SSBG, and Title III plans of care will be exported to the State. The export report that lists the plans and services being exported is the 'Worksheets \ Plans of Care Exported' report.

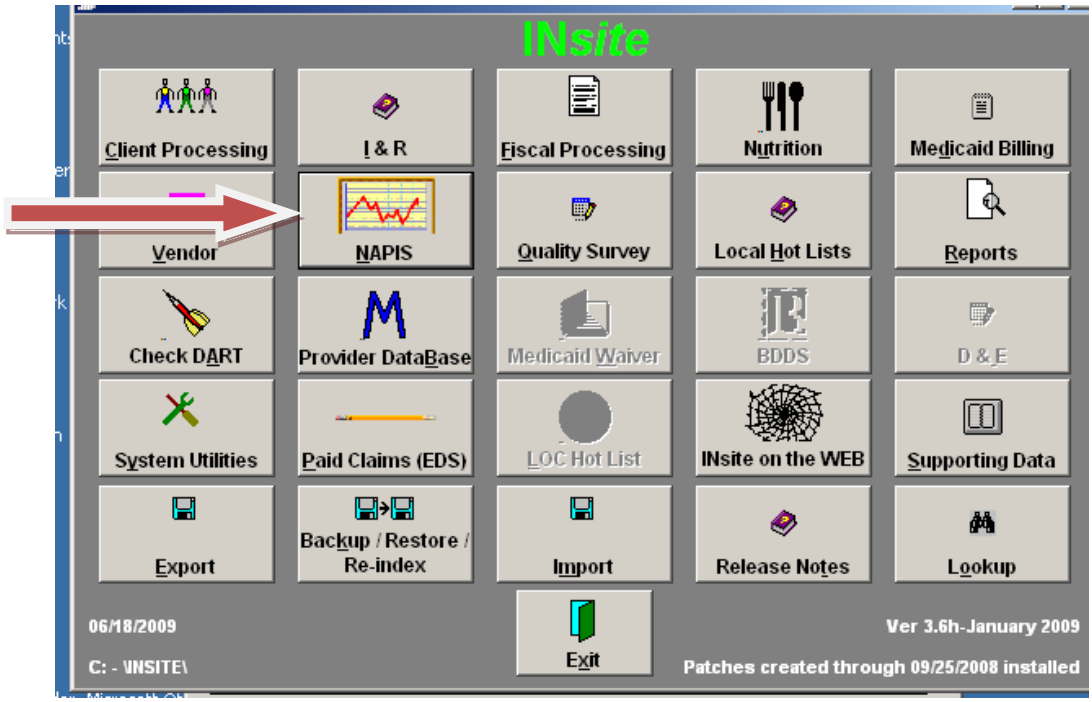
There is nothing special you need to do to implement this change. Worksheet data will NOT get exported to the state.

Service Analysis Report (applies only to AAAs)

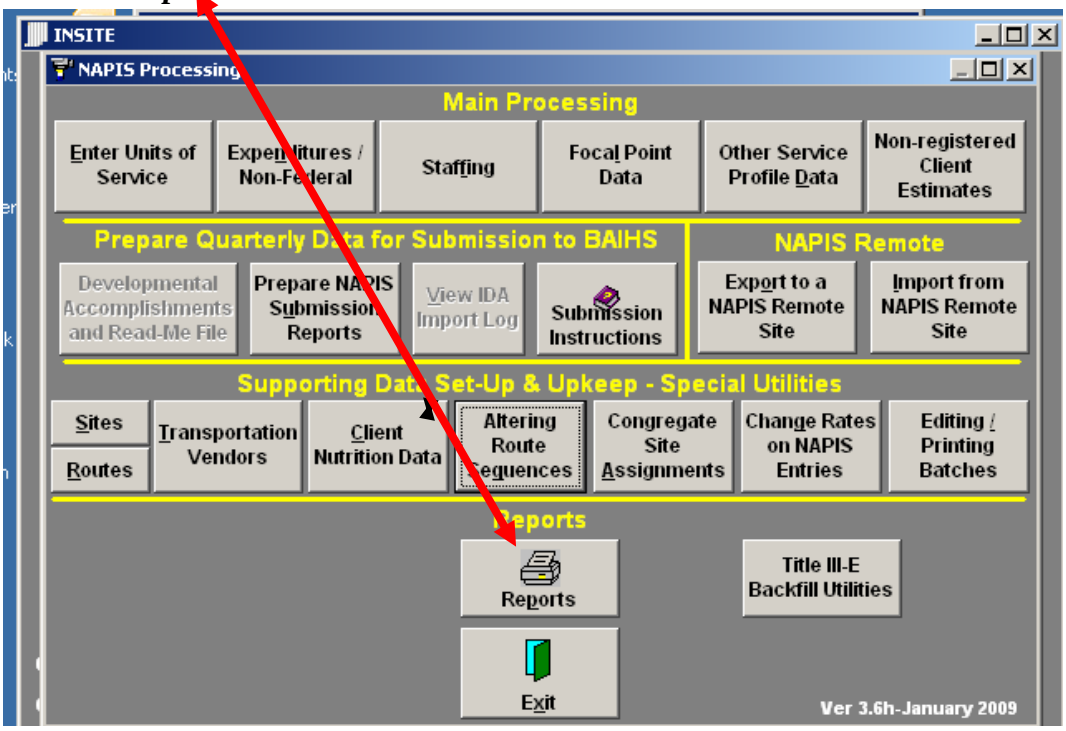
The Division of Aging will be requiring that the INsite Service Analysis report (in the NAPIS module) be attached to your monthly claims you submit to them. A new 'summary' version of the report has been added with this version of INsite to accommodate that requirement. The Division of Aging will be providing more guidance on this new requirement; however, shown below are the steps required to generate the necessary report.

I. Open INsite

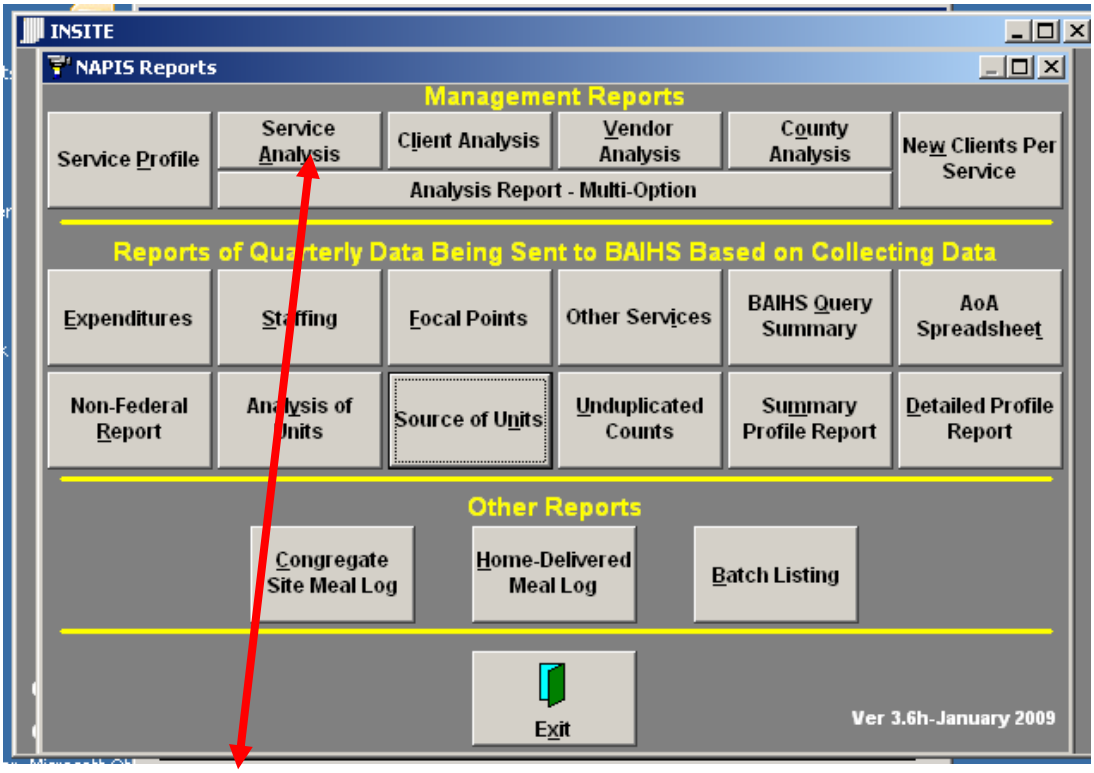
II. Click on **NAPIS**



III. Click on ***Reports***

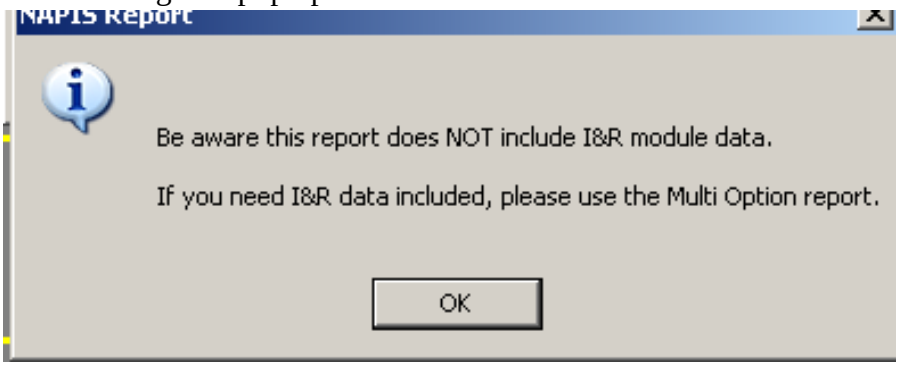


IV. This screen will appear.



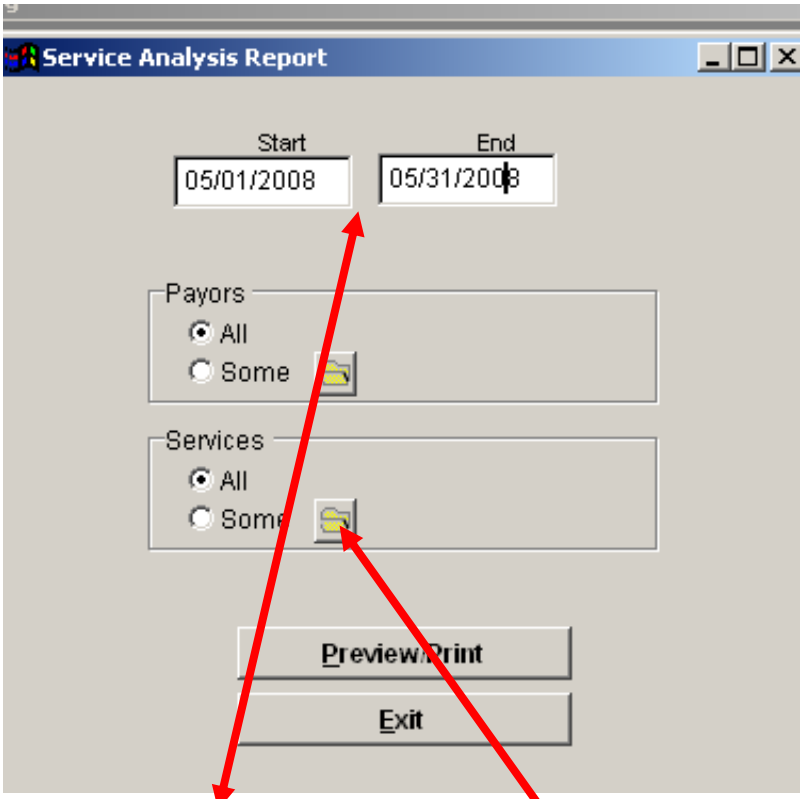
Click on ***Service Analysis***.

V. This warning will pop up.



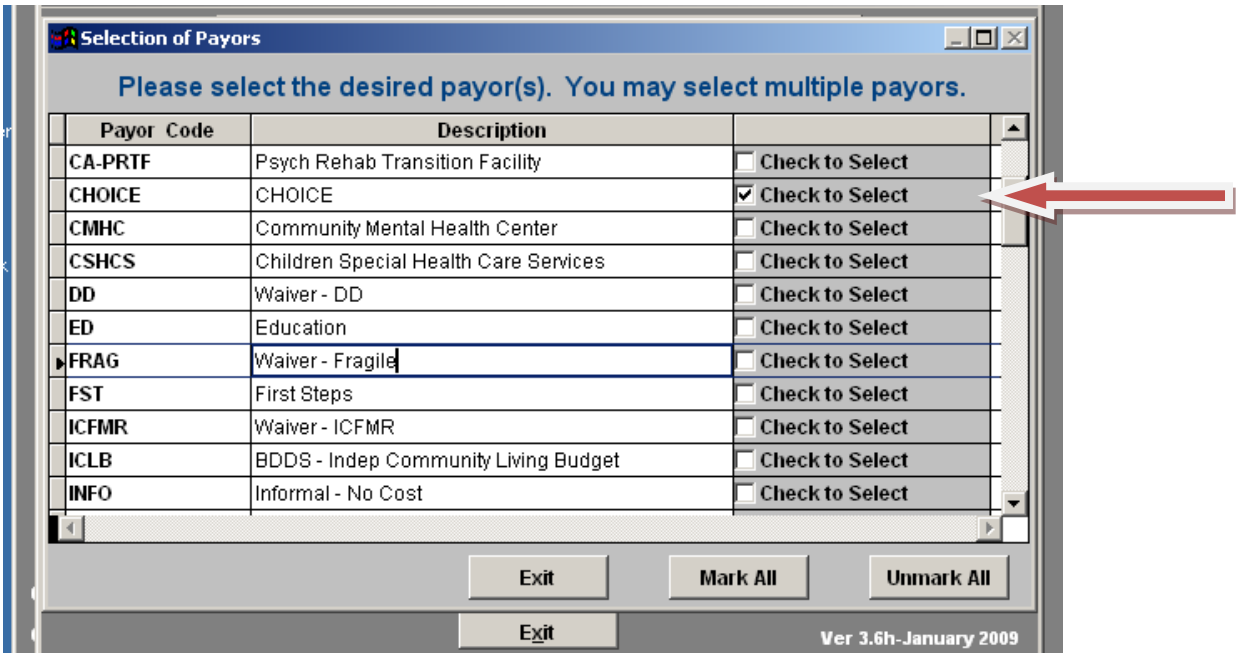
Click ***OK***

VI. This screen will then appear.



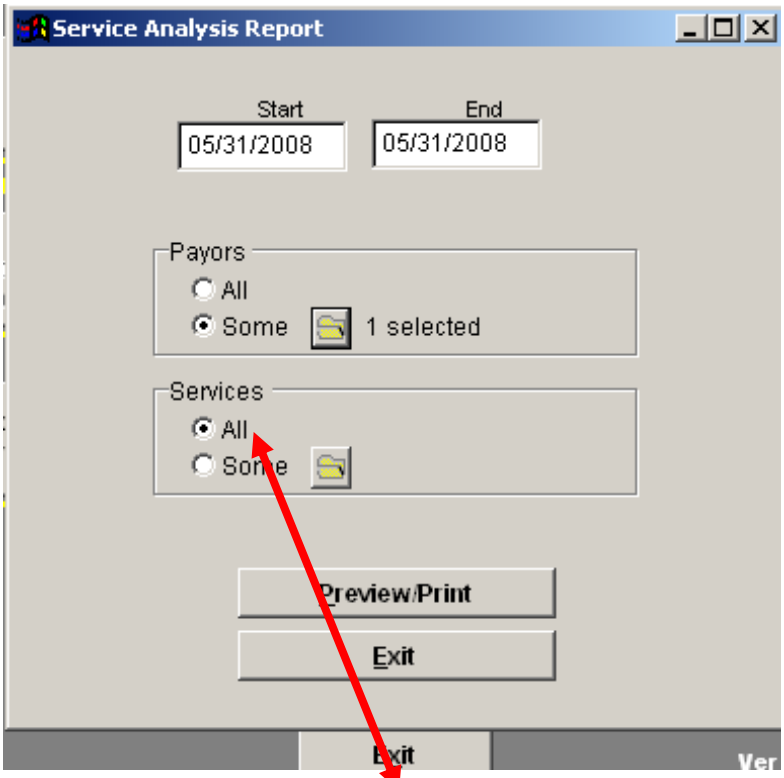
Put in the date range of the claim being submitted.
Under ***Payors***, click the folder next to ***Some.***

VII. When you press the ‘folder’ this screen will appear.



Check to Select CHOICE. Exit

VIII. This screen then re-appears

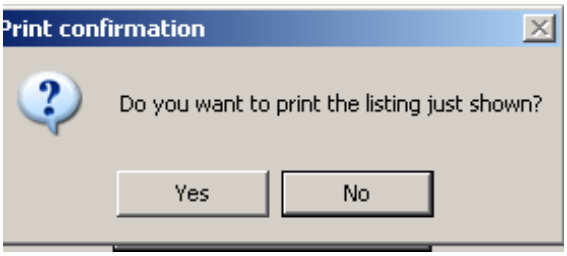


Services should be marked- ***All***.

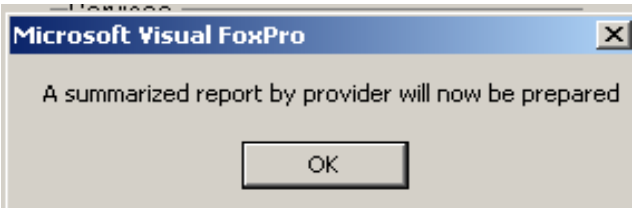
Click ***Preview/Print***

IX. The Service Analysis Report—Detail will appear. This report lists each client. This is for your information. Click to ***Exit*** out of this Detail report.

X. Indicate yes or no to the printing prompt depending on whether you want a copy of the detailed report

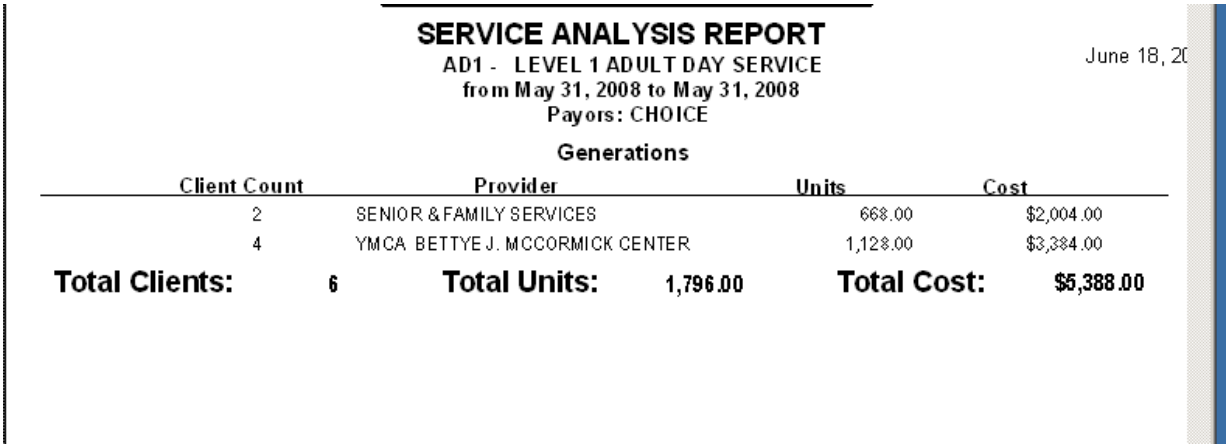


XI. Whether you indicate yes or no, this pop up will appear



Click ***OK***

XII. This screen will appear. **This is the report that must be submitted with each monthly claim.**



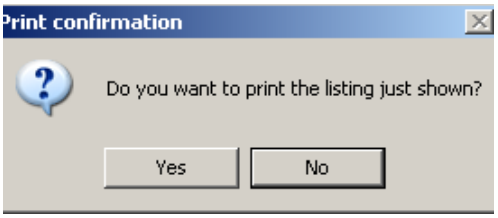
SERVICE ANALYSIS REPORT
AD1 - LEVEL 1 ADULT DAY SERVICE
from May 31, 2008 to May 31, 2008
Payors: CHOICE

June 18, 2

Generations

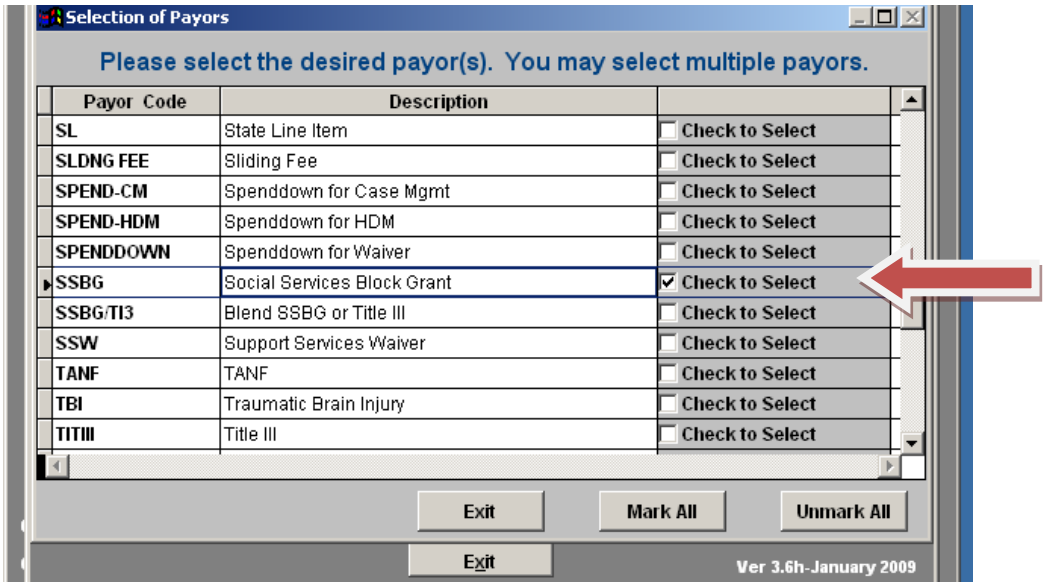
Client Count	Provider	Units	Cost
2	SENIOR & FAMILY SERVICES	668.00	$2,004.00
4	YMCA BETTYE J. MCCORMICK CENTER	1,128.00	$3,384.00

Total Clients: 6 **Total Units:** 1,796.00 **Total Cost:** $5,388.00

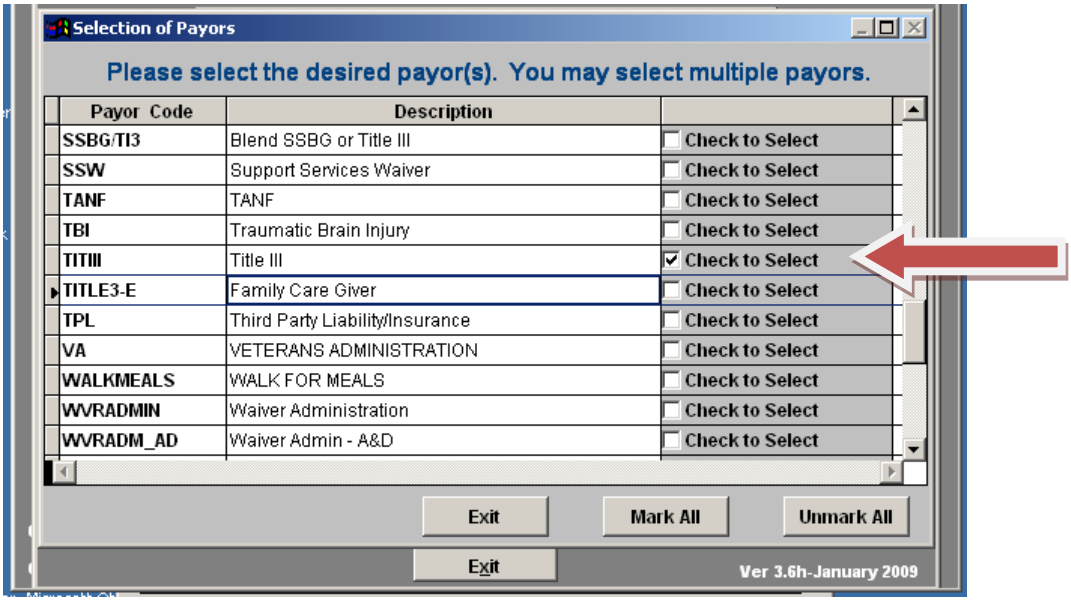
This pop up will appear. 

Click **Yes,** to print, so it can be attached and submitted to the monthly claims.

XIII. Repeat the above steps to get the report for SSBG.



XIV. Repeat the above steps to get the report for Title III.

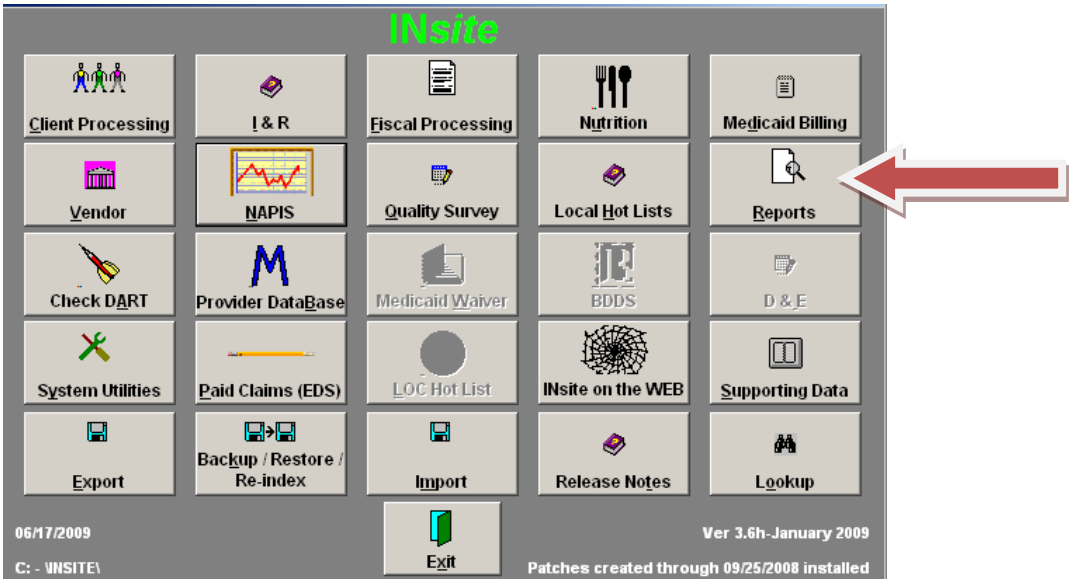


Case Management Time Report (applies only to AAAs)

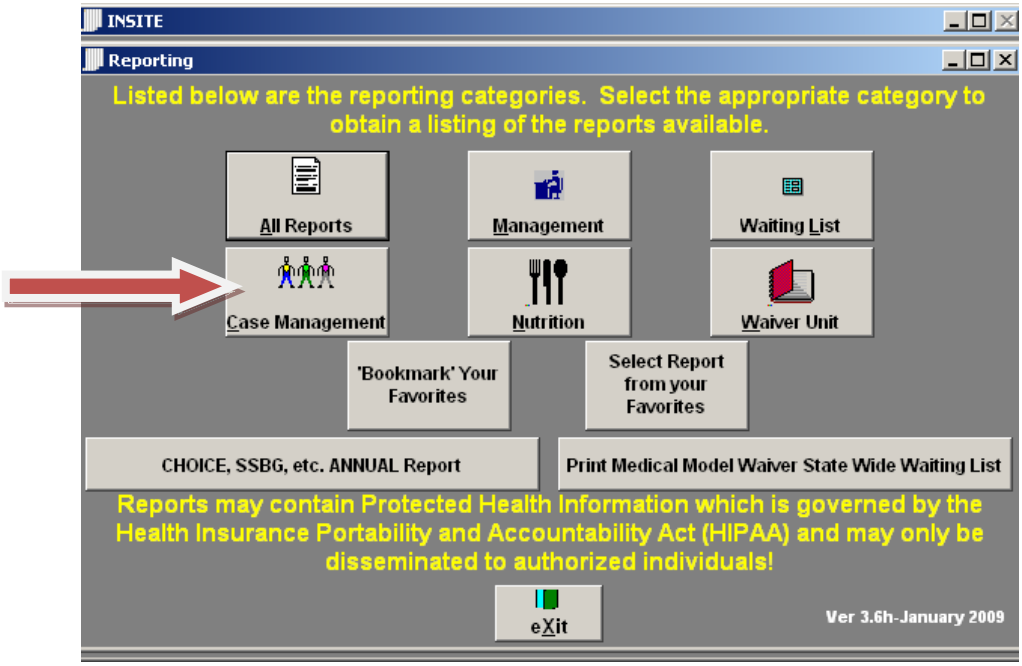
The Division of Aging will be requiring that the Case Management Time report (in the Reports module) be attached to your monthly claims you submit to them. Changes have been made to the report to accommodate that requirement. The Division of Aging will be providing more guidance on this new requirement; however, shown below are the steps required to generate the necessary report.

I. Open INsite

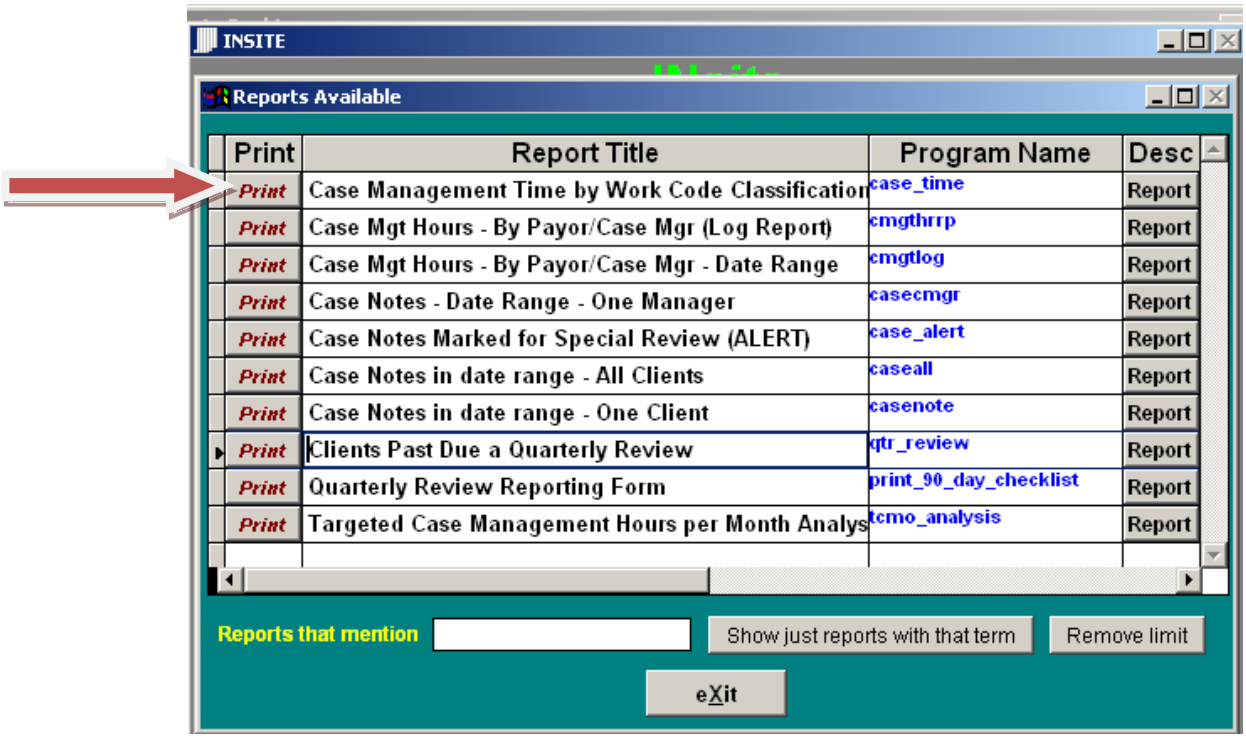
II. Go to **Reports**



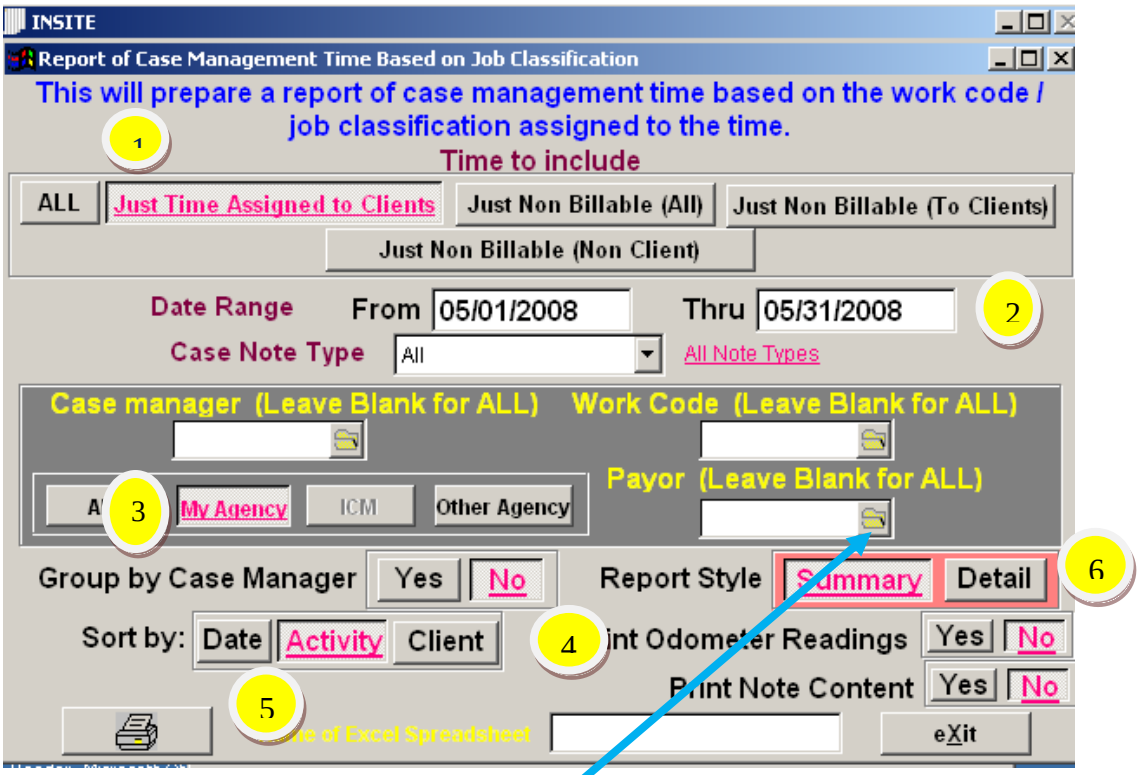
III. Go to **Case Management**



IV. Go to ***Case Management Time by Work Code Classification***. Click on ***Print.***

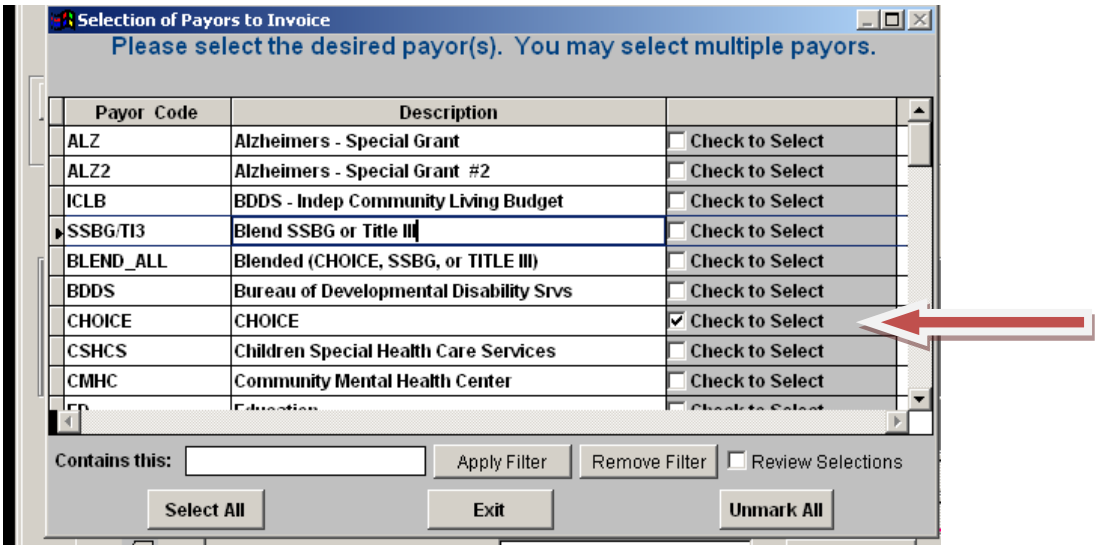


V. This screen will appear.



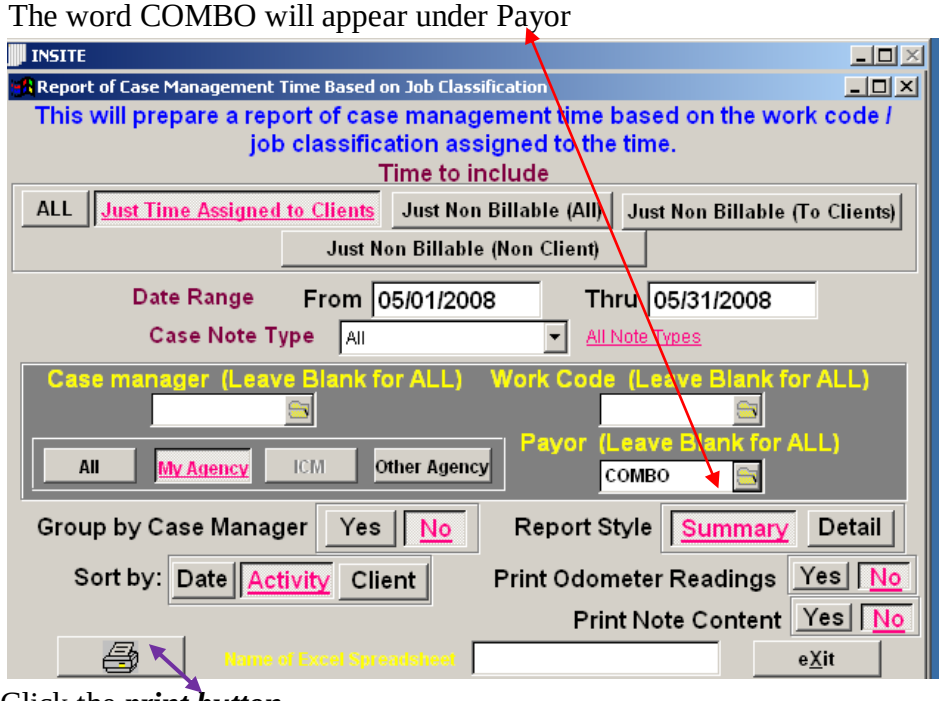
1. Mark ***Just Time Assigned to Clients***
2. Put in the one month date range that relates to the claim being submitted
3. Mark ***My Agency***;
4. ***Group by Case Manager***-Mark ***No***
5. ***Sort by***-Activity
6. **Report Style**-Summary. (If you mark detail you will get a listing by client.)
7. Click on ***Payor***

VI. This screen will appear.



Check to Select CHOICE. ***Exit***

VII. The word COMBO will appear under Payor



Click the ***print button.***

VIII. **This is the report that you will need to submit with your monthly claims**.

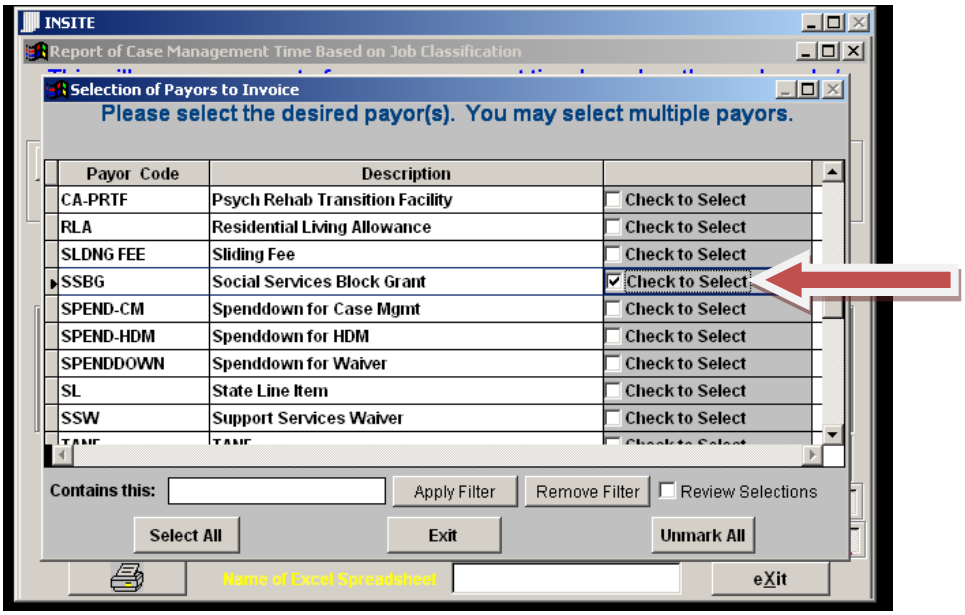
Report of Case Management Time for Work Codes

Just Client Notes for 05/01/2008 to 05/31/2008 - All Note Types - Our Agency Case Managers - All Work Codes - Selected Payors - CHOICE Summarized

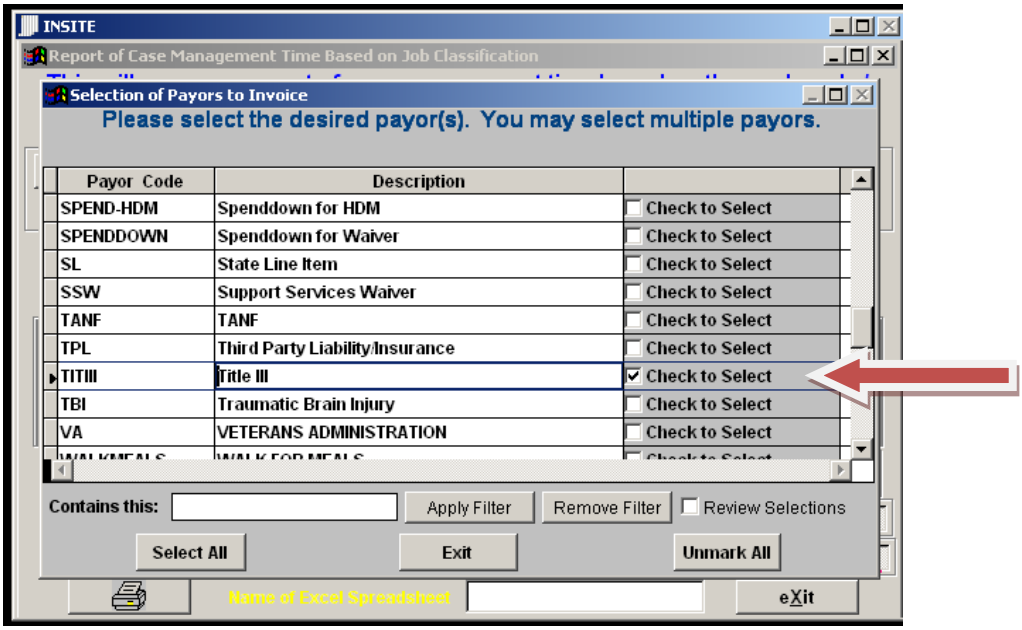
This document contains Protected Health Information which is governed by the Health Insurance Portability ar Accountability Act (HIPAA) and may only be disseminated to authorized individuals!

	Note Type	Payor	Note Date	1/4 Units	Minutes	Mileage
Annual Assessment / Review of Client					Average Rate	Total Cost
Total for ==> Annual Assessment / Review of		153.00	0	0.0	9.48	1,450.44
Attend meetings					Average Rate	Total Cost
Total for ==> Attend meetings		46.00	0	0.0	9.48	436.08
Face-to-face Review - No $ Change on POC					Average Rate	Total Cost
Total for ==> Face-to-face Review - No $		402.00	0	0.0	9.48	3,810.96

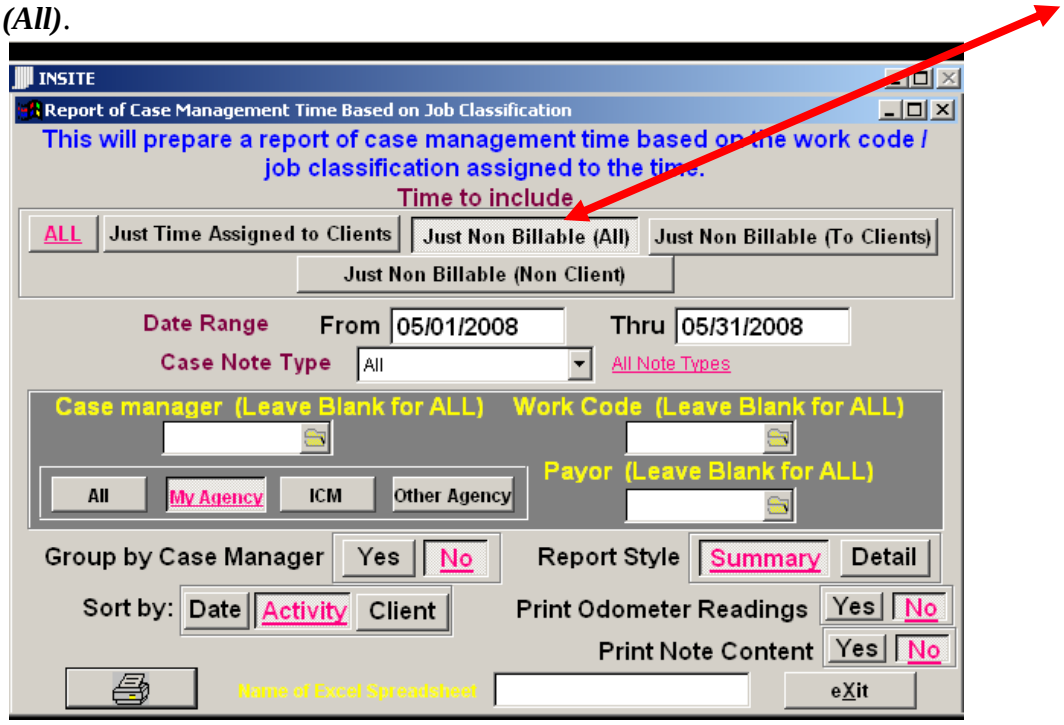
IX. Repeat the above steps to get the report for SSBG.



X. Repeat the same steps to get the report for Title 3

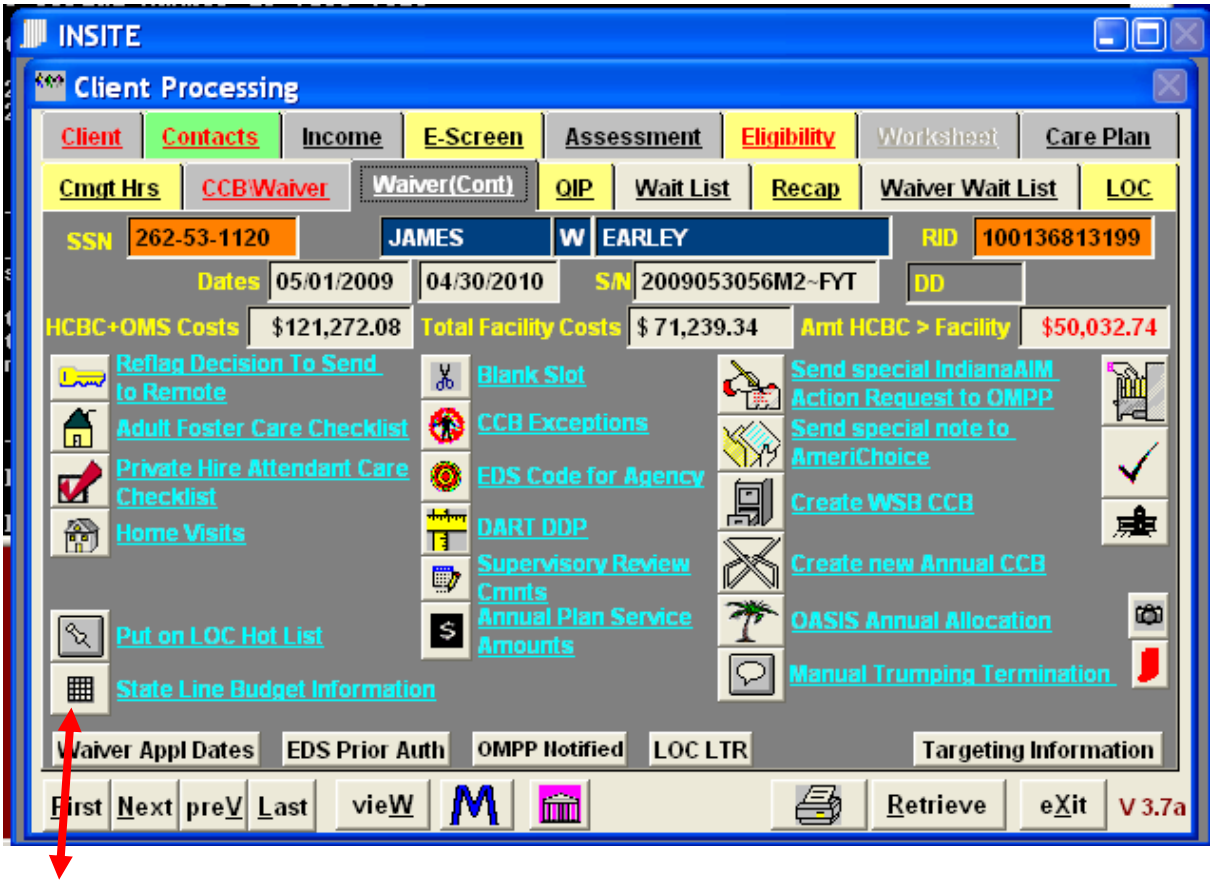


XI. Repeat the steps to get the report for Non-billable hours. Change to ***Just Non Billable (All)***.

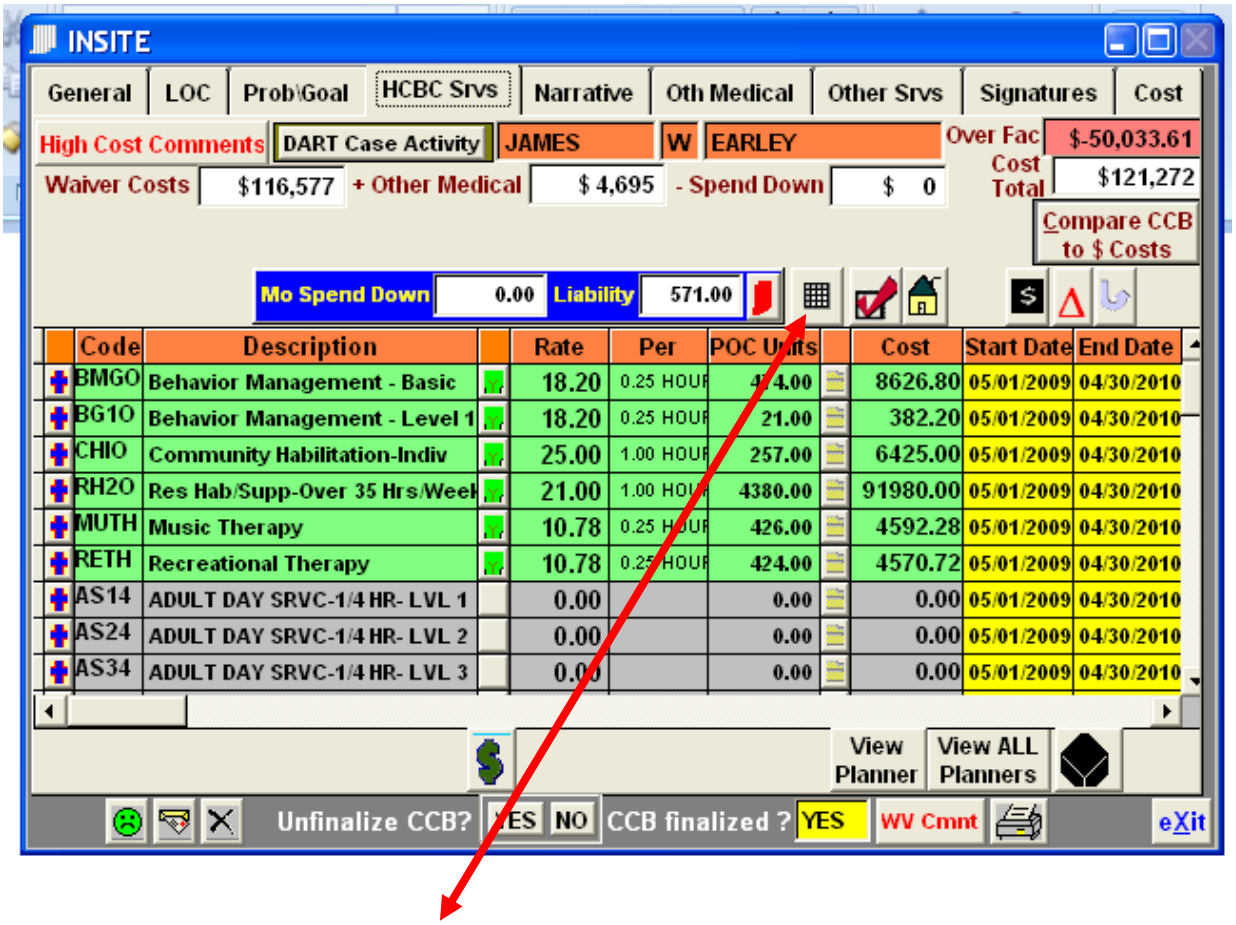


State Line Budget Information (applies to IPMG and State Staff)

There are new buttons to now display the state line budgets recorded in DART. The information is displayed 'realtime'. That is, there is a live connection to DART. It is hoped this additional information about the services the client is receiving will assist with the development of the most appropriate Waiver CCB.

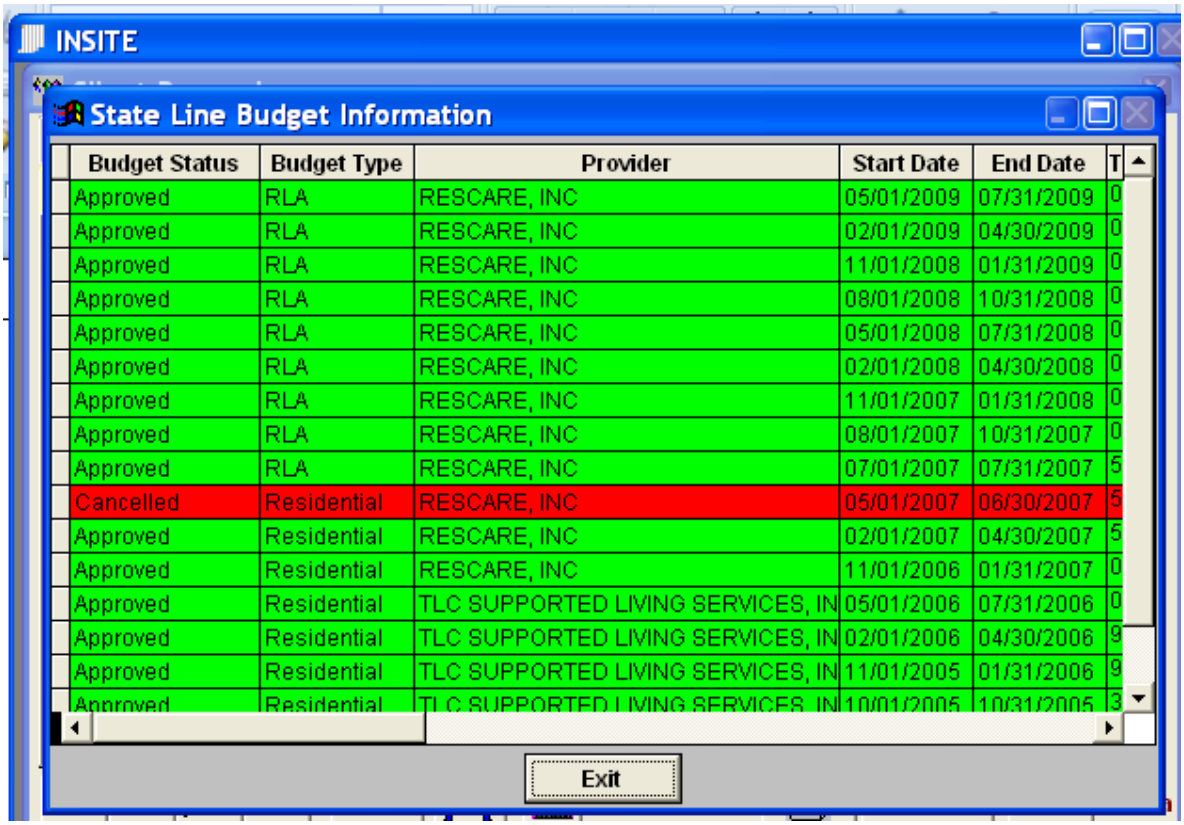


The new button appears on the Waiver (cont.) tab of client processing. It will only appear for IPMG and state staff, including the Division of Aging staff.



The button also appears on the HCBC Srvs tab when you view the CCB.

When you click the button, the screen shown below will appear that lists all State Line budgets in DART for the client. Approved budgets are displayed in Green and cancelled budgets are displayed in Red.



Budget Status	Budget Type	Provider	Start Date	End Date	T
Approved	RLA	RESCARE, INC	05/01/2009	07/31/2009	0
Approved	RLA	RESCARE, INC	02/01/2009	04/30/2009	0
Approved	RLA	RESCARE, INC	11/01/2008	01/31/2009	0
Approved	RLA	RESCARE, INC	08/01/2008	10/31/2008	0
Approved	RLA	RESCARE, INC	05/01/2008	07/31/2008	0
Approved	RLA	RESCARE, INC	02/01/2008	04/30/2008	0
Approved	RLA	RESCARE, INC	11/01/2007	01/31/2008	0
Approved	RLA	RESCARE, INC	08/01/2007	10/31/2007	0
Approved	RLA	RESCARE, INC	07/01/2007	07/31/2007	5
Cancelled	Residential	RESCARE, INC	05/01/2007	06/30/2007	5
Approved	Residential	RESCARE, INC	02/01/2007	04/30/2007	5
Approved	Residential	RESCARE, INC	11/01/2006	01/31/2007	0
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	05/01/2006	07/31/2006	0
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	02/01/2006	04/30/2006	9
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	11/01/2005	01/31/2006	9
Approved	Residential	TLC SUPPORTED LIVING SERVICES, IN	10/01/2005	10/31/2005	3