



MedCompass End User Training FAQs

Questions and answers from all training sessions will be posted on the [DDP MedCompass Care Management System Site](#)

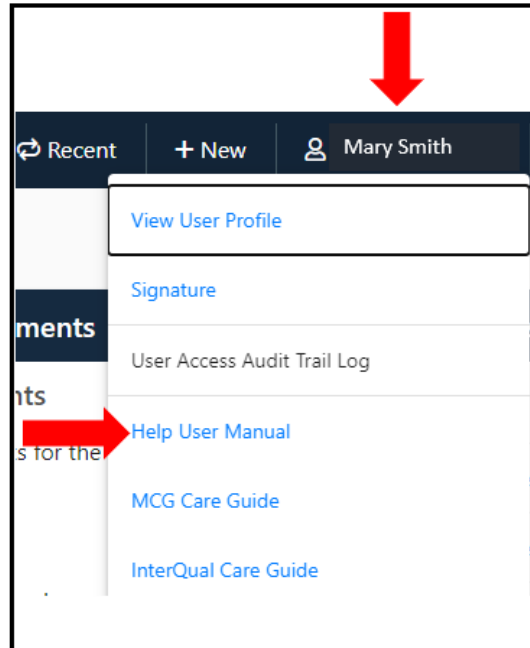
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General / Administrative

1. Where can I find the MedCompass *Help User Manual*?

The *Help User Manual* is available in MedCompass.



2. Can I set up specific folders in the email (secure messaging)?

Currently, users cannot create not specific folders in MedCompass.

3. How do I delete an email (secure message)?

Open the secure message you want to delete, then in the top right corner click the button containing three dots. Once you have clicked the button, you will have the option to Reply, Reply All, Forward, or Delete it.

4. Is there a size limit for attachments?

No, depending on the size of the file, internet speed, and computer speed, large files may take longer to upload.



5. Can I send a message only if it is related to a member? Or can I send out general messages?

You can send general messages to users in MedCompass.

6. Will I receive an email notice when I have received a message in MedCompass or do I have to log into MedCompass to check for messages?

You will receive appointment notifications to your email. No other messages or task notifications will be sent to your email.

7. How comprehensive is the training available in the dashboard?

There are a number of documents available in MedCompass under the *Help User Manual*. Additionally, there are recorded trainings available in the *College of Direct Supports*.

8. Will I receive the layout that is expected when uploading documents, etc.?

Yes, the naming conventions are located in the MedCompass *Help User Manual* and are posted on the [MedCompass page](#) of the [Developmental Disabilities Program website](#).

9. If I'm working on an update and then I add it to the waiting room, does this prevent another person from accessing that document?

No, saving a page in the MedCompass waiting room serves as a bookmark like many Internet browsers. Users should always create a shared calendar appointment before working in an assessment.

10. Historically, in Therap, I used time tracking to track a member's day, is that something that is still required? If so, where can I do that?

Currently, the templates were only created for case managers within case notes. We can have further discussions on what providers need regarding time tracking.



11. Is time available hooked into Outlook and Zoom?

At this time, only appointments created in MedCompass will be linked to your Outlook. The availability in the system that you set is only updating your availability in MedCompass. This is not linked to outside systems such as Outlook or Zoom.

12. When I input appointments in MedCompass and use Outlook separately to schedule appointments, will tasks show up on MedCompass calendar automatically or do I need to add them?

Tasks that are assigned to you will automatically show up in MedCompass. When you schedule an appointment in MedCompass such as the PSP meeting, you will receive a notification in your Outlook and it will also appear on your MedCompass Calendar. Tasks will show up automatically if created by the system or another user, as well as when you create a task.

13. Are (secure) messages in MedCompass secure and HIPAA compliant?

Yes, all secure messages are HIPAA compliant.

14. Can I send a secure email (secure message) to the member and parents if they do not have a MedCompass account?

In order to communicate with members, parents, and guardians through MedCompass, they must have a user account.

15. Where can I find how to use naming conventions?

Yes, the naming conventions are located in the MedCompass *Help User Manual* and are posted on the [MedCompass page](#) of the [Developmental Disabilities Program website](#).



16. Will all letters be automatically scheduled to be mailed and sent?

No, MedCompass will generate the PSP Notification Letter and it will be sent to the State Print and Mail vendor and it will then be mailed to the member. This also applies to members who receive AWARE case management. The PSP notification is only mailed to the member, but other care team members can view the PSP notification on the member profile. The case manager can also send the notification to care team members using Secure Messaging or print and mail the letter outside the system.

17. Will a member's letter be sent to their address, via MedCompass, or both?

System generated letters will be sent via MedCompass to the State Print and Mail Vendor and then mailed to the member's preferred address located on the Demographics page.

18. I understand that the State's mail is sent out automatically. As an AWARE case manager, can I send out my own mail?

System generated letters in MedCompass will go to the Print and Mail vendor regardless of agency. Remember, system generated mail is sent only to the member.

19. Are AWARE case managers required to track time?

AWARE is not required to track time. This can be used at your own discretion but is only required for the State case managers.

20. In (Case Manager) case notes, if there is not an asterisk next to the (time) box, does that mean it is not a required field?

Case managers should complete all fields in each Case Note.



21. How do we discharge members using MedCompass?

The case manager will submit a CSR and the regional manager will close the service authorization.

22. Where are provider Action Plans located?

Action Plans should be uploaded by a provider to the member's Document Center within 14 days of the PSP meeting.

23. Who completes the required member assessments in MedCompass?

The case manager will complete the required assessments in MedCompass when all of the required information is entered. The PSP Assessment should be completed in the system within 21 days of the PSP meeting.

24. Can I revise the name of an assessment?

No, a user is not able to rename an assessment.

25. Why is there a credit check?

The credit check was recommended by a previous PSP workgroup.

26. How will checking credit prevent identity theft?

Checking a person's credit won't stop the identity theft but may alert the team to unusual activity that requires follow-up.

27. Is it the case manager's responsibility to run a credit check?

The member's representative payee should complete a credit check when recommended by the team.

28. Are boxes in MedCompass expandable?

Yes, comment boxes are expandable.



29. How are members assigned to State case managers?

Automatically, the member will be assigned to AWARE case management. If the member does not want AWARE or AWARE does not have the capacity to serve, regional managers will reassign the member to State case management.

Log-In

1. How do I log into ICAP?

[ICAP Portal Link](#)

2. Do I need the one-time code emailed to me each time I log in?

Yes, the verification code is required each time you log in to the system and it cannot be disabled. The two-step verification process is a federal security requirement. With your permission, the code may also be sent to your cell phone. There is no way to disable the two-step verification.

3. Can the security person for our agency add new employees?

Yes, you must submit a *ServiceNow* ticket.

Eligibility / Assessments

1. Do I have to check out a document prior to working on it?

Yes, create a shared calendar appointment using the naming convention before working in an assessment.



2. Is there a way to verify a member's Medicaid eligibility with an OPA interface?

Medicaid information can be determined by viewing the Insurance cars assigned to the member. The best option for now may be continuing to use the MATH portal.

3. Does the DD-55 go directly to OPA?

The QIS will print and fax or file transfer the form to OPA.

4. What does CSR stand for?

CSR stands for Client Status Report. It is a report that must be completed to begin a member's pre-eligibility process and is sent to the Montana CHIMES eligibility system.

5. Who is responsible to enter CSR forms?

Any user has access to enter CSR forms, however, the regional AA will typically submit the form.

6. Will members receive a separate DDP card in addition to the Medicaid card for DDP services?

For pre eligibility, members less than 16 years of age will receive the WO. Members 16 years of age or older will receive the WO and the W8.

Note: WO and W8 in the MedCompass system are referred to as "cards."

7. Where in MedCompass can I find descriptions of codes W0, W8, and W4?

The W codes are included in the training documents in the *Help User Manual*.

Care Plan / Plan of Care / Personal Support Plan

- 1. Is there a section for Person Centered Planning (PCP) members who also have Community First Choice (CFC)? If so, where do I find the form and is it required? Are CFC provider agencies able to access that form after the case manager has completed it?**

Currently, the PCP will be uploaded like an action plan. In future releases, it may be added as an assessment. CFC providers do not have access to MedCompass at this time.

- 2. Any idea who inputs the information initially into the PSP? The case managers or would it be the providers?**

Each member profile was loaded into the system for go live on February 16, 2021. The case manager will create the PSP and related assessments for PSP meetings scheduled beginning in April 2021. Team members PSP responsibilities are outlined in the training documents and PSP manual. Providers will receive a task to begin working on the PSP and required assessments.

- 3. In the PSP's where do I add the protocols?**

When a protocol is required to meet a member's need, it must be identified as an Action in the PSP. If an Action Plan is required, the provider must upload this document in the Document Center within 14 days of the PSP meeting, using the naming convention.

- 4. Can I print the final PSP, Healthcare Checklist, and Smalls?**

Yes, once the case manager has completed these assessments they will be available in the member's Document Center and can be printed.

- 5. How do I make an amendment to the plan?**

The case manager must copy the current PSP then users can make changes as needed. Changes to the plan will be identified as a Review/Revision on the Cover Page and Signature Page of the PSP. There will no longer be a separate PSP Amendment form.



6. Is there a risk of another individual signing for me on a document?

Within the Signature Page, only you will be able to sign for your given role. If you select Apply, your name will populate automatically in that field. You will not be able to remove signatures of anyone who has previously signed the document electronically. If you try to view another user's signature, MedCompass will only allow you to see your own.

7. Is the case manager able to enter other team members' signatures on the Signature Page?

No, case managers are not allowed to sign electronically for someone else.

8. Will previous years PSP be populated into new PSP?

No, team members will need to enter information into the PSP assessment as outlined in the Training Documents and PSP Manual. Past PSP documents will be brought over from Therap and stored in MedCompass.

9. If a member has multiple providers, can one provider delete another provider's input?

MedCompass has an audit trail which includes information being deleted or edited by another user. Providers will notify the case manager if information within the PSP looks incorrect.

10. Is there a place where I can upload large files, such as videos or PowerPoint presentations to be viewed during PSP meetings?

Currently, MedCompass does not support PPT or MP4 files. Only Excel and Word documents can be uploaded in the document center.

11. Where do I document day-to-day completion of objectives?

Providers are able use provider case notes to document completion of objectives within the Care Plan as well as the Quarterly Report Assessment (which is still being developed).



12.If the Responsible Party no longer works for the agency, how do I revise with the new staff person's information?

The case manager is responsible for updating the Responsible Party. Providers must notify the case manager when changes are needed in the Care Plan and submit a ticket to *ServiceNow* to remove the employee as a MedCompass user.

13.Am I required to include the Eligibility Specialist as a member of the child's care team in order to receive notification that eligibility is ready to be reviewed?

Once all the necessary documents are uploaded, the task should be marked "complete" and the task to complete the eligibility determination will be generated and assigned to the Eligibility Specialist.

14.Is the completion of the PSP required before the PSP meeting?

Sections of the PSP must be entered prior to the PSP meeting, then reviewed and signed during the meeting. See the *Training Documents* and *PSP Manual* for guidance.

15.Can a provider and a case manager work on the PSP pages at the same time?

If two or more people work in a document at the same time, there is risk that information will be written over or lost. Team members should create a shared calendar appointment prior to working in an assessment.

16.If I complete the PSP pages, will it replace the current PSP document?

The document reviewed in training is the PSP, now referred to as the PSP Assessment. Teams will use MedCompass for PSP's scheduled for April 2021 and later. PSP team members should schedule time on the calendar to check out the PSP so only one person is entering information at any given time. If two or more people work in a document at the same time, there is risk that information will be written over or lost.



17.Can case managers obtain a copy of the PSP to be sent to the parents or guardians via hard copy?

Yes, upon completing the PSP Assessment, case managers can merge and send the PSP to the members document center, where they can then print, mail, fax, or secure message/ email the assessment outside MedCompass.

18.Do case managers have access to the amended PSP forms?

When a change is needed in the PSP, the case manager will copy the current PSP and users can make changes as needed. Changes to the plan will be identified as a Review/Revision on the Cover Page and Signature Page of the PSP. There will no longer be a separate PSP Amendment Form.

19.There is currently not a form for signature consent. This is a verbal consent on the phone. Is it recommend that I document this in the meeting notes or case notes?

Yes, documenting in the call log and case notes or attaching their written consent in the members document center is recommended. The case manager will enter, “Verbal consent due to COVID 19” on the assessment.

20.Will the case manager sign forms for the member and guardian?

Guardians may request access to MedCompass to sign assessments. Within MedCompass, the case manager can sign for the guardian with their consent. Another option is printing the assessment for the guardian to physically sign and then it can be uploaded to the member’s document center.

21.Can case managers obtain signatures via phone?

Yes. There may be situations when signatures via phone is allowable. For those scenarios, document in the call log and case notes or attach written consent in the members document center.



22.Can case managers generate the final PSP and send to an address via the DDP mailing process?

Upon completion of the PSP Assessment, and then merging and sending, the final PSP will be located in the member's document center where it can be printed and distributed to team members as needed.

23.Is the case manager or the provider the responsibility party providing the service?

The case manager is the responsible party for all Visions. Providers will be assigned as the responsible party on the Goal and Objective level.

24.What have the action terms been replaced with in MedCompass?

In Medcompass they have been retitled to Visions, Goals, and Objectives.

25.Where do I enter the responsible party staff in MedCompass?

Provider agencies should determine what staff they want to be entered as the responsible party on Goals and Objectives. The provider must notify the case manager when changes are needed in the Care Plan.

26.After the provider has added their information to the PSP, will the case manager be able to make additions?

Yes, the case manager will enter information to their assigned sections of the PSP. The case manager should also use the shared calendar to reserve time in the PSP assessments.

27.For self-direct members, do case managers assist the member and family in getting set up with MedCompass?

Yes, self-direct employers should contact the member's case manager for access to MedCompass.



28. Is the Person-Centered Planning form still relevant? And do CFC providers have access to MedCompass as well?

The Person-Centered Planning form is still required and is completed outside of MedCompass and then uploaded to the member's document center. CFC providers do not have access to MedCompass at this time.

29. Is the CFC Plan of Care form completed in MedCompass?

Yes. The Person Centered Planning form is still required and is completed outside of the system, and then uploaded to the member's Document Center.

30. Are self-direct employers required to use MedCompass?

Self-direct employers are not required to use MedCompass. If a self-direct employer does not use MedCompass, the case manager will send the required forms to the employer.

31. Do I need to complete the forms in MedCompass for self-direct members?

If the member does not currently have a self-direct plan of care in place, one can be completed in MedCompass. For members with an existing self-direct plan of care, review and update at the next annual PSP.

32. If the self-direct employer does not want access to MedCompass, do I complete the forms for them?

The case manager will provide the self-direct Plan of Care to employers with authority. The employer will return the back-up plan to be included as an action plan in the member's PSP.

33. Are self-direct employers required to have more than one back up employee?

The 0208 Waiver requires two back up employees for self-direct services using employer with authority.



34. Do I complete the support broker worksheet annually during the PSP?

The support broker worksheet should be updated when changes are made to the hours or the wage.

Health 360

1. How do I enter a medical appointment consultation form?

Currently there is not a medical consultation form in MedCompass. We will explore adding this form to future releases. If an agency is using their own form, these can be uploaded to Members Health 360 under Activities > Documents using the DDP Naming Convention.

2. Will everything from Therap be transferred over to MedCompass? (medications, allergies, appointments, etc.)

Medications, allergies, and appointments, etc., will need to be updated manually in MedCompass following Go-Live. DDP expects PSPs scheduled for April 2021 and beyond to be completed in MedCompass.

3. Can a medical appointment form be printed?

There is not a printable form within MedCompass for medical appointments. We will explore adding this form to future releases.

4. Can a medical appointment form be scanned into MedCompass?

Providers can scan and upload their own forms into the Members Health 360 > Document Center. Please use the DDP Naming Conventions.

5. Will there be a MAR for documenting medication administration?

No, MedCompass does not have a MAR. We will explore adding this form to future releases.



6. Is there a place for staff to document medications given, incident reporting or daily activities, or print consult forms for doctor appointments, similar to Therap? Should the agency revert back to using paper documents?

Currently, MedCompass does not have consultation forms or MAR functionality. Incident reporting will continue in Therap until DDP implements the MedCompass Incident Management Module. Providers can use provider case notes to meet a variety of documentation needs.

7. Am I required to update sections in Health 360 in order for the most current information to display in the PSP? Am I required to continuously update the Medication Section?

Information should be updated as it changes, but at the very least prior to the annual PSP.

8. How can I track BM, seizures, GER's, weights, and glucose levels?

The Metrics Module within Health 360 will track vitals, labs, screenings, and other tests. Providers can also use case notes to meet a variety of documentation needs. Incident reporting will continue in Therap until DDP implements the MedCompass Incident Management Module.

9. Where are incidents documented?

Currently, you will continue to use Therap for incident management. DDP is working to design and implement an Incident Management system within MedCompass which will be available in the future.

10. How can I ensure Health 360 is accurate?

Case managers will review the Health 360 and communicate with members, guardians, and providers at least annually to ensure accuracy.

Service Authorizations / Referrals / Cost Plans

1. Will the service authorization show the PA #?

The Service Authorization screen will show the PA # and it also can be found on the YTD Report.

2. When will I receive a service authorization?

A service authorization is generated in the system when a regional manager approves a service line/ cost plan. A provider will be able to view the service authorization in MedCompass right away. Providers will also continue to receive the service authorization letters in the mail.

3. How do I obtain a copy of the service authorization to send to my finance team?

Provider finance team members can access the MedCompass and can run the Budget vs. YTD Report, where you can export the report to Excel and disseminate.

A service authorization is generated in the system when a Regional Manager approves a service line/ cost plan. A provider will be able to view the service authorization in MedCompass right away. Providers will also continue to receive the service authorization letters in the mail.

4. When Cost Plans are billed or utilized, will the budgetary reduction or addition be updated automatically?

As claims are processed for payment, the service authorization will display used cost and/or used units which will automatically be updated in the Utilization Management > Service Authorization Module.

5. Must I agree to serve a member prior to viewing their information on the Member's Health 360 page?

When a member is referred to a provider by a case manager, the provider will be temporarily added to the Care Team. Providers will then be able to view the member's profile for at least 30 days or until a decision is entered in the system. The referral will be assigned in the agency work queue.



6. Are referral packets expected to be sent in the message feature?

The case manager will use the Referral Module when referring a member to a service provider.

7. If a member receives residential services and VOC from one provider, do I need to submit separate referrals for each service?

If a member receives different services from the same provider, both services can be included on the same referral. If a member receives services from multiple providers, one referral for each provider must be submitted.

8. Can I select multiple services included in the referral, i.e., congregate living, day services, and BCBA?

Yes, multiple services can be selected.

9. What options of referral types are in MedCompass?

Inbound and Outbound can be selected.

10. Can a provider see the member's cost plan?

No, providers do not have access to view the cost plans, they can only view the service authorizations assigned to their provider agency.

11. When will I be able to make changes to or building in a cost plan?

Case managers will be notified when MedCompass is ready for cost plan updates.

12. Is the MONA still required to obtain the amount for the cost plan?

Yes, the MONA is required, and it is completed outside of MedCompass.



13. How do I end date a service and move money around?

The case manager will click on the service that should end. Then go the Scheduler and enter the End Date and click Save. Return to the Service Details screen, click Edit and enter the End Date that was entered in the Scheduler. Remove the Rollover Indicator if it was previously selected. Toggle the Submit for Authorization button to Yes and then click Save. The regional manager will receive a Task to review and authorize the service.

Case Notes

1. Are Case Notes similar to the current T-Logs?

Yes, provider case notes are similar to T-Logs in Therap.

2. Is there a template to use for Case Notes?

Currently, providers do not have a template to be used for Case Notes.

3. Who can see the case manager's Case Notes?

The case manager, case manager supervisor, central office, QIS, regional AA, and Super Users will be able to see case manager case notes. Providers and guardians will not be able to see case manager case notes.

Waitlist

1. Will all users be able to monitor waitlist status for members?

No, you can only view waitlists for those you are serving by navigating to the Members Record/Health 360 > Activities > Waiting List.



2. If a member on the waitlist left Montana but then came back, who enters the member back on to the waitlist?

The member's case manager will submit a WLECF to the regional AA for all changes to the member's waitlist status.

Reports

1. Will quarterly and incident reports be included in MedCompass?

Currently, you will continue to use Therap for incident management. DDP is working to design and implement an Incident Management system within MedCompass which will be available in the future.

The first Quarterly Report will be due in MedCompass in July 2021. All Quarterly Reports will be available to enter in MedCompass by this deadline.

Training on both incident management and Quarterly Reports will be provided before they are implemented into the system.

2. If quarterly reports will not start until July 2021, how do I record and send the reports until then?

Quarterly Reports that are due for PSP's prior to April 2021 will be documented in Therap or sent to the case managers using pre MedCompass processes.

3. Do we write the actions right into that Quarterly Report or upload separately?

Actions have been renamed as Objectives in the Care Plan within MedCompass. Providers will report on their objectives within the Quarterly Report Assessment that is still being developed.



4. Can I filter to a specific staff person's Case Notes?

Yes, you can export the Case Note Report to Excel and filter as needed.

5. Will all assigned users be able to see the Budget YTD Report?

No, the following provider users can access the Budget YTD report for their agency: Executive Director, Fiscal staff, Operations Director/ Program Manager and Group Home /Supported Living/ Work Day Manager.

6. Can I view all case notes for assigned members or do I have to navigate to the member's page?

Provider users can run a member level case note report, where you will see all case notes for your member entered by your agency. Providers will not be allowed to see other provider agency's case notes or any case management case notes. The following provider users can access a Dashboard level Case Note Report report for their agency: Executive Director, Fiscal staff, Operations Director/ Program Manager and Group Home /Supported Living/ Work Day Manager. The case manager supervisor and case manager user roles can also run a Dashboard level Case Note Report.