Purpose: Provide Instructions to Submit Quarterly Reports for DDP Providers

✓ Log on to I CAP

ICAP Portal (healthinteractive.net)



 \checkmark Log on to MedCompass



✓ Land on MedCompass Dashboard and Click on Search.



✓ Enter Member's Identifying Information and Select Search

Can Management				and 🕺 Notices 🔳 Waiting	Room	1/1 ^ ~ X	9 Tracking 🔒 Admin 🔍
Search	Momber Search					_	
4	Weinber Sedicit						Q Clear Q Search
Members	To search by identifying number Mainbar ID	Madirana	and and	9554	Date of Bath		
Providers					mm / dd /	xxxx 🗖	
E Staff	To search by name						
Case Notes	Last Name	First Name	riddle Name				
rill Taolo							Advanced Search #
P Logged Calls							
93 Incidents							
D Documents							
Service Authorizations							
Appeals & Grievances							
Census							
III Waiting Lists							

✓ Go to Reports and Click Quarterly Objective Status Report.

ко	John N/A	ы	Primary Language: N/A Member/Address State: Montana Member Zone: Zone 1 Case Manager: Jamie Otsen	Medicare ID: N/A PCP: N/A PCPID: N/A LOB: Ineligible		Eff Date: N/A Plan Term Date: N/A Funding Indicator: N/A Relationship (to Subscriber): N/A	Group: Ineligible Control/Group Number: N/A Network: N/A	
			Member Reports					
۵	Health 360		Name		Description			
۵	Activities		DDP Case Note Member Level	Report	This report is on th	e member level report screen. Th	s report will pull information from the me	mber's Case Notes.
3	Demographics		INDIVIDUAL FAMILY SERVICE PI	LAN (IFSP) Report	Report should pull	the member's Individual Family S	ervice Plan (IFSP) assessment.	
Ŷ	Insurance		Member Cost Plan Summary Re	eport	This report is a cos	t plan comparison of the current	iscal year and next fiscal year.	
2	Care Opportunities		Quarterly Objective Status Repo	ərt	This report include	s information from the member's	Quarterly Objectives	
۵	Utilization Manageme	nt	-					Ĩ
Q	Case Management							
A	Issue Management							
۲	Medication Manager	ient						
榕	Care Team							
Ŀ2	Time Tracking							
۳	Reports							
		_						

✓ Enter Date Parameters and Select View Report

The Quarterly Report schedule is based on the calendar year (January- March, April- June, July-September, October- December) or the date of the PSP Meeting. Each Quarterly Report must be submitted within 30 days of the end of the quarter.

Example: Run report for 04/01/2021 to 06/30/2021. All active goals/objectives will populate the report for the provider or case managment agency.

ко	Ø N/A ID: N/A	И	Primary Language: N/A Member/Address State: Montana Member/Zone: Zone 1 Zase Manager: Jamie Oben Quarterly Objective Status	Medicare ID: N/A PCP: N/A PCP ID: N/A LOB: Ineligible s Report	Path sponser Hamb, IQA Eff Date: N/A Plan Term Date: N/A Funding Indicator: N/A Relationship (to Subscriber): N/A	Carrier: In/A Group: Ineligible Control/Group Number: N/A Network: N/A	×
♥ □	Health 360 Activities		Cuarter Start Date 04 / 01 / 2021 Cuarter End Date 06 / 30 / 2021	· · · · · · · · · · · · · · · · · · ·	0		View Report Back
ી નિ ઓ	Insurance Care Opportunities	L					

✓ Review Results and Export to Excel by Clicking Export and Selecting Excel format

	ojective Status	s Report								
• Quarter Start	1 Date									View Report
04 /	01 / 2021									Rack
Quarter End	Date									Dack
06 /	30 / 2021									
	1 of 1 ▷ ▷									Export
			0t.		inctive	Status Bonarts				
			Quarte	erly OD	Jecuv	e Status Reports				
Member Name	a •	Katina Olsanba	Quarte	erly OD	jectivo	e Status Reports				
Member Name	e :	Katina Olsenbe	Quarte	eriy Ob	jectivo	e Status Reports				
Member Name CHIMES ID : Report Run D	e:	Katina Olsenbe 7/7/2021	erg	eriy Ob	jectivo	e Status Reports				
Member Name CHIMES ID : Report Run D Quarter Date :	e: ate: Span	Katina Olsenbe 7/7/2021 4/1/2021- 6/30/2		eriy Ob	Jectivo	e Status Reports				
Member Name CHIMES ID : Report Run D Quarter Date Date of PSP Meeting	e : Span Date Quarterly Report Information is Submitted	Katina Olsenbo 7/7/2021 4/1/2021- 6/30/2 Provider Agency	2021 Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (Include summary of progress on each objective during this quarter i e summary data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Departr	
Member Name CHIMES ID : Report Run D Quarter Date : Date of PSP Meeting	e : span Date Quarterly Report Information is Submitted	Katina Olsenbe 7/7/2021 4/1/2021- 6/30/7 Provider Agency	2021 Care Plan Goal Continue to Maintain Part time Employment	Care Plan Objective Engage with Job Coach	Care Plan Objective Start Date	Status Progress (include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Departr	
Member Name CHIMES ID : Report Run D Quarter Date : Date of PSP Meeting 06/20/2021	e : Span Date Quarterly Report Information is Submitted	Katina Olsenbø 7/7/2021 4/1/2021- 6/30/2 Provider Agency REACH INC	2021 Care Plan Goal Continue to Maintain Part time Employment Attend Recreational Activitos	Care Plan Objective Engage with Job Coach Participate in Group Activities	Care Plan Objective Start Date 06/24/2021	Status Progress (include summary of progress on each objective during this quarter i e summary of monthiy data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Departr	

✓ Download Excel File and Click Open File

Quarter Start Of Quarter End Of Of Of Of Of	Deljective Status Report ar Gase 01 / 2021 ar Gase ar Gase ar Gase b / 2021		0				xport Rep luarterly Ol eport.xls re	ort × bjective Status cceived.		
Member Nam	1 of 1 D D	Katina Olsenbo	Quarto	erly Ob	jectiv	e Status Reports				Export
Report Run D	ate : Soan	7/7/2021	2021							
Date of PSP Meeting	Date Quarterly Report Information is Submitted	Provider Agency	Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (Include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Departr	
			Continue to Maintain Part time	Engage with Job Coach	06/24/2021					
06/20/2021			Employment							

✓ Enter the Following Fields

2		Quarterly Objective Status Reports								
4 5	Member Nam CHIMES ID :	e:	Katina Olseni	berg						
6 7	Report Run D Quarter Date	Date : Span	7/7/2021 4/1/2021- 6/30	2021						
9	Date of PSP Meeting	Date Quarterly Report Information is Submitted	Provider Agency	Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Department/ Service
0	06/20/2021			Continue to Maintain Part time Employment	Engage with Job Coach	06/24/2021				
1	06/20/2021		REACH INC	Attend Recreational Activites	Participate in Group Activites	06/24/2021				
2	06/20/2021		JOB CONNECTION, INC	Continue to Live In Home Setting	Daily Checklist	06/24/2021				
13	06/20/2021		MONTANA ACHIEVEMEN T PROJECT	Continue to Maintain Part time Employment	Engage with Job Coach	06/24/2021				

1) Date Quarterly Report Information Submitted (Column B)

Enter the date the provider staff summarizes the objective status information to be entered in Column G. This date could be different for each objective.

2) Status/Progress (Column G)

Include summary of progress on each objective during this quarter, i.e. summary of monthly data sheets.

 Objective Status (Column H) (Continue, Review/ Revision, Completed) Provider agency recommends the objective status based on the progress during the quarter. All status changes agreed upon by PSP Team.

4) Quarterly Report Information Compiled By (Column I)

Enter the name of the provider staff who summarized the data entered in Column G.

Department/Service (Column J) Enter site assignment or type of service of the provider staff identified in Column I for example.

Below are three examples of Provider agency quarterly reports with sample data entered.

Example 1

Quarterly Objective Status Reports

 Member Name :
 Katina Olsenberg

 CHIMES ID :
 7777777

 Report Run Date :
 7/7/2021

 Quarter Date Span
 4/1/2021- 6/30/2021

Date of PSP Meeting	Date Quarterly Report Information is Submitted	Provider Agency	Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (Include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Department/ Service
		JOB	Continue to			Remembers to brush teeth daily without			Wildflower
06/20/2021	7/16/2021	CONNECTION,	Live In Home	Daily Checklist	06/24/2021	prompts, needs daily reminder to take	Continue	Aaron Hahm	Group Home
		INC	Settina			lunch box to work M-F.			Mgr

Instructions to Submit Quarterly Reports for DDP Provider in MedCompass

Example 2

Quarterly Objective Status Reports

Member Name : CHIMES ID : Report Run Date : Quarter Date Span Katina Olsenberg 7777777 7/7/2021 4/1/2021-6/30/2021

Date of PSP Meeting	Date Quarterly Report Information is Submitted	Provider Agency	Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (Include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Department/ Service
06/20/2021	7/28/2021	MONTANA ACHIEVEMEN	Continue to Maintain Part	Engage with	06/24/2021	Met with job coach to fill out employment	Continue	Jamie Olsen	Community Employment

Example 3

06/20/2021

8/6/2021

Quarterly Objective Status Reports

Member Name	e:	Katina Olsen	berg						
CHIMES ID :		7777777							
Report Run D	ate :	7/7/2021							
Quarter Date	Span	4/1/2021- 6/30	/2021						
Date of PSP Meeting	Date Quarterly Report Information is Submitted	Provider Agency	Care Plan Goal	Care Plan Objective	Care Plan Objective Start Date	Status Progress (Include summary of progress on each objective during this quarter i e summary of monthly data sheets.)	Objective Status (Continue, Review/Revision, Completed) All status changes agreed upon by PSP Team	Quarterly Report Information Compiled By	Department/ Service
06/20/2021	7/19/2021	REACH INC	Continue to Maintain Part time	Engage with Job Coach	06/24/2021	Katina met with her Job Coach 2x. Once was at job site to train on new task of copying. The second meeting was at the	Continue	Jenn Conners	Supported Employment

office to review bus schedule Katina participated a group activity with

her coworkers by going to a retirement arty on 6/24, and went to the communi

garden with her garden club on 7/31.

nunity

Continue

Job Coach

Cathy Murphy

✓ Save Completed Quarterly Objective Status Report to Your Desktop or Hard Drive using the DDP Naming Convention.

Example: FY21 Benetar Job Connection Quarterly Report April-June.

✓ Upload Quarterly Objective Status Report

Employment

Attend

Recreational

REACH INC

Participate in Group Activites

06/24/2021

1) Search Member using Name or Chimes ID, go to Case Management, select Assessment and Forms, Click into current Personal Support Plan.

	Care Management	G Dashboard	A Notices Waiting Re	som 압 여Rec	sent + New	쓰 Jamie Olsen	() Träcking	Admin C	x -
кс	Katina Olsenberg & N/A ID: N/A	Demographics Communicatio Gender: F - Female DOI: Dec 21, 2003 (17) Primary Language: N/A Member/Address State: Montana Member Zone: Zone 1 Case Manager: Jamie Olsen	en Center Legal Contact/HIPLA Privacy: No Medicald ID: Kat-Test-Medicad Medicare ID: N/A PCP: ID: N/A PCP ID: N/A LOB: Multiple	Plan: State Insured Plan Sponsor Name: 1 Eff Date: Aul 7, 2021 Plan Term Date: N/A Funding Indicator: N/ Relationship (to Subso	Multiple A iber): Multiple	Controlling State: Carrier: N/A Group: N/A Control/Group Nur Network: N/A	N/A nber: N/A	Alerts (0)	× .
•		Assessments and Form	s					+ New Assessment	
	Health 360	All In-Progress Completed	Closed					Card 🚝 Table	
۵	Activities								
ø	Demographics	Assessments and Forms		version	Completed By	Added	Completed	Action	
Ŷ	Insurance	Part C Notification of Potentially Eligit	le Children Form	1.10	Jamie Olsen	Jul 1, 2021	Jul 1, 2021	💭 Сору	
2	Care Opportunities	Personal Support Plan		1.80	Jamie Olsen	Jun 24, 2021	Jun 24, 2021	💭 Сору	
Ö	Utilization Management								
2	Case Management								
_	Programs								
	Assessments and Forms								
	Identified Needs								
	Care Diane								

2) Select Page Resources Carrot, Click Document + Button

9	Demographics Comm	unication Center		Ó				
Ø	Gender: F - Female DOB: Dec 21, 2003 (17y) Primary Language: N/A Member/Address State: Montana Member Zone: Zone 1 Case Manager: Jamie Olsen	Legal Contac Medicaid ID: Medicare ID: PCP: N/A PCP ID: N/A LOB: Multip	t/HIPAA Privacy: No Kat-Test-Medicad N/A le	Plan: State Insure Plan Sponsor Nan Eff Date: Jul 7, 20 Plan Term Date: I Funding Indicator Relationship (to S	ed ne: Multiple 121 N/A : N/A ubscriber): Multiple	Controlling State: N/A Carrier: N/A Group: N/A Control/Group Number: Network: N/A	Alerts (0)	*
	Assessments and Form	ns: Personal Sup	oport Plan versio	on 1.8	← Back	Sign 🔂 Reopen	Page Resources	d
	Ø——	2	3		6	6 >	Documents (5)	+
	Personal Support Plan	Section I. General	Section II. Personal	Section III. Personal Profile	Section IV. Life Skills	Section V. Wellness	Attachments (1)	
		Information Sheet	Introduction		Pers	onal Support Plan	SFY21 Olsenberger Quarterly Report April- June.xlsx Jul 6, 2021 View	new
							Correspondence (4)	
	Member Information						Personal Support Plan Jun 29, 2021	View
	Katina Olsenberg						Personal Support Plan Jun 26, 2021	View
	Medicaid Card Id						Personal Support Plan Jun 25, 2021	View
1	* Date of PSP:						Personal Support Plan Jun 24, 2021	View

3) Select attach file, choose file to attach, and select upload.

0								0
BPIR	Care Management	යි Dashboard	🖉 Notices	📰 Waiting Room 🖙	🕫 Recent		× Admin	Q
ко	Demographics Katina Olsenberg Gender: F - Female Ø N/A DOB: Dec 21, 2003 Ø N/A Primary Language: © Open ← + = ↑ (b) + This PC + Documents	Communication ((17y) (N/A) Search Documents	Center Legal Contact/HIPAA Priv Medicaid ID: Kat-Test-N Medicare ID: N/A X P. N/A P.ID: N/A 3: Multiple	vacy: No Plan: 1 Redicad Plan Sp Eff Dat Plan Te Fundin Relatio	tate Insured onsor Name: Multiple e: Juli 7, 2021 m Date: N/A j Indicator: N/A ship (to Subscriber): Multiple	Controlling State: N/A Carrier: N/A Group: N/A Control/Group Number: N Network: N/A	Alerts (0)	
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(}a 4)	Insurance Care Opportunities	She	et Choose F	File No file chosen	pload	Personal Support Plan	Quarterly Report April- June.xlsx Jul 6, 2021 View Correspondence (4)	
	Utilization Management Member In	formation					Personal Support Plan Jun 29, 2021	View
Q	Case Management Katina Olse	nberg					Personal Support Plan Jun 26, 2021	View
	Medicaid Card Id						Personal Support Plan Jun 25, 2021	View

✓ Please Note the Following

- 1) Each Quarterly Report must be submitted within 30 days of the end of the quarter.
- 2) Providers will see only those Care Plan Goals and Objectives for which they are responsible.
- 3) Provider Field on the Report will be blank if the Provider Field on the Goal Screen has not been selected. If a Case Manager is responsible for the specific goal, the case management agency will need to be added to the Care Team.

For AWARE TCM, please select provider type 82, AWARE INC (TCM), MMIS Provider Id 00007003307

For State Case Management, select provider type NP, and MT DPHHS DDP Case Mgmt, Provider id 0001110928

4) For PSP's that have not been completed in MedCompass, upload the document in using the page resources in the personal support plan using the naming convention.