



# MedCompass End User Training FAQs

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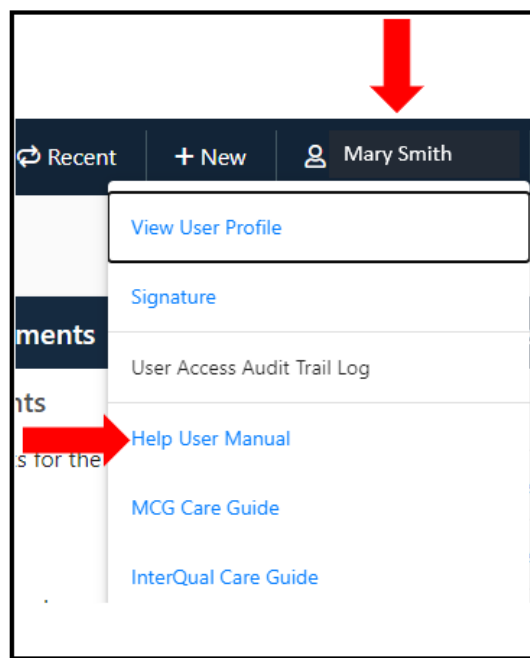
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## General / Administrative

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### 1. Where can a user find the MedCompass *Help User Manual*?

The *Help User Manual* is available in MedCompass. Recorded training videos are located on CDS.



### 2. Will a user receive an email notice when a message is received in MedCompass?

No, users will only receive CM appointment notifications via email. No other messages or task notifications will be sent via email.

### 3. Is time available (Calendar) connected with Outlook or Zoom?

No, 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.



**4. When inputting appointments in MedCompass and using Outlook separately to schedule appointments, will tasks show up on the MedCompass calendar automatically or do they need to be added?**

When you schedule a CM 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 are internal to MedCompass and do not appear in Outlook.

**5. When updating an Assessment, if added to the waiting room, does this prevent another user from accessing the 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.

**6. Historically, in Therap, time tracking was used to track a Member's day, is that something that is still required?**

No, the templates were only created for Case Managers within Case Notes. Consult your supervisor for your provider's time tracking requirements.

**7. Where is the naming convention guidance?**

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



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

No, MedCompass will generate the PSP Notification Letter when selecting PSP Meeting as the appointment type 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.

**9. Will a Member's PSP Notification letter be sent to their address, via MedCompass, or both?**

The PSP Meeting Notification letter is created by MedCompass and mailed to the Member's preferred address located on the Demographics page via the State Print and Mail.

**10. Can an AWARE Case Manager use the State Print and Mail service to send out mail that is not generated by MedCompass?**

State and Contracted employees do not have direct access to the State Print and Mail. System generated letters are sent only to the Member by the State Print and Mail.

**11. How is a Member discharged in MedCompass?**

Please see end to end instructions on exiting members from TCM and/or waiver services.

**12. Are boxes in MedCompass expandable?**

Yes, comment boxes will expand to fit the text entered.



**13. 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.

**14. If an assessment or document is accidentally uploaded to the wrong Member, how is it corrected?**

Case Managers should contact their Supervisors. Providers should contact the Agency's security officer to submit a Service Now customer service ticket asking for a void or change.

**15. How does a Case Manager update a Member's address?**

Submit a CSR to update the Member's address in CHIMES which will update the address in MC usually within 24 hours after the task is completed.

**16. Is there a recommended browser?**

Yes, it is recommended to use Google Chrome, Microsoft Edge or Safari.

**17. Where is the member's Medicaid ID and Social Security Number (SSN) located?**

The CHIMES/ Medicaid ID number is visible on the header of the Member profile, so no matter what page you're on in the Member record, you can see this number. SSN can be found in Demographics (Health 360), in profile summary, click on the blue "show more" on the right-hand side of the screen, scroll down to SSN.

**18. Where are incidents documented?**

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.



**19. Does the DD-55 go directly to OPA?**

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

**20. 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.

**21. Who is responsible to enter CSR forms?**

Case Managers and Regional AA's will complete the CSR; however, the Regional AA will complete the task.

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## Secure Messaging

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**1. Can folders be set up in the secure messaging?**

No, users cannot create not specific folders in MedCompass.

**2. How does a user delete a 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.

**3. 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. Users may experience errors uploading a document from a local network drive based on your Agency's security policy. Saving the document to your computer prior to uploading the document can eliminate this issue.

**4. Can users send messages only if it is related to a Member, or can general messages be sent?**



Users can send general messages to other users in MedCompass, they do not have to be member specific.

**5. Are secure messages in MedCompass secure and HIPAA compliant?**

Yes, all secure messages are HIPAA compliant.

**6. Why does a user get a security error (red box) when messaging another MedCompass user?**

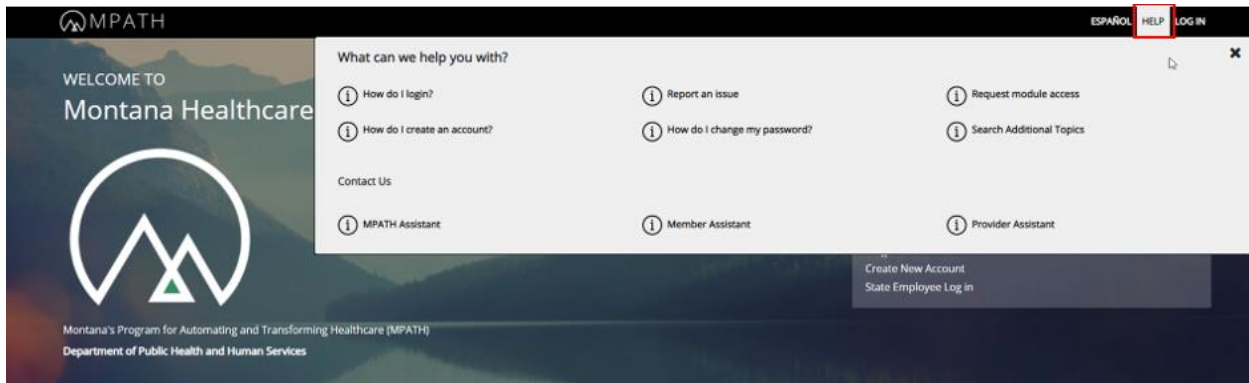
When the Member Name field is populated all recipients must be on the Member’s Care Team.

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## Log-In

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For common access issues and how to resolve, please refer to ICAP Portal help menu



**1. How do users log into ICAP?**

[ICAP Portal Link](#)

**2. Does the system require the one-time code for every log in?**

Yes, the verification code is required each time a user logs into the system and it cannot be disabled. The two-step verification process is a federal security requirement. If a user enters their cell phone number in the user profile, they will be prompted to select the delivery method of either email or SMS. An alternative method is the IBM Verify app which enables push notification and one-touch authentication, if your Agency provides a cell



phone you may need permission to install the app. See the ICAP Help “Mobile App Training Manual” for instructions

**3. Can the security person for a provider add new employees?**

Yes, you must submit a *ServiceNow* MedCompass access request ticket.

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## Programs

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**1. Is there a way to verify a Member’s Medicaid eligibility with an OPA interface?**

MedCompass does not have a real time interface with OPA, continue to use the MATH Portal for eligibility verification.

**2. 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.”*

**3. Where in MedCompass can I find descriptions of codes WO, W8, and W4?**

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

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## Referrals

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The department is working on a solution to the issue of Providers not seeing services requested when receiving a referral task. A short-term solution is to have the Case Manager load the information to the Members document center. In a future, MedCompass is working on an enhancement to provide the list of requested services in the referral task.





**1. Does a provider need to agree to serve a Member prior to viewing their information on the Member's Health 360 page?**

No, 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 up to 30 days or until a decision is entered in the system. If the Provider places the Member "under consideration" that would allow an additional 30 days to view the Member's profile. The referral will be assigned in the Agency work queue.

**2. If a Member receives residential services and VOC from one Provider, does the Case Manager need to submit separate referrals for each service and can a Case Manager select multiple regions in one referral?**

If a Member would like to receive more than one service from the same Provider, both services can be included on one referral. If a Member would like to receive services from multiple Providers, one referral for each Provider must be submitted. You can only select one regional referral at a time, so to submit a Statewide referral, you need to do a referral for each region.

**3. What options of referral types are in MedCompass?**

Select "Inbound". Outbound should not be selected as it will not trigger the task. Recording in CDS is incorrect, Referrals must always be "Inbound".

**4. Will this MedCompass referral replace the port list form we've been using?**

No, use the current port list form and process.

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

No, the Case Manager will use the Referral Module when referring a Member to a service Provider.



**6. Can you attach relevant documents to the referral screen?**

The referral documents can be attached on the Referral screen using the page resources on the top right; select the Documents + and Attach File. This will attach the document to the referral and will be store in the Members Document Center. Use the DDP Naming Convention when completing this step.

**7. For the provider to make a referral decision, what supplemental document does the case manager upload?**

The Case Manager uploads supplemental documents for the Provider to make an informed decision. Case Managers must upload: Social History, Psych Eval, most current PSP if not already available, summary of incidents, MONA and any other information that will help a provider make an informed decision.

**8. Can a Provider only accept one service (like day program), if more services are requested in the referral?**

By a Provider selecting “yes”, they agree to serve the Member. The Case Manager will work with the Member and service Providers to agree on the desired services.

**9. Do Case Managers get notified when the Provider “agrees” or disagrees” to serve the Member?**

No, the Case Manager can look at the referral and see if Provider accepted or declined.

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## Queues/Tasks

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**1. What does a Provider do if the Executive Director does not have access to the Provider work queue?**

The Provider’s security officer needs to submit a Service Now MedCompass access request ticket to update user security.



**2. Can the referral task get reassigned to someone else in the Provider Agency?**

Yes, you can reassign the task. To reassign, go to the “assigned” field and enter the user’s name and select save. The task will be redirected to the user. If assigned to a work queue, the user must have access, or you can assign to the single user.

**3. When a Provider declines to provide services, does the system automatically remove the task from the Provider queue?**

No, tasks are marked as complete but are not removed from the queue. Users can sort tasks by the header description.

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## Care Team

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**1. How can Provider staff see members on their Caseload?**

To see Members on your Caseload, you must be on the Member’s Care Team as a Staff Member. Once on the Staff team, you will see the Member on your Caseload.

Providers can find their Members via the search function from the dashboard. First click search, then click the blue Search button again . A list will be generated, provided you are associated with less than 500 Members. If you have access to more than 500 Members, you will get an error message. In that case, you should refine your search by using additional criteria.

**2. Can a Provider be added to the Care Team from the Member’s dashboard under Care Team and which user role can add Providers to the Care Team.**

Yes, a Provider can be added to the Care Team from the dashboard under Care Team, Case Managers and Case Manager Supervisors add Providers. Provider Executive Director, and Provider Operations Director add Staff Members to the Care Team.



### **3. Why can't Provider staff see the Member, though the Case Manager has added the Provider to the Member?**

The most common reason a Provider cannot see the Member includes:

- 998-provider site needing to be added. If a user's Provider Agency has Provider sites, the 998-provider site must also be added to the Care Team.
- It is incumbent on the Provider to add Staff Members and sites (if applicable) to the Member's Care Team.
- The Provider detail screen does not have "yes" checked agreeing to serve the Member and it's been more than 30 days after the referral.

### **4. Who is responsible to add Provider Staff to the Member's Care Team since turnover can be frequent?**

When a Provider has Staff turnover, the Provider must onboard the new personnel to MedCompass and if the Provider and Provider site are on the Member's Care Team Staff member, the new Staff will have access to the Member. Providers may want to consider adding Management Staff to the Care Team to minimize changes due to turn over.

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## **Care Plan / Personal Support Plan Assessment**

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### **1. What is the difference between the PSP Assessment and the Care Plan?**

The PSP Assessment (Assessment is a MedCompass term) is opened by the Case Manager, information is entered by Provider Staff and the Case Manager prior to the PSP meeting. The Care Plan is a MedCompass Module. It is developed by the team and completed by the Case Manager at the PSP meeting. Once the Case Manager completes the PSP Assessment it is merged into a single document that includes the Care Plan, Visions, Goals, and Objectives. The complete PSP document is available in the Member's Document Center.



**2. Why does a Provider receive an access denied message when I click on the Care Plan?**

Providers can see the Members Care Plan when they are assigned to the Goal. The Provider (Provider Type 82) must be added by the Case Manager to the Goal.

**3. Can users revise the name of an assessment?**

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

**4. Can Case Managers delete or void an objective?**

No, if the team agrees an objective is no longer needed, the Case Manager will change the status of the objective.

**5. Who completes the required Member assessments in MedCompass?**

The Case Manager will mark the required assessments Complete when all the required information is entered. The PSP Manual and Index provide directions on who enters each section of the assessments. The PSP Assessment should be marked complete in the system within 21 days of the PSP meeting.

**6. Does a user 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. Use appointment type “PSP Assessment”. See “MedCompass Personal Support Plan Appointments and Instructions” for details. More info can be found on the DD website, [MedCompass Care Management, Bi Weekly Emails](#).

**7. When will checking out PSP’s no longer be required?**

The product enhancement is expected in Spring of 2022

**8. Is there a section for Person Centered Planning (PCP) Members who also have Community First Choice (CFC)?**

The PCP form is uploaded like an action plan. In future releases, it may be added as an assessment. CFC Providers do not have access to MedCompass currently.



**9. Which roles input information into the MedCompass PSP Assessment?**

The Case Manager creates the PSP Assessment and related assessments for PSP meetings. PSP responsibilities of Team Members are outlined in the training documents and PSP manual, as well as on Tab 1 of the PSP Assessment (Index).

**10. Where are the action plans and protocols in the PSP Assessment and who is responsible?**

Action Plans, including protocols, are uploaded by the assigned Provider to the Page Resources of the PSP Assessment within 14 days of the PSP meeting, using the DDP naming convention. See the Naming Conventions on the [MedCompass Resources page](#).

**11. How are the final PSP, Healthcare Checklist, and Smulls printed?**

available in the Member's Document Center and can be printed.

**12. How is a Review/Revision (formerly Amendment) made to the Care Plan?**

The Case Manager must copy the current PSP Assessment which enables Providers to 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 is no longer a separate PSP Amendment form.

**13. Why are there two places to sign on the PSP Assessment?**

All team members will sign on the PSP Assessment Signature Tab at the conclusion of the PSP meeting. In addition, the Case Manager must sign using the MedCompass signature field in order to mark the Assessment complete



**14. Can a Provider and a Case Manager work on the PSP or other Assessments at the same time?**

Yes. If two or more people work in an Assessment at the same time, there is significant risk that information will be written over or lost. Case Managers and Providers must “check out” the PSP Assessment to inform other users that it is being updated, and other users don’t attempt edit the Assessment at the same time. To schedule a PSP Assessment appointment, select “PSP Assessment” as appointment type. See Personal Support Plan topics in the MedCompass Help manual.

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

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

**16. Why would a user get errors about documents being unsupported, but they are the file type that is supported?**

Depending on your agency’s network security, you may receive errors attaching a file from a shared network drive. Try saving the file to your desktop/local drive then uploading to MedCompass

**17. Where do provider staff document day-to-day documentation of member objectives?**

Providers can use Provider Case Notes to document progress of objectives within the Care Plan as well as the Quarterly Report Assessment (which is still being developed).

**18. If the Responsible Party assigned to an Objective no longer works for the provider, who is responsible to update the Responsible Party?**

The Case Manager is responsible for updating the Responsible Party. Providers must notify the Case Manager when changes are needed in the Care Plan.



**19. Should certain sections of the PSP Assessment be completed before the PSP meeting?**

Yes, information must be entered prior to the PSP meeting. Certain sections (see index of PSP) are reviewed at the PSP meeting.

**20. How do Case Managers prepare and send a copy of the PSP to the Parents or Guardians via hard copy?**

Upon finalizing the Care Plan, marking the PSP Assessment complete, and entering required signatures, Case Managers use the merge and send function to download the document then print and mail outside of MedCompass.

**21. How do Case Managers Review/Revise (formally PSP Amendment) a PSP?**

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

**22. Will the Case Manager sign forms for the Member and Guardian?**

Within MedCompass, the Case Manager can enter the Guardians name in the signature field 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. Guardians may request access to MedCompass through the TCM.

**23. 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.





**24. Can Case Managers generate the final PSP and send to an address via the DDP mailing process?**

No, the PSP is not processed through State Print and Mail.

**25. Is the Case Manager or the Provider the Responsible Party providing the service?**

The Case Manager is the Responsible Party for all Visions and Goals. Case Manager must assign a Provider Agency on the Goal, in the Provider field. Provider Staff will be assigned as the responsible party on the Objective level.

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

In MedCompass the Care Plan includes Visions, Goals, and Objectives.

**27. After the Provider has added their information to the PSP Assessment, 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 must also use the shared calendar to reserve time in the PSP Assessment.

**28. Where are Provider Action Plans located?**

Action Plans must be uploaded by a Provider to the Member's Page Resources in the PSP Assessment within 14 days of the PSP meeting. The Action Plan(s) must be labeled using the DDP Naming Conventions.

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## Self-Direct

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**29. 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 if they would like access to MedCompass. Self-direct employers are not required to use MedCompass.



**30.If the self-direct employer does not want access to MedCompass, does the Case Manager complete the forms for them?**

Yes, the Case Manager completes all required Assessments after gathering information from the Self-Direct Employer.

**31.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. The employer provides the back- up plan to be included as an Action Plan in the Member’s PSP.

**32.Is the Support Broker Worksheet completed annually?**

The Support Broker Worksheet should be updated when changes are made to Support Broker’s hours or wage.

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## Health 360

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**1. How does a user enter a medical appointment consultation form?**

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

**2. Will there be a Medication Administration Record (MAR) for documenting medication administration?**

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

**3. How do users track member health and medical information?**

The Metrics Module within Health 360 will track vitals and labs. This includes glucose levels, screenings, and other tests. Providers can use Provider Case Notes to meet a variety of documentation needs.



**4. Is the Provider or Case Manager required to continuously update the Medication Section?**

The allergies and medications must be current at the time of the annual PSP.

**5. How can Providers and Case Managers ensure Health 360 is accurate?**

Case Managers and Providers must review the Health 360 at least annually to ensure accuracy. Team members should communicate any changes that are needed.

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## Service Authorizations / Cost Plans

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**1. When will a Provider 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. Service authorization letters will continue to be generated in the MMIS and are sent in the mail to the provider.

**2. How do Providers obtain a copy of the service authorization to send to their finance team?**

Providers can run the Budget vs. YTD Report, where you can export the report to Excel and disseminate.

Providers will also continue to receive the service authorization letters in the mail.

**3. Which Provider users have access to the Budget vs. Year to Date Report?**

The following Provider users can access the Budget YTD report for Members served by their Agency: Executive Director, Fiscal Staff, Operations Director/ Program Manager and Group Home /Supported Living/ Workday Manager.



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

Yes, as claims are adjudicated, service authorizations will display used cost and/or used units which will automatically be updated in the Utilization Management > Service Authorization Module.

**5. Can a Provider see the Member's cost plan?**

No, Providers do not have access to view the cost plans, they can view the service authorizations assigned to their Provider Agency.

**6. 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.

**7. How does a Case Manager end date a service and move funds within a member's cost plan?**

Refer to the MedCompass Help User Guide.

**8. Does the cost plan line look different after approved by Regional Manager?**

Once a service has been authorized it will have values in all the following fields: Internal Identifier, Authorized By, Authorized Date, and the Submit for Approval toggle will be yes.

**9. Can the Regional Manager delete a line in the cost plan that has no expenditures?**

Yes, that is an option however the process is still being fine-tuned. For now, the TCM may reduce the identified service to 1 unit. A more detailed description of the process will be sent early in FY2022.



### **10. Where does the available balance show in the cost plan?**

An available balance doesn't show in the cost plan (or the Service Auth). The service auth does show 'Used Cost' and 'Used Units' (if applicable). From this the user can determine an available balance by comparing it to the 'Approved Cost'. The Providers have the Budget YTD report available to get the information for all their Members and this report should be finalized and correct very soon.

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## Case Notes

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### **1. Are Case Notes similar to Therap T-Logs?**

Yes, Provider Case Notes are similar to T-Logs in Therap. They can be used to document a variety of topics, including daily activities, PSP implementation, health appointments, etc.

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

State Case Managers are required to use a Case Note template. 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.

### **4. Where can a user see a Member's Case Notes, for example, shift notes?**

Provider Case Notes associated to a Member are available as a report. To access a Member's Case Note report, go to the Member's record and navigate to the reporting section and select DDP Case Note Member Level Report.

The following Provider users can access a Dashboard level Case Note Report for their Agency: Executive Director, Fiscal Staff, Operations



Director/ Program Manager and Group Home /Supported Living/ Work Day Manager.

**5. Can a Member’s Case Notes be managed (deleted/hidden) or sorted?**

To see the most recent Case Notes, click on the Date header to filter by date. Case Notes cannot be deleted or hidden. Users can export the Case Note Report to Excel for advanced filtering options.

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## Waitlist

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**1. Who is able to monitor waitlist status for Members?**

Case Managers can view the waitlist status for Members on their Caseload by navigating to the Members Record/Health 360 > Activities > Waiting List. State Staff have access to the Statewide waiting list.

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## Quarterly Reports

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**1. Are Quarterly Reports completed in MedCompass?**

The first Quarterly Report will be completed in MedCompass in July 2021. Training on Quarterly Reports will be provided before they are implemented. Quarterly Reports for PSP’s prior to April 2021 should be uploaded to the Member’s Document Center using the DDP Naming Conventions.