

**Iowa State Association of Counties
Operations Subcommittee
Wednesday January 25 2017 2:30pm – 3:00 pm Meeting Minutes**

Members Present: Karen Dowell, Sue Duhn, Kris Gardner, Julie Davison, Lisa Kempf, Sara Lupkes, Justin Schieffer, Brandi Kanselaar, and Lee Ann Criswell


Guests Present: Pam Danielson and Kelly Yeggy

Members Absent: Jennifer Vitko, Sarah Berndt, and Suzanne Watson

Staff Present: Jeanine Scott, Laz Schreck, JD Ricklefs, Dylan Young, Beth Manley, and Chris Schwebach

2:30pm – Phone call meeting began

[Client Status/Eligibility](#)

Question: Should the client status in the client folder header be repurposed to display the last event for the client? Should an indicator be shown next to the client eligibility item in the client folder header if the client is receiving emergency service such as  ?

Decision: Operations members agreed that repurposing the client status in the client folder header to reflect the client's most recent event would be more beneficial than an active or inactive status. A point was made that having the date the event was entered into CSN would make the functionality even more useful, for example the most recent event for the client could be something that occurred over a year ago. A possibility is to hover over the client status and display the date it was entered. The Compliance Officer, Beth, will need to be consulted on the chance that displaying the most recent event could be classified as level 2 data and viewing capability could be limited depending on the CSN release status. If this functionality is not able to be completed before the July 2017 rollout, then the client status will not be shown in the client header.

[Medically Exempt](#)

Question: Should the user indicate if a client is medically exempt with Iowa Health and Wellness via the notes within the insurance section?

Decision: Through discussion, when a client is medically exempt through Iowa Health and Wellness then that determines the services they can receive. Also a client can have Iowa Health and Wellness and then at a later time become medically exempt, users would like to know when the client became medically exempt. This leads to there needing to be an option in the drop down menu of 'Iowa Health and Wellness Medically Exempt'.

[Hospitalizations](#)

Question: Should there be an italicized explanation under the hospitalizations section explaining how and why hospitalizations are non-committal records?

Decision: Developers have added the explanation and this will be a strong training point.

[DSM](#)

Question: Should the primary diagnosis toggle option under the DSM section be removed and only be shown under the ICD section?

Decision: Developers have removed the toggle switch from the DSM section.

[Client Notes](#)

Questions: Should a user be able to edit notes they entered? Should users be able to edit other user's notes? Should any user be allowed to set any note as activate or inactivate? Should expert users be the only ones allowed to delete a note?

Decision: Members agreed that users can edit their own notes but a user cannot edit a note that was not entered by them, regardless of the entity/entity type they are logged in under. In the case that a note was entered under the incorrect client that holds PHI information, then the user should send a support ticket in if there is PHI. If not,

the user can inactivate the note. Expert Users will not be able to edit notes or delete notes made by other users either.

[Document Categories](#)

Question: Should document categories be added to CSN 3.0 from the 'other' document title findings?

Decision: Due to the length of discussion surrounding this item, it was decided to discuss during another meeting.

[Client & Provider NOD](#)

Question: Would a general NOD containing Provider and Client information be sufficient to replace having two separate ones?

Decision: From input by members, the Provider NOD is the NOD that is utilized more frequently than the client NOD and all felt it was okay to use the same NOD for both clients and providers.

[Appeal](#)

Question: Is it necessary to put the appeal on the back of the NOD document?

Decision: From discussion on the previous agenda item, the appeal process is needed on the NOD. Jeanine inquired if there would be a possibility to have an appeal process with standard language for all to use, but because appeal processes are different and the CEOs would need to discuss and create a unified appeal process. 3.0 will continue to use the custom appeal process for the NODs.

[GA NOD](#)

Question: Due to the vendor address needing to be present for GA, should GA have a specific NOD?

Decision: Because it was requested by one county and no other counties use the GA process in this way (bypassing invoices and using the FR as an invoice) development time will not be spent creating a GA NOD.

[Entity ID/Provider ID](#)

Item: Maintaining entity ID vs maintaining Provider ID for migration.

Decision: Jeanine explained that she is currently working on migration of data and because in 3.0 providers and entities are combined one of the two IDs will change. Members agreed to keep the Provider IDs the same from 2.0 to 3.0 and it is alright if the Entity IDs alter. A supporting point made was that the Provider ID should remain the same due to eClaims.

[Funding Request](#)

Question: If a worker denies a funding request, does it need to go back through the review process?

Decision: If no claims have been paid and changes are made to a funding request, then send the funding request back through the review process. A point was brought up about users editing the funding request end date; currently users can extend an end date. In 3.0 a user should not be allowed to extend an end date of a funding request unless they have the funding authorizer role. However, the end date can be edited to end the funding request early by users that have a role containing the 'edit' permission for funding request.

[Funding Request Case Management](#)

Question: When adding a funding request there is a check box labeled 'Show Case Management Details' and when the box is checked a 'Reason for Service' text box appears. Should the check box and text box be removed?

Decision: Members decided to remove the 'Reason for Service' text box option that is available if a user checks the 'Show Case Management Details' check box. Justin mentioned that as a Case Manager he does not use the text box.

[Funding Request Calculations](#)

Question: How many users look at calculations and what calculations are you using?

Decision: Members expressed that they believe the calculations are not vital and to not show them in CSN 3.0 under funding requests while monitoring if any users mention the absence of them. The rate adjuster and rate modifier will continue to be shown.

[Case Management](#)

Question: Are Case Management regional funding authorizations ever entered by an entity type other than Case Management? Because a user will need to be logged in under a Case Management entity type to enter one in CSN 3.0.

Decision: Justin explained that regional funding authorizations would not be entered under any entity type other than Case Management. This is not an issue because the adjudication and reports will use Payer – not the Entity that entered the information.

Advocate Entering Time

Question: Could entering time be eliminated or changed to an optional field in the contact section for advocates in CSN 3.0?

Decision: This item's conversation centered around the submitted proposal to Iowa Legislature to eliminate quarterly reports. After four different options were presented and discussed, the members' decision was to continue requiring Advocates to enter time in CSN until the legislation changes. At that point updates to the Advocate area for CSN 3.0 will be added to the enhancement list (the enhancement list consists of items that are to be updated/added after the July 1, 2017 roll out date for 3.0).

Regional Advocate Entity

Question: Could each region have their own MHA entity instead of customizing an entity for each Advocate?

Decision: Multiple points were brought up by members describing why Mental Health Advocate entities should continue being customized. One item was confidentiality and if multiple Advocates serve counties within a region then having one regional entity would allow the Advocates to view other Advocates' clients. This would not be an issue if a CSN release is present. A more compelling reason was that Advocates serve counties and not necessarily a whole region. There will not be regional MHA entities in CSN 3.0, the functionality will continue to work as it does now. It was asked that the advocate entities not list all the counties in the entity name but instead possibly utilize the region as part of the name.

Roles

Question: Should any roles have more functions or less functions such as view, edit, entry, delete?

Decision: Due to the extensive discussion needed regarding the system wide functions – it was decided for members to review the list of each role and prepare to present their feedback on the next call on Friday February 3, 2017.

At the conclusion of the phone call ISAC IT requested weekly phone calls with the Operations Subcommittee to discuss items for CSN 3.0. Consensus of members was to have the call Mondays at 1:00pm. While the phone calls may not be utilized every week, it is proactive to schedule the time.

Next Phone Call is Friday February 3, 2017 at 1:30pm