



**WEST VIRGINIA
PERSONAL CARE
CARECONNECTION®
WEB USER MANUAL**

VERSION 2.0

REVISION SHEET

Release No.	Date	Revision Description
Draft	02/09/2015	DRAFT Personal Care CareConnection© Web User Manual
1.0	03/30/2015	2.1.2.3 Removed “Activation Date” as a potential search variable
1.01		3.3.3.2 Updated PAS Copy for Update/Correction section for clarification Appendix E: Change “Waiver Contact Signature” to “Personal Care Contact Signature” Appendix F: Changed “NPI” to “Personal Care Provider Number” on Web User Request Form
1.02	6/27/2016	Rebranded Web User Manual to update KEPRO as the UMC
2.0	01/02/2018	Entire system and manual revised to accommodate new work – UMC assessing applicants and members for medical eligibility

KEPRO - WV PERSONAL CARE CARECONNECTION© WEB USER MANUAL

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1. GENERAL INFORMATION

KEPRO is the Utilization Management Contractor (UMC) for the West Virginia Department of Health and Human Resources (DHHR) Bureau for Medical Services (BMS) Personal Care (PC) program. In 2017, BMS released the option for the UMC to complete assessments to determine PC medical eligibility. This manual and PC CareConnection© has been updated to accommodate the new scope of work and eligibility workflow.

The PC CareConnection© was built to enhance the effectiveness and efficiency of the program by:

- Serving as a venue for communication across program stakeholders including: BMS, the PC Operating Agency, Personal Care agencies and KEPRO.
- Making available up-to-date information about PC members' eligibility determinations, authorizations, and demographic information.
- Providing a venue or electronic submission of PC Service Level Change (SLC) Requests, online responses to those requests, and online authorization information when requests are authorized.
- Maintaining Personal Care agency assignment and tracking of transfers.
- Providing notification/prompts for users to take necessary actions pertaining to PC authorization requests.
- Promote program transparency through a thorough history and snap-shot of PC members.

1.1. System Overview

The PC CareConnection© system allows multiple user types to interface with member records as their user role permits. The system accommodates one assigned Personal Care Agency at a time. When multiple agencies simultaneously provide services, only one agency can be designated as the assigned Personal Care agency in CareConnection©.

The system provides a framework and a process for the PC Medical Necessity Evaluation Request (PC-MNER or MNER), completing the Pre-Admission Screening (PAS), review and authorization. The system calculates medical eligibility and service level, creates and communicates authorization information to the provider and claims payer, and provides a central location for document storage by allowing multiple users to attach documents onto a single member's record.

This manual is arranged as follows.

- **Section 2 – Menu Items:** Section 2 of this manual describes the system from a layout perspective. It depicts the system functions per features available in the three system menus: **Personal Care Menu**, **Member Detail Menu** and **Member Navigation Menu** (described below).
- **Section 3 – PC Request Functions:** Section 3 describes the system from functional perspective. This portion of the manual will describe creating a new member in the system as well as submitting a request for annual reevaluation determination.
- **Section 4 – Other Features:** Section 4 outlines other features available in CareConnection© including Agency Selection/Transfer, deactivating a system user account, accessing/documenting Member Notes and retrieving authorizations.

It is recommended that users reviewing this manual do so in its entirety to gain a comprehensive and global perspective of PC CareConnection© operations.

1.2. Technical Requirements

1.2.1. Internet Access

Users must have a computer with Internet access. The program is optimized when using Internet Explorer (IE) 11. In order to print any forms, the user must also be connected to a printer. In order to attach documents, the user must have the capability to save electronic versions of documents (for example, must have a scanner to attach/upload documents).

1.2.2. Security and HIPAA Compliance

This application follows Health Care Financing Administration (HCFA) security regulations and complies with Health Insurance Portability and Accountability Act (HIPAA) regulations. Consequently, there are multiple levels of security.

1.2.3. Privacy Policy

The system Privacy Policy can be retrieved and reviewed from the bottom of each page in CareConnection© by clicking on the Privacy Policy hyperlink.

© 2012 KEPRO. All Rights Reserved. [Privacy Policy](#)

Figure 1: Privacy Policy Link

1.2.4. Trouble-Shooting

If users experience difficulty logging on or using the program, the following are recommended.

- Check to confirm that the browser's security settings are set to 128-bit encryption. This can be done in the Microsoft Internet Explorer session by clicking "Help" and then clicking "About Internet Explorer." The resulting display will specify the "Version" of Internet Explorer running, along with the encryption specification in terms of "Cipher Strength."
 - ✓ Upgrade the browser to Internet Explorer 11 or higher. To download a free upgrade of IE visit <https://support.microsoft.com/en-us/products/internet-explorer>.
- Windows 7 or higher is required.
- Reset the internet security to Medium.
- If numbers tend to duplicate upon entry into a given field, the user should check the computer's compatibility view settings and adjust as necessary.

1.2.5. All Users-User Access Levels

The web system recognizes different users and/or user groups and places restrictions on system accessibility for each user/user group based on the functions the user/user group performs. In general, users and their functions can be described as follows.

- **Administrator (ADMIN)** – Users are KEPRO employees who have administrative privileges and can perform all functions within the system.
- **Assessment Coordinator (AC)** – Users are KEPRO employees who complete Pre-Admission Screening (PAS) assessments.
- **Bureau for Medical Services (BMS)** – Users are employees or agents of the WV Department of Health and Human Resources Bureau for Medical Services and have read-only access to all information in the system.
- **Operating Agency (OA)** – Users are Operating Agency staff who manage PC member transfers and perform

other functions within the system.

- **Personal Care Agency (PCA)** – Users are employees or agents of a certified Personal Care Agency making a request for PC medical eligibility determination, authorization or are viewing an authorization determination.
- **Scheduling Administrator (SA)** – Users are KEPRO employees who process notifications and letters and perform varying other administrative functions.

1.3. Log In

Users can access the PC CareConnection© web site at <https://WVLTC.kepro.com> and logon with an assigned **User Name** and **Password**. Users must select which program they intend to access by clicking the applicable radio button prior to clicking **Log In**.

The **Log In** screen contains links to the Bureau for Medical Services and to the Operating Agency websites under the PC tab.

After the user logs in, he/she is directed to the appropriate web page inherent to the role and program associated with the user name (e.g. ADMIN, BMS, OA, PCA, SA etc.). Please see [Appendix A](#) for user role descriptions.

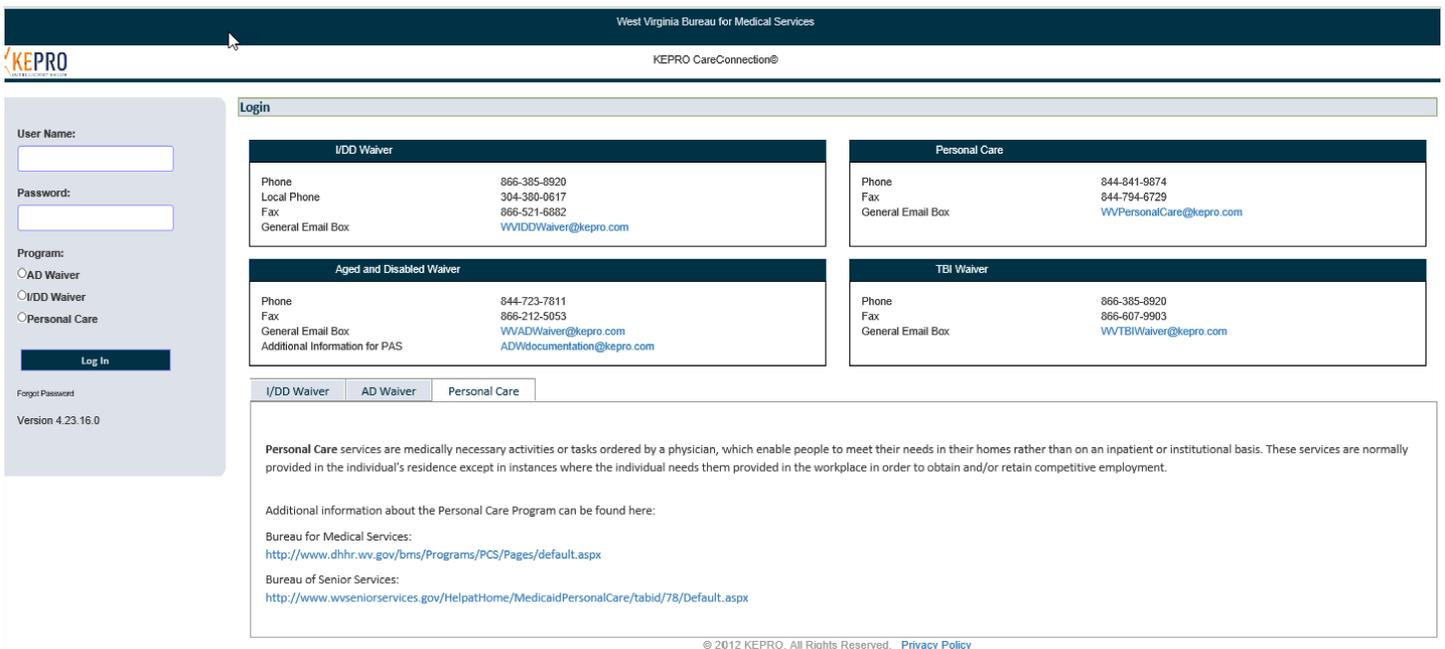


Figure 2: CareConnection(c) Login Screen

1.4. Logout

The **Log Out** link can be accessed by the user from any system screen.



Figure 3: CareConnection(c) Logout

1.5. Print

All users have the capability to print from CareConnection© by clicking the **Print** hyperlink at the top of any page. By selecting the **Print** link, the user will be taken to their system's print options. An example is displayed in Figure 4; however, options and screens will vary depending on the user's specific system.

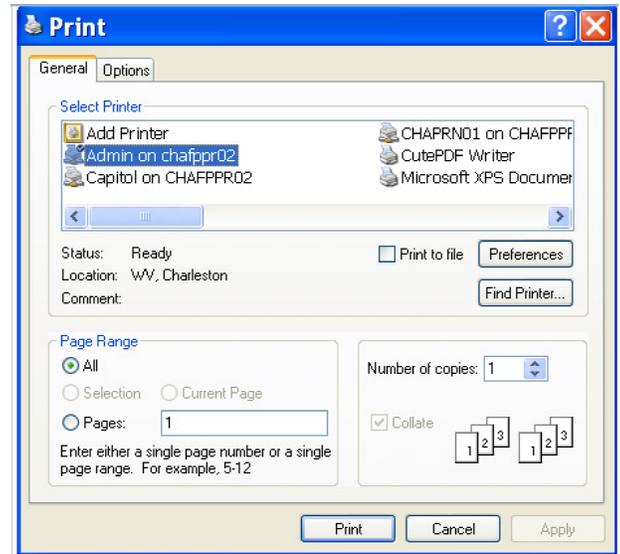


Figure 4: Print

2. MENU ITEMS AND DESCRIPTIONS – SYSTEM LAYOUT

The system includes three menus available to users to navigate member records and system functions. The **Personal Care Menu** contains overall system functions which are *not* member-specific. The **Member Detail Menu** and the **Member Navigation Menus** *are* member-specific. Both of these menus are only available after retrieving a specific member’s record. Not all menu items described below are available to all users. The system is configured so that specific user roles have access to the items necessary for their work. Not all menu items displayed in **Figure 5** will be available for all users.

2.1. Personal Care Menu Overview

Upon logging into the system, users will notice the **Personal Care Menu** on the left side of their screen. This menu contains overall system functions the user can access. **Personal Care Menu** functions and options vary per user role – not all users have access to all options. Upon log in, the system will default to **Notifications**.

2.1.1. Notifications

All user roles (except BMS) receive notifications specific to their functions in CareConnection®. The default page following **Log In** is **Notifications**. These notifications are generated by the system when a user performs some operation in the application or to notify the user of items requiring their attention. Please see [Appendix C](#) for a list and description of system notifications.

- **Actionable notifications** are those that require the user to take an action before they are dismissed.
- **Non-actionable notifications** are those that notify the user of some action, information or update. For non-actionable notifications, the user has the ability to either Dismiss All  messages tied to the notification or Dismiss  an individual message.

2.1.2. Search

All users can click on the **Search** link in the **Personal Care Menu** which yields the searches available to that user. For example, PCA users can search for only members served by their agency/entity. Other user roles (ADMIN, BMS, OA, and SA) can search for all members served through the PC program who have been entered into the system. A web user can access the **Search** screen by clicking on the **Search** menu item, then the specific, desired search link. This screen will enable searching of the PC CareConnection® application via a variety of search methods, either by entering data into an individual search field, or combining data fields. Users should filter their search results by entering the characteristics of the search they desire.

 Entering a search with no predetermined criteria will result in a search for all members, providers, users, and/or authorizations available to the user. For ADMIN, SA, OA and BMS users with access to all program members, a search with no criteria may cause the system to slow down or even time-out.

2.1.2.1. Search Agency

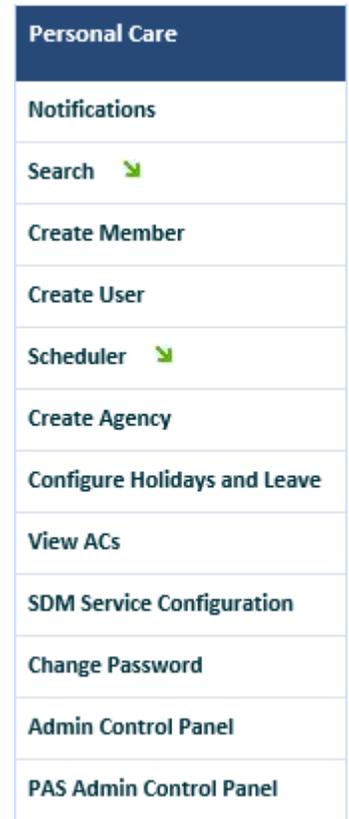


Figure 5: Personal Care Menu

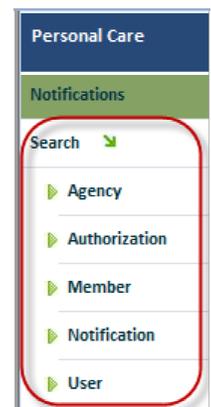


Figure 6: Search

► **Agency** Users may search for an agency by selecting **Search** from the left-hand menu and then selecting **Agency**. Once in the **Search Agencies** screen, the user can view a list of all agencies actively enrolled in the PC program, or can sort by entering search criteria: Active/Deactivated or County Served. After entering search criteria, the user should select **Search** to yield results meeting the criteria entered. To view specific information about the chosen agency, the user should select the **Edit** hyperlink to the left of the desired agency. Selecting **Edit** will take the user to the **View Agency Locations** screen. Here the user can access screens to either view/update the agency’s contact persons, address, phone (demographic information) or the agency’s location information including counties served and type of agency.

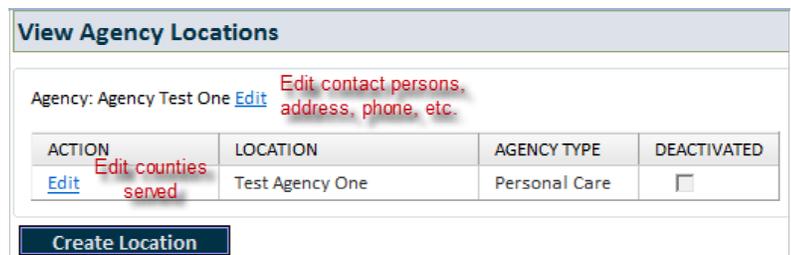


Figure 7: View Agency Locations

2.1.2.2. Search Appointment

► **Appointment** Users may search for PAS appointments that have been scheduled within the system.

2.1.2.3. Search Authorization

► **Authorization** Users may conduct a search for specific authorizations tied to one or multiple member records. When the **View Consumer** icon is selected, the user will be taken to the **Member Detail** screen. The user may also click on **AUTH GROUP ID** to view a summary of authorizations tied to the member.

Authorization Search Results							
VIEWS	MEMBER NAME	START DATE	END DATE	AUTH GROUP ID	AUTHORIZATION NUMBER	SERVICE	UNITS
	PC Member Name 1	12/10/2014	12/09/2015	<u>13</u>	4344875001	T1019 - Personal Care Services	10080
	PC Member Name 2	12/12/2014	12/11/2015	<u>9</u>	4343875009	T1019 - Personal Care Services	10080
	PC Member Name 3	12/09/2014	12/08/2015	<u>3</u>	4343875003	T1019 - Personal Care Services	2880
	PC Member Name 4	12/09/2014	12/08/2015	<u>11</u>	4343875011	T1019 - Personal Care Services	10080

Figure 8: Authorization Search Results

2.1.2.4. Search Member

► **Member** The user may **Search Member** by entering any combination of the following search criteria, after selecting **Search Member** from the **Personal Care Menu**.

- First Name
- Last Name
- Representative First Name
- Representative Last Name
- Medicaid #
- Record ID

- Date of Birth
- County
- Agency Name
- Date of Last PAS
- Anchor Date
- Eligibility Status

Once the desired combination of search criteria are entered into the appropriate field(s), the user should click the **Search** button. The user will then be directed to a list of members on the program who meet the search criteria.



Helpful Hints

- If a member is transferred to another PCA, the originating agency will no longer have access to the member's record per the Effective Date of Transfer. Agencies should not depend on CareConnection© to store their member records indefinitely, because the attachments and history follow the member (in the event of an agency transfer) to the new agency.
- Per the system updates, existing Personal Care members are pre-loaded into the new PC CareConnection© system (Version 2.0).

2.1.2.5. Search Notification

► **Notification** This feature can be used to retrieve notifications about a specific member and/or within a specific date range, notification type or for a specific agency so that timely action can be taken when necessary.

2.1.2.6. Search User

► **User** This function permits a search of other users specifically tied to the searcher. For example, if a PCA user is logged in, he/she will be able to search for all users tied to the same agency. PC Agencies are responsible to maintain their own user accounts, once activated by KEPRO. This will allow the flexibility to deactivate accounts for users who should no longer have access to member records.



Personal Care Agency and Operating Agency users are responsible to designate accounts as "inactive" if/when affiliated users should no longer have access to member records. Bureau for Medical Services should contact KEPRO to deactivate BMS user accounts.

2.1.2.7. Search Results Grid-Column Sort

Throughout CareConnection© the user will have the ability to perform multiple types of searches depending on the intended action. Results of the search will display in the **Member Search Results Grid**. Columns containing hyperlinked headers may be sorted. For example, clicking the **ID** header will sort individuals in ascending order of their Record ID; clicking **MEMBER NAME** will sort individuals by their last name.

Member Search Results					
SORT	ELIGIBILITY STATUS	ID	AGENCY NAME	MEMBER NAME	MEDICAID NUMBER
Detail	New	3000010	PCA One	Snow, Sally	12345678901
Detail	New	3000009	PCA One	Brown, Charlie	23456789012
Detail	New	3000008	PCA One	Member, One	34567890123

Figure 9: Member Search Results

2.1.3. Create Member (Enter a new PC-MNER)

Upon receipt of a signed and complete initial PC-MNER, SA and ADMIN users may enter the request for a new applicant to be medically evaluated for PC services. Users will click **Create Member** in order to bring up the **PC Medical Necessity Evaluation Request (PC-MNER)** screen. The user must enter all required fields on this screen and click **Save** to save the record and proceed with entering the PC-MNER. Next the user will enter the applicant/member address information, representative/contact person information and click **Save** again. Finally, the user will enter the Referring Physician's information, diagnosis and prognosis and click **Save**. Once the user has confirmed all information has been keyed accurately, the user should save a signed copy of the Initial PC-MNER via **Attach Documents** and click **Submit for PAS Review**.

2.1.4. Create User (Create User Account Request)

Existing PCA, OA, ADMIN and SA users have the ability to create new users in the system. Agencies and other entities should be cognizant to maintain an up-to-date list of approved users. All entities have the ability to create or deactivate users tied to them. For example, a user already created at PCA123 (User A) may create another user (User B) for the same agency - PCA123. As employees leave the agency/entity, it is very important to deactivate any users who no longer have need to access member or agency information stored within the system.

The existing user will select **Create User** from the **Personal Care Menu**. The user will be taken to the **Create User** screen. The user should enter necessary information, select the appropriate user role, and click **Create User**. Only ADMIN users can activate an account. The "Account Active" check box is not available to non-ADMIN users. The system will prohibit duplicate user names. If the user name chosen already exists, the system will prompt the submitter to use a different user name. Once the submitter clicks **Create User**, KEPRO will receive a notification to activate/approve the account.



No accounts will be activated without a completed, signed Web User agreement that is tied to an approved PCA. Only KEPRO users can activate an account.

Create User

User Information

Account Active

First Name: MI: Last Name:

User Name: Email: Phone Number:

Password

Password: Confirm Password:

Security Questions

Security Question: Security Answer:

Roles

Administrator BMS Operating Agency
 Personal Care Agency Utilization Management Contractor

Only ADMIN Users can activate an account

Roles displayed will vary dependent on requestor's user access and affiliations

Figure 10: Create User

2.1.5. Create Agency

Only ADMIN and SA users can create new agencies in the system. Approved agencies must request access by verifying they are approved by the Operating Agency and submitting the PC CareConnection© Provider Registration Form available in [Appendix E](#) of this manual.

2.1.6. View Agencies

PCA users may view and edit their agency's demographic information (address, contact persons, etc.) by selecting **View Agencies** then clicking **Edit** to the right of the agency name. They may also view which counties and services are affiliated with a specific agency location by clicking **Edit** to the left of the location name. Any changes to counties must be submitted through the Operating Agency.

2.1.7. Configure Holidays and Leave

SA and ADMIN users can **Configure Holidays and Leave** in order to accurately track availability for appointments and to identify when AC users are unavailable for appointment scheduling (due to their own personal leave or vacation). AC users can enter leave time on their own schedules.

The user should select **Configure Holidays and Leave** from the **AD Waiver Menu**. The user can **Select all calendars** from the **Assessment Coordinator** drop-down so the scheduled event identifies all AC users as unavailable. The user may also select an individual AC for which to schedule Holiday/Leave. The user may select a start date and end date (one day or a span of days), can select the event as "All Day," or can select certain hours during which the AC will not be available for appointments. The user should click **Add** to create the appointment. To delete an appointment, the user should click the red **X** for the row they wish to delete.

2.1.8. View ACs

On the **View ACs** screen, the ADMIN user may add, delete or edit an AC's information including the counties in which they are assigned to perform PAS assessments.

2.1.9. Change Password

Users will be issued a temporary password when their account is created and activated. Upon first logging into CareConnection®, the user will be prompted to change their password. Passwords must include at least eight (8) characters, at least one (1) alpha character, at least one (1) numeric character, at least one (1) upper case character, at least one (1) lower case character and at least one (1) special character. Acceptable special characters include: ~`!@\$^*&(). See [Appendix G](#): CareConnection® User Account and Password Guidelines for more information.

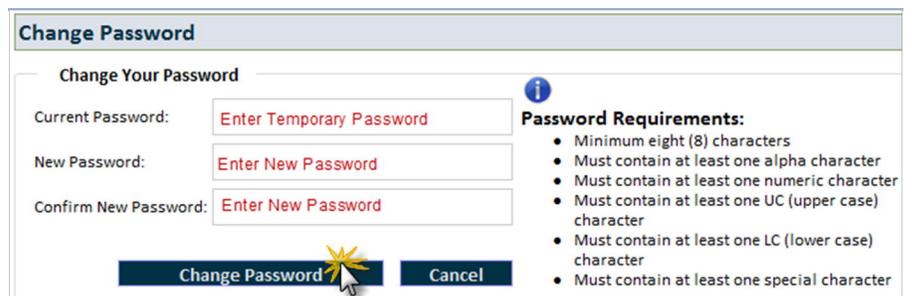


Figure 11: Change Password

2.2. Member Detail Menu Overview

 **Member Detail** After retrieving a member's record, users have the ability to view or view/edit items in the **Member Detail Menu** dependent on their user role privileges. Each item in the **Member Detail Menu** may be expanded and collapsed by clicking the applicable button. After retrieving a member's record, the **Member Detail Screen and Menu** will display.

2.2.1. Member Detail

When the user selects the **Detail** link to the left of the consumer's eligibility status on the **Search Members** screen, he or she is directed to the **Member Detail** screen. This screen serves as a home screen for the member's record.



	ELIGIBILITY STATUS	ID	AGENCY NAME	MEMBER NAME	MEDICAID NUMBER
Detail	New	3000005	Agency One	Member, One	
Detail	New	3000006	Agency One	Member, Two	
Detail	New	3000007	Agency One	Member, Three	

Figure 12: Member Search Results- Detail

The **Member Detail** screen first displays the **Member Snapshot** which provides a quick snapshot of the member's basic demographic information. From this screen, the user also has access to the **Member Detail** and **Member Navigation Menus**. The Snapshot contains the following fields:

- Last, First Name
- Address
- Record ID

- Date of Birth
- Medicaid Number
- Social Security #
- Assigned Agency
- PC
- Anchor Date
- Last PAS Date
- Dual Services Y/N
- Dual Program
- MFP Y/N
- Medical Eligibility
- Hearing Y/N
- Service Level Hearing Y/N
- Member Eligibility Status
- Member Notes link

Eligibility Status: **Member - Active**
[Member Note\(s\)](#)

Figure 13: Member Eligibility Status and Member Notes

2.2.2. Eligibility Status History

Eligibility Status History All applicants and members in the PC CareConnection© system are assigned an eligibility status. This assists users with knowing where a member stands related to their eligibility for PC services. Prior system statuses, which included New, Active and Non-Active are now replaced with new, more descriptive eligibility statuses. Statuses are system-generated and dependent on the status of the request, scheduling, appointment or PAS assessment. Please see [Appendix B](#) for a full list and description of new system eligibility statuses.

2.2.3. Personal Care History

Personal Care History The **Personal Care History** button shows a history of member Medical Necessity Evaluation Request (MNER) and Pre-Admission Screening (PAS) submissions as well as a history of each Authorization Group ID tied to an eligible PAS and approved Service Level.

2.2.4. Anchor Date

Anchor Date All users tied to the member can view the member’s anchor date through this button. The current anchor date is also viewable in the **Member Snapshot**. Clicking the **Anchor Date** button will reveal a history of anchor dates if the anchor date has been entered.

Personal Care policy indicates that the PC Anchor Date should match the applicable Waiver Anchor Date; therefore members who are also approved for Aged and Disabled, Intellectual/Developmental Disability or Traumatic Brain Injury Waiver will have a PC Anchor Date consistent with the Waiver’s Anchor Date.

SA and ADMIN users can verify Anchor Date by clicking **Check Anchor Date** and **View Anchor Date in Other Programs**.

2.2.5. Service Continuation

Service Continuation BMS has instructed that only KEPRO users be able to submit a request for a Service Continuation. This feature should only be used in extreme circumstances when an authorization needs to be extended because a member had a legitimate need to hold their appointment after the upcoming Anchor Date. Typical reasons might include: The KEPRO RN had to reschedule due to unforeseen circumstances such as inclement weather, the member had to be hospitalized or has been diagnosed with a communicable disease. If a

PCA has a legitimate need to request an authorization extension (i.e. Service Continuation), they should contact KEPRO to request.

2.2.6. MFP

MFP The **MFP** button will only be available if the **MFP check box** **MFP?** is checked on the **PC-MNER** screen. In the event a PC member is also approved for the Take Me Home West Virginia Money Follows the Person program, the MFP button should be checked. A history of when the box is checked or unchecked will display in the **View MFP History Grid**.

2.3. Member Navigation Menu Overview

After retrieving a member record, the **Member Navigation Menu** will display at the bottom of the screen. This menu allows the user to view or take additional actions such as viewing/attaching documents and letters, editing member demographic information, transferring a member, viewing a history of authorizations or viewing a history of PC requests.

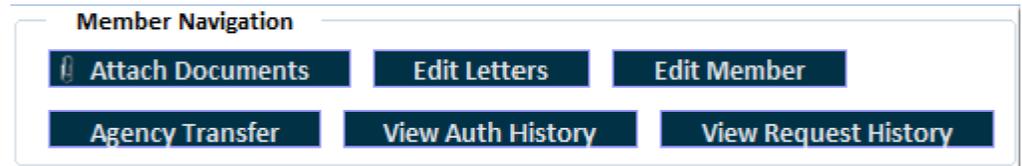


Figure 14: Member Navigation Menu

2.3.1. Attach Documents

Attach Documents **Attach Documents** is a feature in CareConnection© that allows users to upload and/or view pertinent clinical information about the members with which they are affiliated. This feature should be used if and when Administrative staff request additional information pertinent to a member’s case.

Attach Documentation Details

Once in the **Attach Documentation Details** screen, the user should select **Browse**. This will enact the user’s computer’s upload feature which will allow the user to find the file they wish to upload on their computer.

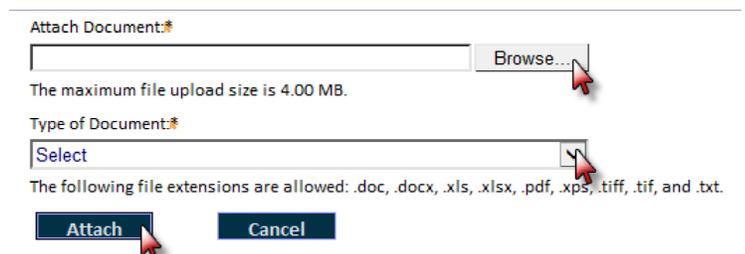


Figure 15: Attach Documents

The user should find the appropriate file on their computer by navigating the **Choose File to Upload** system. The file path selected will automatically display in the **Attach Document** screen.

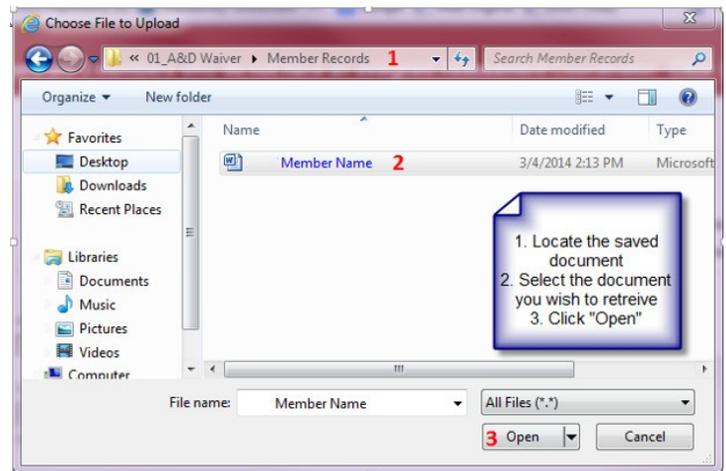


Figure 16: Choose File to Upload

The user should then select the type of document they are attaching from the drop-down. Once the file path and type of document are displayed, the user should select **Attach** to attach the document to the member's record.

The user will receive a confirmation message that the file was uploaded successfully. The user and any others affiliated with the member's record will now be able to access the document attached via the **Attached Documents Grid**. The **Grid** will display the date the document was attached (**Create Date**), the first and last name of the user who attached (**Create By**), the **Document Name** (file name when uploaded) and the **Type of Document** attached. The user can retrieve and view the document already attached by selecting the hyperlink under **Document Name**.



Helpful Hints

- The system will accommodate the following file extensions: .doc, .docx, .xls, .xlsx, .pdf, .xps, .tiff, .tif and .txt.
- Maximum file upload size per document is 4.00 MB.
- Proper labeling of the documents when saving will prove useful. The system will display the file name of the document in addition to the type of document in the **History Grid**. Labeling will assist in retrieving the correct document if needed in the future.
- Any documents attached will be available to the new PCA in the event of a member transfer. The documents are associated with the member, not the agency who attached them.
- Only ADMIN users can delete attached documents. In the event that a document has been mistakenly attached, please contact KEPRO for assistance.

2.3.2. Edit Letters

Edit Letters The **Edit Letters** screen allows the user to retrieve and/or create (dependent on user role) Personal Care letters applicable to the member. ADMIN and SA users are able to create letters; all other users may search for and retrieve/view letters. Letters will display in PDF format.

2.3.2.1. Search Letter History

The user may enter search criteria such as a date range in which the letter was created, the user who created

the letter, the letter type, letter name, or to whom the letter was sent. To view all letters created in CareConnection© and associated with the member’s record, users should leave all search criteria blank, and click **Search**.

2.3.2.2. Create Letter

After retrieving the member’s record, the ADMIN or SA user may create a letter. The user should select the letter type from the drop-down, select the letter name, then select the intended recipient of the letter. The user should click Create Letter, which will direct them to the external application where the letter can be created and saved.

2.3.3. Member Detail

 **Member Detail** The **Member Detail** button takes the user back to the **Member Detail Screen** and **Menu**.

2.3.4. Create Appointment

 **Create Appointment** The Create Appointment button takes the user to the **Create Appointment Screen**. Here, users will find a history of attempted and successful contacts and appointments. No contacts or appointments will be available in the system history until the Version 2.0 system go-live date. ADMIN, SA and AC users will access this screen to document their attempts to contact applicants and members to schedule their PAS assessments.

2.3.5. Agency Transfer

 **Agency Transfer** See **PC Agency Transfer** in **Section 4** of this manual. By clicking the **Agency Transfer** button, the user will see the **Agency Selection History Grid**. This **Grid** reveals a history of agencies who served the member (a full history of CareConnection© agency assignment and transfers is only available to ADMIN, SA, AC, BMS and OA users). PCA users have access to view only their own agency affiliation in the **Agency Selection History Grid**. If a member wishes to transfer to a different PC Agency, the user will start by selecting **Transfer** from the **Action** column.

Agency Selection History													
Created Date	Created By	Program Type	Agency Transfer To	Reason For Selection	OA Approved Date	OA Rejected Date	Status	Effective Date/Transfer Date	Agency End Date	Date Agency Accepted	Date Agency Rejected	Action	Comments
10/30/2014		Personal Care	Agency Test One	Initial	N/A	N/A	Accepted	10/30/2014	N/A	10/30/2014	N/A	Transfer	Comment

Figure 17: Agency Selection History

This brings about the **Agency Transfer** screen. Here, the system will default to “Personal Care” Agency Selection. The user should select the new **Personal Care Agency** from the drop-down menu, enter the **Reason for Selection**, the **Effective Transfer Date**, and enter any additional **Comments**. When Reason for Selection is “Other,” a comment is required. The user should click **Submit** to proceed with the transfer or **Cancel** otherwise.

Agency Transfer

* Agency Selection: **1**
 Personal Care

* Personal Care Agency
 Select **2**

* Reason for Selection:
 Select **3**

Effective Transfer Date:
 * **4**

Comment(Optional):
5

Submit **6** **Cancel**

1. Will default to Personal Care
2. Select new PCA from drop-down
3. Choose the reason the member is transferring
4. Enter the Effective Transfer Date (date by which the originating agency will lose and the new agency will gain access to the member's record)
5. Comment is required when Reason for Selection is "Other"
6. Submit or Cancel

Figure 18: Agency Transfer



Helpful Hints

- A transfer initiated by a PCA will require the OA user’s approval prior to generating a referral (notification) to the new agency. The system will send a notification to the OA requesting they **Approve** or **Reject** the transfer. When the transfer is initiated by the OA user, the system will generate a notification to the new PCA to act upon (**Accept** or **Reject**) the referral.
- **Effective Transfer Date** (once approved by the OA) will be the date by which the original agency will no longer have access to the member’s record and the new agency will gain access to the member’s record in CareConnection®.
- The new agency must **Accept** or **Reject** the referral (via notification) within five business days.

2.3.6. View Auth History

View Auth History The **View Auth History** button houses a summary of the member’s authorizations for Personal Care services. Once a user selects the **View Auth History** button they may click Expand/Collapse to view **Details** about the authorization.

Expand/Collapse	Auth Group ID	Program Type	Auth Group Type	Service Year Start Date	Service Year End Date	Service Level	View	Source
	19	Personal Care	Personal Care Services	11/20/2014	11/19/2015	2	View Hx	APS
Details								
				SERVICE CODE	AUTH NUMBER	START DATE	END DATE	UNITS
				T1019	4325875008	11/20/2014	11/19/2015	10080

Figure 19: View Auth History

2.3.7. View PAS History

View PAS History The **View PAS History** button, available in the **Member Navigation Menu**, will display a history of PAS assessments through the **View Request History Grid**. This screen displays the history of requests and their approval statuses. It is from this screen a PCA user will initiate a request for a member's Service Level Change.

View Request History [Refresh](#)

REQUEST ID	REQUEST TYPE	PAS TYPE	CREATE DATE	SUBMIT BY	SUBMIT DATE	STATUS	SERVICE LEVEL	AUTH GROUP ID	ACTION	SOURCE
20703	Personal Care Only	Original	02/21/2017	KEPRO	02/21/2017	Authorized	Level 2	14008	Service Level Change View Summary Edit Request Status	Web
11732	Personal Care Only	Original	04/01/2016	KEPRO	04/01/2016	Authorized	Level 1	8026	View Summary Edit Request Status	Web
78	Personal Care Only	Original	03/13/2015	KEPRO	03/13/2015	Authorized	Level 1	313	View Summary Edit Request Status	Web

Figure 20: View Request History

2.3.7.1. Request ID – Each PAS is assigned a number or **Request ID**. Clicking on the number in the **Request ID** column will bring about the PAS already created.

2.3.7.2. Action – The **Action** column houses available actions users may take. Actions available depend on request status and user role.

- **Service Level Change** – Brings about the Service Level Change Request (SLC) screen where the user will enter necessary information to submit a SLC request to KEPRO.
- **View Summary** – Brings about the PAS Summary Screen for a PAS already submitted and calculated. It displays the summary of criteria used to determine medical eligibility and service level for Personal Care services.
- **Edit Request Status** – Displays the Request Status History – applicable to the request process originally implemented in PC CareConnection©. Upon release of Version 2.0 of PC CareConnection©, all previously-available Edit Request Status options for the PC Agencies are no longer valid.

2.3.7.3. Refresh – Once a PAS has been successfully submitted, users may click the Refresh hyperlink to refresh the **View Request History Grid** displaying the newly submitted PAS in the most up-to-date status.



Helpful Hints

Section 3 of this manual contains more detail about the specific actions necessary to submit a PAS/Request.

3. PERSONAL CARE MEDICAL ELIGIBILITY REQUEST FUNCTIONS

This section of the web user manual focuses on the medical eligibility process and functions. This manual attempts to avoid duplication; therefore, readers should also refer to **Section 2: System Layout**.

3.1. Create Member <Initial>

For initial applicants, KEPRO will receive a Personal Care Medical Necessity Evaluation Request (PC-MNER) via a source outside the system (fax, email, mail, etc.). Upon receipt, KEPRO will enter information from the PC-MNER into the system. To begin, the user will select **Create Member** from the **Personal Care Menu**. The user will input all required fields as indicated by an asterisk* and click **Save**. If the user does not wish to save information, click **Cancel**. Upon saving the record, the member's eligibility status will be Applicant-MNER.

The screenshot shows the 'Medicaid Personal Care Program Medical Necessity Evaluation Request' form. It includes fields for 'Date MNER Received', 'Physicians Signature Date', and a dropdown menu for 'Please select one:' with 'Initial' selected. The 'Applicant/Member' section contains fields for 'First Name', 'Middle Name', 'Last Name', 'Date of Birth', 'Gender', 'SSN', 'Medicaid Number', and 'Medicare Number'. There are also checkboxes for 'MFP?', 'LEVEL OF CARE HEARING?', and 'SERVICE LEVEL HEARING?'. Three callout boxes provide instructions: one for the 'Please select one:' dropdown, one for the 'Dual Services' radio buttons, and one for the 'Date MNER Received' and 'Physicians Signature Date' fields.

Figure 21: Create MNER Form

3.1.1. Applicant/Member Information

KEPRO will key the **Date MNER Received** and **Physician's Signature Date** and mark the PC-MNER as either **Initial** or **Emergency/Facility Discharge**. KEPRO will then key the applicant's basic demographic information.

3.1.2. Personal Care Only or Dual Services

The PC-MNER must indicate if the applicant is also approved for Dual Services (I/DD Waiver, A&D Waiver or TBI Waiver). The medical eligibility process varies based on program.

- ✓ If **Personal Care Only** is checked, KEPRO will schedule and complete the PC PAS to determine medical eligibility for PC services. This box should only be checked if the applicant has no affiliation with any WV Wavier program (Aged and Disabled, Traumatic Brain Injury or Intellectual/Developmental Disability Waiver).
- ✓ **Dual Services**
 - ✓ If **IDDW** is checked, KEPRO will verify dual criteria is met. If so, KEPRO will schedule the PAS assessment to determine medical eligibility for PC services.
 - ✓ If **ADW** is checked, KEPRO will verify dual criteria is met. If so, KEPRO will not complete a PC PAS,

- but will instead key the ADW PAS to determine medical eligibility for PC services.
- ✓ If **TBIW** is checked, KEPRO will verify dual criteria is met. If so, KEPRO will not complete a PC PAS, but will instead key the TBIW PAS to determine medical eligibility for PC services.

3.1.3. Additional Checks

- ✓ MFP? – User should check this box if the MNER submitted is for a person enrolled with West Virginia’s **Money Follows the Person** “Take Me Home-WV” grant.
- ✓ Level of Care Hearing? – If a member or applicant is denied medical eligibility and they decided to pursue Fair Hearing, the OA or KEPRO users can check this box as a marker the member is in hearing.
- ✓ Service Level Hearing? - If a member or applicant is denied a request for service level change and they decided to pursue Fair Hearing, the OA or KEPRO users can check this box as a marker the member is in hearing.



Helpful Hints

- The Physician’s (or Referent’s) Signature Date and the Applicant’s Signature Date must be within 60 days of the date KEPRO receives the PC-MNER.
- Date MNER Received must be within last 60 days.
- KEPRO will confirm the applicant is eligible for WV Medicaid prior to processing a request.
- System will default to **Initial** MNER type when **Create Member** is selected.
- The Initial PC-MNER should only be marked as **Emergency/Facility Discharge** if/when the discharge is dependent on PC services being available the date of discharge. Otherwise, the PC-MNER should be marked as **Initial**.
- A request for reevaluation of medical eligibility should never be marked as **Initial** or **Emergency/Facility Discharge**.
- If services cannot be arranged for/provided upon discharge (ex. No staff are available), then the PC-MNER should not be marked as **Emergency/Facility Discharge** because that would indicate the discharge is not dependent on services being provided.
- The system will run a duplicate check on First Name, Last Name, Date of Birth, Medicaid Number and Social Security Number to prevent duplicate records for the same member.
- Once data is entered, Click **Save** to proceed; click **Cancel** otherwise.
- Once all information has been input successfully, the system will notify the user with a green banner at the top of the screen .
- CareConnection© will not allow a submission that does not include all required information.

3.1.4. Applicant/Member Address

- Physical Address 1 – the applicant/member physical address.
- Physical Address 2 – 2nd line of applicant/member physical address, if applicable.
- City – applicant/member city of residence.
- State – applicant/member state of residence (defaults to WV).
- Zip Code – applicant/member zip code.
- County – applicant/member County of residence.
- Phone – applicant/member phone number.

3.1.5. Mailing Address

✓ Same as Physical Address – check this box if the applicant’s/member’s mailing address is the same as the physical address. When checked, the system will default the remaining Mailing Address fields to match those that were entered for the physical address.

- Mailing Address 1 – applicant/member mailing address.
- Mailing Address 2 – 2nd line of applicant/member mailing address, if applicable.
- City – applicant/member mailing address city.
- State – applicant/member mailing address state.
- Zip Code – applicant/member mailing address zip code.
- Phone – applicant/member phone number.

3.1.6. Representative or Contact Information

A contact person name is required on the PC-MNER if the applicant or member has Alzheimer’s, Dementia or a related diagnosis.

- ✓ Check if Applicant/Member is his/her own Legal Representative.
- Applicant/Member Signature Date – the date the applicant/member or representative signed the PC-MNER. This field is required if the Applicant/Member is his/her own Legal Representative.
- Representative/Contact Type – if the applicant/member has a contact person or representative indicated on the MNER, select the appropriate type from the drop-down (Guardian, Committee, Power of Attorney, Medical Power of Attorney, Durable Power of Attorney, or Contact Person Other).
 - Enter the Representative or Contact Person’s information including name, mailing address and phone number.
 - To enter more than one Representative or Contact Person, select **Add Representative/Contact**.
- Click **Save** to proceed; **Cancel** otherwise.
- Applicant’s/member’s information will be saved in the MNER History grid.

3.1.7. Referring Physician’s (Referent’s) Information

A treating physician (M.D or D.O.), Advanced Practice Registered Nurse (APRN) Practitioner or Physician Assistant (PA) may complete and sign a PC-MNER and is furthermore referred to as the “referent.”

- Referent First Name.
- Referent Middle Name.
- Referent Last Name.
- Referent Mailing Address 1.
- Referent Mailing Address 2.
- Referent City.
- Referent State.
- Referent Zip Code.
- Referent Phone.
- Referent Fax.

3.1.8. Patient’s Diagnosis

- Enter the applicant’s/member’s diagnosis, as indicated on the PC-MNER form.
- Select **Yes/No** to indicate if the applicant/member has Alzheimer’s, multi-infarct, senile dementia or a related condition.

- Select **Yes/No** to indicate if the applicant/member is considered terminal.

Click **Save** to proceed and the system will run a validation check to make sure all required fields have been entered. Click **Cancel** otherwise.

3.1.9. Duplicate Check

If the member is already in the PC CareConnection© system, based on a match of three out of five demographic variables (First Name, Last Name, Date of Birth, Social Security Number or Medicaid Number), the system will notify the user that the member potentially already exists in the PC CareConnection© system. The system will display a **Potential Duplicates Grid**. The user should confirm an applicant's/member's demographic data and proceed by editing the data via the **Edit** hyperlink or checking the box confirming the member being entered is not the same as the person displayed in the duplicate grid.

RECORD ID	FIRST NAME	LAST NAME	DOB	SSN	MEDICAID NUMBER	STATUS	EXISTING
						Member - Active	Edit

The individual shown above is not the one I am attempting to enter. By checking this box, I confirm that I want to create a new applicant.

[Close](#)

Figure 22: Potential Duplicates

3.1.10. Submit for PAS Review

Once all information has been keyed and verified as accurate, KEPRO will proceed with the request by clicking on the Submit for PAS Review button. This action will prompt KEPRO to attach the signed/original PC-MNER Form through the confirmation banner.



Figure 23: Submit PC-MNER Confirmation Message and Prompt to Attach MNER

Once submitted, KEPRO staff will be prompted to contact the applicant and attempt to schedule the PC assessment for medical eligibility. KEPRO will make the required number of attempts to reach the applicant/member and/or their contact person(s). If successful, KEPRO will complete the assessment. If KEPRO cannot reach the applicant/member after multiple attempts, the request/case/record will be closed and the applicant can reapply at any time.

During the initial assessment, KEPRO will collect an applicant's choice of PCA. If medically eligible, KEPRO will enter the chosen PCA into the system, and a referral will be sent to that agency to accept or reject the referral. KEPRO will enter an initial Anchor Date which will also serve as the start date of the Personal Care service authorization. The first Anchor Date will equal the first of the month in which PC eligibility was approved. For example, if the PC PAS determined the applicant was eligible 8/18/2017, the Anchor Date would be assigned as 8/1/2017 and will remain 8/1 each calendar year thereafter the member continues to require Personal Care services. The only exception is if/when a PC applicant is already enrolled in a Waiver program. In those instances, the Anchor Date will be entered to match the Waiver Anchor Date.

3.2. Annual Reevaluation Request

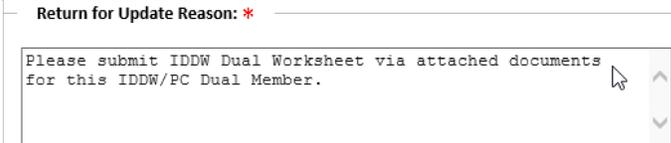
 The **Edit Member/MNER** button, available in the **Member Navigation Menu**, may be used to update member demographic information as it becomes available, or to submit an Annual MNER for reevaluation, when due. See **Create Member** section of this manual for specifications on each data element in the PC-MNER screen.

3.2.1. Edit Member Information

The most recent MNER form data submitted displays upon clicking the **Edit Member/MNER** button from the **Member Navigation Menu**. It is here the user can update any member information as appropriate and click **Save**. PC Agencies should update changes to member address, phone, etc. as necessary to facilitate an accurate database and to make sure KEPRO has the most up-to-date information if/when trying to schedule an assessment.

3.2.2. Create and Submit Annual PC-MNER

- 90 days prior to the expiration of the member’s Service Year (Anchor Date), the system will send notification to the member’s PCA.
- Upon clicking the notification, **<Annual Eligibility Alert>** the user will be prompted to submit a new MNER for reevaluation. Clicking the notification message will take the user to the **Medicaid Personal Care Program MNER Request** screen.
- The system displays pre-filled member information (address, representatives previously entered, etc.) on the form.
- The system will default the **Annual** option from the **Please select one** drop-down. The user must verify all information is accurate and up-to-date and edit/update and fields, as necessary.
- The user then clicks **Submit, Save or Cancel**. **Submit** will send MNER notification to KEPRO that an annual MNER has been submitted. **Save** will save data but not submit. **Cancel** will clear any unsaved changes.
- The user must also attach the Annual PC-MNER form (signed/scanned) via the **Attached Documents** feature.
- Upon the user clicking **Submit**, the system will send notification to KEPRO to verify the form and then contact the member/their legal representative/contact person to schedule a PAS reevaluation assessment.
- The SA user may take several actions based on their review of the MNER.
 - **Submit for PAS Review** – If KEPRO determines all information has been entered and attached completely and correctly, staff will click **Submit for PAS Review** to prompt KEPRO to schedule the assessment.
 - **Return for Update** – If KEPRO determines all information is not entered and attached completely and correctly, KEPRO will click **Return for Update** to return the PC-MNER form to the PCA for corrections. KEPRO will include a reason/note the MNER was returned. The PCA will receive notification **<Annual MNER Returned for Corrections>**. Upon clicking on the notification message, the PCA is directed to the MNER screen where they can scroll down and see the **Return for Update Reason**. The PCA should make any necessary corrections, attach any necessary documents and then **Submit** the MNER again.



Return for Update Reason: *

Please submit IDDW Dual Worksheet via attached documents for this IDDW/PC Dual Member.

Figure 24: PC-MNER Return for Update



Helpful Hints

Upon the release of Version 2.0 of Personal Care CareConnection©, the system will not have been able to send the 90-day notice that a member's PC-MNER was due. For those members wishing to continue Personal Care, the PCA should submit a PC-MNER to KEPRO via CareConnection© for processing and scheduling. For those member who have Anchor Dates at least 90 days past the release of 2.0, the system will send the notification.

3.3. Create Appointment

KEPRO will document contacts and appointments in the CareConnection© system while attempting to schedule a PAS assessment. Users can view a history of appointments by clicking the **Create Appointment** button in the **Member Navigation Menu**. Once an appointment is scheduled for a date in the future, the PCA will receive the notification [<Appointment Scheduled>](#).

3.4. Level of Care and Service Level Calculation <Initial and Annual>

KEPRO will complete and submit the PAS. Upon successful submission of a PAS (whether initial or annual), the applicant's or member's eligibility status will be updated accordingly. The system will calculate Level of Care (medical eligibility). If the member is determined eligible, then the system will then calculate Service Level (1 or 2). The system will send notification to KEPRO to send applicable Notice of Decision letters, if the member is denied Personal Care eligibility. If approved for PC, no letter is sent; however, the PCA will be notified via the notification [<Annual PAS – Member Active>](#).

4. OTHER FEATURES

4.1. PC Agency Transfer

Agency Transfer All users tied to the agency assigned to the member have access to the member’s record. In the event that a member wishes to transfer to a different agency, the assigned PCA should initiate/submit the transfer through CareConnection®.

The PCA should select the **Agency Transfer** button from the **Member Navigation Menu**. Doing so brings the user to the **Agency Transfer** screen. While on this screen, the user should select the **Transfer** hyperlink from the **Action** column of the **Agency Selection History Grid**.

Created Date	Created By	Program Type	Transfer to Agency	Reason For Selection	OA Approved Date	OA Rejected Date	Status	Effective Date/Transfer Date	Agency End Date	Date Agency Accepted	Date Agency Rejected	Action	Comments
5/28/2015 11:32:31 AM		Personal Care		Initial	N/A	N/A	Accepted	05/28/2015	N/A	5/28/2015	N/A	Transfer	Comment

Figure 25: Agency Selection History Grid - Transfer

The user is directed to the **Agency Transfer** Screen.

Agency Transfer

Agency Selection: Personal Care

Personal Care Agency: Agency01

Reason for Selection: Member Moved

Effective Transfer Date: 10/11/2017

Comment (Optional):
Member moved to another part of the state and requests that Agency01 assumes his personal care services.

Submit Cancel

Close

Figure 26: Agency Transfer

4.1.1. Initiate PC Agency Transfer

Clicking the **Transfer** hyperlink from the **Action** column of the **Agency Selection History Grid** will bring about the **Agency Transfer** pop-up screen. It is here the user will select the new PCA, the reason the member is transferring and an effective transfer date.

- **Agency Selection** – System display will default to Personal Care.
- **Personal Care Agency** – User should select the new Personal Care Agency to which the member wishes to be transferred. Only agencies certified to provide Personal Care services will be available for selection.
- **Reason for Selection** – User should select the primary reason the member is transferring to another agency.

Options include:

- **Involuntary Transfer**
- **Lack of Staff**
- **Member Dissatisfaction**
- **Member Moved**
- **Member Voluntarily Requests Transfer**
- **Other** (comment required)
- **Provider Unable to Meet Member Needs.**
- **Effective Transfer Date** – User should select the date on which the current agency will no longer have access to the record in CareConnection®, and the new agency will gain access to the record in CareConnection®. The Operating Agency will work with the transfer from and transfer to agency to establish an effective date of transfer.
- **Comment** – Optional field unless the Reason for Selection is set to **Other**.

4.1.2. Approve/Reject Transfer – OA

If a PCA user initiates a transfer, that transfer requires approval and coordination by the Operating Agency. The OA user will receive notification [<Approve Transfer>](#). Clicking on the message takes the OA user to the **Agency Transfer** screen. Within that screen lies the **Agency Selection History Grid** where the OA user can take action related to the transfer.

- **Approve Request** – Request to transfer is approved. The new PCA will receive referral through notification [<OA Approved Transfer>](#).
- **Reject Request** – Request to transfer is not approved. New PCA will not receive the referral. OA should work with member and initiating agency to arrange for new PCA, if necessary. Initiating PCA will receive notification [<OA Rejected Transfer>](#) if/when the OA user rejects the transfer.

Agency Selection History													
Created Date	Created By	Program Type	Transfer to Agency	Reason For Selection	OA Approved Date	OA Rejected Date	Status	Effective Date/Transfer Date	Agency End Date	Date Agency Accepted	Date Agency Rejected	Action	Comments
12/4/2014 11:30:23 AM		Personal Care	New PCA	Member Dissatisfaction	N/A	N/A	Submitted	12/05/2014	N/A	N/A	N/A	Approve Request Reject Request	Comment
12/4/2014 9:57:12 AM		Personal Care		Initial	N/A	N/A	Accepted	12/04/2014	N/A	12/4/2014	N/A		Comment

Figure 27: Agency Selection History

4.1.3. PCA Accept/Reject Referral

Once approved by the OA user, the PCA user from the Transfer To Agency will receive notification [<OA Approved Transfer>](#). Clicking on the message will take the user to the **Agency Transfer** screen where they should **Accept Referral** or **Reject Referral** from the **Action** column of the **Agency Selection History Grid**.

- **Reject Referral:** If the user rejects the referral to provide PC services, they must include a reason for the rejection in the subsequent pop-up screen. If “Other” is selected as the reason, the user must include text in the comment box. The user should click **Submit** to proceed, **Cancel** otherwise.
- **Accept Referral:** If the user accepts the referral, they will have access to the member’s record in

CareConnection® upon the effective date of transfer. Once the receiving agency accepts the referral, the system will generate the notification [<Member Transferred>](#) for both the initiating PCA and receiving PCA.



Helpful Hints

When a transfer occurs, users should make note of the effective date of transfer. This is the date by which the originating agency will lose access and the receiving agency will gain access to the member's record in CareConnection®. When the effective date of transfer is in the past or on the current date, the originating agency will lose access to the record immediately upon the receiving agency accepting the referral. This means they will not have access to any history of attached documents, authorizations, etc. Providers should not rely on the system to be the sole source for member files or record-keeping.

4.2. Eligibility Status Change <Initial and Annual>

Applicants and members are tracked through the system by their eligibility status. Most eligibility statuses are updated systemically by actions performed throughout the eligibility process (application, scheduling the PAS, PC eligibility approval, etc.). In the event that an applicant or member requires a manual change of eligibility status, certain users may perform this function. From the **Member Detail Menu**, users associated with the member may retrieve and view a history of statuses by viewing the **Eligibility Status History Grid**. Only the most recent status may be modified; only certain statuses may be manually modified; certain statuses may only be changed to other predefined statuses.

4.2.1. Member Discharge

A member may be discharged from the CareConnection® system for various reasons. If a member's PAS Assessment determined him/her not eligible or Waiver services (Member-Terminated), the member should not be discharged until all Medicaid Fair Hearing rights/timelines have been exhausted.

To discharge, the PCA user will open the **Eligibility Status History** button in the **Member Detail Menu**. From the history grid, the user should select **Change Status** in the **Action** column. This will bring about the **Change Eligibility Status** pop-up screen. The member's current status will be displayed. The user will select the **New Eligibility Status** as Member – Discharged, a **Reason** for the discharge, and an **Effective Date of Change** (may only be the current or a future date). The user should select **Submit** to make the status change.

When a PCA user submits a request for member discharge, the OA user receives notification [<Member Discharge Request Submitted>](#). The OA user will act upon this request by either approving or rejecting the member discharge request. Upon the OA user's approval and the effective date, the member's status will update to Member – Discharged.

If a KEPRO user submits a discharge, the OA user will receive notification [<Member Administratively Discharged>](#).

4.2.2. Other Eligibility Statuses

KEPRO users have the ability to manually modify other system statuses. If a PC user suspects a PC member is in an incorrect status, they should contact KEPRO to discuss and/or remedy.

4.3. Deactivate a System User

In the event a system user should no longer have access to records in PC CareConnection®, administrative or PCA users must make sure their accounts are deactivated. To deactivate a user account, the user should search for the user they wish to deactivate via the **Search_User** feature available in the **Personal Care Menu**. Once the user is displayed in the **User Search Results Grid**, the deactivating user should select **Inactive** from the **User Account Status** column. The system will immediately render the user’s account inactive; they will no longer be able to log into the system.

User Search Results							
ACTION	NAME	USERNAME	AGENCY LOCATIONS	EMAIL ADDRESS	ROLE TYPE(S)	PROGRAM TYPE	USER ACCOUNT STATUS
Edit	Lane, Lois	pca1	Best PCA	ll@bestpca.com	Personal Care Agency	Personal Care	Inactive

Figure 28: Deactivate System User

4.4. Member Notes

The **Member Notes** feature is available to communicate a history of correspondence or information that can be viewed by all users with access to the member’s record in PC CareConnection®. This feature is available from each instance of the Member Snapshot.

Member Detail			
Member Snapshot:			
Member Info:	Personal Care Address 1 City, State Zip County	Representative Info:	Representative Name Address 1 City, State Zip
		Eligibility Status:	Member - Active Member Note(s)
Record ID:	3000000	Anchor Date:	3/1/2017
Date Of Birth:	MM/DD/YYYY	Last PAS Date:	1/27/2017
Medicaid Number:	#####	Dual:	Y
SSN:	###-##-####	Dual Program(s):	
Assigned AC:	KEpRO RN		
Assigned Agency:	PC Agency		

Figure 7: Member Notes from Member Detail Screen

Once in the **Member Notes** feature, users should select a **Note Type** from the drop-down and then enter the note in the **Note** column. Users must click **Submit** for the note to display in the **Member Notes History Grid** or click **Cancel** otherwise.

Member Notes			
* Required			
Member Notes			
Date	User	Note Type *	Note *
Date will default to current date	User's Name will default	- Select -	Write note here
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		Once a note is submitted, it will be available to all users with access to the member's record in the Member Notes History Grid	
Member Notes History			
DATE	USER	NOTE TYPE	NOTE
		Other/Misc.	

Figure 30: Member Notes Screen and History

4.5. Authorizations

Authorizations generated through CareConnection© for the Personal Care program will be sent via file to the claims payer with a generic Medicaid Provider Number. In the event of a transfer in the midst of a member's service year, no change will be necessary to authorization; the authorization is tied to the member, not to the servicing provider. Agencies should work with the Operating Agency to clearly define a transfer date, as not to overlap billing on the member's authorization for services.

Authorizations for services provided at Level 1 will contain 2,880 units per service year. Authorizations for services approved at Level 2 will contain 10,080 units per service year. Only PC service T1019 will receive an authorization.

In the event of a service level change approval during the service year, the authorization will be pro-rated for the remaining portion of the service year to reflect the new service level.

Authorizations will be available in the system to the registered PCA. For any instances of sub-contracting, the registered PCA will be responsible to communicate authorization to any sub-contractor.

APPENDIX A: CARECONNECTION© USER ROLES

User Role	Abbreviation	Definition
Administrator	ADMIN	Users are employees of KEPRO, the Utilization Management Contractor for the Personal Care program. ADMIN users can perform all system functions.
Assessment Coordinator	AC	Users are KEPRO employees who complete Pre-Admission Screening (PAS) assessments.
Bureau for Medical Services	BMS	Users are employees or agents of the WV Department of Health and Human Resources Bureau for Medical Services and have read-only access to information in the system.
Operating Agency	OA	Users are an employee of the contracted Operating Agency, and will manage/approve Personal Care transfers through CareConnection©.
Personal Care Agency	PCA	Users are employees or agents of a certified Personal Care Agency making a request for PC authorization or reviewing an authorization determination.
Scheduling Administrator	SA	Users are KEPRO employees who process notifications, letters and perform varying other administrative functions.

APPENDIX B: MEMBER ELIGIBILITY STATUS DESCRIPTIONS

Status	Description
New	A Personal Care record has been created but no authorization decision has been rendered. Status will be retired with CareConnection© Version 2.0.
Active	The member has an active PC authorization. Status will be retired with CareConnection© Version 2.0.
Non-Active	The member no longer has an active PC authorization. Status will be retired with CareConnection© Version 2.0.
Applicant-MNER	KEPRO has received an initial PC-MNER and has keyed it into the system.
Applicant-Closed	The applicant will no longer be pursuing application with the PC program, and their application is Closed. Applicants may be moved to “Closed” status at any time throughout the application process based on circumstances that would warrant a closure (such as failure to respond to attempts to schedule a PAS assessment).
Applicant-PAS	KEPRO has submitted the Initial MNER for PAS review and is in process of attempting to schedule the assessment, or an assessment has been scheduled to occur in the future.
Applicant-Denied	An applicant has applied for PC, has been assessed and does not meet the criteria to qualify for the program.
Member-Active	Individual is an active member in the PC program.
Member-MNER	At 90 days prior to the member’s Anchor Date, the eligibility status will update to Member-MNER and the PCA will receive notification of the need to submit a reevaluation MNER.
Member-PAS	Annual MNER was submitted, approved and KEPRO is in process of attempting to schedule the assessment, or an assessment has been scheduled to occur in the future.
Member-Term	The member’s reevaluation PAS determined they are no longer eligible for PC services.
Member-Discharged	A previous member has been discharged from the PC program.

APPENDIX C: USER NOTIFICATIONS

Notification	Message	User Notified	Trigger	System Action That Removes Notification
Anchor Date Updated	The Anchor Date for [Member Name] has been updated from [old Anchor Date] to [new Anchor Date]	PCA	Anchor Date has been updated	*Another Anchor Date update is submitted *Member is discharged
Annual Eligibility Alert	Eligibility will expire for [Member Name] in 90 days. Please submit MNER for reevaluation.	PCA	Date is 90 days from the anchor date expiration	*MNER is submitted *Member is discharged
Annual MNER Returned for Corrections	An Annual MNER for [Member Name] was Returned to [Agency] for Corrections.	PCA	ADMIN has returned an MNER for corrections (Return for Update)	*PCA user makes corrections and resubmits MNER via MNER screen
Annual MNER Submitted	An Annual MNER was submitted for approval for [Member Name].	SA ADMIN	PCA has submitted an Annual MNER	*ADMIN user approves and processes MNER (Submit for PAS Review) or Returns MNER for Corrections (Return for Update)
Annual PAS – Member Active	Annual PAS approved for [Member Name] and is Member Active.	PCA	ADMIN has approved an Annual MNER (Submit for PAS Review)	N/A
Applicant - Denied Letter	[Member Name] has a medical eligibility decision of Denied. Send Applicant Denied letter.	SA ADMIN	Applicant's status has changed to Applicant-Denied	*Applicant Denied Letter is created and saved
Applicant - MNER - 30 Days	Applicant [Member Name] has been in Applicant - MNER for more than 30 days. Please review and update record accordingly.	ADMIN	Applicant has been in Applicant-MNER status for 30 days	*Applicant's Eligibility Status is updated from Applicant-MNER to Applicant-Closed.
Appointment Outcome Alert	An Appointment Outcome will need to be completed for [Member Name]	AC SA ADMIN	Appointment has been scheduled and no outcome has been entered	*Appointment Outcome is submitted *Applicant/Member is closed/discharged *Notification is reassigned to new AC; notification will dismiss for old AC and will appear for new AC
Appointment Outcome Unsuccessful	An appointment outcome has been marked as Unsuccessful for [Member Name]. Be sure to reschedule or follow up as applicable.	AC SA	Appointment outcome has been marked as Unsuccessful	N/A
Appointment Reassigned	An Appointment for [Member Name] has been reassigned to you.	New AC SA ADMIN	Appointment or Caseload has been reassigned from one AC to another AC	*Appointment Outcome is completed
Appointment Scheduled	Appointment has been scheduled for [Applicant/Member Name] on [Date/time of appt].	PCA	An appointment has been scheduled	N/A

Notification	Message	User Notified	Trigger	System Action That Removes Notification
Appointment Scheduled - Create Letter	Appointment has been scheduled for [Applicant/Member Name] on [Date/time of appt]. Create and send appointment letter.	SA ADMIN	An appointment has been scheduled	*Appointment Notification Letter is created *Member is discharged *Applicant is closed
Approve Transfer	[Member Name] has requested transfer from [Originating PCA] to [New PCA] and requires approval.	OA	PCA has submitted a request to transfer a member	*OA approves or rejects request
Authorization Modified	An Authorization has been modified for [Member Name]. Please review Authorization History for member.	PCA	Authorization has been modified	N/A
FACILITY DISCHARGE - Schedule the Initial PAS to occur WITHIN 2 DAYS	[Member Name] requires a PAS with AC [Assessment Coordinator Name] in [Member Physical Address City], [Member Physical Address County]; Due Date is [DueDate].	AC SA ADMIN	An Initial MNER has been submitted with Facility Discharge type	*Successful contact documented *Applicant status moved to Applicant-Closed
Member - Termination	[Member Name]'s medical eligibility for Personal Care is denied.	PCA	Member has been denied PC eligibility	N/A
Member - Termination Letter	[Member Name] has a medical eligibility decision of Termination. Send Termination letter.	SA ADMIN	Member has been denied PC eligibility	*Termination Letter is created
Member Administratively Discharged	[Member Name First Last] has been Discharged from the program.	OA	ADMIN, SA or AC (any KEPRO user) has submitted a discharge for a member	N/A
Member Assigned	[Member Name] has been reassigned to you.	New AC	A member has been assigned to an AC through the banner or Reassign AC screen	N/A
Member Discharge Request Rejected	Discharge request for [Member Name] has been rejected.	PCA ADMIN	An OA user has rejected a discharge request	*Member status is changed to Member-Discharged
Member Discharge Request Submitted	Discharge request needs approval for [Member Name].	OA	PCA has submitted a discharge request for a member	*Discharge request is approved/rejected
Member Discharged	[Member Name] has been Discharged from the program.	PCA	Upon the effective date of discharge, member's status has changed to Member - Discharged	N/A

Notification	Message	User Notified	Trigger	System Action That Removes Notification
Member Transferred	[Member Name] has been transferred from [Originating PCA] to [New PCA] effective [Transfer Effective Date]. Please contact the Operating Agency if there are any questions or concerns.	Former PCA New PCA	Member transferred, OA approved and New PCA has accepted the referral	N/A
New Member Assigned	[Member Name] has requested PC services through [New PCA]. Please review and act upon referral.	New PCA	ADMIN, SA or AC has entered a SDM/Agency for a new Member	*PCA accepts or rejects referral
New Service Year Generated	A Service Year has been created for [Member Name] for the new Service Year. Please review PC History for the member.	PCA	A new service year has been generated	N/A
OA Approved Transfer	[Member Name] has requested transfer to [New PCA]. This has been approved by OA and requires acceptance.	New PCA	OA has approved a request to transfer	N/A
OA Rejected Transfer	[Member Name] has requested transfer to [New PCA]. This has been rejected by OA. Please contact the Operating Agency if there are any questions or concerns.	PCA	OA has rejected a request to transfer	N/A
PCA Referral Non-Response	[Member Name]'s referral to [New PCA] was sent on [Date Transfer Sent] but no response has been received. Please contact Agency or re-assign Agency as appropriate.	OA PCA	New PCA has not responded to a referral within 5 business days from the OA's approval/initiation of Transfer	N/A
PCA Referral Rejected	[New PCA] has rejected [Member Name]'s referral	OA	PCA has rejected the referral for a new Member	*A new PCA is selected, new PCA receives referral *The Member is Discharged
PCA Rejected Transfer	[New PCA] has rejected [Member Name]'s Transfer.	OA PCA	New PCA has rejected a referral/member transfer	N/A
Referral Closure - Applicant Letter	Unable to schedule the Initial PAS Assessment with [Member Name]. Send Referral Closure Letter.	SA ADMIN	Status has changed to Applicant-Closed with a Closure Reason of 'Failure to Respond' or 'Unable to Contact'	*Referral Closure Letter is created *Initial PAS Appointment is scheduled
Referral Closure - Member Letter	Unable to schedule the Annual PAS Assessment with [Member Name]. Send Referral Closure Letter.	SA ADMIN	Status has changed to Member - Discharge with a Discharge Reason of 'Failure to Respond'	*Referral Closure Letter is created *An Annual PAS Appointment is scheduled

Notification	Message	User Notified	Trigger	System Action That Removes Notification
			or 'Unable to Contact'	
Resubmitted Service Level Change Request	[Member Name]'s Service Level Change Request for [PAS ID] was pended for additional documentation. The additional documentation has been added and the Service Level Change Request has been resubmitted.	AC ADMIN	SLC Request has been resubmitted after additional documentation was submitted	*SLC request is processed, pended or closed *Member's status is changed to Member - Discharged *SLC Requester (PCA) withdraws the request
Schedule the Annual PAS	[Member Name] requires a PAS with AC [Assessment Coordinator Name] in [Member Physical Address City], [Member Physical Address County]; Due Date is [AnchorDate].	AC SA ADMIN	Annual MNER has been submitted and approved (Submitted for PAS Review); member's status changed to Member-PAS	*Successful contact is documented *Member's status is changed to Member - Discharge or Member-Term
Schedule the Initial PAS	[Member Name] requires a PAS with AC [Assessment Coordinator Name] in [Member Physical Address City], [Member Physical Address County]; Due Date is [DueDate].	AC SA ADMIN	Initial MNER has been submitted and processed; member's status changed to Applicant-PAS	*Successful contact is documented *Applicant Status is changed to Applicant - Closed
Scheduling Follow up Contact Reminder	[Applicant/Member Name] requires a follow-up on [follow-up date mm/dd/yyyy] to schedule a PAS with [Assessment Coordinator Name First Last] in [Member Physical Address City], [Member Physical Address County].	SA ADMIN User who entered request for reminder	User has entered a follow-up reminder date in the contact section of the create appointment screen	N/A
Service Level Change Request	[Member Name] has a pending Service Level Change Request for [PAS ID].	ADMIN	SLC Request has been submitted and is pending review	*SLC request is processed, pended or closed *Member's status is changed to Member - Discharged *SLC Requester (PCA) withdraws the request
Service Level Change Request - Denial Letter	The Service Level Change Request that was submitted for [Member Name] and PAS ID [PAS ID] has been denied. The new Service Level is tied to PAS ID [Copy for Update/Correction PAS]. Send Service Level Change Request Notice of Decision Denial Letter.	SA ADMIN	SLC Request has been denied	*SLC Request Notice of Decision Denial Letter is crated *Member's status is changed to Member - Discharged

Notification	Message	User Notified	Trigger	System Action That Removes Notification
Service Level Change Request Approved - Agency	The Service Level Change Request that was submitted for [Member Name] and PAS ID [PAS ID] has been approved. The new Service Level is tied to PAS ID [Copy for Update/Correction PAS]. The new Service Level is [Service Level].	PCA	SLC Request has been approved	N/A
Service Level Change Request Close - Agency	The Service Level Change Request that was submitted for [Member Name] and PAS ID [PAS ID] has been closed. [Service Level Close Note]	PCA	SLC Request has been closed (typically due to failure to respond to request for additional information)	N/A
Service Level Change Request Denied - Agency	The Service Level Change Request that was submitted for [Member Name] and PAS ID [PAS ID] has been denied.	PCA	SLC Request has been denied	N/A
Service Level Change Request Pend - Agency	The Service Level Change Request that was submitted for [Member Name] and PAS ID [PAS ID] has been pended for additional documentation. If you wish to resubmit, please access the PAS Assessment and resubmit with all of the necessary documentation. Please attach the following: [Service Level Pend Note].	PCA ADMIN	SLC Request has been submitted and is pending review	N/A
Service Year Modified	A Service Year has been modified for [Member Name]. Please review PC History for the member.	PCA	Service Year has been modified for the Member	N/A
Unable to complete Annual PAS	PAS Appointment could not be held and [Member Name] has been discharged.	PCA	Member status has changed from Member PAS to Member Discharge when reason for discharge is Unable to Contact -or- failure to respond	N/A
User Activation	User [Username] access request submitted	SA ADMIN	PCA user has submitted a new user request	*User request is approved
User Activation	[Username] has been activated	Requestor	A new user has been requested and approved/activated	N/A

APPENDIX D: ATTACH DOCUMENTS DESCRIPTIONS

The Attach Documents feature in CareConnection© is used to view and attach program documents that may be necessary, especially when forms require signatures. The system does not inform administrative or other users if/when a form or document is attached. Therefore, it is necessary to take an applicable system action or notify the intended recipient that a document is present and attached in the system. Except for BMS users who have read-only access, all users can view and attach all documents.

Type of Document	Description
Agency Selection Forms	The AC or SA user should attach initial selection forms; the PCA users should attach if members transfer to a new agency.
Discharge Documents	Documents related to a PC member's discharge would be attached under this document type.
Hearings Documents	Attaching the Hearing Request Form to the Personal Care CareConnection© does not constitute notice to the Board of Review if the member wishes to pursue Fair Hearing. The form must be submitted directly to the Board of Review. Examples of this document type include: Hearing Request Form, Hearing Packet, Hearing Scheduling Order, Hearing Notice of Decision, IG-BR-29 and IG-BR-45, Order of Abandonment, and Order of Dismissal. Typically the OA or PCA user would attach such forms.
Informed Consent for PAS	This form includes documentation of the member's informed consent and release of medical information granting permission to be evaluated for the Personal Care Program. It should be attached by the AC user upon completing PAS Assessment within the system.
Legal Documents	Any legal document can be attached under this document type. Examples may include: Guardianship or adoption documents or Consent for Release of Information related to attorney or advocate representation in hearings or any other legal documents.
Member Assessment	A face-to-face assessment used to provide a basis for development of the Service Plan and Plan of Care. The Member Assessment should be attached by the PCA user.
Member Request to Transfer	This form is completed to request a transfer to another Personal Care Agency. It should be attached by the PCA user upon initiating a transfer request in the system.
MNER	All Initial and Reevaluation PC MNERs should be attached via this document type.
Nursing Plan of Care	Should be attached by the PCA user upon completion of the Nursing Plan of Care.
Other	Any document that is pertinent to the member's record but does not fall into an existing category should be attached under "Other."
PAS and PAS Additional Documents	The physician-signed PAS form (or physician certification form) and any supporting documentation should be attached under this document type.
PAS Medications	The PCA or UMC user may choose to input medications at time of PAS or attach a list of medications the member is prescribed. The listing should include: Medication Name, Dosage, Frequency Taken, Reason Prescribed and Diagnosis.
PAS Release of Information	This document is completed at the time of PAS Assessment and is signed by the member or their legal representative authorizing release of medical information by the Physician. The document is required to be attached when creating a PAS.
Request for Service Level Change	This form is submitted by the PCA user to request an increase in the member's Service Level from Level 1 to Level 2 due to a substantial change in the member's medical condition. This form must include the original signatures or will be considered invalid.

APPENDIX E: PERSONAL CARE CARECONNECTION© PROVIDER REGISTRATION FORM

The CareConnection© Provider Registration Form will be used to input each provider's information into the WV **Personal Care** CareConnection©. This form should be submitted in its entirety to KEPRO at the email address below. Each agency must submit a separate form. It is recommended that the CEO/Responsible Officer and Personal Care Contact designations be two separate persons.

Please Type or Print Clearly | *Required Field

CEO/Responsible Officer/Agency Director

First Name*	Middle Initial	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address*	Phone Number*	Fax Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address 1*			
<input type="text"/>			
Address 2			
<input type="text"/>			
City*	State*		Zip Code*
<input type="text"/>	<input type="text"/>		<input type="text"/>

Personal Care Contact Person

First Name*	MI	Last Name*	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address*	Phone Number*	Fax Number*	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address 1*			
<input type="text"/>			
Address 2			
<input type="text"/>			
City*	State*		Zip Code*
<input type="text"/>	<input type="text"/>		<input type="text"/>

Agency Company Information

Agency Name (include location/city)* (Example: CCIL-Beckley)
<input type="text"/>
Agency Number (National Provider Identifier Number)
<input type="text"/>
Agency Address*
<input type="text"/>

Agency Address 2

Agency City*

State*

Zip Code*

Phone*

Fax*

National Provider Identifier (NPI)*

Web Address

State Agency ID

LEAVE BLANK

Counties Served (Mark with an "x")

- | | | | | | |
|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Barbour | <input type="checkbox"/> Berkeley | <input type="checkbox"/> Boone | <input type="checkbox"/> Braxton | <input type="checkbox"/> Brooke | <input type="checkbox"/> Cabell |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Clay | <input type="checkbox"/> Doddridge | <input type="checkbox"/> Fayette | <input type="checkbox"/> Gilmer | <input type="checkbox"/> Grant |
| <input type="checkbox"/> Greenbrier | <input type="checkbox"/> Hampshire | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardy | <input type="checkbox"/> Harrison | <input type="checkbox"/> Jackson |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Kanawha | <input type="checkbox"/> Lewis | <input type="checkbox"/> Lincoln | <input type="checkbox"/> Logan | <input type="checkbox"/> Marion |
| <input type="checkbox"/> Marshall | <input type="checkbox"/> Mason | <input type="checkbox"/> McDowell | <input type="checkbox"/> Mercer | <input type="checkbox"/> Mineral | <input type="checkbox"/> Mingo |
| <input type="checkbox"/> Monongalia | <input type="checkbox"/> Monroe | <input type="checkbox"/> Morgan | <input type="checkbox"/> Nicholas | <input type="checkbox"/> Ohio | <input type="checkbox"/> Pendleton |
| <input type="checkbox"/> Pleasants | <input type="checkbox"/> Pocahontas | <input type="checkbox"/> Preston | <input type="checkbox"/> Putnam | <input type="checkbox"/> Raleigh | <input type="checkbox"/> Randolph |
| <input type="checkbox"/> Ritchie | <input type="checkbox"/> Roane | <input type="checkbox"/> Summers | <input type="checkbox"/> Taylor | <input type="checkbox"/> Tucker | <input type="checkbox"/> Tyler |
| <input type="checkbox"/> Upshur | <input type="checkbox"/> Wayne | <input type="checkbox"/> Webster | <input type="checkbox"/> Wetzel | <input type="checkbox"/> Wirt | <input type="checkbox"/> Wood |
| <input type="checkbox"/> Wyoming | | | | | |

I certify that the information provided on this form is accurate and reflects the services the agency is certified to provide and the counties the agency is certified to operate within.

CEO/Responsible Officer/Agency Director Signature	X
Date	
Personal Care Contact Person Signature	X
Date	
Bureau or Senior Services Approval	X
Date	

The Bureau of Senior Services must certify and approve the PC Provider prior to the Provider Registration Form being sent to KEPRO.

SUBMIT PROVIDER REGISTRATION AND WEB USER REQUEST FORMS TO: wvpersonalcare@kepro.com



APPENDIX F: PERSONAL CARE CARECONNECTION© WEB USER REQUEST FORM

APPENDIX G: CARECONNECTION® USER ACCOUNT AND PASSWORD GUIDELINES

KEPRO's CareConnection® for WV Medicaid Long-Term Care Programs requires all users create passwords containing a specified combination of characters and to maintain their user accounts through regular use of the system. All users of the CareConnection for all Waiver and Personal Care programs are managed by the following guidelines.

REQUIREMENTS FOR PASSWORD CREATION: All CareConnection® user account passwords must comply with these rules:



- Must be at least eight (8) characters,
- Must contain at least one alpha character,
- Must contain at least one numeric character,
- Must contain at least one upper case character,
- Must contain at least one lower case character,
- Must contain at least one special character ~`!@\$^*&()
- May NOT use any of the last ten (10) passwords used for the system.

IDLE RULES

- If you remain idle (no submit or save) for ten (10) minutes the screen will be locked and you must enter your password again to continue working in the system.
- If you remain idle for forty (40) minutes, you will be logged off of the system and must enter your user name and password again to log-in. Any unsaved/incomplete work will be lost at the forty (40) minute point.

PASSWORD RESET, EXPIRATION AND ACCOUNT DISABLED

- If you forget your password, you can click the **Forgot Password** hyperlink from the log-in screen to reset it yourself.
- After three (3) failed log-in attempts, you will be locked out of the system and must contact KEPRO to unlock your user account.
- If you do not log-in to the system for thirty (30) days, your user account will be disabled due to inactivity. Intermittent users should set a calendar reminder to **log-in to the system at least every 28 days** to avoid a disabled account.
- Passwords will automatically expire every sixty (60) days. You should set a calendar reminder to **change your system password regularly**. When you log-in after sixty (60) days, the system will prompt you to change your password.

CREATING STRONG PASSWORDS

- Do not include anything personally related to you in your password such as: License plate number, social security number, current or past telephone numbers, employee ID, current address, previous addresses, birthday, sports team, relative's or pet's names/nicknames/birthdays/initials, etc.
- Do not use any word or words that can be found in a dictionary (example: Welcome or password).
- Do not use a word with a digit added to the beginning or end (example: Mountain1 or 1Steelers).

