# DHMH

# Developmental Disability Administration

# PCIS2

# Rolling Access

# Training Manual



DHMH
Maryland Department of Health and Mental Hygiene

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# Table of Contents

**ROLLING ACCESS SERVICES....................................................................................................... 5**

ROLLING ACCESS REGULATIONS ........................................................................................................ 5
GUIDANCE ON THE USE OF ROLLING ACCESS FUNDS...................................................................................... 6

**ENTERING ROLLING ACCESS INFORMATION INTO PCIS-2 ...................................................... 9**

TO ADD EXPENSE DETAIL FOR ROLLING ACCESS ......................................................................... 9
TO SEARCH AND LOOK EXPENSE DETAILS BY PROVIDER, OR INDIVIDUAL .................................................. 14

**FAQ Based on Module Testing………………………………………………………………………..13**

**DDA Regional Contacts ……………………………………………………………………………..23**

## UPDATES

**Individuals receiving ISS in lieu of day services:** The module is set up so that individuals in day services only can access rolling access funds; however DDA acknowledges that there are a few individuals receiving contract ISS in lieu of day services for various reasons. For Fiscal Year 2009 only, a provider who has someone in this situation must contact the regional office for approval for rolling access and then the regional office should notify Angelique Bing at: rollingaccess@dhmh.state.md.us with all of the information that would otherwise go into the PCIS2 Rolling Access contract module. DDA HQ will keep a separate tally of these individuals and their funds/provider, etc.

**Individuals receiving Day Services who have been assigned a Resource/Service Coordinator** may not receive case management or advocacy through Rolling Access. (**COMAR 10.22.09).**

**The provider is responsible to keep track of these rolling access expenditures** separately, as the PCIS running totals will not be accurate because those "ISS in lieu" individuals will be missing from the provider rolling access contract expenditures.

**Prior to July 1, 2009**, Resource Coordinators should be working with these individuals to explore new day service options and these individuals should be "transferred" from ISS to another day service (i.e. Community Learning Services which is essentially ISS) representative of the individual's service of choice, as there are more options available and as **this ISS exception will be the only year that DDA will keep this separate tracking.**

**Individuals in services who require an inexpensive one-time only (i.e. dental bill) that isn't otherwise covered:**

It has come to our attention that some regions use rolling access to pay for **small, one-time only services** that aren't otherwise covered and that because they are small and truly one-time only don't rise to the level of amending individuals' IP/SFP. Examples might be an emergency dental bill, wheelchair repair not covered by a warranty, etc. Providers are to contact the Regional Office to first verify the amount and obtain regional approval. If approved, providers are to submit all pertinent information to the regional office; DDA HQ will keep a separate tally of these individuals and their funds/provider, etc for end of year reconciliation, since PCIS2 will not reflect the correct fiscal year expenditure for the provider. **In Fiscal Year 2010, DDA will reconsider this option and notify providers if rolling access funding will be used for individuals currently in services.**

**Use of rolling access funds for groups or organizations is not allowed**. When this came to our attention last fiscal year it was discussed at a DDA management meeting and there was agreement that the intent and regulations are for individuals and families to receive rolling access funds. If an individual or family wants to use those funds to pay for group activities, camps, etc that is fine. The cost for those fees/services would come out of the up to $3000 per year an individual can use.

If these are inclusive activities these groups may wish to apply for a small grant from the Maryland Developmental Disabilities Council, or other community groups.

# ROLLING ACCESS SERVICES

The intent of Low Intensity or Rolling Access Funding is to assist an individual, and/or their family with low level, easy access, and short-term supports to avoid a crisis situation. Generally, low-level supports in the form of Family and Individual Support Services (FISS) can be provided for less than $3,000 annually and although individuals are eligible to apply for funding up to $3,000, there is no guarantee that funding will be available.

## *Rolling Access Regulations*

Regulations governing Rolling Access funds ("Low Intensity Services") are contained in COMAR 10.22.12, 10.22.07, and 10.22.06.

"Low intensity support services" means support services in accordance with COMAR 10.22.06. Services qualifying for this category are:

(a) Designed to be one-time only;

(b) Low cost with a cap of $3,000 per individual per year; or

(c) Approved by the regional office only if the cost of the services exceeds $3,000 or are needed beyond 1 calendar year.

Eligible applicants may receive family support services and low intensity support services on a first-come, first-served basis, regardless of service priority determination. (10.22.07). As a Family and Individual Support Service (FISS), a contract between DDA and a Service provider specifying Rolling Access funds is based in FISS rational and scope:

*Rationale*

a. Services are to be flexible and dynamic to meet the needs of individuals or families desiring specific areas of support and for those who have changing needs.

b. Services are to be readily adaptable to the changing needs of the individual.

c. The flexibility inherent in FISS lends itself to creative and innovative ways of supporting individuals and their families.

*Scope*

a. FISS cover a wide array of supports in the life of an individual.

b. FISS are provided by making use of resources available in the community while, at the same time, building on the individual's existing support network.

c. Supports are the assistance provided to the individual to enable participation in the community. Supports are integral to each individual or family's quality of life and often enhance the lives of those involved.

## *Guidance on the Use of Rolling Access Funds*

Individuals with developmental disabilities and their families in need of low intensity support services may access them directly through one of the local agencies providing DDA funded Family and Individual Support Services (FISS). Low level supports, referred to as "rolling access", are those supports that may be provided for less than $3,000 annually; however, these supports are limited by the extent to which resources are available. Because funding availability is limited, not all requests are funded at the maximum amount. Rolling Access funds help individuals with developmental disabilities and their families receive support quickly without going through the full eligibility process for DDA services. For services that cost over $3,000 annually the family and/or individual must go through the full DDA application and eligibility process.

DDA Rolling Access funds are meant to address individuals' with developmental disabilities and families' low level support needs in a flexible and quick way thereby providing supports and services to assist children and adults with developmental disabilities to stay in their homes and communities. The following guidance is offered:

1. Providers <u>must</u> allow open access to Rolling Access funding identified as FISS; Rolling Access funding may not be limited to one age group or developmental disability except as allowed by contract. Exceptions include specified ISS funding which is available to adults and specified FSS funding which is available to families of children.
2. Individuals and families <u>may</u> receive Rolling Access funds from different providers as long as they do not exceed the annual $3000 limit.
3. Providers <u>have</u> flexibility in determining how they distribute Rolling Access funds over the fiscal year (i.e. at the beginning of the year, quarterly, etc).
4. Overhead costs on Rolling Access funds, if charged, <u>must</u> be reasonable and customary and should be taken as a percentage of the Rolling Access contract, not charged on each service to individuals and families.
5. Providers <u>should</u> communicate their policies and procedures to individuals and families regarding any fees for advocacy or case management services, if charged, explaining how advocacy or case management fees are charged as part of Rolling Access funding.
6. Providers <u>should not</u> place unnecessary requirements or restrictions on individuals and families requesting Rolling Access funds. For example, an agency cannot

demand that they attend a specific support group, use their agency to provide respite care, or attend meetings beyond those needed to administer their funding or provide services.

7. Providers should allow for creativity and flexibility in use of Rolling Access funds and not limit Rolling Access funds to certain items or services. Individuals' and families' needs should drive the supports and services they receive.

Rolling Access funds may be used for, but are not limited to the following services:

- ✓ Respite and child care
- ✓ Adaptive equipment and assistive technology
- ✓ Educational aids and toys
- ✓ Accessibility modifications to the individual's or family's home or car
- ✓ Self-Advocacy and Support groups
- ✓ Individual and Parent education or training
- ✓ Special diets, specialized clothing, and personal care items (Physician/Medically Ordered)
- ✓ Home health care and other in-home assistance (Physician/Medical Personnel Ordered)
- ✓ Social and recreational activities (Dues/Camp/Therapeutic)
- ✓ Transportation to medical and other important appointments (i.e. Therapy)
- ✓ Medical and dental expenses not covered by insurance
- ✓ Other medical or disability related services and supports unique to each individual's or family's needs
- ✓ Other supports that enhance the ability of individuals to remain in their community and for families to meet the needs of their children
- ✓ Case Management, including:
  - □ Information and referral
  - □ Assistance in identifying needs
  - □ Advocacy to obtain needed services or benefits
  - □ Assistance locating and acquiring services.

Individuals with developmental disabilities enrolled in DDA funded day services (Supported Employment, Community Learning Services, Employment Discovery & Customization and Day Habilitation) and no other DDA funded service (other than Resource Coordination) can apply for Rolling Access funds to pay for respite (in-home or out-of-home) to provide relief for their caregivers or other services that **are not** provided as part of their day service. Rolling Access funds **are not** to be used to provide additional supports within a day service (i.e. enhanced staffing).

***With the exception of DDA-funded day services (as described above), individuals receiving ongoing DDA services may not access Rolling Access funding. Each individual's IP (Individual Plan) should outline all services provided to an individual based on their needs.**

# NOTES

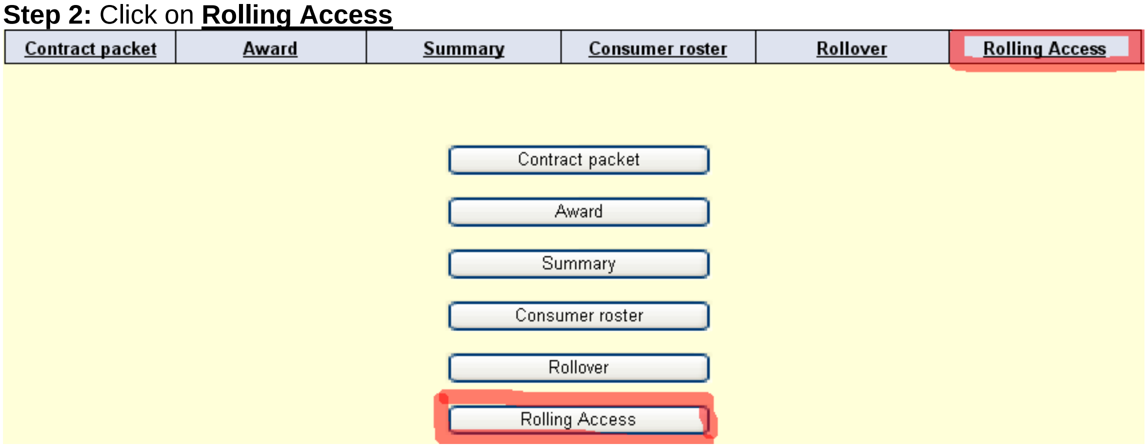
# Entering Rolling Access Information into PCIS-2

## *To Add expense detail for Rolling Access*

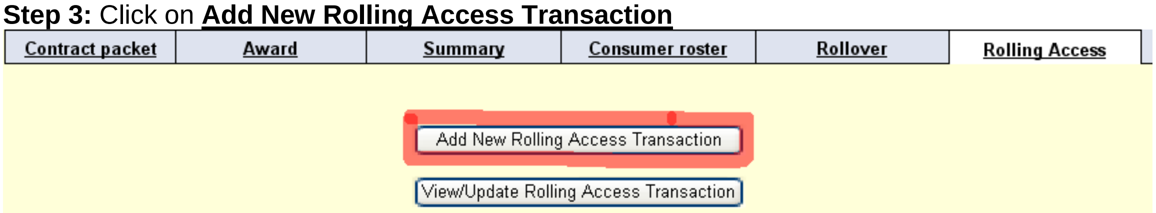
**For providers and DDA Regional staff, to add expense detail in Rolling Access**

**Step 1: Click on Contracts tab.**

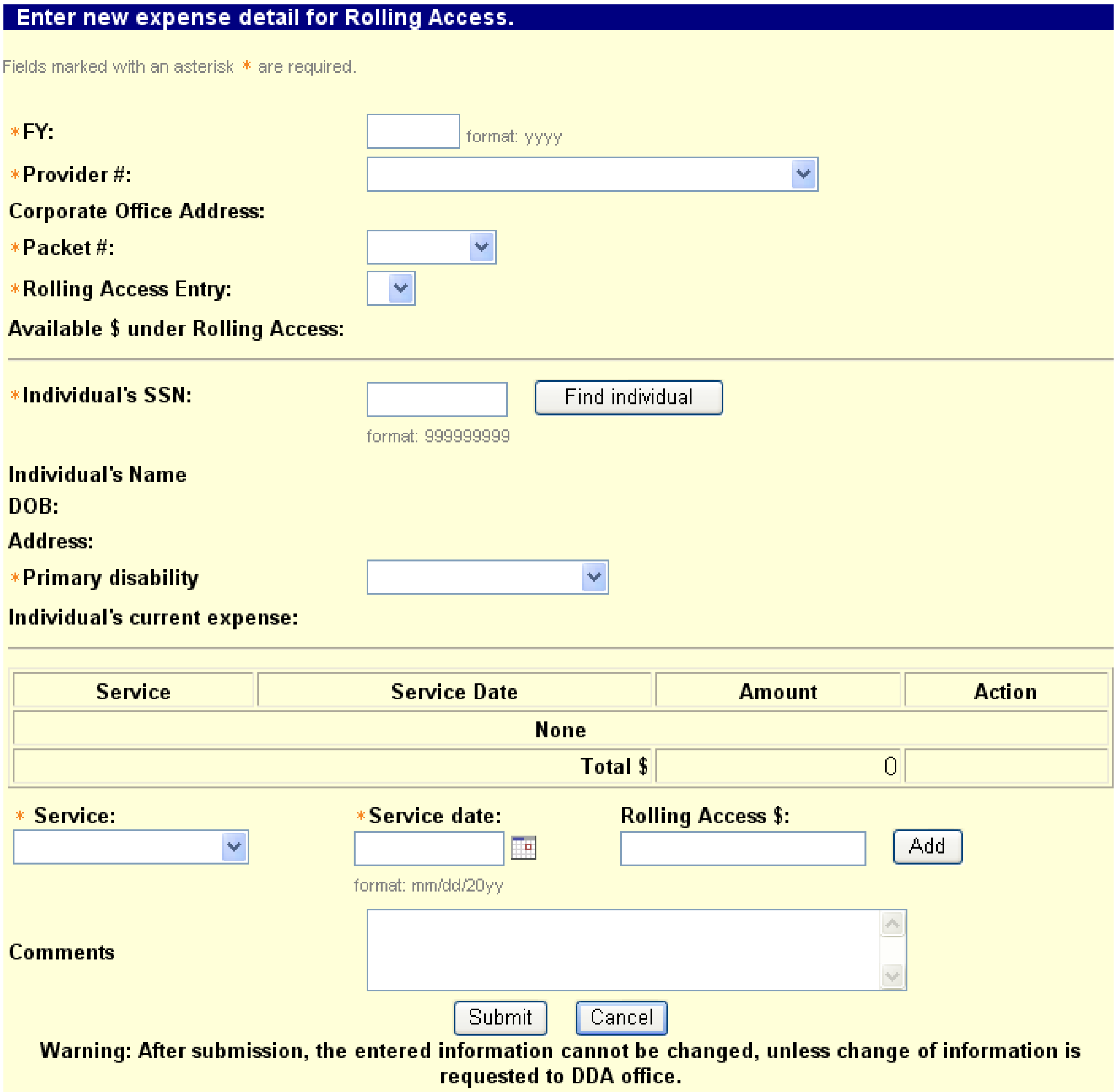

**Step 2:** Click on **Rolling Access**




**Step 3:** Click on **Add New Rolling Access Transaction**



**Step 4:** Enter FY, Select Provider, Select packet #, Select rolling access fund in Contract packet.
Note: If a provider name is missing in the provider drop-down field, it is because there is no rolling access given to that provider.



**Enter new expense detail for Rolling Access.**

Fields marked with an asterisk * are required.

*FY: format: yyyy

*Provider #:

Corporate Office Address:

*Packet #:

*Rolling Access Entry:

Available $ under Rolling Access:

*Individual's SSN: Find individual

format: 999999999

Individual's Name

DOB:

Address:

*Primary disability

Individual's current expense:

| Service | Service Date | Amount | Action |
|---|---|---|---|
| None | | | |
| Total $ | | 0 | |

* Service: *Service date: Rolling Access $: Add

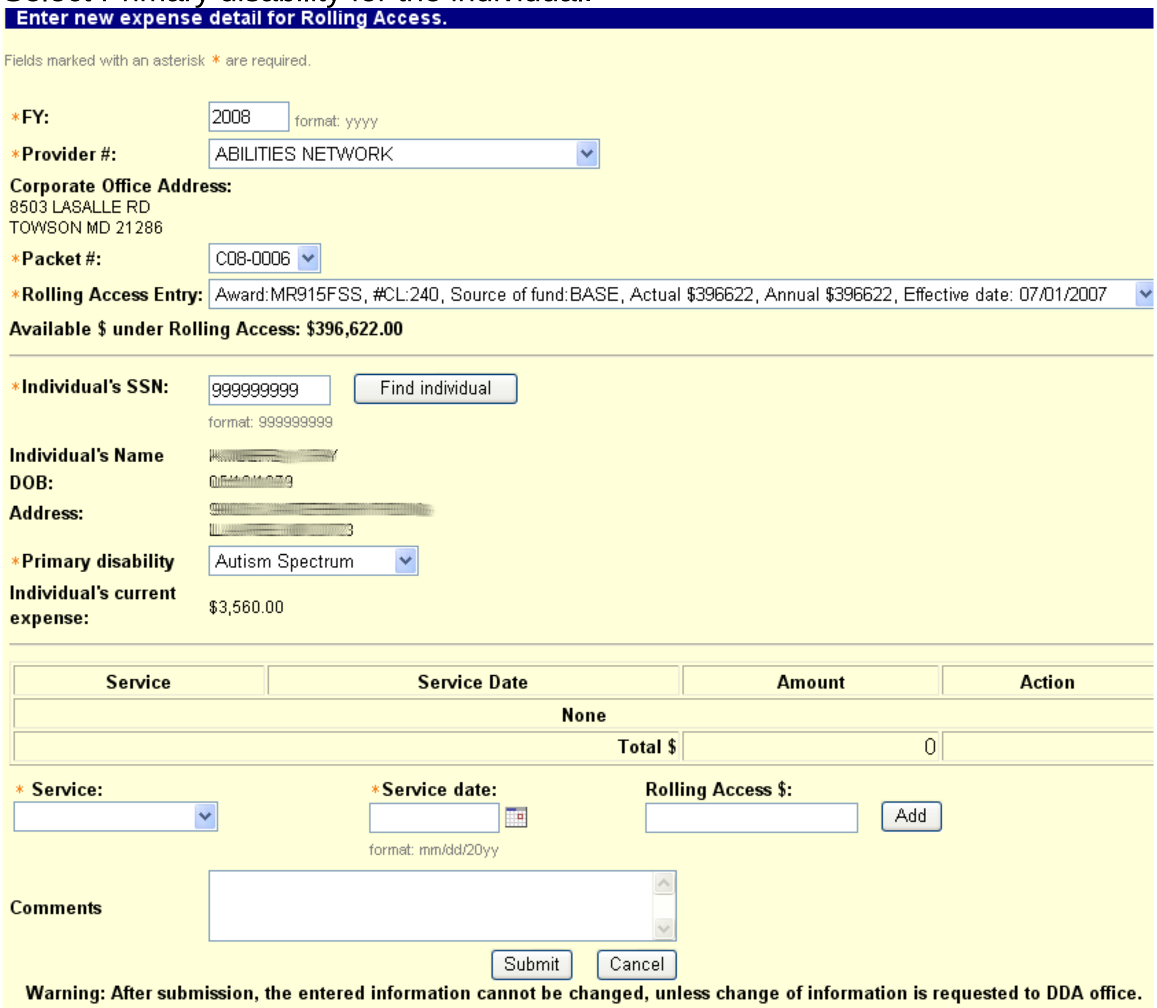
format: mm/dd/20yy

Comments

Submit Cancel

Warning: After submission, the entered information cannot be changed, unless change of information is requested to DDA office.

**Step 5:** Enter Individuals' SSN and click on **Find Individual.**
The screen will show the individual's date of birth and address.
Select Primary disability for the individual.


Enter new expense detail for Rolling Access.

Fields marked with an asterisk * are required.

*FY: 2008 format: yyyy
*Provider #: ABILITIES NETWORK
Corporate Office Address:
8503 LASALLE RD
TOWSON MD 21286
*Packet #: C08-0006
*Rolling Access Entry: Award:MR915FSS, #CL:240, Source of fund:BASE, Actual $396622, Annual $396622, Effective date: 07/01/2007
Available $ under Rolling Access: $396,622.00

*Individual's SSN: 999999999 Find individual
format: 999999999

Individual's Name [illegible]
DOB: [illegible]
Address: [illegible]
[illegible]
*Primary disability Autism Spectrum
Individual's current expense: $3,560.00

| Service | Service Date | Amount | Action |
|---|---|---|---|
| None | | | |
| Total $ | | 0 | |

* Service: *Service date: Rolling Access $: Add
format: mm/dd/20yy

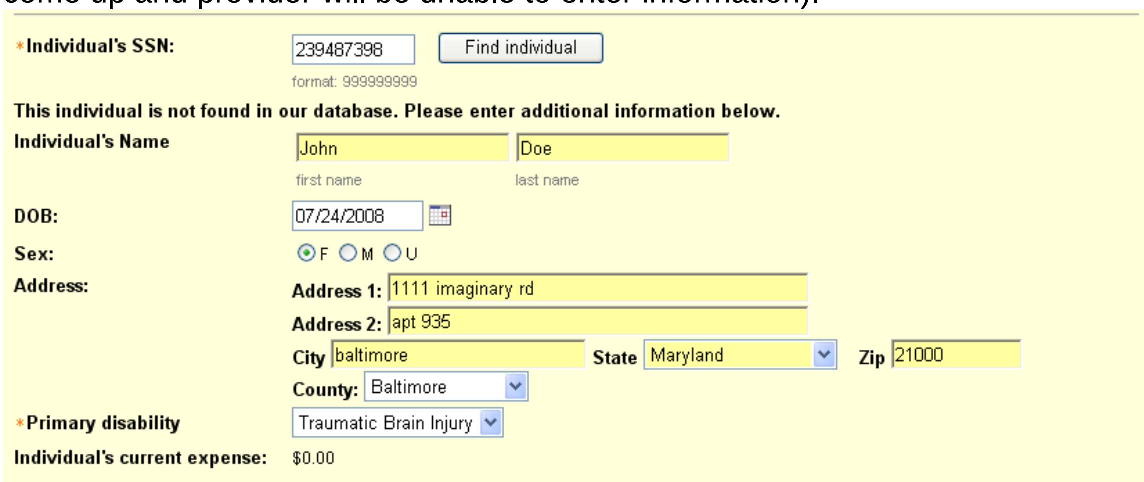
Comments

Submit Cancel

Warning: After submission, the entered information cannot be changed, unless change of information is requested to DDA office.

**Step 5B:** Enter Individuals' SSN and click on **Find Individual.**
If the individual is not found in our database, then you need to enter the individual's information.

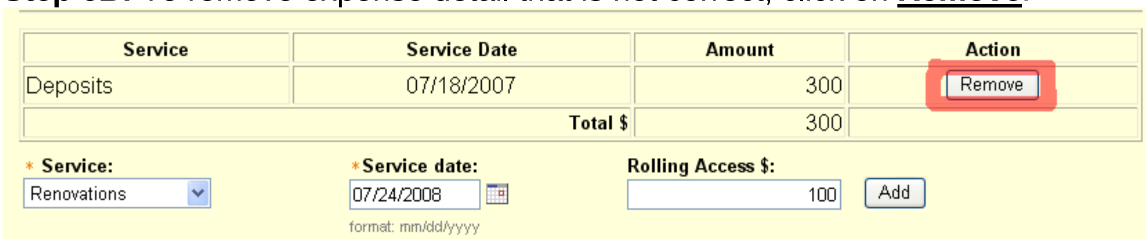
Select Primary disability for the individual.
Note: Individuals currently receiving residential, day, or contract services are not eligible for Rolling Access Funding. (If SSN is entered, this statement should come up and provider will be unable to enter information).




**Step 6:** Select Service type, service date, amount spent, and then click on **Add**. Repeat for multiple services.

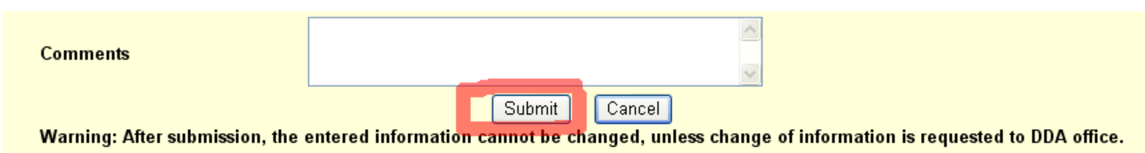
Note: For an individual, the maximum expense limit is $3000 per fiscal year. Requests for amounts above $3000 must adhere to COMAR 10.22.06. (c) Approved by the regional office only if the cost of the services exceeds $3,000 or are needed beyond 1 calendar year.

**Step 6B:** To remove expense detail that is not correct, click on **Remove**.



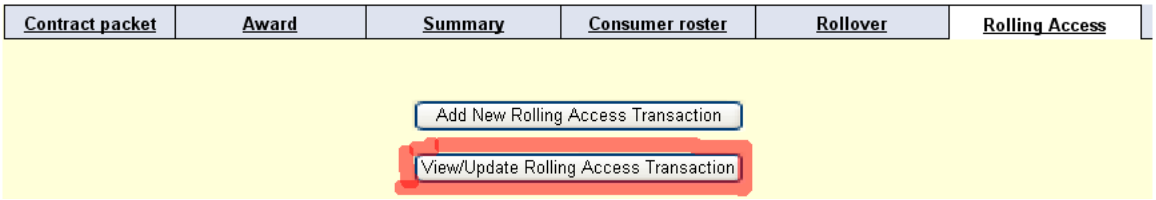

**Step 6C:** When you select Misc. /Other service type, enter detailed information on the text field that appears below.


**Step 7:** Click on **Submit**.
Note: Once you click on Submit, the information cannot be changed by provider. Only DDA Regional office can change it.

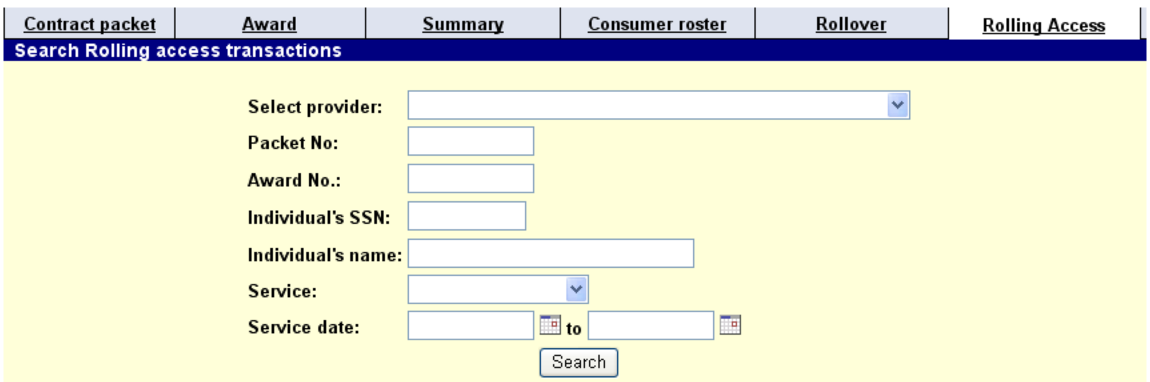


### *To search and look expense details by provider, or individual*

**Step 1:** click on **View/Update Rolling Access transactions**




**Step 2:** Enter search criteria




**Step 3:** Click on pencil image to view the detail of expense.

| Provider | Packet # | Award # | Consumer | Service | Service date | Amount | View |
|---|---|---|---|---|---|---|---|
| ABILITIES NETWORK | C08-0006 | MR525NRS | KIMBERLY GRAY | Assistive Technology | 07/10/2007 | 100 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | KIMBERLY GRAY | Adaptive Equipment | 07/10/2007 | 10 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | KIMBERLY GRAY | Recreational Dues | 07/10/2007 | 50 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | TEST 1 TEST 3 | Adaptive Equipment | 07/16/2007 | 500 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | TEST 1 TEST 3 | Adaptive Equipment | 07/18/2007 | 100 | |
| ABILITIES NETWORK | C09-0002 | MR915FSS | JIM JIMMY | Adaptive Equipment | 07/07/2008 | 1000 | |
| ABILITIES NETWORK | C09-0002 | MR525NRS | MICK JAGGER | Advocacy | 07/02/2008 | 100 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | TES TEST | Adaptive Equipment | 06/26/2008 | 1 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | TES TEST | Adaptive Equipment | 06/26/2008 | 100 | |
| ABILITIES NETWORK | C08-0006 | MR525NRS | TES TEST | Medical | 06/26/2008 | 100 | |

Done

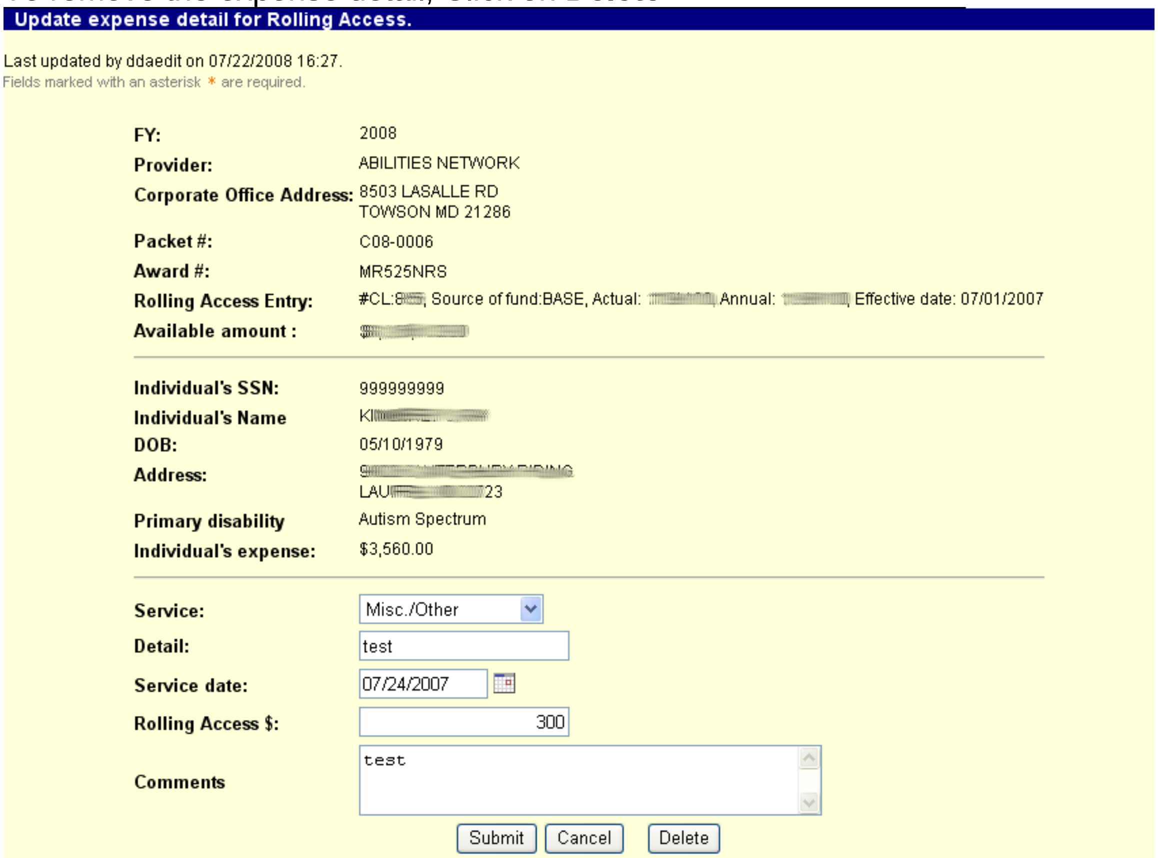
**Number of Rolling Access transactions: 23**

Previous 1 2 3 Next

## Step 4: For use by Regional Office staff only

To update information, change service type, service date or rolling access $, and then click on **Submit**.

To remove the expense detail, Click on **Delete**



**Update expense detail for Rolling Access.**

Last updated by ddaedit on 07/22/2008 16:27.
Fields marked with an asterisk * are required.

| | |
|---|---|
| **FY:** | 2008 |
| **Provider:** | ABILITIES NETWORK |
| **Corporate Office Address:** | 8503 LASALLE RD<br>TOWSON MD 21286 |
| **Packet #:** | C08-0006 |
| **Award #:** | MR525NRS |
| **Rolling Access Entry:** | #CL:8[illegible], Source of fund:BASE, Actual: [illegible] Annual: [illegible] Effective date: 07/01/2007 |
| **Available amount :** | $[illegible] |
| **Individual's SSN:** | 999999999 |
| **Individual's Name** | KI[illegible] |
| **DOB:** | 05/10/1979 |
| **Address:** | S[illegible]<br>LAU[illegible]23 |
| **Primary disability** | Autism Spectrum |
| **Individual's expense:** | $3,560.00 |
| **Service:** | Misc./Other |
| **Detail:** | test |
| **Service date:** | 07/24/2007 |
| **Rolling Access $:** | 300 |
| **Comments** | test |

Submit Cancel Delete

## FAQ Based on Module Testing

1. The address was incorrect for one individual I inputted. The program does not allow me to update an address. Is it okay for a provider to have one address and DDA to have another? How do we update addresses? Once the Rolling Access module is in place, if there is an incorrect address please contact the Rolling Access Coordinator within your Regional Office regarding updates to addresses in PCIS.

2. Is there a way I can check the balance of a contract? The balance of your Rolling Access contract is automatically updated as you enter and submit individual's expenditures so that you always know what funds your agency has remaining. Each agency can only access its own contract information.

3. I liked being able to see on one page all the individuals we assisted in one quarter. I always check that with our accounting department before I send it to you. I guess I will need to come up with an internal system and then enter each individual individually. Service Providers may want to continue using their current accounting entry system for their agency, or if they'd like can use one of the excel spreadsheets previously used for quarterly reports, however the amount of funds used will now be in PCIS so this is no longer necessary for DDA purposes. RA providers will no longer be required to email quarterly reports, as DDA will now be able to generate reports directly from PCIS2 and will notify Providers of any concerns.

4. Is the capability to edit an entry available as I wanted to make a change but had to delete the entry to make a minor change? I wanted to make a change after I had hit the add button but prior to hitting the submit button. An "edit" button has been added that will allow you to remove the entry. Any additional changes must be made by the Regional office, and providers would need to contact their regional liaison for this.

5. How about a running total being available when viewing all transactions? A running total for the individual is currently shown under the summary. You can also hit "print to file, get total sum of amount in Excel file."

6. Overall, I found the process easy and very user friendly. Great! We're glad you found this easy to use.

7. I have been playing and the set up is pretty good. Really like the alert if person is already in service. This function should assist providers in knowing who is eligible for rolling access and who currently is receiving services and should be referred back to their resource coordinator or regional office.

8. The guidelines refer to adults or children with developmental disabilities. The DDA eligibility guidelines does not limit services to people with developmental disabilities but includes people with disabilities after the age of 22. Is this going to be altered in the guidelines? People with disabilities after the age of 22 are ISS eligible and are in need of rolling access funds to an even greater extent then people with developmental disabilities. Rolling Access funds may be used for individuals who do not meet full DD eligibility, however this policy is currently being reviewed. Rolling Access funding was developed to get low intensity services to individuals with developmental disabilities and their families without them having to go through the entire DDA eligibility process.

9. It was noted that providers must make funds open to all people. What about an agency that "rolls over" the same people each year? Is this no longer allowed? Can an agency decide if they will only provider support in certain areas/counties? There are some provider agencies who have DDA contracts to provide Family and Individual Support Services to specified individuals with assigned dollar amounts, as well as an assigned rolling access dollar figure with an attached “generic” individual count (i.e. $450,000/150 individuals @ $3000 per). Agency contracts also specify where in the State of Maryland the provider serves individuals and/or which Counties are excluded. Unless an individual agency contract specifies otherwise, funds are available to anyone who requests them, provided the agency still has rolling access funding at the time of the request. RA funding is “first come/first served” contingent upon available funding.

10. Some agencies may only have an FSS or ISS grant. I assume that if you only have ISS grant that you can not serve children with these fund. If an agency has a FISS grant, adults and children should be served. If the agency has an ISS grant, Rolling Access funds are for adults only and likewise, if an agency has a FSS grant, Rolling Access funds are for families of children only.

11. What about requests for people from other regions for rolling access funds. Do we just serve the region we are based in or can we use the funds for people in other regions? We have always stayed within region since the funds came from that region. Provider agency contracts typically specify where in the State of Maryland they serve individuals and/or which Counties are excluded. If the contract does not state the region or counties served, Rolling Access is available to anyone in that Region only.

12. What is an acceptable administrative cost? What should be a standard case? Management cost? I think the costs will vary based on the experience of the individuals overseeing the rolling access funds. This may be hard to apply a specific cost but may need to have a range. An acceptable administrative cost generally should be taken out of the "total" dollar amount of the agency contract with DDA. Case Management costs vary from agency to agency depending upon what is involved. If the agency is providing lay advocacy, locating additional services as well as providing funding for respite, etc. then it is reasonable to assume the case management fee would be higher. If an agency is just providing information and referrals, then the fee should be low. It is also reasonable to assume that the fee would not be charged each and every time a person receives funding (i.e. respite, medical). Case management must truly be provided, as opposed to strictly the distribution of funds. Individuals who have an assigned Resource Coordinator should be accessing "case management" through their Resource Coordinator (COMAR 10.22.09.02).

13. Define educational aids. We have been advised not to use funds for educational services to include educational advocates, tutoring services, or private school placements. What is the decision on how to use these funds and who at DDA makes the final call on how rolling access funds should be used? Rolling Access funding can be used for "educational aids" which can include, but are not limited to, computer learning programs and adaptive equipment which someone might use at home, as well as lay advocacy. Tutoring for educational purposes related to the disability should be a covered IEP service for children under the Individuals with Disabilities Education Act, but may be appropriate for adults under certain circumstances. DORS is also available to assist certain individuals with disabilities obtain educational and technological equipment and low cost loans. Rolling Access funding should be used to offset or work in conjunction with these funds, if available. "Toys" can be any "assistive devices" i.e. sensory-stimulation/processing toys that assist with development and/or learning skills. Rolling Access funds cannot be used to supplement or pay for private school placements or pay attorney fees. If a RA provider receives a request that they are unsure about, they can contact their regional office liaison or DDA HQ.

14. I did not see a box for financial assistance. Is this no longer going to be an available service for families? This is in many respects a more prevalent request then educational aid? If a family can not get funds for rent, what is the benefit to have funds for a tutor or computer? DDA understands that providers are funding individuals with rolling access to offset rent and utilities. Although rolling access was not intended to be used for these purposes, it appears that individuals with

disabilities on limited incomes are relying more and more upon providers to supplement their utility disconnects, etc. with RA funds. Under services we have added housing related with sub-categories utility subsidy, eviction delay and rent subsidy. Providers are given the opportunity to include additional “financial assistance” funding under “Misc/other” and can complete a description.

15. The disability fields are very limited. If you are going to try to track what population of people is getting the most service, then you need to expand the fields. The OTHER button would have too many hits. You need to add neurological impairment as this will cover, seizures disorder, MS, MDA, and other orthopedic impairment. As much as we tried, it would have been impossible to list every disability, so they were selectively grouped. It is possible to add a few more, and neurological and orthopedic impairment have been added. For DDA “tracking” purposes, the “other” will show us if we need to update the fields.

16. Will service coordination have access to the system? They need to be able to assist families to manage their funds and not support them going over the allowable amount of $3000. Currently resource coordination is contracted to assist families in locating funding and support services, if they are fulfilling their contract, then they would be knowledgeable of whether an individual has, or has not received RA, for what services, and for what amounts. At this time, most individuals with resource coordinators access RA through their resource coordinator.

17. The alert to note a person is in long term supports is GREAT!!! Thanks! Part of the development of the PCIS module was to allow providers the ability to easily identify individuals currently in services and those who are receiving RA funding through other agencies.

18. I had a few people that I put in test system that I know are in DDA but PCIS did not have in system. I assume this is just an input error. During the “test” phase, information may not be current because it is based on a previous years’ PCIS data. Once the system goes “live”, if this problem continues please contact your Regional Office.

19. I had some issues with view/update screen. I could view by service or by not putting in any information other then agency name. It would not allow me to search by typing in name or SS#. Is this because it is a test? Once the program goes “live”, PCIS2 will search by all options given in search page.

20. I could only add one service at a time for person. I tried to add case management at same time as equipment but it would not register. This may add

for additional time to input data. You can only add one service at a time. Case Management must be entered separately, then equipment, then respite, etc.

21. How often do we need to input data? This may add to administrative cost for agency and potentially limit available funds for services. DDA will be able to review and monitor contracted RA funds regularly, therefore we would suggest data be input into the database on a timely basis. DDA presumes that this will replace any existing system you have for tracking who you give funds to (as well as how much and for what service). There should therefore be no additional cost to you.

22. Is there a better way to flip back and forth from screen to screen than to? hit cancel? Once the system goes live you should be able to "flip back and forth" the same as you currently do in PCIS2. Adaptations have been made based on test feedback; if this continues to be a problem, please contact Angelique Bing at DDA headquarters.

23. I noticed the system was great at not allowing input without all fields noted. It was also very good when I tried to add a person with more then $3000 in services. My questions will be does this system just track that person within my program for not exceeding $3000 or will it note funds for that person from all vendors? You will be able to see how much was spent for that individual during the fiscal year when you enter the SSN. As well, if you try to add services that take the individual over $3000, the system will notify you.

24. How will I know not to give more funds to a person if I only have access to what I pay to person? The social security number will trigger the individuals RA funding usage and remaining available funding.

25. This ties in to how timely we need to input data. If we only have to do quarterly, then a person could potentially access more then $3000 in funds as we all may not be inputting information in at the same time. Agencies should be entering information when the funding is actually being spent. DDA will now be able to run the quarterly reports from PCIS.

26. Since a person does not need to have a DDA application to access rolling access funds, how does the system get back to the person if they exceed the allowed amount? The system is set so that you can enter basic information for someone previously unknown to DDA. This will "flag" individuals who are not currently identified by DDA and an application for services can be sent out. . This is one of the reasons why a social security number is required. Once a social security number is entered, providers will be able to identify how much funding an individual can have access to.

27. If the system does monitor and cut off people at $3000, how do we input our case management time or other service funds that may have been provided? Agencies should be entering any additional fees (i.e. separate case management) at the time an individual actually receives services. A separate box has been added to accommodate case management. Case Management service costs must come out of the $3000. Administrative costs should not (see question #12). Individuals who DDA has contracted with agencies to provide services for throughout the year (i.e. FISS), are not eligible to receive additional RA funding.

28. I think that the system has unlimited potential. I would like to get a better feel for the long term impact on service provision. What does DDA want to get from the rolling access program? DDA continues to review rolling access in an attempt to maximize funding for services to meet individual needs.

29. Will rolling access funds need to be broken down within the standard 432 contract form for providers? At this time, DDA is reviewing changes to the standard 432 contract.

30. Will the program have its own contract number to allow greater scrutiny by DDA on how funds are used? What is the potential for growth with rolling access funds? The contract module will allow DDA to better monitor RA funds, where and what they are used for and give greater information for future allocations to agencies. It will also allow DDA to have accurate data on the ever-changing needs of the population we serve (i.e. trends) to develop better ways to serve these individuals.

31. This is a very cost effective program and providers can make a little money go a long way for early intervention service and emergency response. Agreed.

32. When I entered in a new person, everything worked fine. The problem arose when I entered in a second person and I searched for the person but the information in the Service and Service Date and Amount display did not change back to zero. In the action button the Remove button was displayed. Shouldn't this have been reset to nothing for this new consumer? (See Attachment) During the test phase, this was a problem. It has now been corrected.

33. When providers submit their information and they go over the $3,000, should there be some type of edit check put in place indicating that they have exceed the limit and ask if the regional office has been contacted with this addition money. Or if the limit is over $3,000 only the regional office can input in this figure. By doing this, this authorizes/approves this exceeded amount. The only drawback to this is usually the providers have already spent this money

and they are just reporting the actual money spent. It is recommended that providers enter RA information for individuals on a daily basis. The system is designed to display an individuals "balance" once a social security number is entered. If providers enter expenditures on a timely basis, this will avoid individuals exceeding $3,000. Individuals requiring services valued over $3000 must apply to DDA and go through the eligibility determination and prioritization process before a provider can request service funding approval for amounts over $3,000.

34. A small glitch in the system - when I went in to view the roster and selected a consumer and change some of the information. I clicked on Submit and it saved the information, but when I hit Cancel and it took me back to the roster of consumer the information did not update. I had to go completely out of the roster and go back in for the change to take place. The information for the consumer is updated in the database. To see the change, you have to search again to view the roster.

35. I've had a chance to play with the PCIS2 Rolling Access test module. I have found it to be very easy to work with. It is really helpful to be able to track payments for a consumer across agencies. I think your directions walk you through the process exactly as it is on the system. Great!

36. **From a DDA Regional Office:** I think this is a good idea to have providers input their Rolling Access information directly into PCIS. We will still have to send out reminders to providers to have them do this on a quarterly basis, but that's nothing new. Unless instructed otherwise, the regions and HQ can now generate their own reports for monitoring, weekly, quarterly, etc. If providers use this as designed (inputting information on services and expenditures as they occur) there should be no need for reminders about quarterly reports.

37. What happens if we do not have a SSN for people in rolling access? All individuals receiving rolling access funding must have a social security number. PCIS will not allow access to the module without one. If there is some extraordinary circumstance, please contact your regional office for direction.

38. Some individuals we have supported in the past are Hispanic and may or may not have a SSN. All individuals receiving DDA Rolling Access Services must have a Social Security Number. If there is some extraordinary circumstance, please contact your regional office for direction.

38. It would be nice to view all transactions before submitting final Report. The following message appears in the database:

Warning: Please review all information before clicking on Submit.
After submission, the entered information cannot be changed, unless change of information is requested to DDA office.

39. We typically pay out reimbursements before entering transaction, but there is one clause in (the) training packet that states that if a person receives residential, day or contract services are not eligible for services. How are we going to know this information when already disburse the fund? Should we enter SSN in the system prior to disbursement of funds? Yes, you should enter the SSN in the system prior to the disbursement of funds. Once you enter an individual's social security number, if an individual is receiving services, you will be unable to continue entering information. Individuals receiving DDA residential, FISS, CSLA or other contracted services, with the exception of Day Services only, are not eligible for Rolling Access funds. Rolling Access funds **are not** to be used to provide additional supports within a day service (i.e. enhanced staffing).

40. When is this going live? I assume this will take place of current paper system, right? We are hopeful that the program will be ready for service providers to input their 1st quarter FY '09 information beginning October 1. At that time, FY 2009 first quarter information will have to be added, however once that is in the system, providers should use the database on an ongoing basis in order to keep information current. If providers have difficulty they can contact: Angelique Bing at binga@dhmh.state.md.us. From this point forward, regular PCIS trainings will include information on using the Rolling Access module. Providers can sign up on the DDA website under provider trainings. Yes, the paper system for DDA quarterly reports is now obsolete.

41. We have repeat users over many fiscal years, does the system delete at the end of each fiscal year? The system does not "delete" information, it updates the appropriate year.

42. The funds in the grant include both Central and Eastern Shore funds, we currently submit separate reports, should that continue, how would that continue using this system? When you enter Rolling Access under the contract module, it will show you your agency contract(s). Select the appropriate contract (in this case the Central or Eastern Shore contract) and enter your information. Providers will not be submitting quarterly reports (DDA will be monitoring the database and notifying providers of any discrepancies or lack of use). In this

case, you will responsible to enter information under the correct contract number.

43. Will you issue additional user names and passwords for this system? Service Providers who have "fiscal" PCIS2 access will be able to enter information into Rolling Access under the Contract Module. Prior to October 1, 2008, you can contact Angelique Bing at DDA with their name(s) and the position they hold at your agency and DDA will have IT grant them access only to the Rolling Access module. After October 1, 2008, Providers authorizing staff requests should download the logon request form at:

http://www.ddamaryland.org/PCIS2/PCIS2LogonForm0908.doc

44. When I entered in a new person, everything worked fine. The problem arose when I entered in a second person and I searched for the person but the information in the Service and Service Date and Amount display did not change back to zero. In the action button the Remove button was displayed. Shouldn't this have been reset to nothing for this new consumer. This has been updated to show an "edit" button next to an entry. It will remove that entry and show the values in "Add" entry fields.

45. When providers submit their information and they go over the $3,000, should there be some type of edit check put in place indicating that they have exceed the limit and ask if the regional office has been contacted with this addition money. Or if the limit is over $3,000 only the regional office can input in this figure. By doing this, this authorizes/approves this exceeded amount. The only drawback to this is usually the providers have already spent this money and they are just reporting the actual money spent. Providers should be entering the information in the PCIS prior to issuing rolling access funding to individuals. DDA recommends service providers verify the individual has not exceeded $3,000 by using the summary for that individual. DDA and providers will be able to see how much was spent for a particular individual during the fiscal year when a SSN is entered.

46. A small glitch in the system - when I went in to view the roster and selected a consumer (to) change some of the information. I clicked on Submit and it saved the information, but when I hit "Cancel" it took me back to the roster of consumers (and) the information did not update. I had to go completely out of the roster and go back in for the change to take place. This has been corrected in the "live" database. Hitting cancel won't refresh the view.

47. There are four providers who are not on the list who do receive Rolling Access money.

The test database is based on old Contract packet data (fy 2008). If a contract packet does not exist for the above providers, then it won't show up in Rolling access.

48. I have been told by all regions that if someone has only SE or CSLA services that they are eligible for RA. The central region even says ISS of FSS are eligible if they are receiving low level supports. The problem is if you go to enter their info and they are receiving any DDA funding we cannot enter their info. I am not sure if this is something that could be changed. Individuals with disabilities enrolled in DDA funded day programs (Supported Employment, Community Learning Services, Employment Discovery & Customization and Day Habilitation), and no other DDA funded service (other than Resource Coordination) can apply for Rolling Access funds to pay for respite (in-home or out-of-home) to provide relief for their caregivers or other Individual Support Services. These individuals can use Rolling Access funds towards any services that **are not** provided at their day service. CSLA is considered a residential/support service; individuals receiving this service are not eligible for rolling access.

## DDA REGIONAL CONTACTS:

**CMRO:** ***William Tress for any corrections needed in PCIS. For RA SFP requests over $3,000 contact Vanessa Bullock.***

**ESRO:** ***Debbie Adkins or Renee Benjamin for any corrections needed in PCIS.***

**SMRO:** ***Terrie Logue for any corrections needed in PCIS or RA SFP requests over $3,000.***

**WMRO:** ***Brenda Williamson or Sue Claxton for authorizing RA SFP requests over $3,000. Rhonda Corbett or Stacey Walters for corrections to provider entered information.***

**Additional questions and/or comments can be sent to DDA Headquarters c/o**

**Angelique Bing**
**Fax: (410) 333-7441**
**Email: rollingaccess@dhmh.state.md.us**