

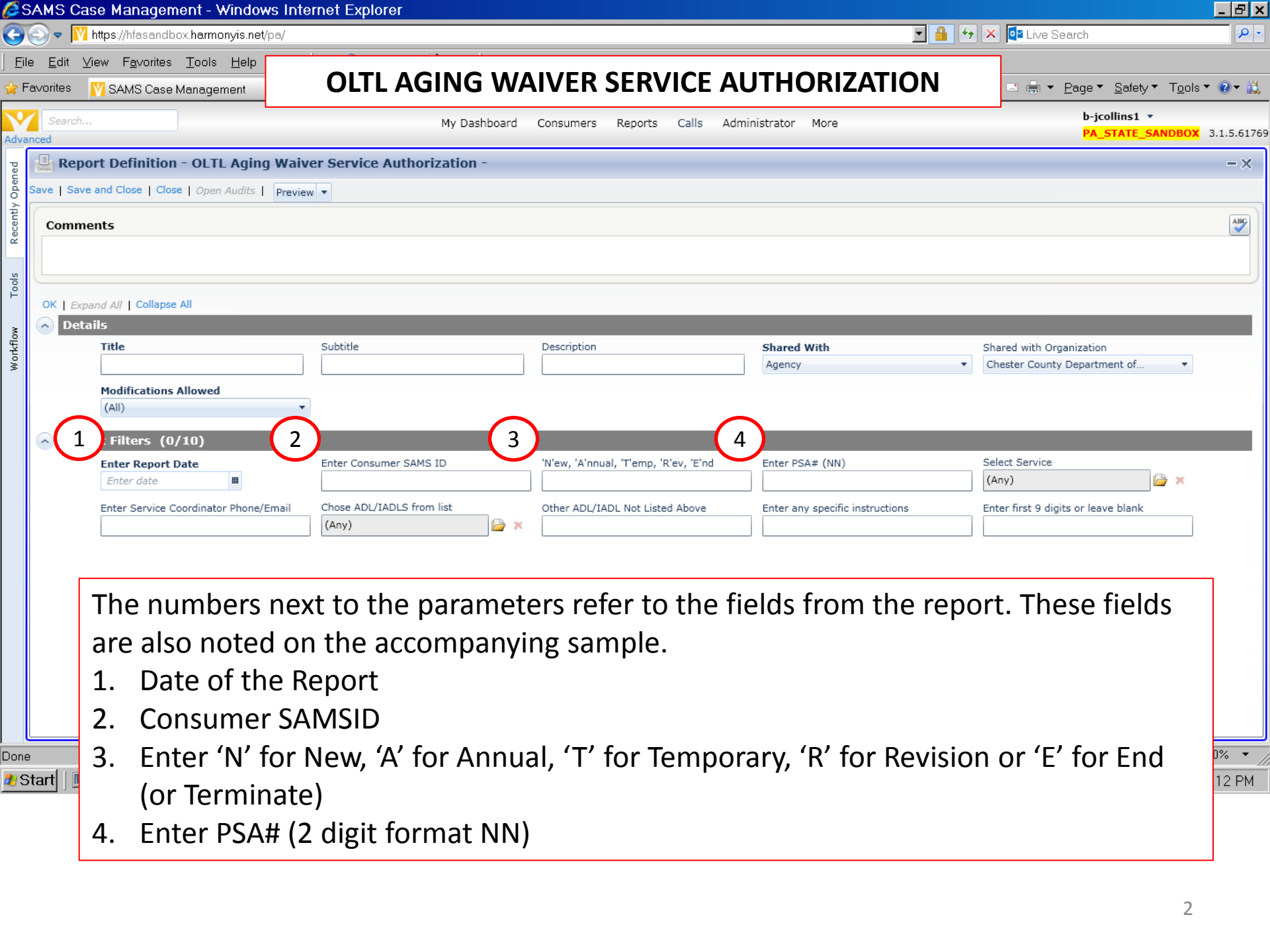
OLTL AGING WAIVER SERVICE AUTHORIZATION

Reports

Sorted By Title (Filtered)

Row	Actions	Type	Title	Description
+		Care Plans	11-Waiver CP Percentage	
+		Care Plans	Active PS Care Enrollment without Current Care Plan, By Agency	IAT-Anthony Crocker, 2/13/13
+		Care Plans	Active Waiver Consumers without Current Care Plan	PDA-Jim Burd, 4/4/12
+		Care Plans	Aging Waiver Consumers no W1011 Service Orders	Waiver Consumers without W1011 Service Orders
+		Care Plans	Care Plan Consumer Cost	SAMS Report calculating monthly service plan against deliveries.
+		Care Plans	Care Plan Cost Statistics, by Agency	IAT-Anthony Crocker, 3/8/12; Give care plan statistics (high/low/avg.) for a care program
+		Care Plans	Care Plan Monitoring Report	A listing of care plans and associated services.
+		Care Plans	Care Plans Expiring by CM (All Programs)	27-John Collins, 11/15/13; Care Plans expiring as of Date Entered By CM and/or Supervisor
+		Care Plans	Care Plans, Providers for Rate Changes	27-John Collins, 12/12/11; Identifies Care Plans spanning Rate Change Date
+		Care Plans	Careplan Worksheet Summary, Individual Consumer	PDA-Jim Burd, 12/4/07; Consumer ID Filter
+		Care Plans	Detailed Suspended Service Plan Report (Advanced)	Report showing a summary of suspended service plans that can easily be exported for mar
+		Care Plans	FCSP Service Delivery by Agency by Timeperiod	FCSP Service Delivery by Agency by Timeperiod
+		Care Plans	Individual Service Plan Report	27-John Collins, 9/19/13; Consumer ID Filter, Returns Individual Consumer Service Plan In
+		Care Plans	OLTL Aging Waiver Service Authorization	SAMS Report for OLTL Service Authorization
+		Care Plans	PS	JUST MANUALLY REMOVE PASSWORD PRIOR TO SA
+		Care Plans	PS	ected Consumer
+		Care Plans	SAMS Suspended Service Plan Report	A report of suspended service plans showing results based upon criteria selected.
+		Care Plans	Service Plan Review Action Time	03-Mike Pearson, 4/18/12
+		Care Plans	Waiver Service Orders with Care Program 'On Hold'	27-John Collins, 11/18/11; Identifies Waiver Service Orders NOT Uploaded to HCSIS

Location of File: Report Type = Care Plans



OLTL AGING WAIVER SERVICE AUTHORIZATION

My Dashboard Consumers Reports Calls Administrator More

b-jcollins1

PA_STATE_SANDBOX 3.1.5.61769

Report Definition - OLTL Aging Waiver Service Authorization -

Save | Save and Close | Close | Open Audits | Preview

Comments

OK | Expand All | Collapse All

Details

Title	Subtitle	Description	Shared With Agency	Shared with Organization Chester County Department of...
Modifications Allowed (All)				
1	2	3	4	
Enter Report Date Enter date	Enter Consumer SAMS ID	'N'ew, 'A'n'nual, 'T'emp, 'R'ev, 'E'nd	Enter PSA# (NN)	Select Service (Any)
Enter Service Coordinator Phone/Email	Chose ADL/IADLS from list (Any)	Other ADL/IADL Not Listed Above	Enter any specific instructions	Enter first 9 digits or leave blank

The numbers next to the parameters refer to the fields from the report. These fields are also noted on the accompanying sample.

1. Date of the Report
2. Consumer SAMSID
3. Enter 'N' for New, 'A' for Annual, 'T' for Temporary, 'R' for Revision or 'E' for End (or Terminate)
4. Enter PSA# (2 digit format NN)

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Save | Save and Close | Close | Open Audits | Preview

Comments

OK | Expand All | Collapse All

Details

Title	Subtitle	Description	Shared With	Shared with Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>	Agency	Chester County Department of...
Modifications Allowed				
(All)				

Report Filters (4/10)

Enter Report Date	Enter Consumer SAMS ID	'N'ew, 'A'nnual, 'T'emp, 'R'ev, 'E'nd	Enter PSA# (NN)	Select Service
12/1/2013	1300567890	A	27	(Any) 
Enter Service Coordinator Phone/Email	Chose ADL/IADLS from list	Other ADL/IADL Not Listed Above	Enter any specific instructions	Enter first 9 digits or leave blank
<input type="text"/>	(Any) 	<input type="text"/>	<input type="text"/>	<input type="text"/>

5

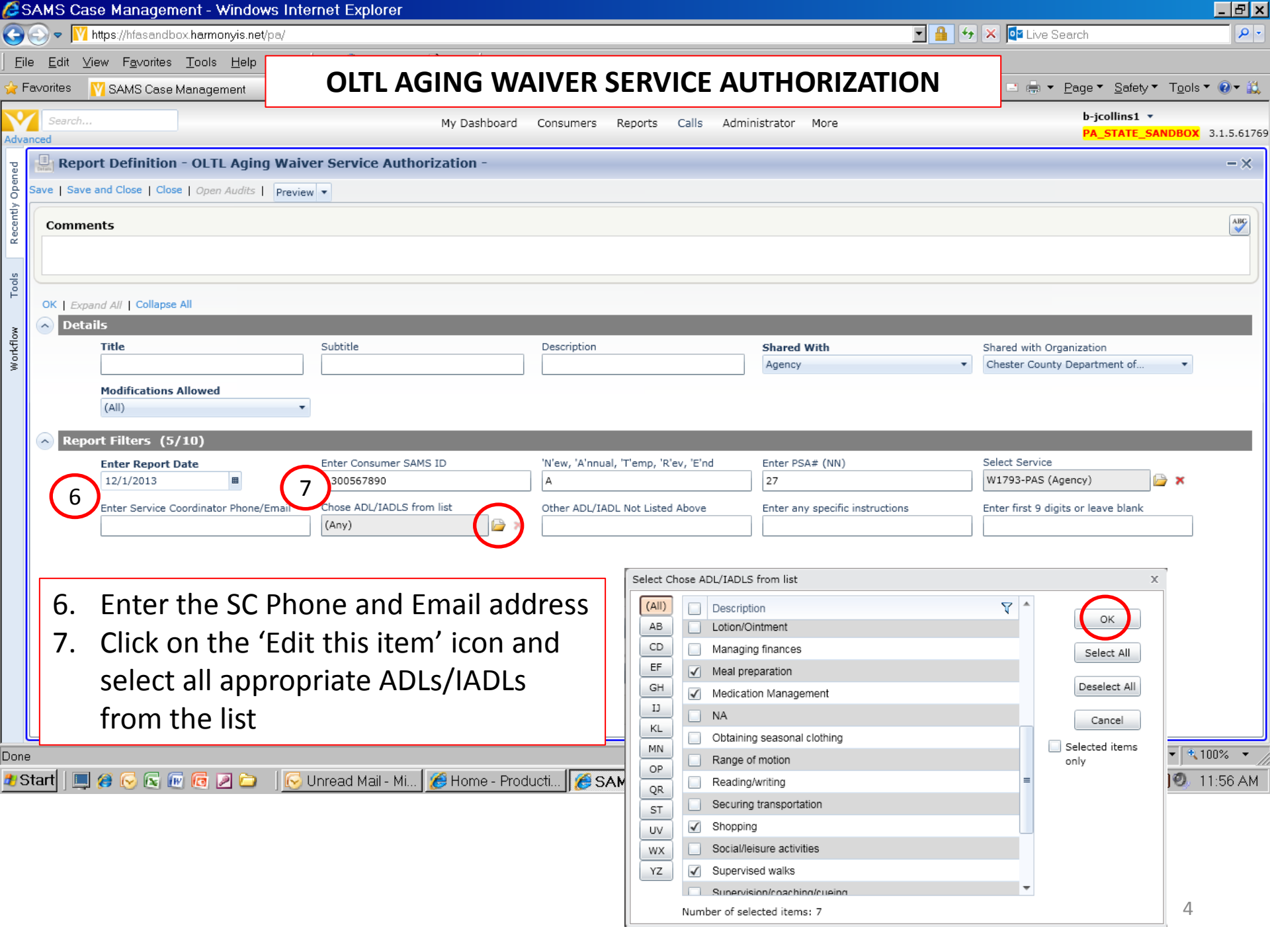
5. Select Service: Click on the 'Edit this item' icon and select the service from the list.

Select Select Service

(All)	Description
<input type="checkbox"/>	W0093 - Therapy and Counseling Services
<input type="checkbox"/>	W1759-HDM/Hot Entree
<input type="checkbox"/>	W1760-HDM/Frozen Entree
<input type="checkbox"/>	W1761-HDM/Sandwich
<input type="checkbox"/>	W1762-HDM/Emergency Pack
<input type="checkbox"/>	W1764-HDM/Generic Special Meal
<input type="checkbox"/>	W1792-PAS (Consumer)
<input checked="" type="checkbox"/>	W1793-PAS (Agency)
<input type="checkbox"/>	W1904-PERS (Installation)
<input type="checkbox"/>	W1895-PERS (Monthly Maintenance)
<input type="checkbox"/>	W1900 -Participant Directed Community Supports
<input type="checkbox"/>	W1901 - Participant Directed Goods and Services
<input type="checkbox"/>	W2024-Telecare Equipment Installation and Removal

Selected items only

Number of selected items: 1



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6. Enter the SC Phone and Email address
7. Click on the 'Edit this item' icon and select all appropriate ADLs/IADLs from the list

Select Chose ADL/IADLS from list

(All)	Description	
AB	<input type="checkbox"/> Lotion/Ointment	
CD	<input type="checkbox"/> Managing finances	
EF	<input checked="" type="checkbox"/> Meal preparation	
GH	<input checked="" type="checkbox"/> Medication Management	
IJ	<input type="checkbox"/> NA	
KL	<input type="checkbox"/> Obtaining seasonal clothing	
MN	<input type="checkbox"/> Range of motion	
OP	<input type="checkbox"/> Reading/writing	
QR	<input type="checkbox"/> Securing transportation	
ST	<input type="checkbox"/> Shopping	
UV	<input type="checkbox"/> Social/leisure activities	
WX	<input checked="" type="checkbox"/> Supervised walks	
YZ	<input type="checkbox"/> Supervision/coaching/cueing	

Number of selected items: 7

OK
Select All
Deselect All
Cancel

Selected items only

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Save | Save and Close | Close | Open Audits | Preview

Comments

OK | Expand All | Collapse All

Details

Title	Subtitle	Description	Shared With	Shared with Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>	Agency	Chester County Department of...

Modifications Allowed

(All)

Report Filters (7/10)

Enter Report Date	Enter Consumer SAMS ID	'N'ew, 'A'n'nual, 'T'emp, 'R'ev, 'E'nd	Enter PSA# (NN)	Select Service
12/1/2013	1302535645	A	27	W1793-PAS (Agency)
Enter Service Coordinator Phone/Email	Chose ADL/IADLS from list	Other ADL/IADL Not Listed Above	Enter any specific instructions	Enter first 9 digits or leave blank
610-344-5234/msmith@aaa.gov	(5 Items selected)	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following two fields are optional text fields that allow further clarification of the needs associated with the ADLs and IADLs.

- 8 If an ADL/IADL needs to be included that is not listed in the selection menu, use this text field to enter it in the order.
- 9 If there is a need for further clarification or special instructions for meeting the consumer needs, use this text field to elaborate as required.

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Comments

OK | Expand All | Collapse All

Details

Title	Subtitle	Description	Shared With	Shared with Organization
<input type="text"/>	<input type="text"/>	<input type="text"/>	Agency	Chester County Department of...

Modifications Allowed

(All)

Report Filters (9/10)

Enter Report Date	Enter Consumer SAMS ID	'N'ew, 'A'nnual, 'T'emp, 'R'ev, 'E'nd	Enter PSA# (NN)	Select Service
12/1/2013	1300567890	A	27	W1793-PAS (Agency)
Enter Service Coordinator Phone/Email	Chose ADL/IADLS from list	Other ADL/IADL Not Listed Above	Enter any specific instructions	Enter first 9 digits or leave blank
610-344-5234/esmith@aaa.gov	(5 Items selected)	Assist climbing stairs	Diet restrictions posted on refrigerator	<input type="text"/>

10 This field is only needed if a consumer has two or more providers in the same care plan for the same service. This will be obvious when the report is run and multiple providers are listed. To restrict the report to the desired provider, enter the first 9 digits of the provider's MA_ID in this field. (Suggestion: Note ID of the provider you want from the initial output, enter that ID in the field shown and rerun.)