

# WAIVER SUPPORT COORDINATOR QUICK REFERENCE TO ACLM CHANGES

January 2016

## ACLM1

ACLM1	ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM	DATE	08/21/14
	CLIENT MAINTENANCE PAGE ONE	TIME	16:47
ACTION	<input type="checkbox"/> (A, C, V, M, 2, 3, 4, 5, S, B)		
CLIENT ID	<input type="text"/>	SEARCH BY PIN	<input type="checkbox"/>
	LAST	SUFFIX	PIN
CLIENT NAME	<input type="text"/>	FIRST	<input type="text"/>
ALSO KNOWN AS	<input type="text"/>	MI	<input type="text"/>
DATE OF BIRTH	<input type="text"/>	SEX	<input type="text"/>
DATE OF DEATH	<input type="text"/>	CAUSE OF DEATH	<input type="text"/>
RACE (GATHERED FOR DATA PURPOSE ONLY)	<input type="text"/>		
	W=WHITE B=BLACK A=ASIAN I=NATIVE AMERICAN OR ALASKAN NATIVE U=OTHER		
ETHNICITY (GATHERED FOR DATA PURPOSE ONLY)	<input type="text"/>		
	00=USA 05=CAMBODIA 10=CUBA 15=ETHNIC CHINESE 20=HAITI 25=LAOS 30=MEXICO 35=NICARAGUA 37=POLAND 40=PUERTO RICO 45=RUSSIA 50=VIETNAM 82=OTHER HISPANIC COUNTRY 83=OTHER ASIAN COUNTRY 88=OTHER FOREIGN COUNTRY 99=UNKNOWN		
SPOKEN LANGUAGE	<input type="text"/>		
	E=ENGLISH S=SPANISH C=CREOLE ASL=AMERICAN SIGN LANGUAGE(ENGLISH) O=OTHER(IF OTHER, TYPE SPOKEN LANGUAGE IN BOX PROVIDED)		
WRITTEN LANGUAGE	<input type="text"/>		
	E=ENGLISH S=SPANISH C=CREOLE O=OTHER(IF OTHER, TYPE WRITTEN LANGUAGE IN BOX PROVIDED)		
ADDRESS (CLIENT'S HOME ADDRESS - PHYSICAL LOCATION)			
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	ST	<input type="text"/>
PHONE	<input type="text"/>	ZIP	<input type="text"/>
EMAIL	<input type="text"/>		
ADDRESS/PHONE (COMPLETE IF DIFFERENT FROM HOME INFORMATION)			
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	ST	<input type="text"/>
PHONE/CELL	<input type="text"/>	ZIP	<input type="text"/>
CDC+ REPRESENTATIVE, IF APPLICABLE			
LAST NAME	<input type="text"/>	FIRST NAME	<input type="text"/>
ADDRESS	<input type="text"/>		
CITY	<input type="text"/>	ST	<input type="text"/>
PHONE DAY	<input type="text"/>	PHONE EVENING	<input type="text"/>
EMAIL	<input type="text"/>	RELATIONSHIP	<input type="text"/>
WRITTEN LANGUAGE	<input type="text"/>	SEE LIST ABOVE	R=RELATIVE L=LEGAL REP O=OTHER
<input type="checkbox"/>	I CERTIFY THAT THE ADDRESS AND DEMOGRAPHIC INFORMATION IS CORRECT		
	DATE LAST CERTIFIED		
NEXT SCREEN	<input type="text"/>	ACTION	<input type="text"/>

## **ACLM1**

### **Changes:**

- Ability to search by PIN # on the ACLM1 screen
- The Date and Cause of Death are new fields and will be automatically populated by the monthly data run with DOH Vital Statistics.
- Updates to Race fields
- Ethnicity tracked

### **WSC Responsibilities:**

- Verify and update demographic data to ensure accuracy
- Update Ethnicity field

# ACLM2

ACLM2	ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM	DATE 08/21/14
	CLIENT MAINTENANCE PAGE TWO	TIME 12:56
ACTION <input type="checkbox"/>	(A, C, V, M, 1, 2, 3, 4, 5, S, B)	
CLIENT ID	COUNTY OF RESIDENCE	
CLIENT NAME		
TYPE ADMISSION		
393.11 COURT ORDER FOR INVOLUNTARY ADMISSIONS? <input type="checkbox"/> Y/N		
COURT ORDER STATUS <input type="checkbox"/> A=ACTIVE D=DISCHARGED IF D, DISCHARGE DATE: _____		
IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT		
IN AND FOR _____ COUNTY, FLORIDA CASE NO: _____		
DONE AND ORDERED ON THIS DATE: _____		
SUBSEQUENT COURT REPORT? <input type="checkbox"/> Y/N DATE OF LAST COURT REPORT: _____		
CAPACITY CODE <input type="checkbox"/> C=HAS CAPACITY A=HAS BEEN ADJUDICATED INCAPACITATED M=MINOR ADJUDICATION DOCUMENTED <input type="checkbox"/> Y/N		
CLIENT RESIDES WITH LEGAL REPRESENTATIVE <input type="checkbox"/> Y/N AGE _____		
REPRESENTATIVE TYPE <input type="checkbox"/> <18 P=PARENT R=FLORIDA COURT APPOINTED REPRESENTATIVE F=FAMILY ACT(POA/DPOA)		
18 AND > I=INDIVIDUAL D=DESIGNATED BY PERSON(POA/DPOA) G=FL COURT APPOINTED GUARDIAN OR GUARDIAN ADVOCATE		
CAREGIVER BIRTH DATE _____ AGE _____		
LAST NAME _____ FIRST NAME _____		
WILL PRIMARY CAREGIVER HEALTH ISSUES PREVENT THEM FROM CONTINUING TO PROVIDE CARE? (Y=Yes, N=No, Z=N/A) <input type="checkbox"/>		
IS PRIMARY CAREGIVER ALSO PROVIDING PRIMARY CARE TO A MINOR, ELDERLY PERSON OR ANOTHER PERSON WITH A DISABILITY? (Y=Yes, N=No, Z=N/A) <input type="checkbox"/>		
ARE CURRENT CAREGIVER RESPONSIBILITIES PREVENTING THEM FROM BEING EMPLOYED? (Y=Yes, N=No, Z=N/A) <input type="checkbox"/>		
HAS APPLICANT OVER 18 YO A BEEN REMOVED FROM FAMILY HOME BY ADULT PROTECTIVE SERVICES IN THE LAST 12 MONTHS? (Y=Yes, N=No, Z=N/A) <input type="checkbox"/>		
LEGAL REPRESENTATIVE SURROGATE (Y/N) <input type="checkbox"/> END DATE _____ STANDBY APPOINTED(Y/N) <input type="checkbox"/>		
LAST NAME _____ FIRST NAME _____		
AGENCY _____		
AGENCY REP LAST NAME _____ AGENCY REP FIRST NAME _____		
ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
PHONE DAY _____ PHONE EVENING _____ CELL PHONE _____		
EMAIL _____ RELATIONSHIP <input type="checkbox"/> R=RELATIVE N=NONRELATIVE P=PROVIDER		
CO REPRESENTATIVE		
LAST NAME _____ FIRST NAME _____		
ADDRESS _____		
CITY _____ STATE _____ ZIP _____		
PHONE DAY _____ PHONE EVENING _____		
EMAIL _____ RELATIONSHIP <input type="checkbox"/> S=SPOUSE G=GUARDIAN/GUARDIAN ADVOCATE		
P=PARENT D=DPOA/POA		

## ACLM2 (continued)

CLIENT ADVOCATE	
LAST NAME	FIRST NAME
ADDRESS	
CITY	STATE ZIP
PHONE DAY	PHONE EVENING
EMAIL	
RELATIONSHIP <input type="checkbox"/> R=RELATIVE N=NONRELATIVE P=PROVIDER	
HEALTHCARE SURROGATE	
LAST NAME	FIRST NAME
ADDRESS	
CITY	STATE ZIP
PHONE DAY	PHONE EVENING
EMAIL	
RELATIONSHIP <input type="checkbox"/> R=RELATIVE N=NONRELATIVE P=PROVIDER	
DOCUMENTATION OF INCAPACITY <input type="checkbox"/> Y/N	
HIPAA AUTHORIZED PERSON	
LAST NAME	FIRST NAME
ADDRESS	
CITY	STATE ZIP
PHONE DAY	PHONE EVENING
EMAIL	
RELATIONSHIP <input type="checkbox"/> R=RELATIVE N=NONRELATIVE P=PROVIDER	
MEDICAL PROXY	
LAST NAME	FIRST NAME
ADDRESS	
CITY	STATE ZIP
PHONE DAY	PHONE EVENING
EMAIL	
RELATIONSHIP <input type="checkbox"/> R=RELATIVE N=NONRELATIVE P=PROVIDER	
DOCUMENTATION OF INCAPACITY <input type="checkbox"/> Y/N	
<input type="checkbox"/> I CERTIFY THAT THE ADDRESS AND DEMOGRAPHIC INFORMATION IS CORRECT	
DATE LAST CERTIFIED	
NEXT SCREEN	ACTION
<input type="checkbox"/>	
PLEASE SELECT DESIRED ACTION	

### Changes:

- Tracking 393.11 Court Orders
- Tracking caregiver data
- Caregiver Data fields will be completed

### WSC Responsibilities:

- Enter data related to 393.11 Court Orders:  
Is there a court order for a 393.11 commitment? (Y/N)  
If yes, identify if A=Active or D=Discharged  
Input case information from court order  
Enter whether or not a court report has been sent to the court (Y/N), and if so, indicate the date.
- Verify and update demographic data to ensure accuracy

### ACLM3

ACLM3	ALLOCATION, BUDGET AND CONTRACT CONTROL SYSTEM	DATE 08/21/14
	CLIENT MAINTENANCE PAGE THREE	TIME 13:04
ACTION <input type="checkbox"/>	(A, C, V, M, 1, 2, 3, 4, 5, S, B)	
CLIENT ID <input type="text"/>	MWE UPDATE DATE <input type="text"/>	
CLIENT NAME <input type="text"/>		
DID THE FAMILY MOVE TO FL DUE TO PARENT/LEGAL REPRESENTATIVE MILITARY ASSIGNMENT? Y/N <input type="checkbox"/> IF YES, DID APPLICANT RECEIVE SERVICES FROM AN HCBS WAIVER IN ANOTHER STATE? Y/N <input type="checkbox"/> LEVEL OF CARE ELIGIBILITY <input type="checkbox"/> A=OPTION A B=OPTION B C=OPTION C ORIGINAL MWE DATE <input type="text"/> MWE UPDATE DATE <input type="text"/>		
PRIMARY DISABILITY <input type="text"/> SECONDARY DISABILITY <input type="text"/> IQ: SCORE <input type="text"/> IND <input type="text"/> <input type="text"/>		
MAJOR LIFE ACTIVITIES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 70=SELF-CARE 71=UNDERSTANDING AND USE OF LANGUAGE 72=LEARNING 73=MOBILITY 74=SELF-DIRECTION 75=CAPACITY FOR INDEPENDENT LIVING HANDICAPPING CONDITIONS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21=AMBULATORY DEFICITS 22=SENSORY DEFICITS 37=CHRONIC HEALTH PROBLEMS 24=BEHAVIOR PROBLEMS 4=AUTISM 2=CEREBRAL PALSY 33=EPILEPSY 9=PRADER-WILLI SYNDROME 8=SPINA BIFIDA 10=DOWN'S SYNDROME MENTAL HEALTH DIAGNOSIS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 40=ADJUSTMENT DISORDER 41=ANXIETY DISORDER 42=PTSD 43=BIPOLAR 44=ALZHEIMER'S 45=DEPRESSIVE DISORDERS 48=DEMENTIA 49=ADHD 50=SCHIZOPHRENIA/PSYCHOTIC DISORDERS 51=PERSONALITY DISORDERS/PARANOIA 52=OCD 53=ORGANIC BRAIN SYNDROME (OBD) 54=SUBSTANCE ABUSE DISORDERS 55=EATING DISORDERS 56=SLEEP DISORDERS 57=IMPULSE CONTROL/CONDUCT DISORDERS 60=MEDICATION INDUCED MOVEMENT 61=OTHER <input type="text"/>		
RISKS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 01=SUICIDE RISK 02=HOMICIDE RISK 03=RISK OF VICTIMIZATION 04=CRIMINAL BEHAVIOR OR HISTORY 05=ELOPEMENT RISK		
*BEGIN*		
PROGRAM COMPONENT <input type="text"/>		
LEVEL OF CARE <input type="text"/> DDC <input type="text"/>		
DISABILITY CATEGORY <input type="text"/>		
BUDGET CATEGORY		
LAST FULL SUPP. PLAN <input type="text"/> OVERALL LEVEL OF NEED <input type="text"/>		
HOME DISTRICT ASSGN	<input type="text"/>	AREA <input type="text"/>
WORKER	<input type="text"/>	
SERVICE STATUS	<input type="text"/>	
OUT DISTRICT ASSGN	<input type="text"/>	AREA <input type="text"/>
WORKER	<input type="text"/>	
SERVICE STATUS	<input type="text"/>	
FACILITY ID	<input type="text"/>	
NAME	<input type="text"/>	TYPE <input type="text"/>
ADDRESS	<input type="text"/>	
CITY	ST <input type="text"/>	ZIP <input type="text"/> - PHONE ( <input type="text"/> ) - <input type="text"/>
EMAIL	<input type="text"/>	
NEXT SCREEN	<input type="text"/>	ACTION <input type="text"/>

## ACLM3

### Changes:

- Tracks military status for new clients
- Ability to track the level of care eligibility from the Waiver Eligibility Worksheet in ABC and QSI
- Ability to track the date the original Waiver Eligibility Worksheet is signed and subsequent dates
- Tracks mental health diagnoses
- Tracks Risks

### WSC Responsibilities:

- Update fields from the Waiver Eligibility Worksheet:
  - Level of Care Eligibility
  - Verify Primary/Secondary Disability
  - Update/Verify Major Life Activities
  - Update/Verify Handicapping Condition
- Update/Verify Mental Health Diagnoses
- Update/Verify Risks
- **Please note – some of the data from the ABC Characteristics Screens (ACTCHAR) may have been pre-populated into these fields. It is critical that the WSC verify the information is correct and matches the Waiver Eligibility Worksheet.**

### ACLM4 (No changes)

### ACLM 5 (No changes)

Update employment information in accordance with the iBudget Handbook