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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02715 (09/2020) | | **STATE OF WISCONSIN** | |
| **CLIENT TRACKING SYSTEM WAIVER REQUEST** | | | |
| The Office for Resource Center Development (ORCD) oversees the client tracking system requirements for Aging and Disability Resource Centers (ADRCs) and Tribal Aging and Disability Resource Specialist (ADRS). ADRCs and Tribal ADRS are provided with the WellSky client tracking system as part of their contract to operate their ADRCs and Tribal ADRS programs. The WellSky client tracking system is used for ADRC and Tribal ADRS operations. Elder Benefit Specialist services, Disability Benefit Specialist services and Aging Unit services must still use the system(s) designated by their specific program requirements. Any agency that would like to use a client tracking system other than WellSky requires advance approval from ORCD to ensure consistent, statewide data collection.  Prior to completing this waiver request agencies are required to notify their assigned Regional Quality Specialist in writing of their intent to explore a new client tracking system as soon as the initial considerations begin.  A completed waiver request form must be submitted a minimum of 120 days in advance of the desired implementation date.  **NOTE:** Any client tracking system waiver request that includes the integration of 100% Time and Task Reporting for Federal Medicaid Administrative claiming cannot be approved. All ADRCs and Tribal ADRS are required to use the federally approved time and task workbook provided by ORCD. | | | |
| **General Information** | | | |
| 1. Name of ADRC or tribe submitting this request: | | | |
| Click or tap here to enter text. | | | |
| 1. Why is the ADRC or tribe considering a change to a different client tracking system? | | | |
| Click or tap here to enter text. | | | |
| 1. What additional capabilities does the system have available? | | | |
| Click or tap here to enter text. | | | |
| 1. Are there any operational limitations of the system? For example, some systems limit the total number of users or limit the number of users that can access the system at any one time. | | | |
| Click or tap here to enter text. | | | |
| 1. What is the contract length for this new system? | | | |
| Click or tap here to enter text. | | | |
| 1. DHS may require changes to data collection in the future. What is the timeline and cost(s) of making changes to the system after it is in place? | | | |
| Click or tap here to enter text. | | | |
| 1. Does the system have an integrated resource database? If so, does the ADRC or tribe plan to use this? If not, what resource database or directory does the ADRC or tribe plan to use? | | | |
| Click or tap here to enter text. | | | |
| 1. What is the implementation timeline for this new system? | | | |
| Click or tap here to enter text. | | | |
| 1. What will the workflow be for entering a new contact? Please provide screenshots if available. | | | |
| Click or tap here to enter text. | | | |
| 1. We confirm that this system in no way indicates a client’s participation or involvement with the Elder Benefit Specialist or Disability Benefit Specialist programs. | | | |
| Yes, we confirm this to be true.  No, we are unable to confirm this to be true.  Unknown at this time and will provide this information no later than Click or tap to enter a date. | | | |
| **Budget Information** | | | |
| Complete the following budget table and provide any additional budget information that is relevant for this project. A separate budget worksheet may also be provided. | | | |
| Expense | Amount | Start-up or Ongoing | Funding Source |
| Example: User fee | $75/year | Ongoing | ADRC grant |
| System fees |  |  |  |
| User/license fees |  |  |  |
| Other: |  |  |  |
|  |  |  |  |
| **Technical Requirements** | | | |
| 1. Assigning a unique contact number for each contact. | | | |
| Yes  No | | | |
| 1. Assigning a unique client identification number for each person for whom a contact is made. | | | |
| Yes  No | | | |
| 1. Collecting and tracking data on initial and subsequent client contacts. | | | |
| Yes  No | | | |
| 1. Must be able to provide at will, remote access to the assigned ORCD Regional Quality Specialist for the entire ADRC or Tribal ADRS dataset. | | | |
| Yes  No | | | |
| **Storing, Analyzing and Reporting Data** | | | |
| 1. Provide a description of how your system will store, analyze and report data: | | | |
| Click or tap here to enter text. | | | |
| 1. Ability to store records to meet minimum record retention requirements. | | | |
| Yes  No | | | |
| 1. Ability to run and analyze internal reports. | | | |
| Yes  No | | | |
| 1. Ability to export data to DHS Encounter system in the required format. | | | |
| Yes  No | | | |
| 1. Confirm that the ADRC or Tribal ADRS will be using the approved time and task workbook and that 100% time reporting for Medicaid Administrative claiming will not be integrated into the client tracking system | | | |
| Yes  No | | | |
| 1. The system includes all data points within the most recent ADRC data dictionary provided by ORCD. | | | |
| Yes  No | | | |
| 1. We intend to migrate the data from our current client tracking system over to the new system. | | | |
| Yes  No | | | |
| 1. If no, how to you plan to meet record retention requirements? | | | |
| Click or tap here to enter text. | | | |
| **System Security** | | | |
| 1. The client tracking system must have firewalls to protect ADRC or Tribal ADRS customer data from unnecessary access by other divisions and departments in the organizational structure. Please describe the firewalls in place for this system: | | | |
| Click or tap here to enter text. | | | |
| 1. Unique log-in access for each ADRC or Tribal ADRS staff person | | | |
| Yes  No | | | |
| **Data Collection** | | | |
| 1. The client tracking system is capable of collecting the following data elements for client contacts per the definitions in the [Client Tracking System Requirements](https://share.health.wisconsin.gov/ltc/teams/ADRC/ADRC%20Document%20Library/Client%20Tracking%20System%20Requirements.pdf) technical assistance document: | | | |
| Client first and last name  Home address, mailing address (if different)  Telephone contact information  Email address  Client date of birth  Age group  Client gender  Client race and ethnicity  Client disability type  Call type  Caller type  Notes  ADRC outcome(s)  Topic(s)  Poverty status  Custom assessments or forms, as needed | | | |
| Thank you for completing this client tracking system waiver request. Please submit the completed form to your assigned Regional Quality Specialist at least 120 days in advance of your desired system change date as client tracking databases cannot be implemented prior to waiver approval | | | |