WISCONSIN DEPARTMENT
of **HEALTH SERVICES**

Division of Public Health – Bureau of Aging and Disability Resources

WellSky/SAMS

Data Entry and Case Tracking Guide

Benefit Specialists

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WellSky/SAMS Data Entry and Case Tracking Guide

Contents

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Introduction

The WellSky Aging and Disability database application is used to track activities conducted by disability benefit specialists (DBS) and elder benefit specialists (EBS) at aging and disability resource centers (ADRC) and aging units in counties and tribes throughout Wisconsin. Throughout this guide, the database application will be referred to as WellSky or WellSky/SAMS.

ADRC specialists and other ADRC staff including supervisors, receptionists, resource database staff, and outreach staff; tribal aging and disability resource specialists (tribal ADRS); and dementia care specialists use a separate set of WellSky/SAMS guides to record client tracking contacts and activities.

Account Access

Access to WellSky/SAMS is restricted to account holders authorized by the Department of Health Services. Though a single system is used statewide, **users may only access data entered by staff within their local agency**. If there are multiple users at the same local agency with the same data access permissions, those users will be able to view each other's data entry and modifications. Further access restrictions are based on state DBS and EBS program policies about client confidentiality.

Notes about the Data Entry and Case Tracking Guide

This guide is designed to provide users with the basic tools to enter data, modify records, and track and manage their client cases within WellSky/SAMS. Because WellSky/SAMS is widely used in governmental health departments and agencies throughout the country, many options and features exist that are not applicable for use by benefit specialists in Wisconsin. This guide demonstrates targeted data entry actions, eliminating the capture of unnecessary and irrelevant data and focusing on uses that are relevant to benefit specialists.

Within this guide you will find hyperlinks from the table of contents to key sections of the document as well as additional hyperlinks within the document itself.

Learning Objectives

- Learn how to create and edit a *Call Record*.
- Learn how to create and edit a *Consumer Record*.
- Learn how to create and edit an *Activity Record*.
- Learn how to create and track client cases.
- Learn how to create and track time spent and the *Monetary Impact* of services.
- Learn how to create and export SHIP assessment forms.

Additional WellSky/SAMS Reference Guides and Resources

For Benefit Specialists
- [Browser Configuration and Login Guide](#)
- [Navigation and Formatting Guide](#)
- [Guide to Generating Reports](#)
- [Quick Guide](#)
- WellSky/SAMS Online Help Guide (located within the database)

For ADRC, Tribal ADRS, and DCS
- [Browser Configuration and Login Guide](#)
- [WellSky/SAMS Navigation and Formatting Guide for Aging and Disability Resource Centers, Tribal Aging and Disability Resource Specialists, and Dementia Care Specialists](#)
- [WellSky/SAMS Data Entry Guide for Aging and Disability Resource Centers, Tribal Aging and Disability Resource Specialists, and Dementia Care Specialists](#)
- [WellSky/SAMS Guide to Generating Reports for Aging and Disability Resource Centers, Tribal Aging and Disability Resource Specialists, and Dementia Care Specialists](#)
- [Client Tracking System Requirements Technical Assistance document](#)

I. Creating and Managing Client (Consumer) Cases

A. Overview

WellSky/SAMS does not contain a specific screen, panel, field, or tool called a "case." Instead, a case is created by entering a *Time Topic* in a *Call Record*. A case is closed by entering an *Outcome* for that *Topic*. WellSky/SAMS recognizes multiple *Call Records* that contain a repeated *Topic* for the same client as part of a single case. The *Topic Outcome* in the most recent *Call Record* is used as the basis for determining whether a case is open or closed. Later sections of this guide will demonstrate how this works in more detail. See Appendix A for a graphic depiction of how creating and closing a case works.

B. Entering Call, Consumer, and Activity Records

Call Records reflect interactions with a client or his or her authorized representative. These interactions may include telephone calls, in-person appointments, home visits, letters, emails, and faxes. You should create a *Call Record* for each day when you have one or more interactions with a client or his or her authorized representative, **but no more than one *Call Record* per client per day**. You should also create a *Call Record* each time you provide general information or a referral to someone. **All** *Call Records* must contain a *Time Topic* and *Time entry (in minutes)*.

When to Create a Call Record **See Appendix H: Call Record Flowchart**	
Do create a *Call Record* for each day when you have one or more interactions with a client or potential client or an authorized representative for a client.	**Don't** create a *Call Record* if your attempt to contact a client is unsuccessful—for example, when you have left a message on an answering machine. **(See exceptions in Call Record Flowchart – Appendix H)**
Do create a *Call Record* for anonymous calls where you provide general information or a referral (also called information and assistance or "I&A").	**Don't** create a *Call Record* when the only purpose of the contact is to schedule an appointment.
Do create *Call Records* for the following types of interactions: telephone calls, home visits, office visits, text messages, videoconference meetings, letters, emails, and faxes.	**Don't** create *Call Records* for contacts on behalf of a client with other entities such as a health care provider, the Social Security office, or income maintenance staff. These types of collateral contacts should be recorded within your case notes rather than as a separate *Call Record*.
	Don't create more than one *Call Record* per client per day. Combine multiple contacts with or on behalf of the same client during a single day within one *Call Record*.

1. Open a new Call Record

a. From the *Main Navigation Bar*, select **Calls**, as illustrated below.

b. A pop-up window will open. Select **New Call**.
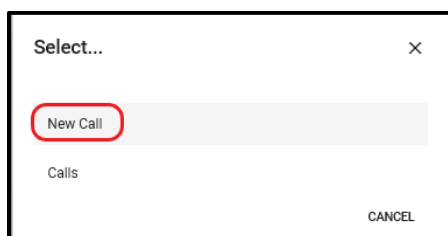
c. Once the screen displays a new *Call Record*, begin by filling in the *Caller* field starting with **step 2** below. The field will default to *Anonymous*. If the caller requires only general information or a referral, you may leave the *Caller* field as anonymous. In all other cases, you must enter the *Caller* name.

🔥 Hot Tip	For existing *Consumers*, you can also create a new *Call Record* by clicking **Add New** in the *Consumer Record-Calls Tab (see screenshot below)* and following the applicable instructions below. (The *Caller* and *Consumer* fields of a *Call Record* will automatically populated with the *Consumer's* name using this method)

2. Search for a Caller in the New Call Record Screen

a. To determine if a *Caller* is already in the system, search for an existing record by selecting the **green arrow open dialog box** next to the *Caller* field, circled in red in the illustration below.

b. A *Search for Consumer* window will open (see illustration below). **(Note: For searching purposes WellSky/SAMS refers to all persons as *Consumers*.)** Enter the caller's name in the *Search for* field.

- If the *Caller* already exists in the database, select the correct *Consumer Record* from the search results list at the bottom of the *Search for Consumer* window, as illustrated below, and select **OK**,. The *Call Record* will automatically populate with the *Consumer* name as both the *Caller* and *Consumer*. (**Note**: If an authorized person is calling on behalf of a client, this can be adjusted in step 3, *Selecting a Caller Type,* below.)

- If the search yields no existing record, please refer to the section entitled Entering a New Caller/Consumer Record.

3. Selecting a Caller Type

- If the *Caller* is a person requesting services on their own behalf, leave the *Caller Type* field as **(Self)**. The *Consumer* field will automatically display the *Caller* name, indicating the *Caller* and the *Consumer* are the same person.
- If the *Caller* is an authorized representative calling on behalf of a client, change the *Caller Type* field to **Other** and follow the steps below to populate the *Consumer* field.

4. Searching for a Consumer in the New Call Record Screen

If the *Caller* is an authorized representative calling on behalf of a client, you must fill in the *Consumer* field with the client's or potential client's name. Search for the name by selecting the **dialog box (with the green arrow)** next to the *Consumer* field and entering the client's name in the *Search for* field. If the search yields no existing record, please refer to the section entitled Entering a New Caller/Consumer Record.

> 🔥
> **HOT TIP**
>
> **What is the difference between the "Caller" and the "Consumer"?**
> The *Caller* may be a client, a potential client, or an anonymous person (*Caller Type: self*) if the person is calling on his or her own behalf. It may also be a guardian or another authorized representative who is speaking with you on the client's behalf (*Caller Type: other*). The *Consumer* may be (1) a client or potential client, who meets the criteria for benefit specialist services; or (2) a person, anonymous or otherwise, who is calling for general information or a referral. **Note**: Benefit specialists should **never** create a *Consumer Record* for themselves for the purpose of adding themselves as a *Caller* when initiating contact with a client, potential client, or authorized representative. Also, *Consumer Records* are never created for *Anonymous Callers* or *Anonymous Consumers*.

5. Enter a New Caller and/or Consumer Record (when no record exists)

If the *Caller/Consumer* does not exist in the database, you will receive no results when you complete the search. In this case, you must add the new *Caller/Consumer* to the database by clicking on the **Add New** button in the *Search for Consumer* window, as illustrated below. If the *Caller* (the person with who you're interacting) is different than the *Consumer* (the person the interaction is about), you'll need to create separate *Consumer Records* for each person.

When you click on the **Add New** button, a new screen entitled *Add Consumer* will appear, as illustrated below.

- If you are creating a *Consumer Record* for a client or potential client, complete all fields in the *Consumer Record* to the best of your ability.
- If you are creating a *Consumer Record* for a *Caller* who is not a client (for example, an authorized representative), then you need only enter the person's first and last name and their contact information in the *Consumer Record*, leaving all their demographic (*NAPIS*) and other information blank.

a. **Basic Information**

- *First Name*: Enter the *Consumer's/Caller's* first name.
- *MI* (optional): Enter the *Consumer's/Caller's* middle initial.
- *Last Name*: Enter the *Consumer's/Caller's* last name.
- *Suffix* (optional): Enter the *Consumer's/Caller's* suffix title (for example, Jr., Sr., or III).
- *SSN:* Enter the *Consumer's* Social Security Number
- *DOB*: Enter the *Consumer's* date of birth.
- *Gender Identity*: Select the *Consumer's* self-identified gender/sex.
- *Marital Status* (optional): Select the *Consumer's* marital status.
- *Date Registered* (optional): This field will default to today's date. Data in this field are not used for state reporting, however you may alter the date to reflect the actual date of initial contact.
- *Medicare #* (optional): Enter the Consumer's Medicare beneficiary identification number, if applicable.
- *Part A start date* (optional): Enter the Consumer's Medicare Part A start date, if applicable.
- *Part B start date* (optional): Enter the Consumer's Medicare Part A start date, if applicable.
- *Medicaid #* (optional): Enter the Consumer's Medicaid identification number, if applicable.
- *Default Agency*: This field will default to the agency that is indicated in *My Settings*. **Do not modify**.

Benefit specialists should not store customer's login credentials for Medicare.gov or other personal accounts in WellSky or the SHIP reporting system (STARS). Doing so creates a security risk.

b. **Addresses**
- *Home Address*: Enter the *Consumer's/Caller's* street address, county, town, state, and zip code. (Some fields may automatically display based on your default settings.) If the *Home Address* is the same as the *Mailing Address*, leave the *Same for Mailing* field checked; if it is different, uncheck the box and correctly fill in the information for the *Mailing Address* section.
- *Home Phone*: Enter the *Consumer's/Caller's* area code, phone number, and extension, if applicable. (Some fields may automatically display based on your default settings.)

c. **NAPIS (Consumer Demographic Information)**
- *Primary Ethnic Race*: Select the *Consumer's* primary ethnic race and nationality, if applicable. The options listed for this field are based upon the most recent U.S. Census.
- *Ethnicity*: Select the *Consumer's* ethnicity.
- *Household Status*: Select the most applicable householding descriptor.
- *In Poverty*: Select whether or not the *Consumer* lives in poverty, defined as having income at or below 100% the federal poverty level (FPL).
- *RUCA Is Rural*: This field is pre-populated based on address information entered in

the Consumer Record. If the address information is not complete, this field may have to be completed manually.

The following fields are required to be completed by DBS only, not EBS.
- *Visual Disability*: Select whether the *Consumer* reports blindness or visual impairment.
- *Intel-Develop Dis*: Select whether the *Consumer* reports an intellectual or developmental disability.
- *Deaf-Hearing Dis*: Select whether the *Consumer* reports being deaf or hard of hearing.
- *MH-Sub Use Disorder*: Select whether the *Consumer* reports mental illness.
- *Physical Disability*: Select whether the *Consumer* reports a physical disability.

d. Care Providers
- *Primary Care Manager*: This field will default to the assigned WellSky/SAMS account benefit specialist's name.
- *Default Provider*: This field will default to the provider that is indicated in *My Settings*. **Do not modify**.
- *03-Title III Care Enrollment* defaults by rule. **No further action is required**.

Other fields in the *Consumer Record* are optional and can be added based on your local reporting needs.

When you have completed all of the fields in the *Consumer Record*, click **OK** in the lower right corner of the screen to save and return to the *Call Record*.

6. Select a Call Type (Optional)

Now that you have entered information in the *Caller, Caller Type,* and *Consumer* fields within the *Call Record*, you may enter the *Call Type*. **Incoming** will display as the default *Call Type*. You may select another option from the dropdown list, as illustrated below. If you are consolidating two or more client contacts that occurred on the same date, but were different Call Types, select the option that represents the Call Type where the most time was spent.

Example:

- Two client contacts occurred
- One contact with the client was via phone and the contact lasted 45 minutes
- A second email contact with the client on the same date occurred and it took 15 minutes to draft the email
- Record a single Call Record for the two contacts and select Phone Call in the Call Type field.

This field is not required.
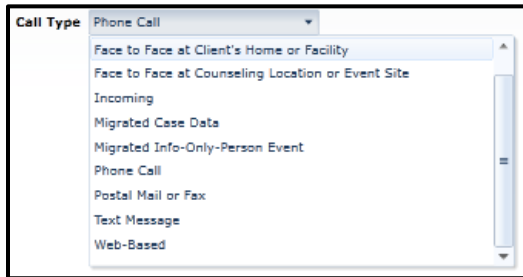
7. Enter Start Date/Time

The *Start Date/Time* in the *Call Record Screen* will default to the date and time that the record is created. If you are entering data retroactively, you must select **Disable Timer** in the top menu, as illustrated below, in order to modify the *Start Date/Time* to reflect the actual date of contact. For benefit specialist program purposes, you are not required to note the exact time of the call; therefore, you may disregard the start time information in this field.
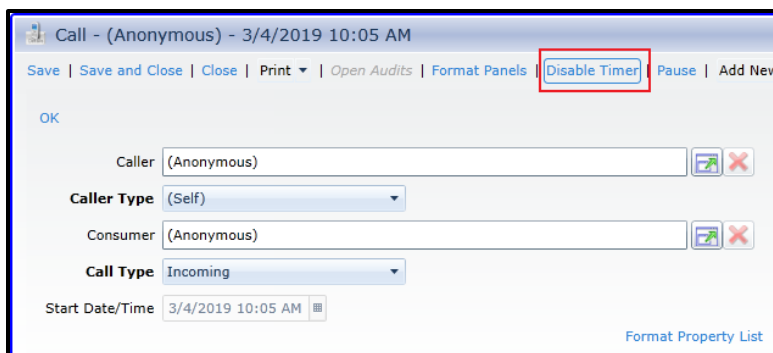
8. Enter Topics, Outcomes, and Monetary Impact (if applicable)

Topics and *Outcomes* are essential to creating and tracking your cases. The *Topics Screen* is where you will record the subject(s) that you discuss with clients, time spent, outcomes (sometimes referred to as "closing reasons"), and the monetary impact of services.

Open the *Topic Screen* by clicking on **Select Topics** in the *Topics Panel* located on the right side of the *Call Record Screen*.

a. Select a Time Topic
At least one *Time Topic* must be entered in every *Call Record*. You can search for a *Topic* by entering a key word or word fragment (minimum of three characters) into the

Search field at the top of the *Topic Screen*. In the illustration below, a search for "Medicaid" displays all of the topics related to Medicaid.

Each topic has its own unique ID code, which can also be used when performing a search. *Time Topics* are denoted by:
- A "1" in topic ID code, found in the *Topic* column next to the *Topic* name.
- The *Time (Minutes)* label, located in the *Category* column.

To select an applicable *Topic*, click to add a check mark in the box located to the left of the *Topic*. You will always select from the predefined list of *Topics*. Free-form entry of *Topics* is not an option.

A complete list of *Time Topics*, including definitions and related *Monetary Impact Topics,* is provided in Appendix B.

b. Enter the time spent helping the client
In the *Default Time* column of the *Time Topic* row(s) you selected, enter the time (in minutes) spent helping the client for each *Topic* selected. Time should be entered in minutes, so 1 hour and 30 minutes should be entered as 90.00. The time entered should include any time spent with the client plus any additional time spent on activities related to the *Topic*.

HOT TIP
> Many times, you'll spend time on a case (research, conversations with collateral contacts, etc.) when it's not appropriate to create a new *Call Record*. Go back to the most recent *Call Record* created for this client and update time spent to reflect additional work you completed (even if on a later date) related to this case.

c. Enter an Outcome, if applicable
The selection of an *Outcome* signifies the client's "case" pertaining to that *Topic* is closed. For each *Time Topic* that you selected, consider whether to enter an *Outcome*. **If you need to complete further follow-up on that *Topic*, leave the *Outcome* field blank.** If you have fully resolved the client's issues related to a *Topic* and there will be no further follow-up needed, select an *Outcome* for that *Topic* using the dropdown menu in the *Outcome* column to the right of the *Default Time* column.

HOT TIP
> In order to see the dropdown list of available *Outcomes*, you must click in a cell in the *Outcome* column. No dropdown arrow is otherwise visible in the *Outcome* column cells.

Important: **If the *Caller/Consumer* is anonymous, then you must list the *Outcome* as *00-General Information/Referral* (also called "information and assistance" or info-only" contacts)**. All other *Outcomes* relate to legal or benefits assistance as provided to benefit specialist clients. Time spent on *Topics* where the *Outcome* is *00-General Information/Referral* is not considered legal or benefits assistance and will be counted as

I&A or "information-only" contacts rather than part of a case.

A complete list of *Outcomes* and their definitions is provided in Appendix C.

d. **Enter Monetary Impact Topics, if applicable**
For each *Time Topic* where an *Outcome* was entered, consider whether there is *Monetary Impact* to report. Did you help a client to successfully obtain or maintain a benefit or monetary settlement? If so, then select one or more *Monetary Impact Topics* that correspond to the selected *Time Topic*; if not, then do not select any *Monetary Impact Topics*.

Monetary Impact Topics are denoted by:
- A "2," "3," or "4" in the *Topic ID Code* found in the *Topic* column next to the *Topic* name.
  - *2 (Fed$)* = Federal funds
  - *3 (Wis$)* = State funds
  - *4 (Oth$)* = Other (local or private) funds
- The *Monetary Impact* label located in the *Category* column.

Monetary Impact Topic ID Codes share a common three-digit "core" code with the *Time Topic* to which they correspond. For example, all topics related to BadgerCare Plus use the core code "A05." **When selecting a *Monetary Impact Topic*, the core code must match the core code of the *Time Topic* selected.** For example, *Time Topic* code 1-A05 matches *Monetary Impact* codes 2-A05 and 3-A05. Search for the "core" three-digit *Monetary Impact Topic ID Code* that corresponds to your selected *Time Topic* or refer to Appendix B to determine the appropriate *Monetary Impact Topic* to select.

With *Monetary Impact Topics*, the *Default Time* column is used to record the dollar value of the benefit or award. If there is a prepopulated value in the *Default Time* column next to a *Monetary Impact Topic*, this reflects the average annual dollar value of that benefit or program, as listed in the Monetary Impact Tables. You may overwrite the prepopulated value if the *Monetary Impact* of your case is different than the average annual value of the program. If there is no prepopulated value in the *Default Time* column next to a *Monetary Impact Topic*, then there is no data on the average dollar value of that benefit or program. Refer to the Monetary Impact tables for guidance on how to calculate those amounts. Do not select a Monetary Impact Topic and leave the dollar value blank as it will result in an error on your *BEN SPEC Invalid Call List Report*.

Selecting an *Outcome* next to a *Monetary Impact Topic* is not an available option.

<table>
<tr><td rowspan="6">🔥
**HOT
TIP**</td><td>Be sure to select *Monetary Impact Topics* for **all** benefits received, including secondary benefits awarded. When adding secondary benefits, remember:
1. Select a *Time Topic* with a code that matches the *Monetary Impact Topic.*
2. Enter time spent (in minutes) to the *Time Topic.* Record actual time spent. If there was no contact with the consumer, enter 1 minute.
3. Select an *Outcome* for the *Time Topic.*</td></tr>
</table>

For further information about the monetary impact of benefit specialist services, refer to Guide to Monetary Impact for Benefit Specialists.

e. **Saving and Closing Call Topics**
    After you have selected all applicable *Topics* and entered related data in the *Topics Screen*, click **OK** in the *Topics Screen Command Bar* to save the data.

    Special Note: If you did not enter a *Call Topic* and clicked **Save and Close** in the new *Call Record*, a pop-up reminder window will open instructing you to "Please add at least one Time topic to this call." However, after clicking **OK** on the pop-up reminder window, WellSky/SAMS will return to you to a *Call Record Screen* that will not display a *Call Topics Panel.* To enter a Topic:
    1. In the *Command Bar* of the *Call Record Screen*, click on the **Add New** dropdown menu and select **Call Topic.**

2. Add the *Topic* as described above, and click **OK.**

f. **Special Instructions for Medicare-Related Call Topics**
When you save a *Call Record* that includes a contact with a client about Medicare-related health insurance issues (Time Topic Codes 1-A60 through 1-A63), you will be prompted to complete a *SHIP Beneficiary Contact Form (BCF)* in the *Workflow* tab in order to collect additional data required for the SHIP and MIPPA grants. Instructions for completing the form are provided later in this guide.

g. **Additional Call Topic Screen Information**
Disregard the fields at the bottom of the *Topic Screen* for *Default Date*, *Time to apply to each Topic*, *Total Time*, and *Default Planning,* pictured below.

9. Enter Call Notes

The *Notes Panel,* located on the right side of the *Call Record Screen,* allows you to enter additional comments related to the client contact. Entering information in this section of the *Call Record* is highly recommended for all records. To enter notes, place your cursor in the box within the *Notes Panel* and type, as illustrated below. Notes that you enter in this panel will be saved when you save the *Call Record*. These notes are associated with the *Call Record* itself and are only viewable within the call. The *Notes Panels* contain a spellcheck feature for your use.

Benefit specialists should not store customer's login credentials for Medicare.gov or other personal accounts in WellSky or the SHIP reporting system (STARS). Doing so creates a security risk.

10. Enter Activity Records (if applicable)

Activity Records are created for two purposes:

- Creating an *Activity Record* is **required** for *Call Records* relating to SSDI/SSI disability applications. They serve the purpose of tracking administrative decisions at each level of the disability determination process. All DBSs must complete *Activity Records* for disability cases as it is the only way to track program statistics for approvals or denials at the initial, reconsideration, or ALJ stages of an SSDI application. These required *Activity Records* should be created in the *Activity Panel* of the related *Call Record*.

- Creating an *Activity Record* as a reminder to complete a future task is **optional** for all other follow-up actions. You can create an *Activity Record* as a reminder to follow up with a customer, a reminder to check on the status of an application, or a reminder to complete other customer-related tasks. Optional *Activity Records* can be created within a related *Call Record*, within the *Consumer Record – Activities Screen*, or from your main *Activities List Screen*.

Note: More than one *Activity Record* may be created for the same customer. For example, you might create a required *Activity Record* related to a disability application, and an optional *Activity Record* to document a separate future action.

a. Creating disability case-related *Activity Records* within a new *Call Record*:
1. Click **Save** in the *Call Record Command Bar*.
2. In the *Activities Panel* select **Add New**.
   Note: If you are creating an *Activity* in a previously saved and closed *Call Record*, the Activity panel might not be displayed. To display it, select **Activity** from the drop-down list under **Add New** in the *Call Record Screen Command Bar*, as illustrated below.

3. An *Activity Screen* will open as pictured below.

4. Enter information into the following *Activity Screen* fields:
   - *Start Date:* Enter the date that the tracking process for the *Activity Action* began.
   - *Subject*: Enter text that describes the subject of your *Activity* (for example, Medicaid appeal).
   - *Action*: Select the appropriate option from the dropdown list. Disability benefit specialists should use actions coded with the letter D to track disability determination-related activities. Use actions coded with the letter G (as in "general") to track all other types of case *Activities*.
   - *Status*: Select the appropriate option from the dropdown list. Options include: *Not Started*, *In Progress*, and *Completed*. Update this field later when you have completed the *Activity*. DBS should select *Completed* when an administrative decision is issued in a disability determination case and then select a *Reason*, as described below.
   - *Reason*: *Reason* options vary depending on which status you select. DBS should use the *Reason* field to record the administrative decision at **each phase** of a disability determination case, as well as any plan to appeal that decision.
   - *Status Date*: This field will default to the date that the *Activity Record* was created. Update as necessary by typing in the date or by clicking on the **grid symbol** to the right of the field to open a calendar and select the date when you most recently updated the *Activity Record*.
   - *Due Date*: Enter the date or click on the **grid symbol** to the right of the field to open a calendar and select the date when the *Activity* must be completed. Due dates for disability application determination processes should reflect any specified timelines for that step in the process.
   - *Date Completed*: This field may be left blank until the *Activity* is completed. If you have completed the *Activity*, enter the date or click on the **grid symbol** to the right of the field to open a calendar and select the date when you have completed the *Activity*. DBSs should use this field to record the Social Security Administration's decision date when tracking a disability determination case.
   - *Follow-Up Status*: The available options are *Not Required*, *Required,* and *Completed*. For all optional activities, use of this field is optional. For purposes of tracking DBS involvement in disability determination related activities, select **Required** if the DBS is involved in the activity, and select **Not Required** if the

disability determination-related activity reflects a process that occurred prior to DBS involvement.
- *Comments Panel*: You have the option to enter additional notes regarding the *Activity* in the *Comments* field. Miscellaneous information about program applications and appeals that migrated from the DBS database is stored in this field.
- *Services Panel*: Not applicable

HOT TIP
> In ongoing SSDI/SSI disability determination cases, remember to update *Activity Records* as the case moves forward to the next stage in the process. A new *Activity Record* should be created to begin tracking the new stage.

See [Appendix D](#) for an index of dropdown menu options for key fields in the *Activity Record* Screen for disablility cases.

When you have completed all fields in the *Activity Record*, click **Save and Close** at the top of the screen to return to the *Call Record*. A summary of *Activities* associated with the *Call Record* will appear in the *Activities Panel*, as illustrated below.

See section II.B.3 in the Guide to Generating Reports for information on how to create a disability case-related Activity report to track your disability cases.

b. Creating optional *Activity Records* to track future follow-up actions

Optional *Activity Records* may be created in one of several ways:
- From the *Activities Panel* of a *Call Record* as described and shown above. Select **Add New** in this panel to create a new *Activity Record*.
- From the *Activities & Referrals Tab* of a *Consumer Record*. The record created with this method will be prepopulated with the customer's name. Select **Add New** in the menu of this tab to create a new *Activity Record*.

- From the main *Activities List Screen* that displays when clicking on **Activities** in the *Main Navigation Bar*. Select the orange circle with the plus sign to create a new *Activity Record*.
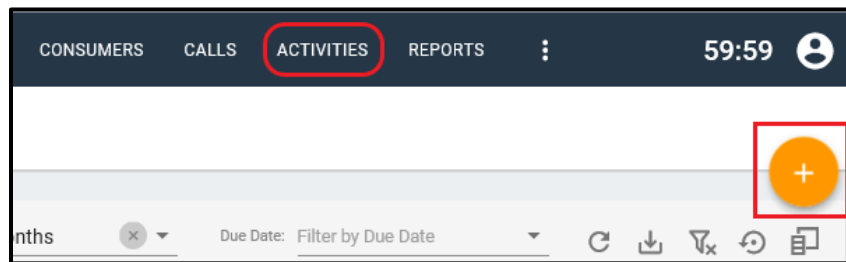
The following fields will be useful for creating Activity Records for the purpose of scheduling a follow-up action:
- *Follow-up Date* – Select the date you plan to complete your follow-up action
- *Consumer* – To populate the *Consumer* field, click on the icon with the green arrow and a pop-up window will open. Search for the *Consumer* that's associated with the *Activity* and double-click to add the *Consumer* to the *Activity Record*. (Note that the *Consumer* name will be prepopulated when creating the *Activity Record* from within the *Consumer Record-Activities & Referral* tab.
- Subject – Enter the purpose of your follow-up action.
- *Action* – Select the most appropriate choice from the drop-down menu. For optional follow-up activities, the best choice will usually be **Follow-up Call to Client.**
- *Status* – Select either **Not Started** or **In Progress** when the follow-up *Activity* has not yet been completed. Select **Complete** after the Activity has been completed.
- *Date Completed* – Enter the date the *Activity* was completed.

To avoid confusion, it is recommended you hide unnecessary fields from view. Refer to the "WellSky/SAMS Navigation and Formatting Guide" instructions for more information on formatting your *Activity Record Screen, Consumer Record-Activities* tab, main list of *Activity Records,* and any *Activities panel*s (such as the panel located within a *Call Record).*

Use the main list of *Activity Records* to track your upcoming or completed *Activities*. To do this, you'll use sorting and filtering options as described in the "WellSky/SAMS Navigation and Formatting Guide" to produce a meaningful list based on the results you're looking for. Here are some helpful hints for setting up your list of *Activity Records*:
- Be sure that all fields that are displayed in your individual *Activity Records* are also displayed in your main *Activities* list. Also be sure that the *Primary Care Manager* field is displayed on your main *Activities* list.
- To view only *Activity Records* that are assigned to a specific benefit specialist, in the *Primary Care Manager* column, use the filtering option of *Contains* and enter the benefit specialist's name in the space next to the applied filter icon. (Note, if someone other than the benefit specialist is assigned to complete the follow-up action, an alternate method is to enter the assigned staff members name anywhere within the *Subject* field of the *Activity Record*. The *Subject* column can be used to filter records

to achieve the desired result.)

- To view only *Activity Records* that are not yet completed, in the Status column, use the filtering option *Does not contain* and type "**Completed**" in the space next to the applied filter icon.
- To view only *Activity Records* within a specified date range, in the *Follow-Up Date* column, use the filtering option **Between** and enter the applicable **Start** and **End** dates in the space provided.
- To sort your *Activity Records* in ascending order, click anywhere in the *Follow-Up Date* header row cell. You'll see an upward pointing arrow to the right of the field name. To sort in descending order, click anywhere in the header row cell again so that you see a downward pointing arrow to the right of the field name.

11. **Enter Health Care and Financial Power of Attorney (POA) Information (if applicable)**

    a. A power of attorney (POA) is a legally binding document that allows customers to appoint one or more individuals to make decisions on their behalf for matters related to health care, finances, or both. Benefit specialists have the option to add information about the person designated with POA authority using the *Contact* panel of an existing *Consumer Record*. To do this: Open the *Consumer Record-Details* screen of the customer who has granted POA rights to another.

    b. In the *Consumer Record-Details* screen Command Bar, select **Add New**
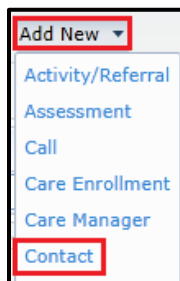
    c. A drop-down menu of options will appear. Select **Contact**.

    d. A *Contact Record* screen will open. In the Type field, click on the drop-down arrow.
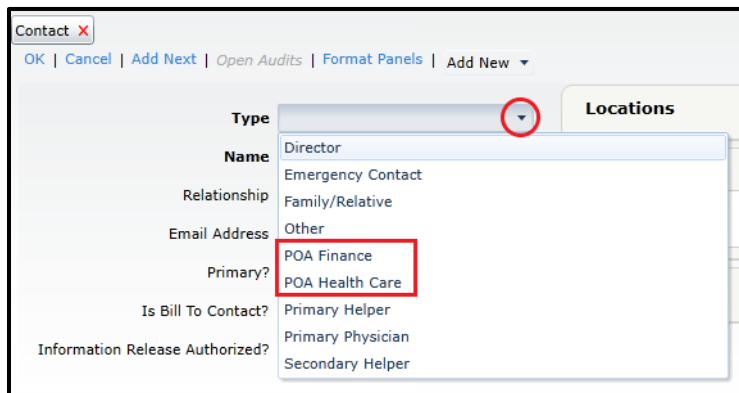
    e. Select **POA Finance** or **POA Health Care**, as applicable

f. Complete the *Name*, *Relationship*, and *Email Address* fields with applicable information about the person with POA authority.
g. If more than one person is designated with POA authority for the POA type selected, but one person is considered the primary POA designee, you may wish to add a check mark in the box labeled Primary.
h. To add address information for the POA designee, select **Add New** in the *Locations* panel of the *Contact Record* and complete the panel information as applicable.

i. Click **OK** to save and close the *Locations* panel.
j. To add phone contact information for the POA designee, select **Add New** in the *Phones* panel of the *Contact Record* and complete the panel information as applicable.

k. Click **OK** to save and close the *Phones* panel.
l. Enter notes in the *Notes* panel of the *Contact Record*
m. Click **OK** to save and close the *Contact* panel or click **Add Next** to add another POA designee.

n. After clicking **OK**, the *Contact* panel will be visible on the right side of the *Consumer Record-Details* screen.
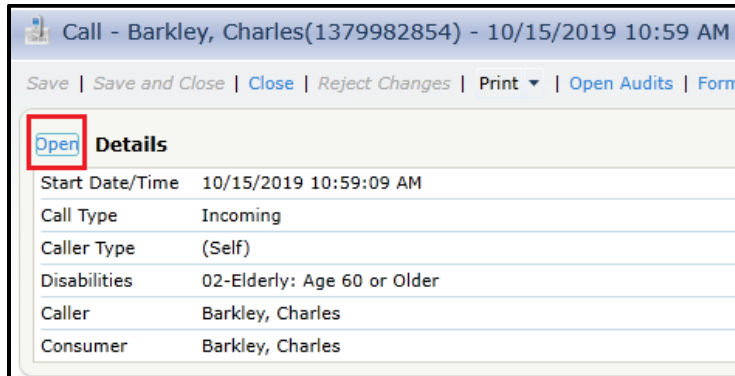
C. Editing Existing Call and Consumer Records

After you've created and saved a *Call* or *Consumer Record*, you might need to a return to an existing record to change or add information. Editing a record may involve changing or adding *Property List* information located on the left side of the *Record Screen* (the section that starts with *Basic Information* in a *Consumer Record – Details Screen* and the section that starts with *Details* in a *Call Record Screen*), or you might wish to change or add information

in one or more of the panels, typically located on the right side of both the *Call Record* and *Consumer Record – Details Screens.*

1. **Editing Call Details and Consumer Basic Information Sections**

   a. Open a *Call Record* or a *Consumer Record* (the edit process is the same for both).
   b. In the *Record Screen*, in the upper left of the screen click Open.
      - In the *Call Record Screen*, it looks like this:
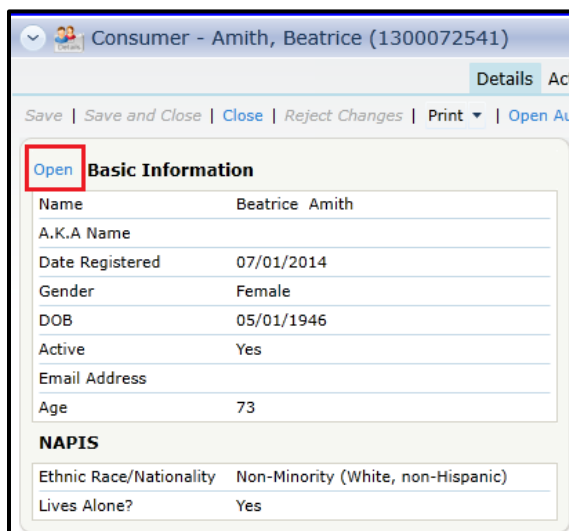
      - In the *Consumer Record – Details Screen,* it looks like this:

   c. An "edit" screen with editable fields will open.
   d. Go to the field you wish to edit and add the new information, either via the dropdown menu selection choices or by free-form typing, depending on the contents of the field.
   e. Click **OK** in the upper left of your edit screen to save your changes.
   f. Click **Save** or **Save and Close** to save your changes in the *Call* or *Consumer Record*.

HOT TIP

If a data field is missing from your display, you may need to "activate" the field by clicking on **Format Property List** located in the lower right of the "edit" screen. (See *Navigation and Formatting Guide – Record Screens section B.1*.)

2. Editing Information Contained in Panels

a. Open a *Call Record* or a *Consumer Record* (the edit process is the same for both).
b. Go to the panel you wish to edit.
c. In the *Panel Command Bar*, select the appropriate action based on the information you wish to add or change.
d. Add or change the desired information within the *Panel Record.*
e. Click **OK** to save your changes in the *Panel Record.*
f. Click **Save** or **Save and Close** to save your changes in the *Call* or *Consumer Record*.

HOT TIP

If a panel is missing from your display, you may need to "activate" the panel by clicking on **Add New** in the *Call* or *Consumer Record Command Bar* and selecting the desired panel to add to the record.

D. Viewing Related Calls

If there are other *Call Records* associated with the *Consumer* or *Caller*, these will be displayed in the *Related Calls Panel* on the lower right side of the *Call Record* **and** in the *Consumer Record-Calls Tab*. You may view more details about a related call by double-clicking the record or by selecting a *Call Record* from the list and clicking **Open** at the top of panel. If you are working in a *Call Record* that is currently open and is not yet saved, you will be prompted to save the existing *Call Record* before opening the related *Call Record*.

E. Printing Records

If you want to print an individual *Consumer*, *Call*, or *Activity Record*, you can print from within the *Record* or from a *List Screen* by clicking on the **Print** dropdown command located on the *Command Bar* of each of the screens.

You may choose multiple *Records* to print from the *List Screens* by holding down the <Ctrl> key on your keyboard and clicking on each individual record. Please note that each *Record* you choose to print will be printed on a separate page.
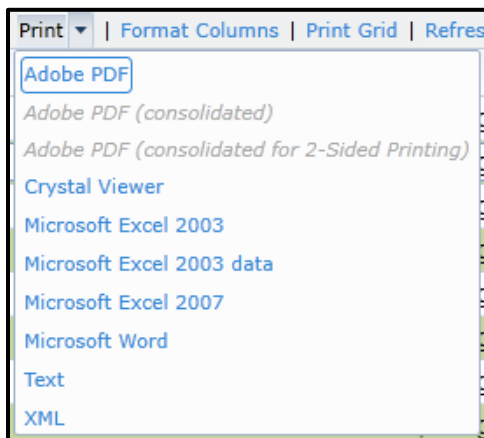
Select the format for printing. (Adobe PDF is used most frequently.) An options window will display, as illustrated below, allowing you to choose which information you would like included in the printout.
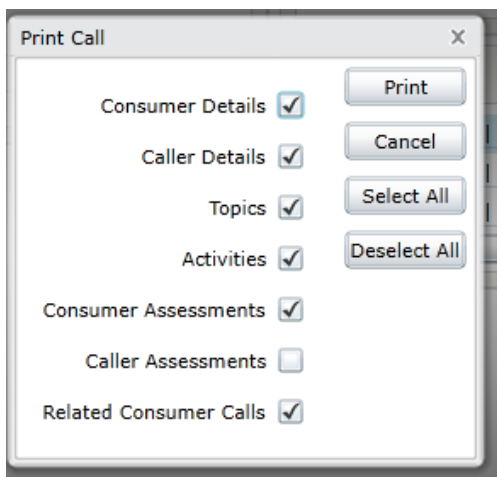
After selecting the items to include, click on the **Print** button and your printout will begin.

HOT TIP

Want to see a history of all *Call Record Notes* for a specific client? See the steps below.

To view and print *Notes* from a *Call Record* **including** *Notes* from all related *Calls:*
1. Open the desired *Consumer Record* (it will default to the *Consumer Record-Details Screen*).
2. Select **Calls** from the *Consumer Record Navigation Bar* to open the *Consumer Record-Calls Screen*.
3. Click on the **dropdown arrow** next to *Print* on the *Consumer Record-Calls Screen Command Bar*.
4. Select **Adobe PDF** (or your preferred output option).

5. Select all options you wish to print by clicking on the **check box** for each preferred option.
6. Select **Print**.

II. SHIP Reporting

A. SHIP Assessment Forms

Benefit specialists must report Medicare-related client contact data and Group and Media (GAM) outreach and education events and activities due to federal requirements under the State Health Insurance Assistance Program (SHIP) and Medicare Improvements for Patients and Providers (MIPPA) grants. These data are collected in WellSky/SAMS through the use of the *SHIP Beneficiary Contact Form Assessment* and the *GAM Assessment Tool*.

1. Completing and Exporting a SHIP Beneficiary Contact Form Assessment

Each time you save a *Call Record* that includes any *Medicare Related Topic,* a *Workflow* item is created in the *Workflow Sidebar* tab to remind you to complete the *Beneficiary Contact Form* assessment. You may complete the assessment right away or later. A reminder, denoted by a number surrounded in red, will display in the *Workflow Sidebar* tab, as illustrated below, if there are any uncompleted *Workflow* items. The number indicates the number of assessment forms pending completion.

a. When you are ready to complete a *Beneficiary Contact Form*, hover your cursor over the *Workflow* tab on the far left side of the screen. The *Workflow* window will open briefly, displaying a list of all workflow items including those associated with other *Consumers* and other *Call Records*. If you would like the *Workflow* window to remain open, select the **pushpin icon** in the upper right corner of the *Workflow* window, as illustrated below. When you do this, the *Workflow* window will turn blue and remain open until you deselect the **pushpin icon**.
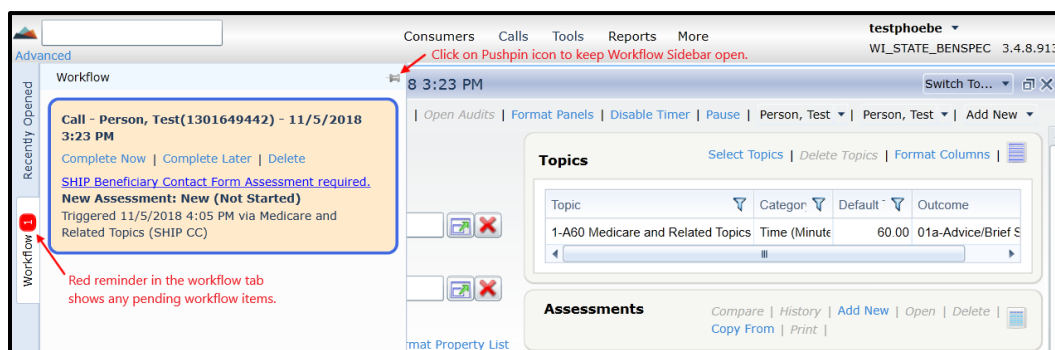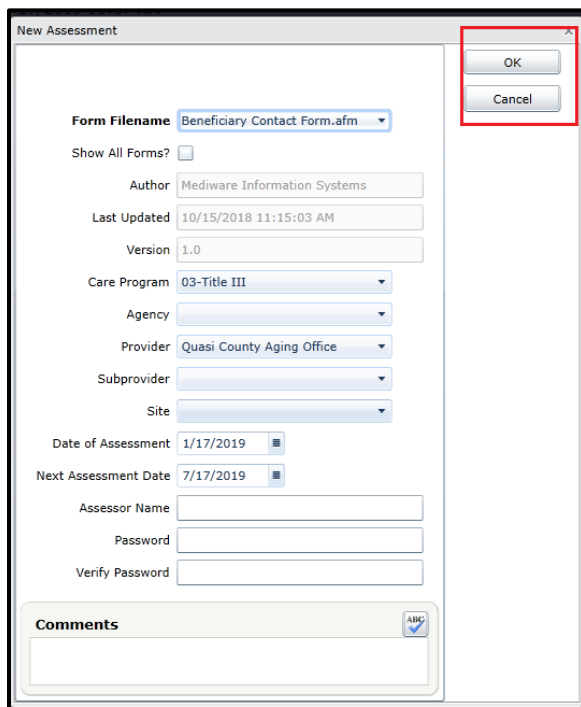
b. To begin work on a *Workflow* item, select the **Complete Now** link within the *Workflow* item you plan to complete. Once saved, assessments associated with a *Call Record* are displayed in an *Assessments Panel* on the right side of the *Call Record Screen*.

Note: Watch out for duplicate workflow items. Each time you save changes to a *Call Record* that has a Medicare topic*,* another *Workflow* item to complete the assessment will

be generated. This is a safeguard to ensure assessments are completed. However, it also results in occasional duplicate *Workflow* prompts. You should never complete more than one assessment per *Call Record*. You may delete any duplicate *Workflow* items by clicking on the **Delete** link within the *Workflow* item.

c. After selecting **Complete Now**, a *New Assessment* pop-up window will appear, as shown below.

d. The *Agency* and *Provider* fields should be automatically populated based on the default values entered in *My Settings*. These data elements are required for *Assessments* and ensure that records will be available for inclusion in export files. Enter the date of the call in the *Date of Assessment* field. All other fields may be left blank. Click **OK** to open the *Beneficiary Contact Form*.

Note: Prior to the Beneficiary Contact Form displaying, you might receive a *Map Consumer Details* pop-up window. If you do, it means that something was missing in the consumer record for one of the questions in the *Assessment* that is linked to the Consumer Record. You can just click **OK**, or click on the **Assessment Response** dropdown menu and select the appropriate choice to prepopulate one or more of the fields found in the *Assessment*.

e. The first time you complete a *Beneficiary Contact Form Assessment*, when the form displays, select **Options,** located in the *Command Bar*. The following window will display:

f. Configure the following fields as follows:
- *Update Consumer Record*: **Never**
- *Default Reassessment Date (Months)*: **0**
- *Start Up Mode*: **Display All Sections**

g. Click **OK** to save.

h. Within the *Beneficiary Contact Form* (illustrated below), some data will automatically prepopulate from the consumer's record. Any relevant data saved under *My Settings*, including your *SHIP eFile ID*, will also automatically populate.

Note: **Do not edit client information that is prepopulated in the *Beneficiary Contact Form Assessment*.** Updates to any client information such as phone number or addresses should be made in the *Consumer Record*.

i. All required questions have a red asterisk next to them. You need to complete only the required questions of this form. If required data is missing when you save the assessment, a message will be displayed prompting you to complete the missing data. When a question has been answered, a green check mark will appear next to it. The information required in most fields is self-evident. For fields that might require further explanation, please see Appendix E.

Use the options located on the *Command Bar* of the *Beneficiary Contact Form Screen,* as illustrated below, to navigate more quickly through the form. Hover over each command icon to display a description of the icon's function.

When a question permits multiple answers, you will see a square checkbox next to each possible answer, as illustrated below. When answering these types of questions, you should select all applicable answers.

Topics Discussed (At least one Topic Discussed selection required)

Original Medicare (Parts A & B)

Select All | Deselect All

☐ Appeals/Grievances	☐ Benefit Explanation	☐ Claims/Billings	☐ Coordination of Benefits
☐ Eligibility	☐ Enrollment/Disenrollment	☐ Fraud and Abuse	☐ QIO/Quality of Care

j. After completing all of the required fields in the form, click **Save** at the top of the form. If errors exist or information is incomplete, you will be prompted to correct them. If you did not enter a *Topic Discussed*, you will receive a pop-up window like this:

Input Required ✕

Topics Discussed is required and must be completed.

OK

Scroll down to the *Topics Discussed* section of the form (or click on **Topics Discussed** in the left side panel) and complete the appropriate fields.

k. If you receive a red notification message like the one displayed below, click on each error message that is listed to go to the field in question.

To learn more about the error, hover your cursor over the small triangle located at the top right of the red border surrounding your error field. The *Assessment* cannot be saved until all errors are corrected.

l. If you receive error messages like the ones below, it means you answered yes to the first question (*MIPPA Contact*) but did not select a corresponding MIPPA-eligible topic in the *Topics Discussed* section. Please refer to the MIPPA Grant Activity Reporting Instructions (P-03087)for a list of qualifying topics and either change your answer to the MIPPA Contact question to **No** or add a MIPPA-eligible topic discussed, if applicable. If you continue to receive error messages, email the Wisconsin SHIP director.

Input Required ✕

The Session Conducted By user must have MIPPA selected on the Program field of their Team Member form for MIPPA to be set to Yes. Contact your State Director to change your team member form, if you do not have access.

[OK]

Input Required ✕

At least one MIPPA qualifying topic must be selected for the MIPPA field to be set to Yes.

[OK]
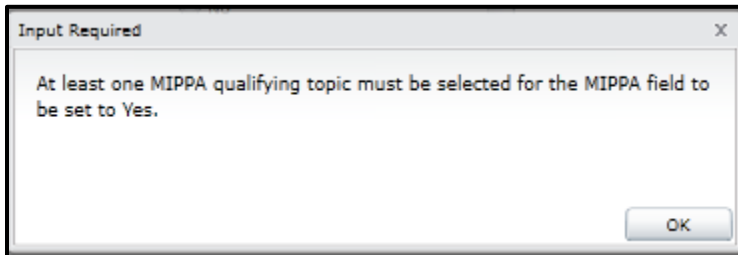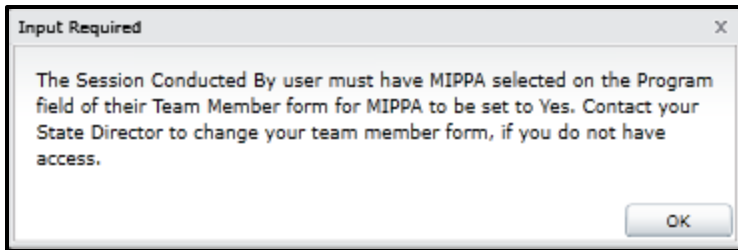
m. After saving the form, click **Export** at the top of the form to send the record to the national *SHIP Tracking and Reporting System (STARS)*. When the export is completed, a message will appear confirming whether the export was successful. Click **OK,** and close the form.

n. Once you have closed the *Beneficiary Contact Form*, you will return to a screen displaying a list of all saved *Beneficiary Contact Forms* for that client. Click the **'X'** in the upper right corner of this screen to exit and return to the client's *Call Record*. A record of the completed *Assessment Form* should now be displayed in the *Assessments Panel* on the right side of the *Call Record*.

2. Completing and Exporting a SHIP Group and Media (GAM) Event Assessment

a. To enter a Medicare-related public outreach activity conducted under the SHIP or MIPPA grants, click on **Tools** on the *Main Navigation Bar* and select **SHIP - GAM Events** from the dropdown list, as illustrated below.
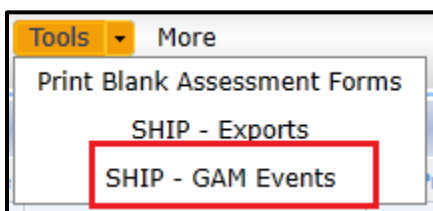
b. Next, click **Add New:**
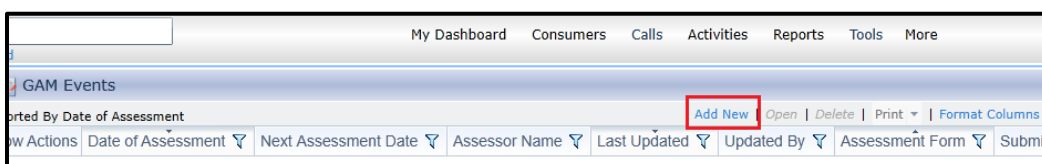
c. A *New Assessment Screen* will appear, as illustrated below. In the *Form Filename* field, select the appropriate option. Select **Group Outreach & Education Form.afm** for interactive presentations to the public, including face-to-face presentations, booths or exhibits, enrollment events, and virtual presentations; recorded presentations can be counted as long as viewers are informed how to contact a SHIP counselor for assistance. Select **Media Outreach & Education Form.aft** for radio, television, electronic, and print media activities.

d. The *Agency* and *Provider* fields should be automatically populated based on defaults entered in *My Settings*. These data elements are required and ensure that records will be available for inclusion in export files. Enter the date of the event in the *Date of Assessment* field and a brief description of the activity in the *Comments* field. All other fields may be left blank. Click **OK** to open the assessment.

e. The remaining process for completing this form is identical to the process for completing a *SHIP Beneficiary Contact Form Assessment*, as described in the previous section, including identifying errors, and saving and exporting your form.

3. Alternative (Batch) Export Method for SHIP Assessment Forms

In general, you should always export an *Assessment Form* as soon as you have completed and saved it, using the **Export** command at the top of the assessment form itself. However, sometimes you may be unable to export the *Assessment* or you may save and close an *Assessment* without remembering to export it. Or you may wish to wait until the end of the day to ensure the total time spent on a case is accurate. You can use the *SHIP – Exports* tool to identify any completed assessment forms that you have not yet exported.

a. To access the *SHIP Export Screen*, in the *Main Navigation Bar*, click **Tools** and select **SHIP – Exports**.
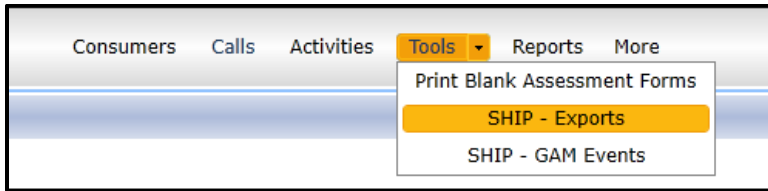
b. Click the **Add New** link at the top of the *SHIP Exports List Screen* to open a new export, as shown below.
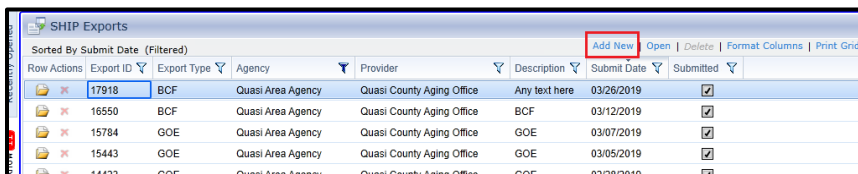
c. Within the *Export Screen,* pictured below:
1. Select the *Type* of assessment for download.
2. Select your *Agency and Provider*. (If you are unsure of your agency or provider name, reference the defaults in your *My Settings Screen*.)
3. Enter a description. (Any text of your choice will suffice here.)
4. Select a *Start Date* and an *End Date* to reflect the time period for which you're searching for completed SHIP Assessments that have not yet been exported.

d. After these search criteria are populated, click **Search**. A list of any *Assessments* that meet your search criteria will appear at the bottom of the screen, as shown below.

If you plan to export the entire list as a batch, go to the next step. If you plan to export only one Assessment from the list, double click on the *Assessment* and export as you normally would export a single form. If you plan to multiple Assessments from the list, but not the entire list, list, hold down the **ctrl** key on your keyboard and single click on each *Assessment* you would like to include in your batch.

e. Next, click **Run Validation Rules**. A pop-up message will indicate how many records validated successfully as well as the details of any records that did not pass validation.
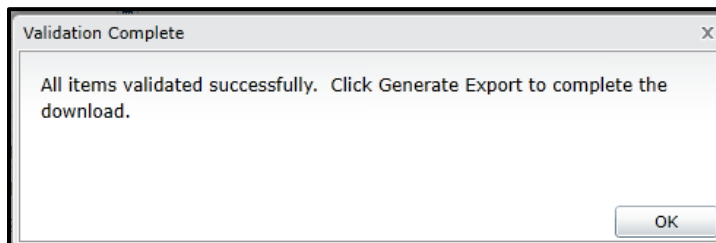
f. If one or more records did not pass validation, double-click on the record(s) in the list to open the associated assessment form and review its contents. Use the details provided in the validation pop-up message to correct any records as applicable.

g. Select any record listed that has passed validation, then click **Export** to send it to *STARS*, or click **Export All** to export every assessment that has passed validation at the same time. Any records in the list that did not pass validation will be excluded from the export file and will reappear in your list if you generate another export.

h. A pop-up message will indicate whether your attempt to export the record(s) was successful.
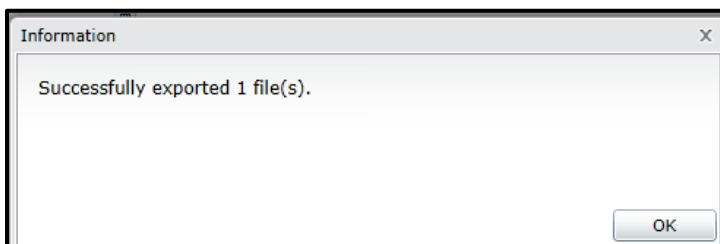
i. Click **OK** on the pop-up message. The *Export* window will close, and you will return to the *SHIP Exports List Screen*.

j. Click **Refresh** to make sure your most recent export appears in the list

4. **Printing Blank SHIP Assessment Forms**

Blank *Assessment Forms* can be printed from WellSky/SAMS. To print any of the three forms:

a. In the *Main Navigation Bar*, select the **Tools** dropdown menu.
b. Select **Print Blank Assessment Forms.**
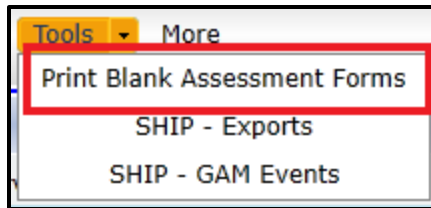
c. A *Print Assessment* pop-up window will appear.
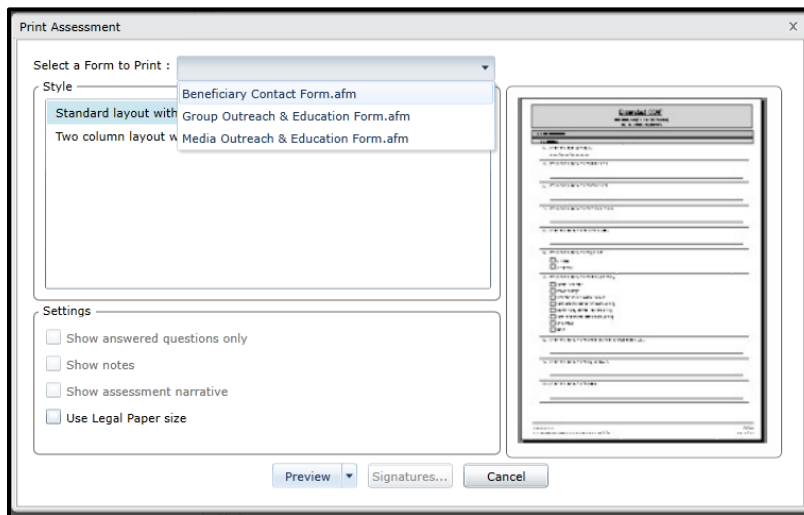
d. In the *Select a Form to Print* field, select the form you wish to print.
e. Select the *Style* of layout.
f. Select **Use Legal Paper** size (if desired).
g. Click the **Preview** dropdown menu.
h. Select your preferred document type to preview from the dropdown menu choices.
i. **Print** or **Save** the form according to the options available for your document preview software selection..

Appendix A: Case Creation Flowchart

```
                    ┌─────────────┐
                    │  Consumer   │
                    │   Contact   │
                    └─────────────┘
                           │
                           ▼
                    ┌─────────────┐
                    │  Open New   │
                    │ Call Record │
                    └─────────────┘
                     ╱           ╲
                    ▼             ▼
        ┌─────────────┐       ┌─────────────┐
        │ Create New  │       │Use Existing │
        │  Consumer   │       │  Consumer   │
        │   Record    │       │   Record    │
        └─────────────┘       └─────────────┘
                    ╲           ╱
                     ▼         ▼
                    ┌─────────────┐
                    │  Add Call   │      ┌──────────────┐
                    │   Record    │◄─────│ Case Opened  │
                    │   Topic     │      └──────────────┘
                    └─────────────┘
                           │
                           ▼
                    ┌─────────────┐
                    │  Add Out-   │
                    │  come (and  │      ┌──────────────┐
                    │  Monetary   │◄─────│ Case Closed  │
                    │ Impact, if  │      └──────────────┘
                    │ applicable) │
                    └─────────────┘
```
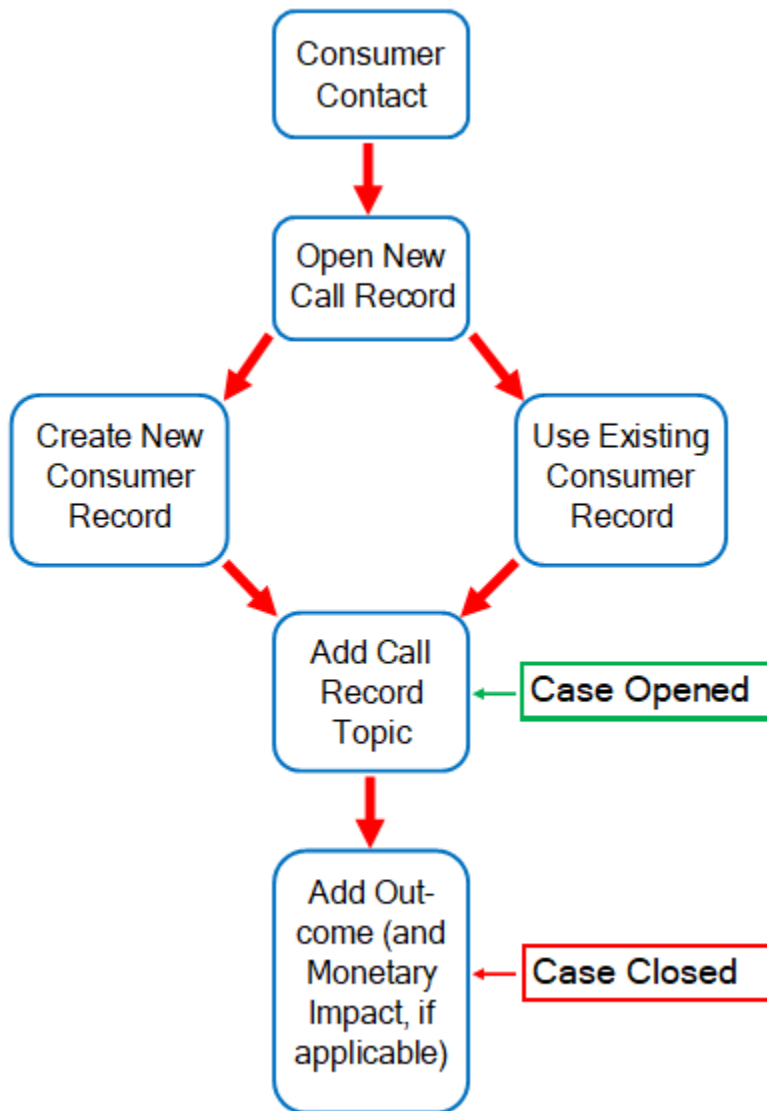
Appendix B: Call Topics Index

This appendix contains a list of all benefit specialist *Call Topics*. Please note that each topic has a unique ID code. The first number in the code corresponds to the topic category, as follows:

- 1-XXX = *Time (Minutes)*
- 2-XXX = *Federal (Fed$) Monetary Impact*
- 3-XXX = *State (Wis$) Monetary Impact*
- 4-XXX = *Other (Oth$) Monetary Impact*

Monetary Impact codes share a common three-digit "core" code with the time topic to which they correspond. For example, all *Topics* related to BadgerCare Plus use the core code "A05." When closing a case, you can locate the *Monetary Impact Topics* by entering the three-digit core code in the *Call Topics Screen Search* field.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-A05 BadgerCare Plus	BadgerCare Plus eligibility or coverage	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A05 Fed$ BadgerCare Plus • 3-A05 Wis$ BadgerCare Plus
1-A10 Dental Care, Free/Reduced Cost	Eligibility or coverage for free or reduced cost dental care through a non-Medicaid program such as Donated Dental Services or a school of dentistry	Program is supported by one funding source: • 4-A10 Oth$ Dental Care, Free/Reduced Cost
1-A15 Family Planning Services Waiver	Family Planning Services Waiver eligibility or coverage	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A15 Fed$ Family Planning Services Waiver • 3-A15 Wis$ Family Planning Services Waiver
1-A20 Health Care, Free/Reduced Cost	Eligibility for Charity Care, Wisconsin Chronic Disease Programs, or other non-Medicaid programs that offer health care to uninsured people for free or at a reduced cost	Program is supported by one funding source. Select topic: • 4-A20 Oth$ Health Care, Free/Reduced Cost **Note**: No default value is provided. Enter estimated actual value of service or benefit.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-A21 Prescriptions, Free/Reduced Cost	Eligibility for free or reduced cost prescription medications through a non-Medicaid program such as pharmaceutical manufacturer assistance program	Program is supported by one funding source: • 4-A21 Oth$ Prescriptions, Free/Reduced Cost **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-A25 Health Insurance, Private/Marketplace	Eligibility or coverage for health care services through a private health insurance plan offered through an employer, the Marketplace, or an insurer outside of the Marketplace	Topic encompasses multiple programs. Select one of the options below: • 2-A25 Fed$ Health Insurance, Private/Marketplace • 4-A25 Oth$ Health Insurance, Private/Marketplace **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-A30 Indian Health Services	Eligibility or coverage for healthcare through Indian Health Services	Program is supported by one funding source: • 2-A30 Fed$ Indian Health Services **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-A35 Medicaid, EBD Card Services	Eligibility or coverage for primary and acute healthcare services through Medicaid for the Elderly, Blind, and Disabled, including SSI Medicaid, Categorically Needy Medicaid, the Medicaid Deductible Program, Medicaid Purchase Plan (MAPP), and the Wisconsin Well Woman program	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A35 Fed$ Medicaid, EBD Card Services • 3-A35 Wis$ Medicaid, EBD Card Services
1-A40 Medicaid, Home/Community Based LTC	Eligibility or coverage for long-term care services through FamilyCare, FamilyCare Partnership, PACE, IRIS, or another home and community-based waiver program	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A40 Fed$ Medicaid, Home/Community Based LTC • 3-A40 Wis$ Medicaid, Home/Community Based LTC

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-A45 Medicaid, Institutional Long Term Care	Issues related to Medicaid coverage for long-term care in a skilled nursing facility or another institutional setting, including but not limited to eligibility, spousal impoverishment protections, and divestment issues	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A45 Fed$ Medicaid, Institutional Long Term Care • 3-A45 Wis$ Medicaid, Institutional Long Term Care
1-A50 Medicaid, Liens/Estate Recovery	Questions or concerns about Medicaid-related liens or estate recovery	No *Monetary Impact*; general information and referral only
1-A60 Medicare Options/Enrollment	Questions and concerns related to enrollment in Medicare and related programs, including Parts A and B, Medicare Advantage (including Special Needs Plans), Part D, Cost, and supplement policies Note: SHIP topic; triggers *SHIP Beneficiary Contact Assessment workflow*	Topic encompasses multiple programs. Select one or more enrollment options chosen by client: • 2-A60 Fed$ Medicare Advantage with Part D (MA-PD) • 2-A60 Fed$ Medicare Advantage without Part D • 2-A60 Fed$ Medicare Part A • 2-A60 Fed$ Medicare Part B • 2-A60 Fed$ Medicare Part D (without LIS) • 2-A60 Fed$ Medicare Advantage D-SNP • 3-A60 Wis$ Medicare Advantage D-SNP • 4-A60 Oth$ Medicare Cost Policy • 4-A60 Oth$ Medicare Supplement Policy
1-A60 Unspecified Medicare (DO NOT USE)	• Used only for cases opened prior to the May 2019 topic code updates • Formerly called *1-A60 Medicare and Related Topics (SHIP CC)*	No longer applicable.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-A61 Medicare Coverage, Items/Services	Issues related to Medicare coverage of items and services, including coverage disputes and appeals under all parts of Medicare ; **Note**: SHIP topic triggers *SHIP Beneficiary Contact Assessment workflow*	Topic encompasses multiple programs. Select one or more of the options below: • 2-A61 Fed$ Medicare Coverage, Items/Services • 4-A61 Oth$ Medicare Coverage, Items/Services **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-A62 Medicare Savings Programs/Part D LIS	Issues related to Medicare Savings Programs and Part D Extra Help or Low Income Subsidy (LIS), including applications, renewals, and coverage **Note**: SHIP/MIPPA grant topic; triggers *SHIP Beneficiary Contact Assessment workflow*	Program may be supported by multiple funding sources. Select all funding sources associated with the benefit obtained: • 2-A62 Fed$ Medicare Part D LIS • 2-A62 Fed$ Medicare Savings Program: QMB • 3-A62 Wis$ Medicare Savings Program: QMB • 2-A62 Fed$ Medicare Savings Program: SLMB • 3-A62 Wis$ Medicare Savings Program: SLMB • 2-A62 Fed$ Medicare Savings Program: SLMB+
1-A63 Long-Term Care Insurance	Long-term care insurance policy enrollment and coverage issues **Note**: SHIP topic; triggers *SHIP Beneficiary Contact Assessment workflow*	Program is supported by one funding source: • 4-A63 Oth$ Long-Term Care Insurance **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-A70 SeniorCare - All Levels	• Eligibility and coverage for prescriptions through Wisconsin SeniorCare at any coverage level • Formerly listed as *1-A65 SeniorCare Level 1* and *1-A70 SeniorCare Level 2a, 2b or 3*	Program is supported by multiple funding sources. Select all of these funding sources: • 2-A70 Fed$ SeniorCare - All Levels • 3-A70 Wis$ SeniorCare - All Levels • 4-A70 Oth$ SeniorCare - All Levels

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-A75 Veterans/Military Health Benefits	Health benefits for veterans or active military personnel including but not limited to Veterans Administration (VA) and TriCare programs	Topic encompasses multiple programs. Select one of the options below: • 2-A75 Fed$ Veterans/Military Health Benefits • 3-A75 Wis$ Veterans/Military Health Benefits • 4-A75 Oth$ Veterans/Military Health Benefits
1-B05 Disability Insurance, Private/Group	Eligibility or coverage for disability benefits through a private or employer group insurance policy	Topic encompasses multiple programs. Select the option below and enter actual estimated value: • 4-B05 Oth$ Disability Insurance, Private/Group Note: No default value is provided. Enter estimated actual value of service or benefit.
1-B10 FoodShare	Eligibility for Wisconsin FoodShare (SNAP)	Program is supported by one funding source: • 2-B10 Fed$ FoodShare
1-B15 Pension	Eligibility for private pension benefits, including employment and military/veterans pensions	Topic encompasses multiple programs. Select one of the options below and enter actual estimated value: • 2-B15 Fed$ Pension • 3-B15 Wis$ Pension • 4-B15 Oth$ Pension **Note**: No default value is provided. Enter estimated actual value of service or benefit.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-B20 SSDI/SSI-Disability	• Issues related to Social Security Disability Insurance and/or Supplemental Security • Income (SSI) for people under the age of 65 with a disability; formerly called *1-B20 Social Security Disability (SSDI)*	Program may be supported by multiple funding sources. Select all funding sources associated with the benefit obtained: • 2-B20 Fed$ Social Security Disability (SSDI) • 2-B20 Fed$ SSI Married/Both Eligible/Dependent • 2-B20 Fed$ SSI Married/Both Eligible/Independent • 2-B20 Fed$ SSI Married/One Eligible/Dependent • 2-B20 Fed$ SSI Married/One Eligible/Independent • 2-B20 Fed$ SSI Unmarried/Dependent • 2-B20 Fed$ SSI Unmarried/Independent • 3-B20 Wis$ SSI Married/Both Eligible • 3-B20 Wis$ SSI Married/One Eligible • 3-B20 Wis$ SSI Unmarried

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-B20 SSI, Age 65+	• Issues related to Supplemental Security Income (SSI) for people aged 65 or older, including eligibility and overpayments	Program may be supported by multiple funding sources. Select all funding sources associated with the benefit obtained: • 2-B20 Fed$ SSI Married/Both Eligible/Dependent • 2-B20 Fed$ SSI Married/Both Eligible/Independent • 2-B20 Fed$ SSI Married/One Eligible/Dependent • 2-B20 Fed$ SSI Married/One Eligible/Independent • 2-B20 Fed$ SSI Unmarried/Dependent • 2-B20 Fed$ SSI Unmarried/Independent • 3-B20 Wis$ SSI Married/Both Eligible • 3-B20 Wis$ SSI Married/One Eligible • 3-B20 Wis$ SSI Unmarried
1-B20 Unspecified SSI (DO NOT USE)	• Used only for cases opened prior to the May 2019 topic code updates • Formerly called *1-B30 SSI*	No longer applicable
1-B25 Social Security Retirement (OAI)	Issues related to Social Security retirement benefits, including eligibility, enrollment, and overpayments	Program is supported by one funding source: • 2-B25 Fed$ Social Security Retirement (OAI)

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-B35 SSI Caretaker Supplement (CTS)	Issues related to State SSI Caretaker Supplement eligibility and overpayments	Select all that apply: • 3-B35 Wis$ SSI CTS One Child • 3-B35 Wis$ SSI CTS Additional Child **Note**: If the CTS award includes more than two children, overwrite the default value shown in the Default Time column for 3-B35 Wis$ SSI CTS Additional Child. Multiply the default value by the number of additional children (over one child) and enter the result in the Default Time column. Examples: Parent has one child: • Select the *Monetary Impact Topic* 3-B35 Wis$ SSI CTS One Child. Parent has two children: 1. Select the *Monetary Impact Topic* 3-B35 Wis$ SSI CTS One Child 2. Select the *Monetary Impact Topic* 3-B35 Wis$ SSI CTS Additional Child. Parent has three children: 1. Select the *Monetary Impact Topic* 3-B35 Wis$ SSI CTS One Child. 2. Select the *Monetary Impact Topic* 3-B35 Wis$ SSI CTS Additional Child. 3. Multiply the default value of *Monetary Impact Topic* 3-B35 Wis$ SSI CTS Additional Child by two and enter the new value in the Default Time column.
1-B40 SSI E (Exceptional Expense)	Issues related to State SSI Exceptional Expense (SSI-E) benefit eligibility and overpayments	Select one: • 3-B40 Wis$ SSI E Married/Both Eligible • 3-B40 Wis$ SSI E Unmarried

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-B50 Unemployment Compensation	Issues related to Unemployment Compensation	Select all that apply: • 2-B50 Fed$ Unemployment Compensation • 3-B50 Wis$ Unemployment Compensation
1-B65 Homestead/Low Income Tax Assistance	• Questions and concerns related to low income tax credits, including but not limited to homestead and earned income tax credits. • Formerly called *1-D15 Homestead Tax Credit*	Topic encompasses multiple programs. Select one of the options below: • 2-B65 Fed$ Low Income Tax Credit • 3-B65 Wis$ Homestead Tax Credit
1-C05 Dementia/Caregiver Programs	• Programs that support people with dementia and/or caregivers • Includes memory screens, dementia care specialist services, and National/Alzheimer's Family Caregiver Support Programs • Formerly called *1-C05 Caregiver Services and Supports.*	No *Monetary Impact;* general information and referral only
1-C10 Nutrition/Meals/Food Assistance	Issues related to programs that provide food and nutrition, such as farmer's market vouchers, food pantries, congregate meal sites, and home-delivered meals	Topic encompasses multiple programs. Select one of the options below and enter actual estimated value: • 2-C10 Fed$ Nutrition/Meals/Food Assistance • 4-C10 Oth$ Nutrition/Meals/Food Assistance **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-C15 Transportation	Information about and referral to transportation programs and services	No *Monetary Impact;* general information and referral only

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-D05 Subsidized Housing	Issues related to programs that provide subsidized rental housing for low income households such as Section 8, WHEDA, and rural housing assistance, including eligibility and availability	Topic encompasses multiple programs. Select one of the options below and enter actual estimated value: • 2-D05 Fed$ Subsidized Housing • 3-D05 Wis$ Subsidized Housing • 4-D05 Oth$ Subsidized Housing **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-D25 Housing Repair/Improvement Assistance	Issues related to programs that provide financial assistance to homeowners to repair or improve their property	Program is supported by one funding source: • 4-D25 Oth$ Housing Repair/Improvement Assistance **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-D30 Private Landlord/Tenant	Issues related to tenant rights, such as security deposit refunds and eviction	Program is supported by one funding source: • 4-D30 Oth$ Private Landlord/Tenant **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-D35 Property Tax Assistance	Issues related to programs that provide financial assistance to homeowners to cover the costs of property taxes	Program is supported by one funding source: • 4-D35 Oth$ Property Tax Assistance **Note**: No default value is provided. Enter estimated actual value of service or benefit.
1-D40 Rent/Mortgage Assistance	Issues related to programs that provide financial assistance to cover part or all of the cost of one or more rent or mortgage payments for non-subsidized housing, including eligibility and availability	Topic encompasses multiple programs. Select one of the options below and enter actual estimated value: • 3-D40 Wis$ Rent/Mortgage Assistance • 4-D40 Oth$ Rent/Mortgage Assistance **Note**: No default value is provided. Enter estimated actual value of service or benefit.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-D45 Utilities (Heat, Phone, etc.)	• Issues related to heating, energy, or telephone costs, including financial assistance through programs such as the Wisconsin Heat and Energy Assistance Program (WHEAP), the Lifeline and SafeLink telephone subsidies, and the Affordable Connectivity Program • Formerly called *1-D45 Utility Assistance (WHEAP, LIHEAP)*	Topic encompasses multiple programs. Some programs are supported by multiple funding sources. Select all funding sources associated with the benefit obtained: • 2-D45 Fed$ Wisconsin Heat/Energy Assistance Program • 2-D45 Fed$ Affordable Connectivity Internet Svcs • 2-D45 Fed$ Affordable Connectivity Tribal Benefit • 2-D45 Fed$ Affordable Connectivity Device Rmbrsmnt • 3-D45 Wis$ Wisconsin Heat/Energy Assistance Program • 4-D45 Oth$ Free Prepaid Cell Phone (Safe Link) • 4-D45 Oth$ Lifeline
1-D55 Weatherization Assistance	Issues related to programs that provide financial assistance with home weatherization	Program is supported by multiple funding sources. Select all funding sources associated with the benefit obtained: • 2-D55 Fed$ Weatherization Assistance • 3-D55 Wis$ Weatherization Assistance
1-E10 Consumer Debt	Issues related to consumer debt, such as fair debt collection practices and negotiation with creditors	No *Monetary Impact;* general information and referral only
1-E15 Consumer Fraud	Issues related to consumer fraud	No *Monetary Impact;* general information and referral only
1-E20 Financial & Credit Counseling	Issues related to financial and credit counseling	No *Monetary Impact;* general information and referral only
1-F05 Advance & Surrogate Financial Decisions	Issues related to Powers of Attorney for Finances, Pooled and Community Trusts, or Conservatorship	No *Monetary Impact;* general information and referral only
1-F10 Advance Medical Directives	Issues related to Powers of Attorney for Healthcare and Living Wills	No *Monetary Impact;* general information and referral only
1-F15 Guardianship	Issues related to guardianship	No *Monetary Impact;* general information and referral only

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-F25 Wills and Estate Planning	Issues related to wills and estate planning	No *Monetary Impact;* general information and referral only
1-G05 Discrimination/Civil Rights	• Issues related to discrimination against a protected class (including but not limited to age and disability) and civil rights • Formerly called *1-G05 Age Discrimination*	No *Monetary Impact;* general information and referral only
1-G15 Elder Abuse / Adult Protective Services	Issues related to elder abuse and adult protective services	No *Monetary Impact;* general information and referral only
1-G20 Long-Term Care Ombudsman	Issues requiring a referral to the long-term care ombudsmen programs, such as concerns about quality of care and resident rights in a nursing home setting	No *Monetary Impact;* general information and referral only
1-H05 Benefit Check Up	Provision of a comprehensive eligibility screening for all available public financial assistance programs	No *Monetary Impact*; general information and referral only
1-H10 Employment Programs	Information about and referral to programs that provide assistance to find or retain employment, including vocational rehabilitation services, work incentives benefits counseling, senior employment, and foster grandparents	No *Monetary Impact*; general information and referral only
1-H30 Other, Inside Program Scope	Any topic within benefit specialist program scope that is not otherwise listed	Topic encompasses multiple programs. Select one of the options below and enter actual estimated value: • 2-H30 Fed$ Other, Inside Program Scope • 3-H30 Wis$ Other, Inside Program Scope • 4-H30 Oth$ Other, Inside Program Scope **Note**: No default value is provided. Enter estimated actual value of service or benefit.

Topic Name – Time (Minutes)	Special Notes	Corresponding Monetary Impact Topics
1-H40 Other, Outside Program Scope	Any topic outside benefit specialist program scope that is not otherwise listed	No *Monetary Impact*; general information and referral only
1-H50 COVID-19, Not Otherwise Specified	Issues related to COVID-19	Select all that apply and enter actual estimated value: 2-H50 Fed$ COVID-19, Not Otherwise Specified 3-H50 Wis$ COVID-19, Not Otherwise 4-H50 Oth$ COVID-19, Not Otherwise Specified

Appendix C: Topic Outcomes Index

This appendix lists and describes all possible *Outcomes* that may be selected for a *Call Topic* when a case is fully resolved. The chart also indicates whether or not it is allowable to report *Monetary Impact* in association with each *Topic Outcome.*

Topic Outcome	Description	Monetary Impact Allowable?
00-General Information/Referral	You supplied general program information and/or a referral to another agency for non-legal services. You did not provide any analysis based on client-specific information. You did not open a case. No further follow-up is needed.	No
01a-Advice/Brief Service	Based on client-specific information, you recommended to a client a course of action or advised a client on his or her options. The matter did not require further action or follow-up.	Yes
01b-Advice/Extended Service	Based on client-specific information, you recommended to a client a course of action or advised a client on his or her options. The matter required further action or follow-up after the initial contact with the client.	Yes
02-Insufficient Merit to Proceed	Based on the substance of the case, a decision was made in consultation with your program attorney and/or your local ADRC supervisor not to provide further benefits counseling services.	No
03-Medical Paperwork/Claims Assistance Provided	You assisted the client with organizing medical bills and statements, filing health insurance claims, and appealing claims denials or other actions of public or private insurers.	Yes
04-Documents Completed/Successful Outcome	You assisted the client with completing an application, form, or document (excluding health insurance claim forms; see "Medical Paperwork/Claims Assistance Provided" above) required to obtain or maintain a benefit. No additional services are required to resolve the case.	Yes
05-Documents Completed/Unsuccessful Outcome	You assisted the client with completing an application, form, or document (excluding health insurance claim forms; see "Medical Paperwork/Claims Assistance Provided" below) required to obtain or maintain a benefit. No additional services are required to resolve the case.	No

Topic Outcome	Description	Monetary Impact Allowable?
06-Appropriate Action Taken/Successful Outcome	You have investigated the factual and legal substance of the case and taken appropriate action to resolve the issue, with no further action needed or desired by the client. The issue is resolved in the client's favor. Choose a more specific code if possible.	Yes
07-Appropriate Action Taken/Unsuccessful Outcome	You have investigated the factual and legal substance of the case and taken appropriate action to resolve the issue, with no further action needed or desired by the client. The issue is not successfully resolved in the client's favor. Choose a more specific code if possible.	No
08-Approved at Application or Renewal	The client received a favorable decision from an administrative agency.	Yes
09-Denied at Application or Renewal/Not Appealed	The client received an unfavorable decision from an administrative agency and either does not appeal the decision or does not want assistance in the appeal.	No
10-Approved at Reconsideration	The client received a favorable decision at the reconsideration stage.	Yes
11-Denied at Reconsideration/Not Appealed	The client received an unfavorable decision at the reconsideration stage and either does not appeal the decision or does not want assistance in the appeal.	No
12-Approved at ALJ/Fair Hearing	The client received a favorable decision at the administrative law judge/fair hearing stage.	Yes
13-Denied at ALJ/Fair Hearing/Not Appealed	The case is resolved unfavorably by an examiner or an administrative law judge at the administrative hearing level. No further appeal or litigation will be undertaken.	No
14-Settlement Negotiated without Litigation	An agreement is reached that does not involve a lawsuit. For example, a medical provider agrees to reduce or cancel a client's bill.	Yes
15-Referral to Legal Services Corporation	The case is referred to a legal services corporation for assistance or representation.	No
16-Referral to Private Attorney, Pro Bono	The case is referred to a private attorney who will assist or represent the client without charge.	No
17-Referral to Private Attorney, Non Pro Bono	The case is referred to a private attorney who will assist or represent the client. Use when the attorney's services are not pro bono.	No
18-Referral to Program Attorney	The case is referred to a DBS or EBS program attorney who will provide direct legal representation to the client.	No

Topic Outcome	Description	Monetary Impact Allowable?
19-Client Withdrew/Lack of Contact	Use when client formally withdraws or the client does not respond to your repeated efforts to contact him or her. Do not use if client withdrew because he or she moved to another county or ADRC service area.	No
20-Client Left Geographic Service Area	The client moves out of your agency's geographic service area.	No
21-Client Died	The client is deceased. **Note**: In many circumstances, the death of the client in and of itself is not sufficient reason to close a case if outstanding matters still need to be resolved.	No
22-Referral to Elder Rights Project	The case is referred to the Elder Rights Project jointly operated by SeniorLAW and Wisconsin Judicare that offers legal assistance to victims of crime.	No

Appendix D: Activity/Referral Record Screen – Dropdown Menu Index for Key Fields

Action Field

D01 - SSDI and/or SSI - Initial Application
D02 - SSDI and/or SSI - Reconsideration
D03 - SSDI and/or SSI - ALJ Hearing
D04 - SSDI and/or SSI - Appeals Council
D05 - SSDI and/or SSI - Federal Court
D06 - SSDI and/or SSI - Presumptive
D07 - CDR/Initial Review
D08 - CDR/Reconsideration
D09 - CDR/ALJ Hearing
D10 - CDR/Appeals Council
D11 - CDR/Federal Court
D12 - SSDI and/or SSI Overpayment Waiver
D13 - SSDI and/or SSI Overpayment Reconsideration
D14 - SSDI and/or SSI Overpayment - ALJ Hearing
G01 - Client Appointment - Telephone
G02 - Client Appointment - Office Visit
G03 - Client Appointment - Home Visit
G04 - Follow-up Call to Client
G05 - Follow-up Letter to Client
G06 - Gather Information for Client
G07 - Initial Application
G08 - Enrollment
G09 - ALJ/Fair Hearing
G10 - Redetermination (Medicare)
G11 - Reconsideration
G12 - Waiver Request
G13 - Overpayment Appeal
G14 - Appeals Council
G15 - Federal Court
G16 - Other Follow-Up Activity
G16 - Presumptive Disability
M01 - Medicaid Disability - Initial Application
M02 - Medicaid Disability - Reconsideration
M03 - Medicaid Disability - Fair Hearing
M04 - Medicaid Disability - Re-hearing

Action Field (continued)

M05 - Medicaid Disability - State Circuit Court
M06 - Medicaid Disability - Presumptive
M07 - Medicaid Disability Initial Review
M08 - Medicaid Disability Review - Reconsideration
M09 - Medicaid Disability Review - Fair Hearing
M10 - Medicaid Disability Review - State Cir Court

Status Field

Completed
In Progress
Not Started

Reason Field

null (blank)
Additional Information Required
Approved
Approved - Plan to Appeal
Denied - No Plan to Appeal
Denied - Plan to Appeal
Dismissed
Enrolled
Hearing Date Requested
Hearing Date Scheduled
Pending Decision
Remanded
Unknown
Withdrawn

Appendix E: SHIP Data Field Explanations

Most fields in the SHIP assessment forms are self-explanatory. Below are fields in each of the respective SHIP assessment form types that may require further explanation or clarification.

Beneficiary Contact Form Assessment

Field	Explanation
MIPPA Contact	Select **Yes** if your agency receives MIPPA grant funds **and** at least one MIPPA topic is selected. **See the MIPPA Reporting Instructions (P-03087)** for eligible topics.
Send to SMP	**Always select No** (This field sends records to the Senior Medicare Patrol's database, SIRS.)
Session Location: Zip Code, State, County	Enter the physical location of the SHIP counselor at the time the counseling session occurred.
Total Time Spent (Minutes)	Enter the total time spent (recorded as minutes) on the contact, including any direct interactions with the client and time spent on research, paperwork, and travel. The total time spent cannot exceed 2400 minutes to be exported to the SHIP reporting system.
Status	Select **Completed** if the case was resolved at the time the assessment form is completed; select **In Progress** if you anticipate the need for future contacts with the beneficiary regarding the case.
Special Use Fields 1-2	**Always leave blank**.
Special Use Field 3	The Administration for Community Living (ACL) encourages making the following notes in Special Use Field 3 to assist with topic tracking: • Using MARx: write "**MARx**" (only certain government employees have access to MARx) • Assisting with default enrollment in a Dual Eligible Special Needs Plan (D-SNP): write "**default enrollment**" • Assisting with public health emergency unwinding: write "unwinding"
Special Use Fields 4-8	Special Use Fields 4–8 have no designated codes. Benefit specialists may enter their own codes or phrases if they would like to track certain topics.

Group and Media Outreach Assessment

Field	Explanation
MIPPA Event	Select **Yes** if your agency receives MIPPA grant funds **and** at least one MIPPA topic and target beneficiary audience is selected. See the MIPPA Reporting Instructions (P-03087) for eligible topics.
Send to SMP	Always select **No**. (This field sends records to the Senior Medicare Patrol's database, SIRS.)
Total Time Spent on Event	Time spent must include all of the following activities conducted by the MIPPA or SHIP grant team member(s): • Event preparations (creating, practicing, or updating presentations; copying materials; organizing; etc.) • Travel to and from the event • Attendance at the event
Title of Interaction	Enter the name of your outreach and education effort.
Type of Event	Select the type of event. Virtual events count as group and media outreach. For a recorded presentation to count as group outreach, the presenter must inform viewers how to contact a SHIP counselor with questions.
Number of Attendees	Count the number of participants who received information. For media outreach, this can be a rough estimate.
Intended Audience	Describe to whom the activity was presented or shared.
Target Beneficiary Group	Describe about whom the information was applicable.
Special Use Fields 1-2	**Always leave blank.**
Special Use Field 3	The Administration for Community Living (ACL) encourages making the following notes in Special Use Field 3 to assist with topic tracking: • Using MARx (only certain government employees have access to MARx): write **"MARx"**

Field	Explanation
	• Assisting with default enrollment in a Dual Eligible Special Needs Plan (D-SNP): write "**default enrollment**" • Assisting with public health emergency unwinding: write "unwinding"
Special Use Fields 4-8	Special Use Fields 4–8 have no designated codes. Benefit specialists may enter their own codes or phrases if they would like to track certain topics.

Appendix F: Data Entry Exercises and Scenarios

(Unless specified otherwise**,** *s*ee "*WellSky/SAMS Data Entry and Case Tracking Guide*" for detailed instructions)

Simple Practice Exercises

☐ Open a *New Call Record* screen (*see [section I.B.1.](#)*)

☐ From the *New Call Record* screen, add a new *Call Record* that resulted from a face to face meeting with a new client (make up your own *Caller* name and information). Be sure to add as much personal/demographic information on this *Caller/Consumer* as you can gather. Do not enter a *Topic*. **Save and Close** the new *Call Record. (see [section I.B.](#))*

☐ From the previous exercise, you realized that you did not enter a *Topic*, and that you entered information about the meeting a day after it occurred. Open the *Call Record*, edit the S*tart Date/Time* field, and add a *Time Topic* and an *Outcome*. If the *Outcome* has one or more *Monetary Impact(s)*, add the *Monetary Impact(s)* as appropriate. *(see [section I.C.](#) and [section I.B.8.](#))*

☐ Print the *Consumer Record*. (*[see section I.E.](#)*)

☐ Print the *Call Record*. (*[see section I.E.](#)*)

☐ Delete the *Consumer Record* you just created. (see *WellSky*/S*AMS Navigation and Formatting Guide section I.A.8.*)

General Scenarios

These scenarios bring together several concepts that are covered in the "WellSky/SAMS Navigation and Formatting Guide" as well as the "WellSky/SAMS Data Entry Guide.' The topic(s) you will enter are provided. Work through these scenarios to gain a "put it all together" understanding of managing your client cases. For client information, create your own "make-believe" client. The answer key for each scenario can be found in [Appendix G](#).

1. **Anonymous *Caller***

   The benefit specialist receives a telephone call on March 1, 2019, from a person who has general questions about how a DBS can assist with SSDI and SSI-Disability applications. The call lasts 15 minutes. The person does not provide a name and states they are calling on behalf of a friend who may be interested in receiving help.

   - *Topic (Time/Minutes)*: 1-B20 SSDI/SSI-Disability; *Outcome*: 00-General Information/Referral

2. **New *Consumer* / Multiple *Topics* / New *Activity***

On October 7, 2018, the benefit specialist has an office visit from a person who is contacting the ADRC for the first time. The person is interested in applying for disability benefits through SSDI and/or SSI. In addition, the person cannot afford to pay their utility bill. The benefit specialist collects the person's name, contact information, demographics, and a client services agreement. The benefit specialist spends 90 minutes with the person completing the disability application and 15 minutes providing an eligibility screening for potential energy assistance. The benefit specialist explains the timeline for application processing and arranges to follow-up with the client one month later. After the person leaves, the benefit specialist spends an additional hour wrapping up some final details related to the disability application. The benefit specialist creates an *Activity* in WellSky/SAMS to track the disability determination application. The benefit specialist creates another *Activity* to remind themselves to make a follow-up call to the client in one month.

- *Topic 1* (*Time/Minutes*): 1-B20 SSDI/SSI-Disability; *Outcome*: None (Pending)
- *Topic 2* (*Time/Minutes*): 1-D45Utility Assistance (WHEAP, LIHEAP); *Outcome*: 01a-Advice/Brief Service
- *Activity 1: Action:* D01 – SSDI and/or SSI – Initial Application; *Start Date*: 10/7/2018; *Status:* In Progress; *Reason:* Pending Decision; *Due Date*: 12/7/2018
- *Activity 2: Action:* G04 – Follow-Up Call to Client; *Status:* Not Started; *Reason:* (leave blank); *Due Date*: 2/7/2019

3. **Returning *Consumer* with an Open Case**

The benefit specialist follows up with your *Consumer* from scenario 2 by telephone on February 7, 2019. The *Consumer* has received a notice of approval for SSDI benefits, dated February 1, 2019, indicating the benefits will start in three months. The benefit specialist answers some questions from the *Consumer* about the benefit. The conversation about this topic lasts 40 minutes. The person has no further questions about the benefit at this time and no further follow-up is required. The benefit specialist records a new call in WellSky/SAMS and includes a *Topic Outcome* and a *Monetary Impact Topic*. The benefit specialist updates the *Activities* in WellSky/SAMS to reflect changes in status and the date that each was completed.

- *Topic 1* (*Time/Minutes*): 1-B20 SSDI/SSI-Disability; *Outcome*: 08 Approved at Application or Renewal
- *Topic 2* (*Monetary Impact*): 2-B20 Fed$ Social Security Disability (SSDI)
- *Activity 1 Update: Status:* Completed; *Reason:* Approved; *Date Completed:* 2/01/2019
- *Activity 2 Update: Status:* Completed; *Reason:* (not applicable - leave blank); *Date Completed:* 2/07/2019

4. **Returning *Consumer* – Updates to *Consumer Record* / New Case / *Beneficiary Contact Form Assessment* / *Activity***

The *Consumer* from Scenarios 2-3 calls on February 11, 2019, requesting help to select a Medicare Part D plan. The benefit specialist at the agency is new and has not worked with this *Consumer* before. The benefit specialist reviews and updates the information in the consumer details to reflect a change in address and a new care manager. The benefit specialist spends 45 minutes helping the person to find and enroll in a low-cost Part D plan that will cover all of his prescription medications. The benefit specialist also spends 45 minutes helping the person to file an application for SLMB. No further follow-up is required on the Part D options. The benefit specialist records a new call in WellSky/SAMS, completes a *BCF Assessment Form*, and creates an *Activity* in WellSky/SAMS reminding him to check back with the person in 30 days regarding the status of their SLMB application.

- *Topic 1* (*Time/Minutes*): 1-A60 Medicare Options/Enrollment; *Outcome*: 01a-Advice/Brief Service
- *Topic 2* (*Time/Minutes*): 1-A62 Medicare Savings Program/Part D LIS; *Outcome*: None (Pending)
- *Topic 3* (*Monetary Impact*): 2-A60 Fed$ Medicare Part D (All Income Levels)

5. **Returning *Consumer* with an Open Case / Multiple *Monetary Impact Topics* / *Beneficiary Contact Form Assessment***

The benefit specialist attempts to call *Consumer* from Scenarios 2-4 back as planned on March 11, 2019, regarding his SLMB application. The client does not answer the phone and the benefit specialist leaves a voicemail. The benefit specialist records the attempted call in his case notes. It is not necessary to create a new call in WellSky/SAMS.

The benefit specialist receives a return call from your *Consumer* from Scenarios 2-4 on March 14, 2019. Consumer confirms he received a notice that he is eligible for SLMB. The conversation lasts 20 minutes. The benefit specialist records the call in WellSky/SAMS with an outcome and applicable federal and state *Monetary Impact*. (If the *Consumer's* SLMB application had been denied, there would not be any *Monetary Impact*.) The benefit specialist fills out the *BCF Assessment* and updates the *Activity* as completed.

- *Topic 1* (*Time/Minutes*): 1-A62 Medicare Savings Program/Part D LIS; *Outcome*: 08-Approved at Application or Renewal
- *Topic 2* (*Monetary Impact*): 2-A62 Fed$ Medicare Savings Program: SLMB
- *Topic 3* (*Monetary Impact*): 3-A62 Wis$ Medicare Savings Program: SLMB

SSDI/SSI Disability Determination Case Scenario

1. **First contact with Consumer (10/1/2019)**

   On October 1, 2019, the benefit specialist has an office visit from a person who is contacting the ADRC for the first time. The person is interested in applying for disability benefits through SSDI and/or SSI. The benefit specialist collects the person's name, contact information, demographics, and a client services agreement. The benefit specialist spends 120 minutes completing the disability application. The benefit specialist arranges to follow-up with the person in three months. The benefit specialist creates an *Activity* in WellSky/SAMS to track the disability determination application.

   - *Topic 1 (Time/Minutes):* 1-B20 SSDI/SSI Disability*; Outcome:* None
   - *Activity 1: Start Date:* 10/1/2019; *Action:* D01 – SSDI and/or SSI – Initial Application*; Status:* In Progress*; Reason:* Pending Decision; *Due Date*: Optional

2. **Second contact with Consumer (1/28/2020)**

   On January 28, the person comes into the office with a letter dated January 25, 2020 stating that the initial disability application was denied. The person would like to apply for reconsideration of this decision. The benefit specialist spends 90 minutes with the person preparing the paperwork necessary for reconsideration. The benefit specialist updates the *Activity Record* from the previous contact and creates a new *Call Record* along with a new *Activity Record* in WellSky/SAMS to track the disability determination application.

   - *Topic 2 (Time/Minutes):* 1-B20 SSDI/SSI Disability*; Outcome:* None
   - *Activity 1 (from previous contact) Update: Status:* Completed*; Reason:* Denied-Plan to Appeal*; Date Completed:* 1/25/2020 (date of notification letter)
   - *Activity 2: Start Date*: 1/28/2020; *Action:* D02 – SSDI and/or SSI – Reconsideration; *Status:* In Progress; *Reason:* Pending Decision; *Due Date*: 3/25/2020 (date of reconsideration filing deadline)

3. **Third contact with *Consumer* (5/26/2020)**

   On May 26, the person calls the benefit specialist to report receiving another denial letter, dated May 22, 2020. The benefit specialist spends 30 minutes with the client discussing options. The client decides to move forward with requesting an ALJ hearing. The benefit specialist updates the *Activity Record* from the previous contact. The benefit specialist spends another 90 minutes preparing the necessary paperwork to request an ALJ hearing. The benefit specialist creates a new *Call Record* with a new *Activity* in WellSky/SAMS to track the disability determination application.

- *Topic 3 (Time/Minutes):* 1-B20 SSDI/SSI Disability*; Outcome:* None
- *Activity 2 (from previous contact) Update: Status:* Completed*; Reason:* Denied-Plan to Appeal*; Date Completed:* 5/22/2020 (date of notification letter)
- *Activity 3: Start Date*: 5/26/2020; *Action*: D03 – SSDI and/or SSI – ALJ Hearing*; Status:* In Progress*; Reason:* Hearing Date Requested*; Due Date:* 7/22/2020 (deadline for requesting ALJ hearing goes here)

4. Fourth contact with Consumer (9/8/2020)

On September 8, 2020, the person calls the benefit specialist to report they received a letter from SSA dated September 1, 2020 confirming their request for an ALJ hearing and letting them know that they will receive a hearing date at a later time. The person would like the assistance of a private attorney for the ALJ hearing. The benefit specialist gives the client a list of local private attorneys who take on ALJ appeals of denial of SSDI benefits. The call lasts 20 minutes. The benefit specialist updates the *Activity Record* from the previous contact. No additional follow-up *Activities* are required as this case is now closed.

- *Topic 4 (Time/Minutes):* 1-B20 SSDI/SSI Disability*; Outcome:* None
- *Activity 3 (from previous contact) Update: Action:* D03 – SSDI and/or SSI – ALJ Hearing*; Status:* In Progress; *Reason:* Pending Decision; *Status Date*: 9/1/2020

5. Fifth contact with *Consumer* (2/1/2021)

On February 1, 2021, the client calls the benefit specialist to report they were notified via letter dated January 24, 2021, that they were approved for SSDI benefits at the ALJ hearing retroactive to October 1, 2019. The benefit specialist spends time talking with the client about their entitlement to Medicare Parts A and B and their options for enrollment in a Medicare Part D plan now that they are approved for SSDI. The call lasts 60 minutes. The benefit specialist updates the most recent *Activity Record*. No additional follow-up activities are required as this case is now closed.

- *Topic 5 (Time/Minutes)*: 1-B20 SSDI/SSI Disability*; Outcome:* Approved at ALJ/Fair Hearing
- *Topic 6 (Time/Minutes)*: 1-A60 Medicare Options/Enrollment; *Outcome*: Advice/Brief Service
- *Topic 7 (Monetary Impact)*: 2-B20 SSDI/SSI Disability
- *Topic 8 (Monetary Impact)*: 2-A60 Fed$ Medicare Part A
- *Topic 9 (Monetary Impact)*: 2-A60 Fed$ Medicare Part B
- *Topic 10 (Monetary Impact)*: 2-A60 Fed$ Medicare Part D (without LIS)

- *Activity 3 (from previous contact) Update: Action:* D03 – SSDI and/or SSI – ALJ Hearing*; Status:* Complete; *Reason:* Approved, *Date Completed:* 1/24/2021 (date of notification letter)

Appendix G: Scenarios Answer Key

Scenario 1
1. From the *Main Navigation Bar*, click **New Call.**
2. In the *Call Record Screen*, click **Disable Timer.**
3. In the *Start Date/Time* field, change date to **March 1, 2019.**
4. In the *Topics Panel* of the *New Call Screen*, click on **Select Topics.**
5. In the *Topics List Screen*, type **SSDI** in the *Search Bar.*
6. Select Topic **1-B20**, enter **15.00** in the *Default Time* column of that topic row, click in the *Outcome* column of that row and select **00-General Information and Referral.**
7. Still in the *Topic List Screen*, click **OK**.
8. In the *Call Record Screen*, click **Close** (or **Save and Close**).

Scenario 2
1. From the *Main Navigation Bar*, click **New Call.**
2. In the *Call Record Screen*, click **Disable Timer.**
3. In the *Start Date/Time* field, change date to **October 7, 2018.**
4. In the *Call Record Screen*, to the right of the *Caller* field, click on the **icon with the green arrow.**
5. In the *Search for Consumer* pop-up window, in the *Search for* field, type your **client's last name** and click **Search.**
6. Assuming you will receive a pop-up window that indicates 0 results, click **OK** to close that pop-up and return to the *Search for Consumer* pop-up window.
7. Still in the *Search for Consumer* pop-up window, click **Add New.**
8. In the *Add Consumer* window, complete as much information as possible about your client and click **OK.**
9. You will return to the *Call Record Screen* with the client's name populated in the *Caller* and *Consumer* fields.
10. In the *Topics Panel*, click **Select Topics.**
11. In the *Search Bar* of the *Topics List Screen*, type **SSDI.**
12. Select Topic **1-B20**, enter **150.00** in the *Default Time* column of that topic row, but do not select an *Outcome*.
13. Go back to the *Search Bar* and type "**utility.**"
14. Select Topic **1-D45**, enter **15.00** in the *Default Time* column of that topic row, click in the *Outcome* column of that row, and select *Outcome* **01a-Advice/Brief Service.**
15. Still in the *Topics List Screen*, click **OK.**
16. In the *Call Record Screen*, click **Save.**
17. In the *Call Record Screen*, click on the *Add New* dropdown menu located on the *Command Bar* and select **Activity**. **(Note: You can also click *Add New* in the Activity Panel.)**

18. In the *Activity Record Screen*, complete as much information as you can including *Start Date*, *Subject, Action, Status, Reason, Status Date, Due Date,* and any *Comments* related to this follow-up activity.
19. Still in the *Activity Record Screen*, click **Save and Close.**
20. In the *Call Record Screen*, click **Save** (or **Save and Close**).

Scenario 3
1. From the *Main Navigation Bar*, click **New Call.**
2. In the *Call Record Screen*, click **Disable Timer.**
3. In the *Start Date/Time* field, change date to **February 7, 2019.**
4. In the *Call Record Screen*, to the right of the *Caller* field, click on the **icon with the green arrow.**
5. In the *Search for Consumer* pop-up window, in the *Search for* field, type your **client's last name** and click **Search.**
6. Your client should appear at the bottom of the *Search for Consumer* window. Click anywhere in the row and click **OK,** taking you to the *Call Record* screen with the client's name prepopulated in the *Caller* and *Consumer* fields. You should also see the previous contact in the *Related Calls Panel* of this screen.
7. In the *Topics Panel* of the *Call Record Screen* click **Select Topics.**
8. In the *Search Bar* of the *Topics List Screen*, type **SSDI.**
9. Select topic **1-B20**, enter **40.00** in the *Default Time* column of **1-B20** row, click in the *Outcome* column of the same row, and select outcome **08** from the dropdown menu.
10. Since there is an outcome with a monetary impact, select topic **2-B20.**
11. Still in the *Topic List Screen*, click **OK.**
12. In the *Call Record Screen*, enter any pertinent notes related to this contact.
13. Still in the *Call Record Screen*, go to the *Related Calls Panel* and open the January 7, 2019, call.
14. In the January 7, 2019, *Call Record Screen*, go to the *Activities Panel* and open each of the follow-up *Activities* you scheduled.
15. In the *Activity Record Screen*, select **Completed** from the dropdown options in the *Status* field. Select **Approved** from the dropdown option in the *Reason* field for Activity 1. Enter **February 7, 2019,** in the *Status Date* fields for both *Activities*. Enter the date of the Social Security notice of decision in the *Date Completed* field in *Activity* 1 and the date of your follow-up call to the client in the *Date Completed* field in *Activity* 2. Click **Save and Close** to exit each *Activity* after making these updates.
16. Note that there is now a check mark in the *Complete?* column for the activities listed in the *Activities Panel*.
17. **Close** the October 7, 2018, *Call Record Screen*.
18. **Save and Close** the February 7, 2019, *Call Record Screen*.

Scenario 4

1. In the *Main Screen Search Bar*, type the **last name** of your *Consumer* and select the correct *Consumer Record* from the search results.
2. In the *Locations Panel* of the *Consumer Record Screen*, highlight the **Residence Address** row and click on **Open** in the *Locations Panel*.
3. In the *Address Record Screen*, update information as appropriate and click **OK**.
4. Go to the *Care Managers Panel* and select **Open** in the *Command Bar*.
5. In the *Care Manager Record Screen*, select the new *Care Manager* from the dropdown options of the *Care Manager* field.
6. Click **OK.**
7. Select **Calls** from the *Consumer Navigation Bar* (the Calls option located between *Assessments* and *Care Plans* in the *Consumer Record*, **not** in the *Main Navigation Bar* at the top of the screen).
8. Click **Add New** in the *Command Bar*.
9. Click *Disable Timer* in the *Call Record Screen* and change the *Start Date/Time* field to **2/11/2019**.
10. In the *Topics Panel*, click **Select Topics.**
11. In the *Topics List Screen Search Bar*, type "**medicare**."
12. Select *Topics* **1-A60, 1-A62** and **2-A60**. Enter **45.00** in the *Default Time* column for both *Topics* **1-A60** and **1-A62**. Enter outcome **01a** in the *Outcomes* column for topic **1-A60.**
13. Click **OK.**
14. In the *Call Record Screen*, click **Save**. You will see a *Workflow* item created in the *Sidebar* for the *BCF assessment*. We'll go back to that in step 17 below.
15. In the *Activities Panel* of the *Call Record Screen*, select **Add New.**
16. Complete the *Activity Record* fields, setting a due date of **March 11, 2019**. Click **Save and Close.**
17. Hover your cursor over the *Workflow Sidebar* tab and select **Complete Now** on the *SHIP Beneficiary Contact Form Assessment* task.
18. Complete the required fields of the *BCF*.
19. In the *BCF*, click **Save and Close. (DO NOT** select **Export** since this is a practice exercise.)
20. In the **Call Record Screen**, click **Save and Close**.

Scenario 5

1. In the *Main Screen Search Bar*, type in your **client's last name** and select the appropriate *Consumer Record* from the search results.
2. Select **Calls** from the *Consumer Navigation Bar*.
3. Open the February 11, 2019, *Call Record*.
4. Enter notes about your call attempt and voice message in the *Notes Panel*.
5. Click **Save and Close.**

6. Note that a new *BCF assessment* was created. This is because you made a change to a *Call Record* that contained a Medicare *Topic* and saved it. **Delete** the new *BCF assessment* reminder in the *Workflow Sidebar* tab.
7. To record information about the return call from the client, go to the *Main Screen Search Bar*, type the **last name** of your client and select from the search results.
8. Click **Calls** in the *Consumer Record Navigation Bar*.
9. Click **Add New** in the *Command Bar* of the *Consumer Record-Calls Screen.*
10. Click **Disable Timer** and enter a date of **March 14, 2019**.
11. In the *Topics Panel* of the *Call Record Screen*, click *Select Topics.*
12. In the *Search Bar* of the *Topics List Screen*, type "**Medicare**".
13. Select *Topics* **1-A62, 2-A62** and **3-A62.**
14. In the *Default Time* column, enter **20.00** for topic **1-A62**.
15. In the *Outcome* column, select *Outcome* **08.**
16. Click **OK.**
17. In the *Call Record Screen*, click **Save and Close.**
18. In the *Workflow Sidebar* tab, **delete** the *BCF assessment* reminder that was created again.

Scenario 6 – Multi-contact disability determination case
First Contact (10/1/2019)
1. From the *Main Navigation Bar*, click **New Call** and add a *Call Record* as described in section B of this guide.
2. After completing the fields on the left side of the *Call Record* screen, go to the *Topics Panel* in the record and click **Select Topics.**
3. Select Topic **1-B20**. Enter **120.00** in the *Default Time* column of that topic row, but do not select an *Outcome*.
4. Still in the *Topics List Screen*, click **OK.**
5. In the *Call Record Screen*, click **Save.**
6. Still in the 10/1/2019 *Call Record Screen*, click on the *Add New* dropdown menu located on the *Command Bar* and select **Activity**. (**Note**: You can also click **Add New** in the *Activity Panel*.)
7. In the *Activity Record Screen*, add the Activity 1 information to start tracking the disability determination process:
   a. *Start Date:* **10/1/2019**
   b. *Action:* **D01 – SSDI and/or SSI – Initial Application**
   c. *Status:* **In Progress**
   d. *Reason:* **Pending Decision**
   e. *Other fields:* Your choice
8. In the *Activity Record Screen*, click **Save.**
9. In the *Call Record Screen*, click **Save** (or **Save and Close**).

Second Contact (1/28/2020)

1. Open the client's *Consumer Record* and select the **Calls** tab.
2. In the *Calls* tab, open the 10/1/2019 *Call Record* (as you'll need to update the *Activity* in that record).
3. Go to the *Activities Panel* of that record and select the *Activity Record* by clicking on the *folder icon,* or double clicking in the row of the *Activity*.
   a. Change the information as follows:
      - S*tatus:* **Completed**
      - *Reason:* **Denied-Plan to Appeal**
      - *Date Completed:* **1/25/2020** (date of notification letter)
4. **Save and Close** the *Activity Record* after editing.
5. **Save and Close** the 10/1/2019 *Call Record*.
6. In the *Consumer Record – Calls* tab for this client, click on the select **Add New** to add a new *Call Record* to record the 1/28/2020 call.
7. In the *Topics Panel* of the *Call Record Screen* click **Select Topics.**
8. Select topic **1-B20** and enter **90.00** in the *Default Time* column of **1-B20** row. (There is still no *Outcome* for this case as it is ongoing.)
9. Still in the *Topics List Screen*, click **OK.**
10. In the *Call Record Screen*, click **Save.**
11. Add the new *Activity* related to the 1/28/2020 contact using the process described in the original 10/1/2019 call.
    a. Add the following new *Activity* information to continue tracking the disability determination process:
       - *Start Date:* **1/28/2020**
       - *Action:* **D02 – SSDI and/or SSI – Reconsideration**
       - *Status:* **In Progress**
       - *Reason:* **Pending Decision**
       - *Due Date*: 3/25/2020 (date of reconsideration filing deadline, or earlier)
       - *Other fields:* Your choice
12. **Save and Close** the *Activity Record* after editing.
13. **Save and Close** the 1/28/2020 *Call Record*.

Third contact (5/26/2020)

1. Edit the *Activity Record* from the 1/28/2020 call following the same procedure as described in the second contact above.
   a. Change the *Activity* information as follows:
      - S*tatus:* **Completed**
      - *Reason:* **Denied-Plan to Appeal**
      - *Date Completed:* **5/22/2020** (date of notification letter)
2. **Save and Close** the *Activity Record* after editing.

3. **Save and Close** the 1/28/2020 *Call Record*.
4. Add a new *Call Record* for the 5/26/2020 call following the process described previously.
5. In the *Topics Panel* select topic **1-B20**, enter **30.00** in the *Default Time* column of **1-B20** row. (There is still no *Outcome* for this case as it is ongoing.)
6. Save your *Topic* entries and the *Call Record* as previously described.
7. Add the new *Activities* related to this contact with the client as previously described.
   a. Add the following *Activity* information to continue tracking the disability determination process:
      - *Start Date:* **5/26/2020**
      - *Action:* **D03 – SSDI and/or SSI – ALJ Hearing**
      - *Status:* **In Progress**
      - *Reason:* **Hearing Date Requested**
      - *Due Date:* **7/22/2020** *(*deadline for requesting ALJ hearing, or earlier)
      - *Other fields:* Your choice
8. **Save and Close** each *Activity Record* after editing.
9. **Save and Close** the 5/26/2020 *Call Record*.

Fourth Contact (9/8/2020)
1. Edit the *Activity Record* from the 5/26/2020 call following the same procedure as described in previous contacts above.
   a. Edit the information as follows:
      - *Reason:* **Pending Decision**
      - *Status Date:* **9/1/2020** (date of notification letter)
2. **Save and Close** the *Activity Record* after editing.
3. **Save and Close** the 5/26/2020 *Call Record*.
4. Add a new *Call Record* for the 9/8/2020 call following the process described previously.
5. In the *Topics Panel* select topic **1-B20**, enter **20.00** in the *Default Time* column of **1-B20** row.
6. Save your *Topic* entries and the *Call Record* as previously described.

Fifth Contact (2/1/2021)
1. Edit the *Activity Record* created on the 5/26/2020 call following the same procedure as described in previous contacts above.
   a. Edit the information as follows:
      - *Status:* **Complete**
      - *Reason:* **Approved**
      - *Status Date:* **1/24/2021** (date of notification letter)
2. **Save and Close** the *Activity Record* after editing.
3. Add a new *Call Record* for the 2/1/2021 call following the process described previously.
4. In the *Topics Screen:*

a. Select *Topic* **1-B20**, enter **30.00** in the *Default Time* column of **1-B20** row, select *Outcome* **12-Approved at ALJ/Fair Hearing**
b. Select *Topic* **1-A60**, enter **30.00** in the *Default Time* column of **1-A60** row, select *Outcome* **01a-Advice/Brief Service**
c. Select the following Monetary Impact Topics:
   - 2-B20 SSDI/SSI Disability
   - 2-A60 Fed$ Medicare Part A
   - 2-A60 Fed$ Medicare Part B
   - 2-A60 Fed$ Medicare Part D (without LIS)
5. Add any back pay awarded to the pre-filled amount already shown in the *Default Time* column for any applicable *Monetary Impact*.
6. Save your *Topic* entries and the *Call Record* as previously described.
7. The case is now closed.

Appendix H: Call Record Flowchart

DBS/EBS WellSky: Do I create a Call Record?

Start here

Did you *interact* with a client/potential client/authorized rep via phone, email, letter, or virtual/in-person meeting?

No, I am just working on the case. For example, researching, writing advocacy letter, etc.

Yes, it was a contact, but we did not discuss any time topic-related info.

No, I connected with other individuals or agencies while working on the case.

Do not create a new call record.
Open the client's most recent Call Record, make updates to the call topics screen including time, and add new Call Record notes, if applicable.

Yes, and time topic-related information was exchanged.

No, I attempted to contact the individual, but did not reach them.

Was it a *first* OR *final* attempt to connect with a potential **NEW** client?

Yes.

No, this was a second or subsequent attempt, but NOT the final attempt to reach a potential NEW client. I've already created a call record the first attempt.

No, this was an attempt to reach an **EXISTING** client.

Was this contact the final of multiple unsuccessful attempts to reach the existing client?

No.

Create a new call record.
NOTE: Multiple contacts on the same day for the same client should be combined into a single call record for that day.

Yes.