INSTRUCTIONS

Purpose:

This tool is to be used by LME/MCO's and Providers to collect information on individuals with I/DD who are receiving ADVP or ICF In Lieu Of Service (ILOS) Services and the efforts made to promote competitive, integrated employment. Data is collected on a quarterly basis.

Target Population:

The data in this tool has been pre-populated based off claims paid and encounters submitted to NC Tracks. Additionally, the information provided in the previous quarter is kept as the baseline for each new quarter. The intent is to capture all individual who were originally receiving ADVP/ ILOS services during the initial audit from Jan 1, 2021 - June 30, 2022. Additionally, if new members have begun receiving ADVP services since June 30, 2022, it is expected that the LME/MCO's and Providers add them to this tool as new rows in the "CIE Report" page.

How to Submit the Tool:

Submit this report electronically via secure email as an encrypted, password protected Excel file to DMHIDDCONTACT@dhhs.nc.gov. DMHDDSUS staff will coordinate the password with each LME/MCO. Please enter "CIE Quarterly Report Data Collection" in the subject of the email.

This workbook contains PHI. Persons handling this file are required to safeguard the privacy of this information in accordance with HIPAA requirements.

Steps to complete the data collection:

1) Fill out Set-Up Worksheet tab:

Populate table with LME/MCO Name, CEO, Contract Manager, Person responsible for completing report, and date completed

2) Click on CIE Report tab:

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2	**NC DMH/DD/SUS - LME/MCO Competitive Integrated Employment (CIE) Report**											
3	**LME/MCO:**	Partners Health Management										
4	**SFY:**	2023			**Measurement Period:**	Apr 1, 2023 - Jun 30, 2023						
5	**Quarter:**	4th Quarter			**Individual Status as of:**	Jun 30, 2023						
6												
7												
8	Proc Code	Modifier 1	Modifier 2	Name of Service	Last Name	First Name	MI	DOB	Date of Death	Age	Gender	Race
9	T2016	U3	U5	ILOS	Sample	Name		27Oct1970		52	M	B
10	T2016	U5		ILOS	Sample	Name		22May1978		45	M	W
11	T2016	U1	U5	ILOS	Sample	Name		11Mar1971		52	M	B
12	YP620			ADVP	Sample	Name		08Apr1966		57	F	W
13	YP620			ADVP	Sample	Name		03Dec1979		43	M	B
14	YP620			ADVP	Sample	Name		22Nov1981		41	F	B
15	YP620			ADVP	Sample	Name		26Mar1975		48	F	B
16	T2016	U1	U5	ILOS	Sample	Name		13May1985		38	F	W
17	T2016	U5		ILOS	Sample	Name		30Jun1983		40	M	B
18	YP620			ADVP	Sample	Name		19Oct1957		65	F	W
19												

Header Information is automatically entered from information provided on the **Set-Up Worksheet**.

Header information is populated automatically from information provided in Set-Up Worksheet.

3) Fill out CIE Report tab

IMPORTANT! READ THIS GUIDE PRIOR TO FILLING OUT TOOL

White background in header	Information pre-populated by NCDHHS. You do **NOT** need to fill out these columns unless you're adding a new row or there is a Yellow Highlighted cell
Yellow background in header	**Required** question to be completed by provider. Answers have been pre-populated from last cycle's responses
Blue background in header	Supplemental questions. Not mandatory under our reporting requirements, but very helpful for our reporting data analysis. Please make an effort to complete

There are three types of columns:

- **White headers (Columns A - T)** -- Information pre-populated by NCDHHS. You do NOT need to edit these cells
- **Yellow headers** -- Required questions that MUST be completed by provider. Last quarter's responses are pre-populated
- **Blue headers** -- Supplemental questions to be completed if provider is able to locate the information.

V	W	X	Y	Z	AA	AB	AC

NEW QUESTION

Is the individual actively engaged in ADVP or ILOS services?	Reason Not Actively Engaged or Left ADVP or ILOS Service	If Reason Left ADVP or ILOS Service Is **Other**, Please Specify.	Service End Date	Is the person engaged in Post-Secondary Education?	Is the individual currently employed in ADVP setting?	Is the individual engaged in CIE?	Supported Employme
Yes				Yes-Full Time	No - only receiving day services	Yes	Long Term Follow Along
No - Inactive	Health Condition		2/13/2022	Yes-Part Time		No	Referral
No - Discontinued	Other (Specify)	Family Decision	8/19/2021	No		No	
Yes				No	No - only receiving day services	Yes	Active Medicaid
Yes					Yes	Yes	Active State Fund
No - Discontinued	Engaged In CIE		3/4/2023			Yes	Long Term Follow Along St
No - Inactive	COVID-19 Closure		11/12/2022	No		No	
No - Discontinued	Moved Out Of State		12/1/2021			No	
No - Discontinued	Declined Service		5/4/2022	No		No	
No - Discontinued	Discharged		7/24/2022			No	

Use the dropdown options available in the cells to make selections where required. **DO NOT** override the Data Validation and type in free-response in cells where a dropdown exists. The worksheets are protected by design. If you need to make a change to a locked cell, please be careful to only make the changes needed, and immediately re-protect the worksheet when you are finished.

Add in notes and commentary in the last column to provide additional context for the answers provided in

the tool.

IMPORTANT: BE SURE TO UPDATE THE DATA AS OF THE LAST DATE IN THE REPORTING PERIOD.

4) Add new individuals to the report if they are receiving ADVP or ILOS services

If an individual is receiving ADVP or ILOS services from the provider, then they should be captured in this reporting tool. If they are not included in the pre-populated list, then a new record needs to be added. In the next available row, fill out the information in all columns (col. A - AJ). Use the same drop-down options.

It is helpful if it is noted in the comments that this individual is a new member.

5) Submit the tool

Use the steps outlined at top of instructions to submit the CIE Data Collection Tool

<p style="text-align:center">Definitions Tab</p>

The Definitions tab is to be used as a reference when filling out the CIE Data Collection Tool. In this tab you will find the definitions for each of the questions along with the available options used in the drop-down selections.

	A	B	C	D
Column		V	W	X
Question		Is the individual actively engaged in ADVP or ILOS services?	Reason Not Actively Engaged or Left ADVP or ILOS Service	If Reason Left ADVP or ILOS Service Is Other, Please Specify.
Definition		Adult Developmental Vocational Program Service ("ADVP") is a day/night service which provides organized developmental activities for individuals with intellectual or developmental disabilities ("IDD") to prepare the individual to live and work as independently as possible. ADVP Service is provided in segregated, nonresidential settings. ILOS is the day components of ICF IID In Lieu of Service which have been developed and implemented by local management entity/managed care organizations ("LME/MCOs"), that are provided in an ADVP setting	For individuals who are no longer receiving ADVP or ILOS services, what is the reason why they stopped?	For individuals who are no longer receiving ADVP or ILOS services, what is the reason why they stopped?
Required?		Yes	Yes	No
Options		Yes -- Individual used services in reporting time period. This includes limited or intermittent participation	Engaged In CIE	Free Response
		No - Inactive -- Individual did not use services, but is expected back. Could be away due to illness or taking a break	COVID-19 Closure	
		No - Discontinued -- Individual has exited the services and is not expected back	Deceased	
			Declined Service	
			Discharged	
			Fully Transitioned Out Of ADVP Or ILOS	
			Health Condition	
			Moved To CAP	
			Moved To Innovations Waiver	
			Moved Out Of State	
			Moved Out Of Catchment Area	