



**Questionnaire for Situational Information (QSI)
Training and Access Guide
For Waiver Support Coordinators**

October 26, 2009

Questionnaire for Situational Information (QSI) Training and Access For Waiver Support Coordinators

Area Offices will:

- Notify WSCs that web-based training is available and may be completed at their own pace anytime before the area meeting.
- Hold a meeting with the WSC once they have completed the web-based training
- Review the Role of the WSC specific to the QSI
- Discuss how to use the QSI in the support planning process
- Sign the *QSI Access Authorization Request* and forward with the *QSI Training Confirmation* to Elizabeth Persons, QSI Help-desk, in the Central Office.

Support Coordinators will

- Complete the web-based QSI training at (www.apd.myflorida.com)



- Print the *QSI Training Confirmation* and bring it to the area training.
 - 📁 *Florida Questionnaire for Situational Information (QSI)* Version 4.0 revised 2-15-08 – can be downloaded during the web-based training session.
 - 📁 *Navigational Guide* – can be access on the APD Intranet
 - 📁 *QSI Brochures* is available on the APD Internet site.
- Attend area QSI training
- Submit a copy of the *QSI Training Confirmation* and *QSI Access Authorization Request* form to the area office upon completion of both web-based and area training
- Provide information to Assessor about the individual in preparation for administering the QSI
- Attend the QSI assessment, if requested by the individual/family/legal representative. Attendance by the WSC is not required.
- Follow up on any health and safety issues identified by the QSI Assessor.
- Make any changes to ABC demographic as identified by the Assessor within 24 hours of notification.
- Note in the individual's central record once you have reviewed the QSI
- Note any concerns or changes on the QSI paper copy to be considered when the QSI is re-administered.
- Review the QSI in preparation for the individual's support plan.

Central Office will

- Upon receipt of the *QSI Training Confirmation* and *QSI Access Authorization Request* from the area office provide a user name and temporary password to the WSC through ZixMail
- Provide technical assistance to on QSI access issues

Access the QSI through your VPN on the APD Intranet



1. Change Password

If this is the first time you have signed on to QSI you will need to choose **Change Password** before accessing the application. From the QSI login security screen, select the change password link at the bottom. This will take you to the change password screen. **Note:** you do not have to type in any information on the initial log in security screen to access the change password screen. You will receive a secure email through ZIX mail that will include your user name and the temporary password that you will type into the “old password” field.

A screenshot of the "Change Password Screen" from the QSI application. The screen has a light gray background with a large, faint watermark of the Great Seal of the State of Florida. The title "Change Password Screen" is centered at the top. Below the title, there are four input fields: "User Name : DHAMELINK", "Old Password :", "New Password :", and "Confirm Password :". At the bottom, there are three buttons: "Change Password", "Clear", and "Back".

Change Password Screen

User Name :

Old Password :

New Password :

Confirm Password :

Please remember that your password must contain the following elements:

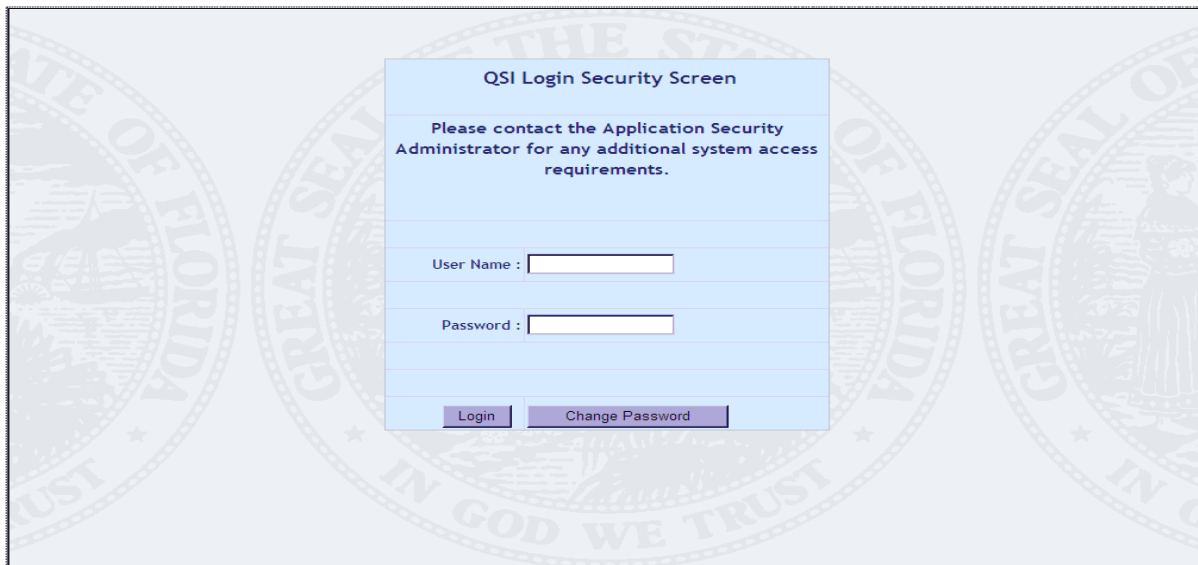
- It must be between 8 and 15 characters long
- Include at least one numeric character
- At least one of the following special characters: ! @ # \$

Once you have filled out the screen and hit the “change password” button, you should receive a message that indicates your password has successfully saved. If you do not receive that message, then it did not update your password.

2. Login

Login to the QSI System with your Level 2* User Name and Password provided by the QSI Help Desk**.

1. Enter **User Name:** XXXX
2. Enter **Password:** *****
3. Change Password if this is your first time logging in to the system.
4. Select **Login**

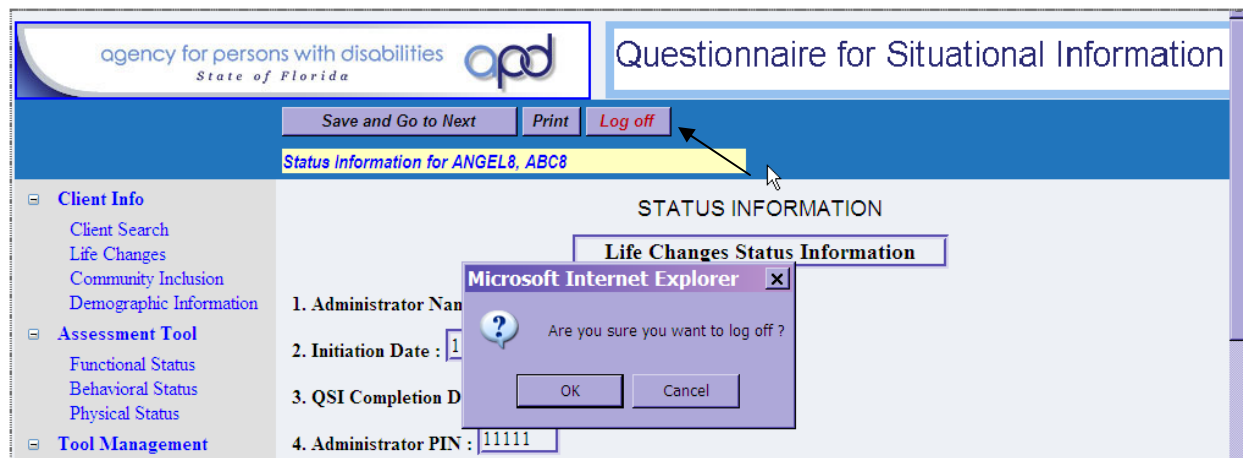
The image shows a login screen titled "QSI Login Security Screen". It has a light blue background with a large, faint watermark of the Great Seal of the State of Florida. The screen contains a text box for "User Name" and a text box for "Password". Below these are two buttons: "Login" and "Change Password". Above the input fields, there is a message: "Please contact the Application Security Administrator for any additional system access requirements."

**Waiver Support Coordinators have Level 2 access. This access allows you to view and print the QSI assessment for the individuals you support.*

***QSI help desk - Contact Elizabeth Persons at phone: 850-922-9738 or e-mail at Elizabeth_Persons@apd.state.fl.us*

3. Log-off

To Log-off from any screen at any time, please select the **Log-off** horizontal navigation button. The application gives you a chance to leave the application or to cancel and return to the last screen with a pop-up screen.

The image is a screenshot of the QSI application interface. At the top, there is a header for the "agency for persons with disabilities" and "opd". Below this is a navigation bar with buttons for "Save and Go to Next", "Print", and "Log off". A yellow arrow points to the "Log off" button. Below the navigation bar, there is a section titled "Status Information for ANGEL8, ABC8". On the left, there is a sidebar with a tree view containing "Client Info", "Assessment Tool", and "Tool Management". The main content area shows "STATUS INFORMATION" with a sub-section "Life Changes Status Information". A "Microsoft Internet Explorer" dialog box is open in the foreground, asking "Are you sure you want to log off?" with "OK" and "Cancel" buttons. The dialog box also shows the "Administrator PIN" as "11111".

4. Search for a Client

You are able to search for a client using one or more of the fields displayed. You will have access to only those individuals on your caseload.

Start by entering the client's last name. Then select the [Search](#) Button:

agency for persons with disabilities
State of Florida

apd

Questionnaire for Situational Information

Search Go to Selected Client Log off

Client Demographic Information Please search a client

Client Search
Log Off

First Name :

Last Name :

PIN Number :

Medicaid Number :

Area :

Gender :

• [Accessibility](#)

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All clients with the selected last name on your caseload in the QSI database will be listed.

agency for persons with disabilities State of Florida		opd		Questionnaire for Situational Information				
Search		Go to Selected Client		Log off				
<u>Client Demographic Information</u>				<u>Found 386 Record(s).</u>				
Client Search Log Off								
First Name :		Last Name :						
PIN Number :		Medicaid Number :						
Area : ALL		Gender : All						
	PIN	SSN	First Name	Last Name	DOB	Medicaid ID	Area	Status
<input type="checkbox"/>	0000000001		ANGEL1	ABC1	11/25/1991	XXX8195757	01	Active
<input type="checkbox"/>	0000000002		ANGEL2	ABC2	11/25/1991	XXX8195757	02	Active
<input type="checkbox"/>	0000000003		ANGEL3	ABC3	11/25/1991	XXX8195757	03	Active
<input type="checkbox"/>	0000000004		ANGEL4	ABC4	11/25/1991	XXX8195757	04	Active
<input type="checkbox"/>	0000000005		ANGEL5	ABC5	11/25/1991	XXX8195757	07	Active
<input type="checkbox"/>	0000000006		ANGEL6	ABC6	11/25/1991	XXX8195757	08	Active
<input type="checkbox"/>	0000000007		ANGEL7	ABC7	11/25/1991	XXX8195757	09	Active
<input type="checkbox"/>	0000000008		ANGEL8	ABC8	11/25/1991	XXX8195757	10	Active
<input type="checkbox"/>	0000000009		ANGEL9	ABC9	11/25/1991	XXX8195757	11	Active
<input type="checkbox"/>	0000000010		ANGEL10	ABC10	11/25/1991	XXX8195757	12	Active
<input type="checkbox"/>	0000000011		ANGEL11	ABC11	11/25/1991	XXX8195757	13	Active
<input type="checkbox"/>	0000000012		ANGEL12	ABC12	11/25/1991	XXX8195757	14	Active
<input type="checkbox"/>	0000000021		PATRICIA1	XYZ1	8/21/1970	XX5357193	01	Active
<input type="checkbox"/>	0000000022		PATRICIA2	XYZ2	8/21/1970	XX5357193	02	Active
<input type="checkbox"/>	0000000023		PATRICIA3	XYZ3	8/21/1970	XX5357193	03	Active
<input type="checkbox"/>	0000000024		PATRICIA4	XYZ4	8/21/1970	XX5357193	04	Active
<input type="checkbox"/>	0000000025		PATRICIA5	XYZ5	8/21/1970	XX5357193	07	Active
<input type="checkbox"/>	0000000026		PATRICIA6	XYZ6	8/21/1970	XX5357193	08	Active
<input type="checkbox"/>	0000000027		PATRICIA7	XYZ7	8/21/1970	XX5357193	09	Active
<input type="checkbox"/>	0000000028		PATRICIA8	XYZ8	8/21/1970	XX5357193	10	Active
<input type="checkbox"/>	0000000029		PATRICIA9	XYZ9	8/21/1970	XX5357193	11	Active
<input type="checkbox"/>	0000000030		PATRICIA10	XYZ10	8/21/1970	XX5357193	12	Active
<input type="checkbox"/>	0000000031		PATRICIA11	XYZ11	8/21/1970	XX5357193	13	Active
<input type="checkbox"/>	0000000032		PATRICIA12	XYZ12	8/21/1970	XX5357193	14	Active
<input type="checkbox"/>	0000000039		JAIME	REYNOLDS	1/1/1969	XX8238334	13	Active
1 2 3 4 5 6 7 8 9 10 ...								

Select the **Check Box** by the appropriate Client.

Now press the ***Go to Selected Client*** button to see the individual's demographic information.

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Questionnaire for Situational Information

Search Go to Selected Client Log off

Client Demographic Information Found 386 Record(s).

Client Search
Log Off

First Name : Last Name :
PIN Number : Medicaid Number :
Area : ALL Gender : All

	PIN	SSN	First Name	Last Name	DOB	Medicaid ID	Area	Status
<input type="checkbox"/>	0000000001		ANGEL1	ABC1	11/25/1991	XXX8195757	01	Active
<input type="checkbox"/>	0000000002		ANGEL2	ABC2	11/25/1991	XXX8195757	02	Active
<input type="checkbox"/>	0000000003		ANGEL3	ABC3	11/25/1991	XXX8195757	03	Active
<input type="checkbox"/>	0000000004		ANGEL4	ABC4	11/25/1991	XXX8195757	04	Active
<input type="checkbox"/>	0000000005		ANGEL5	ABC5	11/25/1991	XXX8195757	07	Active
<input type="checkbox"/>	0000000006		ANGEL6	ABC6	11/25/1991	XXX8195757	08	Active
<input type="checkbox"/>	0000000007		ANGEL7	ABC7	11/25/1991	XXX8195757	09	Active
<input checked="" type="checkbox"/>	0000000008		ANGEL8	ABC8	11/25/1991	XXX8195757	10	Active
<input type="checkbox"/>	0000000009		ANGEL9	ABC9	11/25/1991	XXX8195757	11	Active
<input type="checkbox"/>	0000000010		ANGEL10	ABC10	11/25/1991	XXX8195757	12	Active
<input type="checkbox"/>	0000000011		ANGEL11	ABC11	11/25/1991	XXX8195757	13	Active
<input type="checkbox"/>	0000000012		ANGEL12	ABC12	11/25/1991	XXX8195757	14	Active

5. Demographic Information

Client Demographic Information is transferred from ABC to the QSI application. If this information is incorrect in the QSI, the WSC must update the information in ABC and the correct information will be reflected when the next QSI assessment is completed.

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Questionnaire for Situational Information

Initial AssessmentPrintLog off

Client Demographic Information

Client Info

Client Search

Life Changes

Community Inclusion

Demographic Information

Assessment Tool

Functional Status

Behavioral Status

Physical Status

Tool Management

Submit Assessment

CAT PIN

Assign PIN

Reports

Reports

Logoff

GENERAL INFORMATION

1a. First Name : ANGELS M.I. : Last Name : ABC8 Area : 10

1b. Social Security Number : Medicaid Number : XXXS195757

1c. Date of Birth : 11/25/1991 ABC Status : Active Worker : A

2a. Mailing Address : 2b. Guardian : First Name : ANGELS

TEST ADDRESS8 Last Name : ABC8

Relationship : Parent

Address : TEST ADDRESS8

City or Town : FT LAUDERDALE

State : FL

City or Town : FT LAUDERDALE

Zip Code : 33764-4817 State : FL

County of Residence : PINELLAS Zip Code : 33764-0000

Telephone Number : (727) 412-2414 Daytime Phone : (727) 412-2414

Evening Phone : (0) -

3. Person's Gender :
☐ Male ☒ Female

4. Person's Life Stage :
☒ Less than 18 years ☐ 18 - 22 years ☐ 23 - 45 years ☐ 46 - 65 years
☐ 66+ years

5a. Person's Race :
☐ Asian ☐ Black ☐ Indian or Alaskan Native ☐ Other ☒ White

5b. Person's Ethnicity :
☐ USA ☐ Cambodia ☐ Cuban ☐ Ethnic Chinese
☐ Haiti ☐ Laos ☐ Mexico ☐ Nicaragua
☐ Poland ☐ Puerto Rico ☐ Russia ☐ Vietnam
☐ Other Hispanic Country ☐ Other Asian County ☐ Other Foreign Country ☐ Unknown

6. To Print or View a QSI Report

Log on to QSI.

Search for and select the individual for whom you want to print a report.

Enter a check in the box for the client and choose ***“Go to Selected Client”***

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Search Go to Selected Client Log off

Client Demographic Information Found 23 Record(s).

Client Search
Log Off

First Name: J Last Name:

PIN Number: Medicaid Number:

Area: ALL Gender: All

	PIN	SSN	First Name	Last Name	DOB	Medicaid ID	Area	Status
<input checked="" type="checkbox"/>	0000000039		JAIME	REYNOLDS	1/1/1969	XXX8238334	13	Active
<input type="checkbox"/>	0000000242		JERRY	MEDWAVER	7/25/1958	XXX7767000	01	Active
<input type="checkbox"/>	0000000425		JOHN	BRODIE	3/25/1972	XXX6984225	02	Active
<input type="checkbox"/>	0000000579		JACK	BENNIE	12/22/1980	XXX0000000	02	Active
<input type="checkbox"/>	0000000599		JOHN	WURTELE	2/1/1990	XXX4567890	01	Active
<input type="checkbox"/>	0000000621		JESSICA	LANG	10/10/1970	XXX4444444	11	Active
<input type="checkbox"/>	0000000633		JIMMIE	JACKSON	1/3/1982	XXX6271610	04	Inactive
<input type="checkbox"/>	0000000657		JANICE	BOND	7/9/1973	XXX9612687	23	Active
<input type="checkbox"/>	0000000676		JUDY	BONDS	1/25/1966	XXX8896333	02	Inactive
<input type="checkbox"/>	0000000677		JULIO	GARCIA	10/22/1938	XXX0000000	11	Inactive

On the Client Demographic Page, select the **Reports** option on the left side of the screen.

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Questionnaire for Situational Information

Initial Assessment

Print

Log off

Client Demographic Information

Client Info

Client Search

Life Changes

Community Inclusion

Demographic Information

Assessment Tool

Functional Status

Behavioral Status

Physical Status

Tool Management

Submit Assessment

CAT PIN

Assign PIN

Reports

Reports

Logoff

GENERAL INFORMATION

1a. First Name : ANGELS M.I. : Last Name : ABCS Area : 10

1b. Social Security Number : Medicaid Number : XXXS195757

1c. Date of Birth : 11/25/1991 ABC Status : Active Worker : A

2a. Mailing Address : 2b. Guardian : First Name : ANGELS

TEST ADDRESSS Last Name : ABCS

Relationship : Parent

Address: TEST ADDRESSS

City or Town : FT LAUDERDALE

State : FL

Zip Code : 33764-4817

County of Residence : PINELLAS

Telephone Number : (727) 412-2414

City or Town : FT LAUDERDALE

State : FL

Zip Code : 33764-0000

Daytime Phone : (727) 412-2414

Evening Phone : (0) -

3. Person's Gender :
☐ Male ☒ Female

4. Person's Life Stage :
☒ Less than 18 years ☐ 18 - 22 years ☐ 23 - 45 years ☐ 46 - 65 years
☐ 66+ years

5a. Person's Race :
☐ Asian ☐ Black ☐ Indian or Alaskan Native ☐ Other ☒ White

5b. Person's Ethnicity :
☐ USA ☐ Cambodia ☐ Cuban ☐ Ethnic Chinese
☐ Haiti ☐ Laos ☐ Mexico ☐ Nicaragua
☐ Poland ☐ Puerto Rico ☐ Russia ☐ Vietnam
☐ Other Hispanic Country ☐ Other Asian County ☐ Other Foreign Country ☐ Unknown

Choose either “*comprehensive report*” or “*synopsis report*” from the *Select a Report* drop down menu.

Comprehensive Report - will reflect all possible questions and answers on the QSI with the specific answer for the selected client marked. When printed this report is approximately 50 pages.

Synopsis Report - will reflect all the questions on the QSI with *only* the specific answers for the selected client marked. When printed this report is approximately 10 pages.

The screenshot shows the 'Questionnaire for Situational Information' (QSI) Home Page. At the top, there is a header bar with the 'agency for persons with disabilities State of Florida' logo on the left, the 'QSI Home Page' title in the center, and a 'Log off' button on the right. Below the header, the main content area features a 'Select a Report:' label followed by a dropdown menu. An arrow points to the dropdown menu, indicating the selection process. Below the dropdown menu is a 'Run Report' button. The footer of the page includes a blue bar with the text '• Accessibility' on the left and '• ©2007 Agency for Persons with Disabilities' on the right. The 'QSI Home Page' title is also repeated in the footer on the right side.

This will display all assessments completed for the individual and the date completed. Determine which assessment (if there is more than one available) you would like to print and press the “*Select*” box.



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Questionnaire for Situational Information

[Print](#)
[Log off](#)

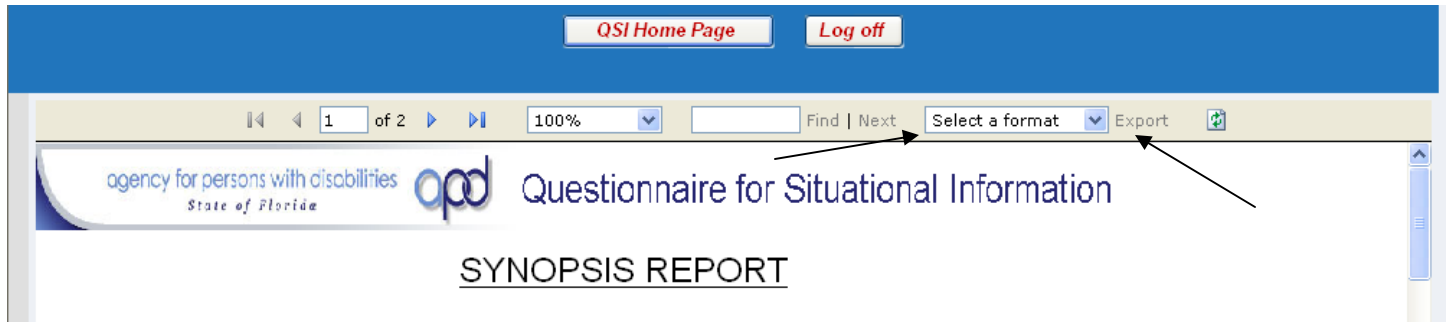
List of all Assessments with Score for JAIME, REYNOLDS
Found 2 records

- ☐ Client Info
 - Client Search
 - Life Changes
 - Community Inclusion
 - Demographic Information
- ☐ Assessment Tool
 - Functional Status
 - Behavioral Status
 - Physical Status
- ☐ Tool Management
 - Submit Assessment
- ☐ CAT PIN
 - Assign PIN
- ☐ Reports
 - Reports
- [Logoff](#)

All Assessments with Score for JAIME, REYNOLDS

Action	PIN	DOB	Completed Dt	Functional Level	Behavioral Level	Physical Level	Overall Level
Select	0000000039	1/1/1969	1/8/2008	6	6	6	5
Select	0000000039	1/1/1969	1/10/2008	2	6	6	5

The selected report is now displayed in the QSI application.



To print the report, choose the [Select a Format](#) drop down menu and choose either Excel or Acrobat PDF File. Press the ["Export"](#) link to the right of the drop down menu; this will transfer the report into either an Acrobat file or an Excel file. Regardless of which format that you choose, you will likely see a box asking you if you want to save the file or open the file. Select either choice, depending on whether or not you want to retain a copy on your hard drive or just view and print. Note: these reports are available at any time, so in most cases there wouldn't be a need to save a copy.

Once the file is opened in either Excel or Acrobat, print the report using the same method you would to print a document from either application.

Follow the same steps regardless of whether you are printing a synopsis report or a comprehensive report.

[Handouts:](#)

QSI Assessment Notice Form 11-17-08

Sample Synopsis Report

QSI Access Authorization Request 9-30-08