InSyst 7.0

User Manual

EDITION 2.0

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For more information about United Behavioral Health software products, please write or call:

The Echo Group
1700 Broadway, Suite 200
Oakland, CA 94612-2116
Tel: (510) 238-2727
Fax: (510) 238-2730
Visit our web site at: http://www.echoman.com

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Chapter 1
Getting Started

This chapter includes basic instructions for logging on and using InSyst's menus and screens.

Logging Onto the Computer

You must log onto the VAX computer system before beginning work.

To log onto the computer:

1. If you are using a terminal, press Return. If you are using a personal computer, start the terminal emulation program
2. Your screen displays the prompt: **USERNAME:** Type your Username, and press Return.
3. Then the computer prompts you for your password. Type your password and press Return. To protect its secrecy, your password is not displayed on your screen.
4. To change your password, refer to the Utilities Chapter of this manual, Chapter 15.
5. InSyst displays its Logo and any notices or messages. Press Return to display your Main Menu.

Using Gold, Function and Control Keys

When you work with InSyst, you use Gold Key sequences, Function Keys and Control Key combinations.

The Gold Key is the PF1 Key on Digital Equipment Corporation terminals and the NumLock key on PCs. Other keys may be used on other terminals.

Function Keys are F1-F20 across the top of the VT320 keyboard.

To use a Gold Key sequence:

1. Press and release the Gold Key.

2. Press and release the other key in the sequence.

   For example, if the instructions say, “Press Gold-E”, you should press and release the Gold key, and then press and release “E”.

Note: Quotation marks around dashes, asterisks and the like are meant to serve as diacritical marks and are not meant to be used. For instance, “E” just means use E.

To use Function Key sequences:

1. F1-F20 across the top of the VT320 keyboard are Function Keys. F15 and F16 are labeled “Help” and “Do.”
2. To use, hold down the Shift Key and press the designated Function Key.

To use a Control Key combination:

1. Press the Ctrl key and hold it down.
2. Press and release the other key.

   For example, if the instructions say, “Press Control/H”, you should press the Ctrl key and hold it down while you press and release “H.”

   Appendix A lists all Gold Key and Function Key sequences and Control Key combinations. The following table is provided for convenience.

Special Keys

Desired Result	Where	Gold Key Sequences[1] Press the Gold Key, then the next key in the sequence.	Function Keys Hold down the Shift Key and press the Function Key.	Control Key Combinations[2] Hold down the Control Key while pressing the next key in the sequence.
Clear a field	**Screen**		**Shift/F19**	**Control/J**
TAB to next field	**Screen**		**Shift/F17**	
Back one field	**Screen**		**Shift/F18**	**Control/H**
Client Field Number	**Some screens**	**Gold-C**		
RU field	**Some screens**	**Gold-P**		
Forward one page	**Screen**	**Gold-M**	**Shift/F11**	
Back one page	**Screen**	**Gold-B**	**Shift/F13**	
Forward two pages	**Screen**	**Gold-D**	**Shift/F12**	
Back two pages	**Screen**	**Gold-U**	**Shift/F14**	
Back to first data entry	**Field**	**Gold-H**		
Exit saving data	**Keeps RU or Client Number for next screen**	**Gold-S**	**Shift/F6**	
Exit WITHOUT data	**Return to menu**	**Gold-E**	**Shift F/20**	
Restart with no values	**Useful for mending errors**	**Gold-R**	**Shift/F7**	**Control/R**
Terminal Lock	**Screen**	**Gold-L**	**Shift/F8**	
Additional functions	**Entry and Maintenance**	**Gold-A**		
VT320 F5-F12	**Locator Screen**	**Gold-F**		
Insert a new record	**Maintenance Selection**	**Gold-I**		
View Adjustments	**Current Screen**	**Gold-J**		
VMS Prompt	**Files of the Utilities Screen**	**Gold-V**		
Repaint or refresh	**Use if screen disturbed**			**Control/W**
Exit/Send mail	**E-mail Utility Screen**			**Control/Z**
Help	**Current field**		**F15**	
Help	**Current screen**		**F16 (press twice)**	

[1] The NumLock Key on PCs and the PF1 Key on DEC terminals

[2] F1-F20 across the top of the VT320 keyboard. F15 and F16 are labeled “Help” and “Do.”

Using Menus

An InSyst menu is a list of items you can select. Figure 1.1 shows a sample Main Menu. The Main Menu is different at different installations. The menu selections you see are based on your responsibilities and level of authorization.

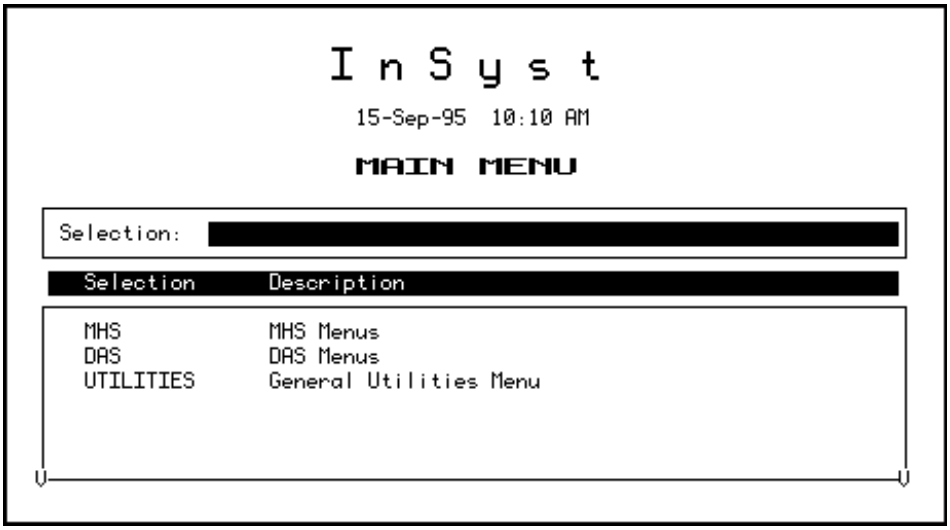


Figure 1.1: Main Menu

Most systems skip this Main Menu and take you directly to the Mental Health Services (MHS) or Substance Abuse Services (DAS) Main Menu. The menu structure is virtually the same for the MHS and the DAS systems. Some screens are different for the two systems, and this manual will explain both. We will begin with the MHS Main Menu shown in Figure 1.2.

Figure 1.2: MHS Main Menu

After you make a selection from the Main Menu, the system displays a submenu. For example, if you choose Client Maintenance Menu in the MHS Main Menu, you will move to the Client Maintenance submenu, with options you can select to use InSyst client maintenance.

Making Selections

All InSyst menus let you make selections in two ways: by typing an option directly in the command line or by using the list of options in the menu selection area

Note: A selection is a command and the selection line is referred to as the command line.

.***To select an item from the Command Line:***

Type the name or number of the item on the Command Line. The command line is the solid bar next to the word Selection, which is where the cursor is when you first display the menu.

1. You may type the entire name of the item, or just enough of the name to make it distinct from the others. For example, if you want to choose SERVICES from the Main Menu, you may type either “SERVICES” or “SER”.
2. You may also type the number of the selection. For example, if Client Records Maintenance is the first item on the menu, you can just type “1” to select it.
3. Press Return to display the screen of the sub-menu you selected.

To select a command using the list of options in the Menu Selection Area:

1. Press the TAB key and the blinking cursor will move from the Command Line into the list of items in the Menu Selection Area of the screen. Then move the cursor down through the menu items using either the TAB key or the Down Arrow Key and move the cursor up through the menu items using the Up Arrow Key.
2. When you have moved the cursor to the item you want, type “X” and press Return.

   Often a “V” flashes at the bottom corners of the menu selection area. This indicates that there are more items on your menu than you can see at one time. Press the Down Arrow key and the menu will scroll to display more items.

3. To return to the Command Line, press Control/H.

Leaving a Menu

Press Gold-E, or enter a hyphen (-) in the Command line to move back one menu to the previous menu. For example, if you are on the Files Menu, “-” will take you back to the Utilities Menu, and a second “-” will take you back to the Main Menu.

Enter an asterisk (*) on the command line to go to the Main Menu from any submenu.

Menu Shortcuts

You can go directly from one menu to a screen that is under another menu, rather than moving through the system one menu at a time.

For example, to go from the Main Menu to the Episode Opening screen, you normally enter “EP” in the Main Menu to display the Episode Records Menu, and then enter “OP” to display the screen. As a shortcut, you can enter the command “EP OP” in the Main Menu Command Line and go directly to the Episode Opening screen.

Figure 1.3: Using Menu Shortcuts

Shortcuts are valid only as long as the first letter of each selection is unique within the Menu. If two selections in a Menu begin with the same letter, you will have to type as many letters of the word necessary to distinguish it from the other selection beginning with the same letter.

For example, if a menu contains the selections “Files” and “Financial,” you must type “FIL” on the command line to select the File List since both selections begin with “FI.”

Using Screens

Eventually selections from InSyst’s menu system will lead to a screen (Figure 1.4).

1. In Screens, data is entered or displayed in areas called ***fields***. For example, a screen may have a field for a client’s last name and another field for address. Most screens have special fields, called ***key fields***, where search criteria is entered in order to obtain certain information.
2. A flashing cursor is the point where your typing will be entered onto the screen. As you type the cursor moves within the field to indicate where you are. As you finish with a field, the cursor will move to the next field requiring entry. If the information you are entering fills the field, the cursor automatically moves to the next field. If the information does not fill the field, press the TAB key to move to the next field.
3. Screens are assigned to you based on your responsibilities.
4. There are four basic types of screens: **data entry, inquiry, maintenance and data deletion**. Screens provide a format for the data to be entered.

- All new information, including client, episode, service, and financial information is entered via **data entry screens.**
- An **inquiry or lookup screen** lets you ask the database for information. An inquiry screen requires specified information in order to search the database and you will be prompted to enter this information.

- **Data maintenance screens, or correction screens**, allow you to access a selected record and change information.
- **Data deletion screens** allow authorized users to delete records from the data system.

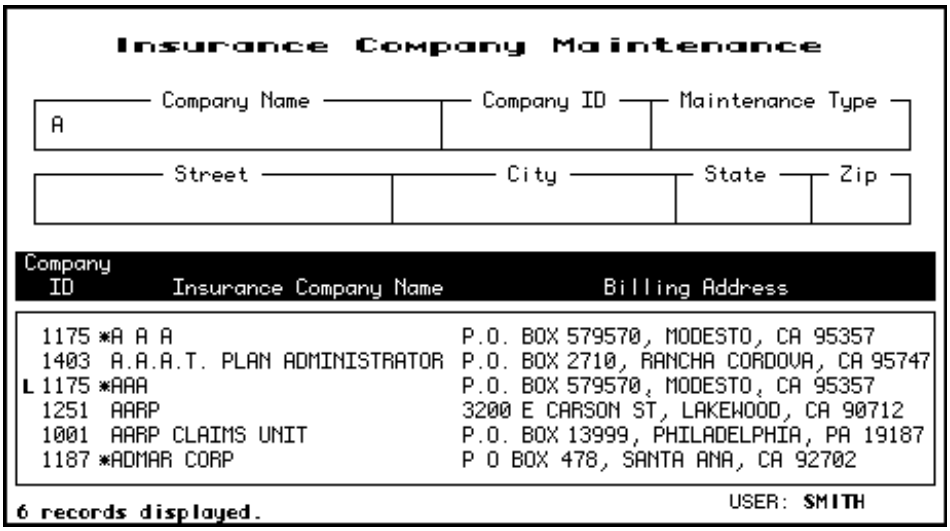


Figure 1.4: An InSyst Screen with a List

Moving through Fields

Use these keys to move through a screen's fields:

- **Tab:** Moves the cursor to the next field to enter data. (If you fill a field entirely, the cursor will move to the next field automatically).
- **Control/H:** Moves the cursor back one field.
- **Return:** Skips over optional fields and moves to the next required field or to the prompt used to leave the screen.

Moving Through Lists

Many screens have lists, like the list of insurance companies shown in Figure 1.4 above. To move down one item in the list, press the Tab or Down Arrow key. To move up one item in the list, press the Up Arrow key.

If a list has more items than fit in one screen, you can page through it to see more items by pressing:

- **Gold-M:** View the next page of information.
- **Gold-D:** Go forward two pages.
- **Gold-B:** View the previous page of information.

Tip: If you use unlimited paging and go forward many pages, you might not be able to return to the earliest pages in the list.

- **Gold-U:** Go back two pages of information.
- **Gold-**A: Unlimited paging

To speed up performance, lists usually include only two pages of information by default. If you have to see more items than this, you should request unlimited paging by pressing **Gold-A** before you display the list.

Leaving a Screen

To leave a screen, press:

- **Return:** In most cases, pressing Return moves the cursor to the prompt used to leave the screen. (In some cases, Return skips over optional fields to the next required field.)
- **Gold-E:** Exits from the current screen and returns to the menu, without saving data entered in the screen.
- **Gold-S:** Exits from the current screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use.

Getting Help

The keys in the row with NumLock are known also as the “PF” keys--PF1(NumLock), PF2 (the “/” key, or Help Key), PF3 and PF4 (customized keys). Press the PF2 key and a helpful hint will appear at the bottom of the screen, specific to the field you are using. Press PF2 again for help on the entire screen you are using.

Client Confidentiality

InSyst helps your staff maintain confidentiality, as required by federal, state, and local regulations.

Do not let anyone else use your account. Your username is stamped on some records in the database.

Each registered user has a password. Do not give out your password for use by other staff or post it near your terminal.

Do not browse through records looking for friends, acquaintances or known persons. This is illegal. You must have a legitimate purpose for looking-up a person.

Do not release data without authorization. For more information, consult your Medical Records Department.

Do not leave your terminal unattended while you are logged into the system. If you want to leave your terminal for a moment, use the TERMINAL LOCK feature.

Terminal Lock

You should not leave your terminal without protecting the confidentiality of client information.

If you leave your terminal for a short time, you can lock the screen while you are gone rather than logging out.

To lock your terminal:

1. Press Gold-L or Shift/F8.

Note: Terminal lock is specific for screens. You cannot use terminal lock for menus.

2. The system displays the prompt: Please enter password for terminal lock. Enter a word of at least 6 characters. The system displays the Terminal Lock Screen (Figure 1.4).

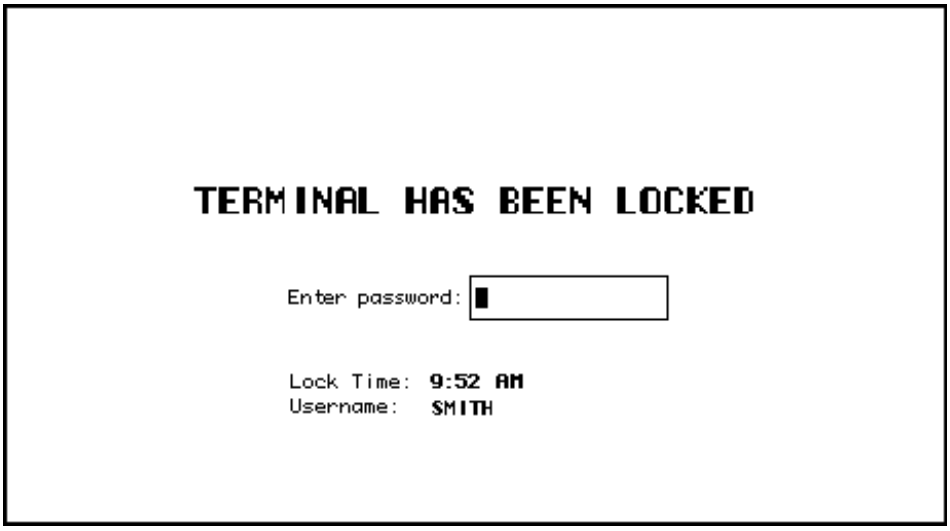


Figure 1.5: Terminal Lock Screen

You must re-enter the same password to use the terminal. If you do not enter the correct password after four tries, the system terminates the current session. You must log on again.

When you re-enter the password, the terminal returns to the place where you left off.

Logging Off the Computer

To log out of InSyst, enter the word “Exit” on the command line of any menu.

You can also log out by entering hyphen (-), asterisk (*), or Gold-E to return to the Main Menu. Then press Gold-E again at the Main Menu.

Never turn off your terminal until you have seen a message confirming that you are logged off. The message includes your name, the date and time that you log off the computer.

Chapter 2
Clients Section

This Chapter begins by showing and describing the screens used when you interact with clients and their significant others. This chapter only covers basic information about clients. The chapters that follow cover client appointments, episodes, services, and other client information.

Beginning with the **Client Maintenance Menu** from the **Main Mental Health Service Menu**, the Screens explained in this chapter include:

1. **The Client Locator Screen**
2. **Client Registration Screen**
3. **Client Registration (Centralized) Screen**
4. **Client Maintenance Screen**

   Client Look-up

   Client Deletion

   Client Update

   Client Update Supervisor
5. **Address Maintenance Selection**

   Client Address Insert

   Client Address Insert Supervisor

   Client Address Delete

   Client Address Update Supervisor
6. **Client Significant Others Selection**

   Client Significant Others Insert Screen

   Client Significant Others Look-up Screen

   Client Significant Others Deletion Screen

   Client Significant Others Update

The Unique Client Number

The client must have an unique client number before you can work with any information. If a client is new to your program, you must determine whether the client has a number by using the Client Locator screen described below. If you cannot find the client number, assign a new client number using the Client Registration Screen described later in this chapter.

The Client Locator Screen

The Client Locator Screen lets you:

- find out if someone has ever been a client
- display a client's current episodes
- display current financial status
- determine if there are any current Client Messages
- request a Face Sheet report for the client
- jump to the Client Status Summary Screen
- jump to the Account Status Summary Screen

To use the Client Locator Screen:

1. Choose either Mental Health Service(MHS) or Substance Abuse Service(DAS) from the Main Menu

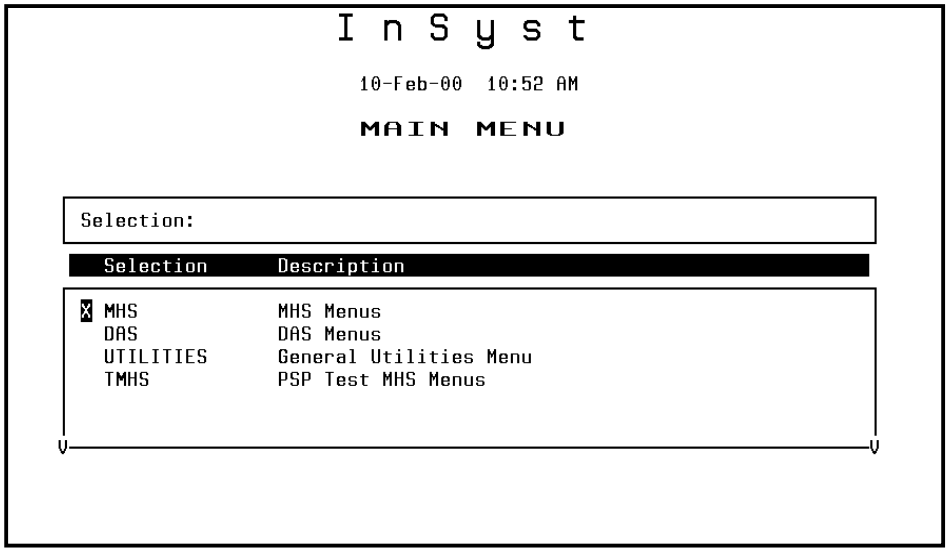


Figure 2.0: Choosing from the Main Menu

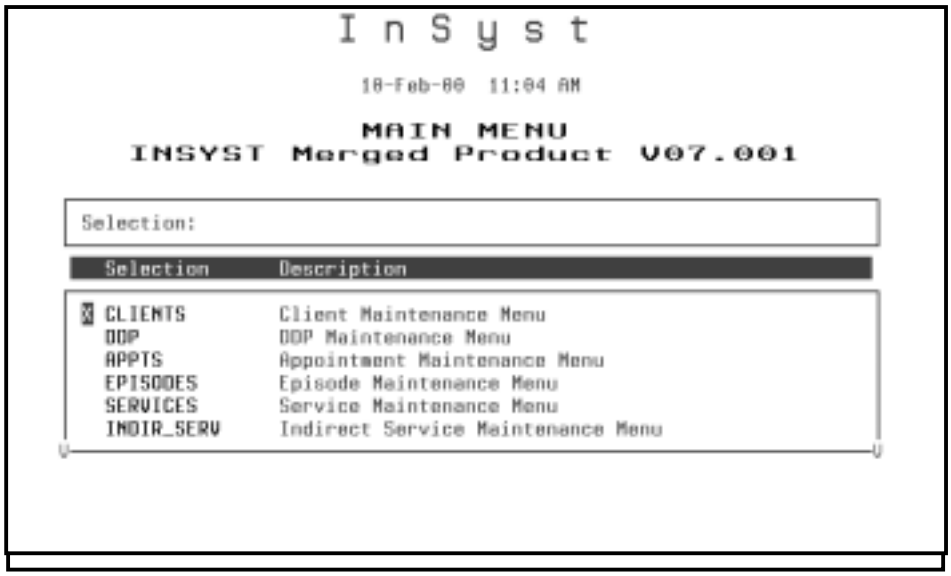


Figure 2.1: Selecting Clients from the MHS Main Menu

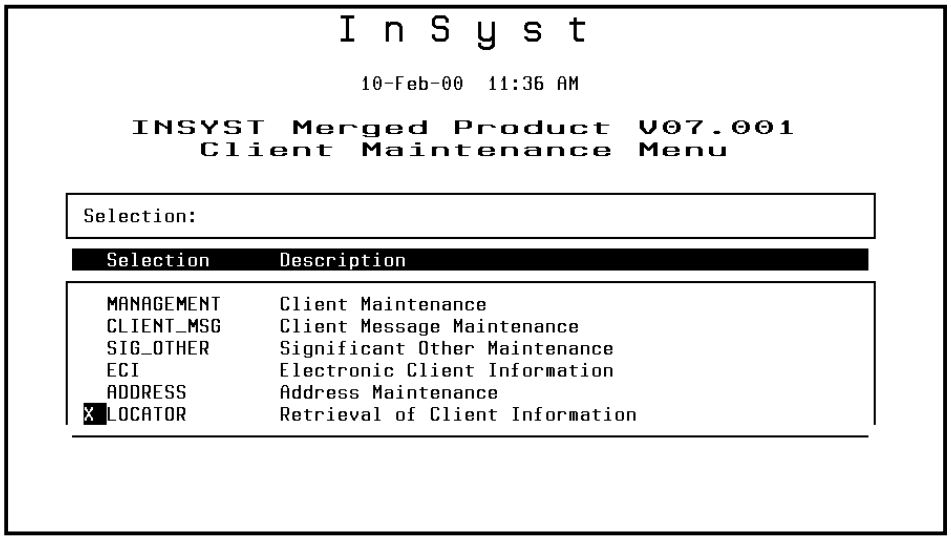


Figure 2.2: Choosing Locator from the Client Maintenance Menu

3. Choose LOCATOR from the Client Maintenance menu. You will have to page down to find LOCATOR.

Note: There is a Client Maintenance Menu and a Client Maintenance Screen. To help avoid confusion remember that a menu is a list of the meals you can have and a screen is the meal you ordered.

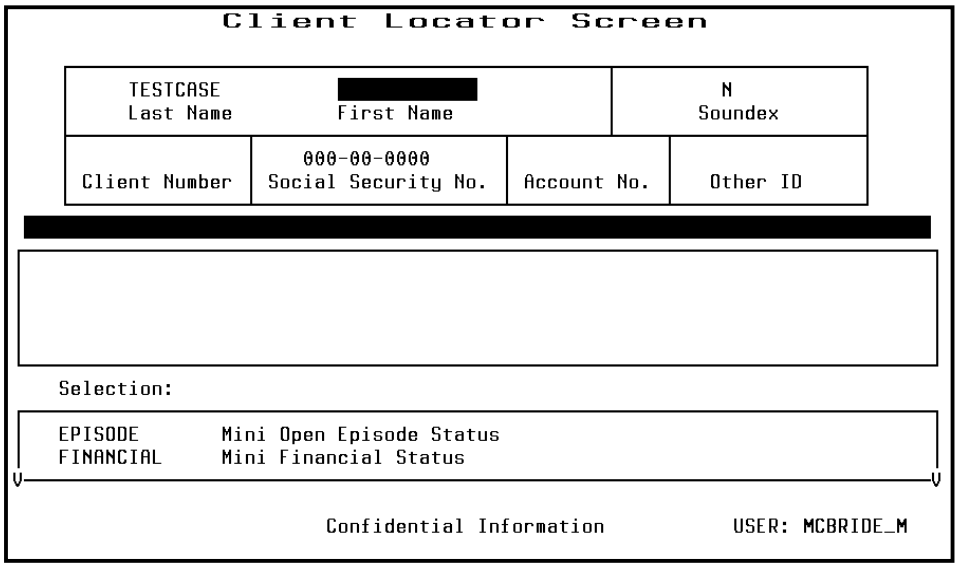


Figure 2.3: The Client Locator Screen

Client Information Area

Tip: A field is a single piece of information. A record is one complete set of fields and a file is a collection of records. Think of a telephone book as a file which contains records, each with three fields: name, address and phone number.

The top section of the screen is the Client Information Area, where you enter criteria to search for a client, and where information is displayed when the client is found.

To search for a client:

1. Make an entry in one or more fields of the Client Information Area.
2. Press Return at any time to search for a client matching the information you have entered.

The Client Information Area has the following fields:

Client Name: Enter the client's full name or only the first few letters of the client's name. For example, if you enter "And" as the last name, you will find clients with the names Anders, Anderson, Andrews, *etc*.

- **Soundex**: Soundex is useful for finding names by how they sound. Enter Y" to find names that sound like the name you entered, even if they are spelled differently. If you use Soundex, you must type a complete Last Name for the client even if you do not know the correct spelling.
- **Client Number**: If you know the Client Number, the fastest way to look up the client is to press Gold-C to move to the Client Number field and enter the client's number.
- **Social Security Number**: If you do not have a Client Number, the Social Security Number is the fastest way to find the client. If you have the client's Social Security Number,

press the Tab key to skip the other fields and enter the SSN here. You do not need to enter "-" between the numbers.

- **Account Number**: If you have a client's Account Number, enter it in this field.

Other ID Number: This number is used differently by different counties. It may be a county hospital number, a state identifier, or a number from a previous system. Check with your System Manager if you are unsure how to use this field.

> **Note:** If you enter the Social Security Number and Client Name, the computer searches on the Social Security Number and returns the client information if it finds a match. This may not be the client name you have entered if another client has used that Social Security Number. If there is no match on Social Security Number, the search is based on name.

If there is an exact match, all fields on the top half of the screen will fill with information about the client (Figure 2.4).

If there is no match, the system displays the message: Client/Clients not found.

If there is several possible matches, they are listed in the Client Selection Area of the screen.

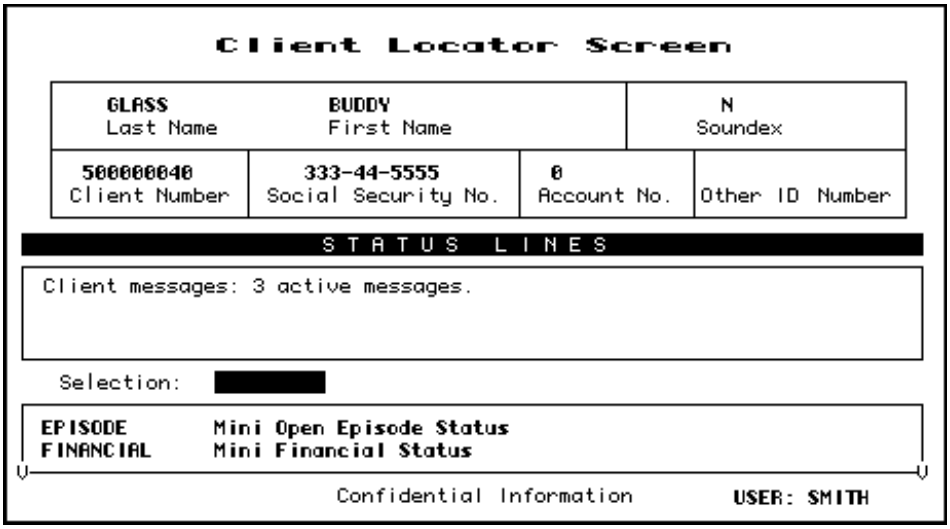


Figure 2.4: An Exact Match in the Client Information Area

Client Selection Area

The second section of the screen is the Client Selection Area. If there is more than one possible match, records beginning with the first possible match are listed alphabetically here (Figure 2.3).

To use the Client Selection Area:

1. Move through the list by using the TAB key to move down and the Gold/H key to move back to the top of the list. Using the Up Arrow key does not move you back in this section.

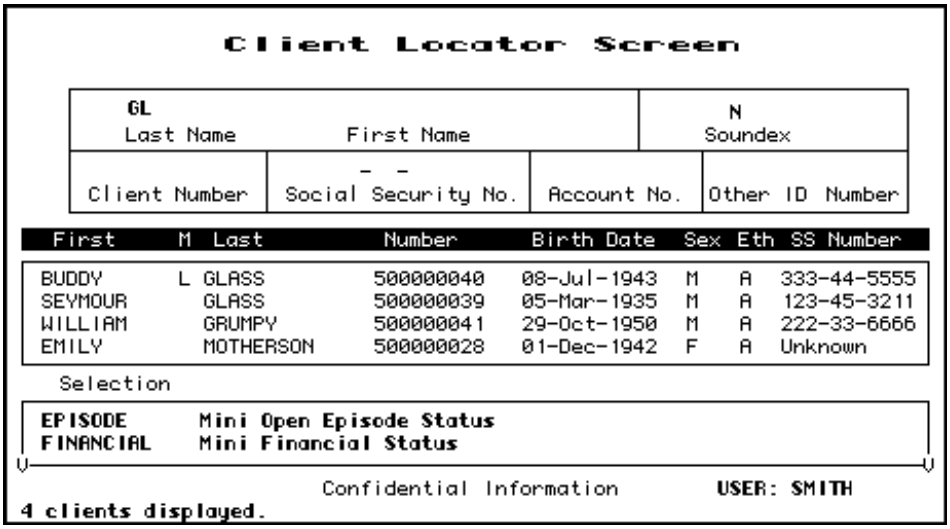


Figure 2.5: Possible Matches in the Client Selection Area

2. Type “X” next to the client you want, and press Return. Data on that client is displayed in the Client Information Area.

You can select multiple clients on a page by putting “X” next to each, and then pressing Return. Then you display data on them by using the Previous and Next options in the Menu Selection Area (described below).

Aliases are displayed in the Client Selection Box with an asterisk (*) next to the name. They are selected like other names in the list, but the computer displays the client’s real name in the Client Information Area.

If you find the target client in this list, note the client number, so you can use it to work with the client. You can retain the client number in the computer’s memory when you leave this screen by:

1. using the Gold-S sequence if you are using Gold keys. This takes you out of the Locator Screen and back to your menu of entry OR
2. pressing Gold-S from a client selected in the Client Selection Area.

You will find that when you go to another data entry or maintenance screen the client number comes with you. The computer enters the client number in the client field for the new screen.

If you do not find the target client, you must register the client into the system, using the Client Registration Screen described further on.

Note: Before registering a new client, be sure you have tried all possible spellings of the client's name and aliases. Press Gold-R to restart the screen and search with other spellings of the client's name, using Soundex. If necessary, press Gold-A before doing the new search, so the list is not limited to 8 names.

Menu Selection Area

The lowest portion of the Locator screen is the Menu Selection Area, where you can:

- Check open episodes of the client displayed
- Check the current account status of the client displayed
- Check for a summary of messages for the client displayed
- Select the next client
- View a previously selected client
- Move to the Client Message Screen and view messages for the client or enter a new message for the client.
- Move to the Client Status Summary Report Screen to view episode and account information.
- Move to the Account Status Summary Report Screen to view more complete account information for the client.
- Exit from the Client Locator Screen.

As with any InSyst menu, you may select a menu item by entering the first letters of your menu choice (For Example, Figure 2.4 illustrates the choice of "E" for Episodes), or by using Tab key to move to the item you want and typing an "X" next to it.

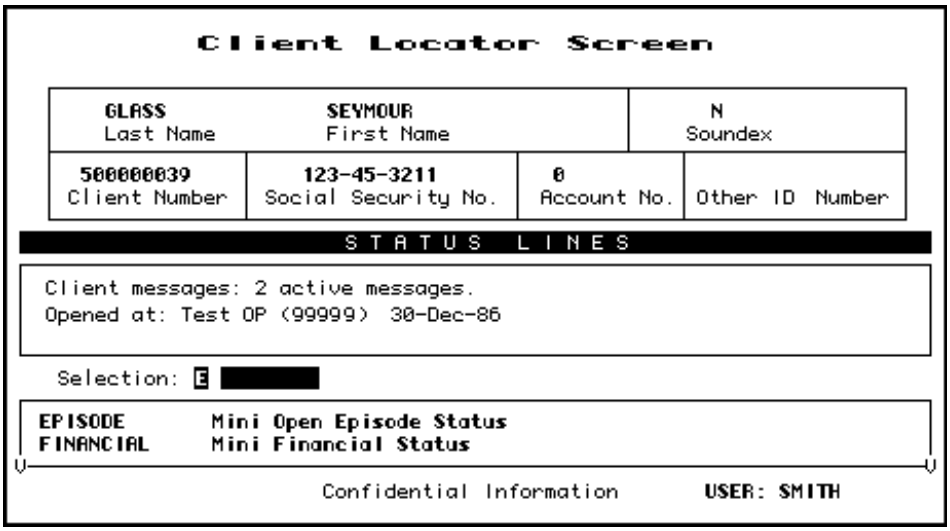


Figure 2.6: Selecting a Menu Item

The menu gives you the following options:

- **EPISODE Mini Open Episode Status:** Gives you a short listing of all programs (or reporting units) where the client is currently admitted.
- **FINANCIAL Mini Financial Status:** Displays current account information and charges for the client.
- **STATUS Client Status Summary Report:** Takes you to the Client Status Summary Report Screen, which displays the client's current open episodes, closed crisis episodes, and current account information.
- **ACCOUNT Account Summary Report:** Takes you to the Account Summary Screen, which displays the client's account information.
- **MESSAGES Client Message Maintenance:** Takes you to the Client Message Selection Screen, which displays current messages for the client.
- **CURRENT Mini Message Status:** Displays message status lines listing how many messages there are in different categories for the client.
- **NEXT Display Next Client:** If you selected multiple clients in the Client Selection Area, this option will display data on the next one in the Client Information Area.
- **PREVIOUS Display Previous Client:** If you selected multiple clients in the Client Selection Area, this option will display data on the previous one in the Client Information Area.

Some of these options display data in the same area that you used for client selection, as you can see in Figure 2.4, where message status is displayed.

Leaving the Screen

You can leave the Locator Screen by:

- Exit Type "Exit" at the Selection Prompt
- Gold-E The key combination Gold-E can be pressed at any time
- Gold-S This saves the selected client number for later use

Quick Looks

At times you may find it helpful to have a printed face sheet with current information about a client. Or someone may request current client information even though there is no hard copy.

This section describes ways to find current information in a hurry, using the Client Locator Screen.

Using the Client Locator Screen, you can:

- Print a face sheet using Report 140
- Rapidly call up screens with up-to-date information for viewing

Here's What To Do:

Fill the data fields in the Client Locator Screen, then press Gold-F. A series of boxes appear at the bottom of the screen. These are parts of a Function Key map which uses Function Keys F6 through F12.

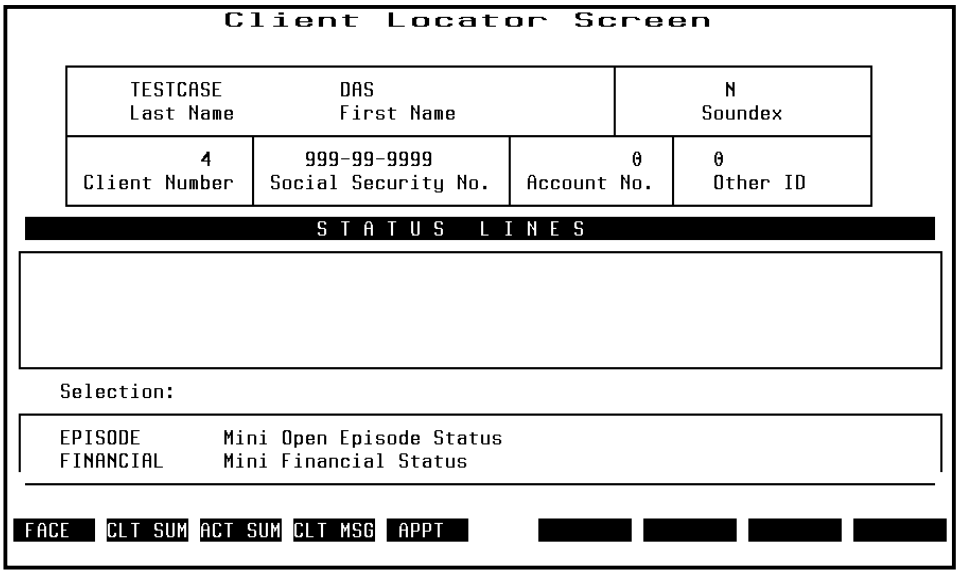


Figure 2.7: Locator Screen with Function Map

Press F/6 which is the FACE box on the Function Key map to run Report 140 as a face sheet. The client's name, address and birthdate appear, as well as emergency contacts and a summary of the client's open episodes. Closed episodes appear in reverse chronological order. A message at the bottom of the screen indicates that the report has been run. Press Gold-F and the Function Key map will be restrored.

Press F/7 for a summary of the client's open or closed status. Press Gold-E to return to the Client Locator Screen and Gold-f to activate the map.

Press F/8 for the client's account status summary. You will need the client's account number. Again, to return to the Client Locator Screen, press Gold-E, then Gold-F to reactivate the map.

Press F/9 for any messages relating to the client. As before, Gold-E and Gold-F will return you to status.

Press F/10 for the client's scheduled appointments. You will need a RU. Press Gold-E to return to the Client Locator Screen, then press Gold-E again to return to the Client Maintenance Menu.

Registering a New Client

If you cannot find new clients using the Client Locator Screen, you must register them to give them client numbers before you can open episodes and enter services for them.

To register a client:

1. Choose CLIENTS from the Main Menu, in this case the Mental Health Main Menu.
2. Choose REGISTER from the Client Maintenance Menu to display the Client Registration screen (Figure 2.8).

```
                    Client Registration

Client Number:                                        RU:

Last:                  First:                Initial:    Generation:
Birthdate:   /  /      Sex:                  SSN:    -  -

Education:             Presenting Problem:       Other ID Number:
Disability:            Service Group:            Local Code:
Language:              Primary RU:               Program Code:
Ethnicity:             Chart Location:           Research Item:
Hispanic Origin:       Reference Staff ID:
Marital Status:
Family Size:                                     Enter Address:
Annual Income:                                   Significant Others: N

Aliases              Last              First         Middle

Form Ok Y/N:           Confidential Information            USER: SMITH
Enter client registration information.
```

Figure 2.8: Client Registration Screen, page 1

Note: The information entered in the Client Registration screen establishes the client's identity. It is best to ask the client for a Driver's License, Social Security Card, or other document and copy the information from it. Three critical pieces of information must be entered correctly: client name, birth date, and Social Security Number.

Tip: If your agency is set up to assign its own client numbers, the cursor goes to the client number field after RU.

3. Enter data in the following fields:

- **RU**: Enter the Reporting Unit Number for the program where you are registering the client. This is a number unique to your site and given to you by your supervisor. This field establishes whether you are using decentralized or centralized registration.

With **decentralized registration**, the system automatically assigns a client number and you can enter episodes and services for the client. With **centralized registration**, you can register a client and enter episodes by entering the Client's Number, but you cannot enter services until the registration has been evaluated by a central registration auditor. After you have entered the Reporting Unit, the screen title changes to Client Registration (Centralized) or Client Registration (Decentralized).

- **Last Name**: Enter a last name with up to 16 letters. Leave out apostrophes, dashes and blank spaces. For example "O'Connor" should be typed "OCONNOR".

- **First Name**: Enter a first name with up to 12 letters.

- **Middle Initial**: Enter one letter as a middle initial, or press the Tab key or space bar to skip this field if there is no middle initial.

- **Client Generation**: Enter a generation title that is part of the client's name, such as Jr., Sr., or the Roman Numerals II, III, *etc*.

- **Birthdate**: Enter the birth date in MM/DD/YYYY format.

- **Sex**: Enter "F" for female, "M" for male, or "U" for unknown.

- **Social Security Number**: Enter a nine-digit Social Security Number. It is best to copy this key information directly from the client's Social Security Card if possible. If the client does not have one, enter all 9's in this field.

- **Education;** Enter the number of the highest grade completed. For example, if the client has completed high school, enter "12". If the highest grade is greater than 20, enter "20". Enter "99" for unknown.

- **Disability;** Add the number codes for all of the client's physical disabilities, and enter the total in this field. InSyst's standard disability codes are listed in Appendix C of this manual, but your local agency may use different codes.

- **Language:** Enter the code for the language the client prefers to speak, as reported by the client. InSyst's standard language codes are listed in Appendix C of this manual, but your local agency may use different codes. *This is a required field.*

- **Ethnicity:** There are two ethnicity fields. Enter an Ethnicity code in the first field or both. InSyst's standard codes are listed in Appendix C, but your agency may use different codes.

The first field is required, the second optional. The first field cannot be "X"(*Multiple).*

- **Hispanic Origin:** Enter "1" if the client is of Hispanic Origin, "2" if the client is Non-Hispanic, or "3" for Unknown. Some agencies do not use this field.

- **Marital Status**: Enter the Marital Status code. InSyst's standard codes are listed in Appendix C, but your agency may use different codes. (Note that Code

1, Never Married, is used for a single person who does not live with girlfriend/boyfriend and has never been married.) *This is a required field.*

- **Family Size:** Enter the size of the client's immediate family, even if they are not all living in the same household at this time.
- **Annual Income**: Enter the *client's* annual income.
- **Other Factors**: Indicate one or more disorders affecting the mental health of the client. InSyst's standard codes are listed in Appendix C.
- **Service Group**: Local agencies determine whether this field is used and will give you a list of codes if necessary.
- **Primary RU**: Enter the RU number of the Reporting Unit that will be the lead treatment program for this client.
- **Chart Location**: Enter the RU number of the program where the client's complete chart is kept.
- **Reference Staff ID**: Enter the Staff Number of the Reference Staff, the staff person who can be contacted for information on the client, if available.
- **Other ID Number**: Type in any Other ID Number if available.
- **Local Code**: Local agencies determine whether this field is used and will give you a list of codes if necessary.
- **Program Code**: Local agencies determine whether this field is used and will give you a list of codes if necessary.
- **Research Item**: Local agencies determine whether this field is used and will give you a list of codes if necessary.
- **Enter Address**: This is not a data field; it is a question. If you enter "Y", the system will jump to the Address Screen, described later in this chapter. Once you are done with that screen, the system will return you to the Registration Screen.
- **Enter Significant Other** This is not a data field; it is a question. If you enter "Y", the system will jump to the Significant Other Screen, described later in this chapter. Once you are done with that screen, the system will return you to the Registration Screen.
- **Aliases**: If the client has ever used aliases, enter them here. As you add information, this section of the screen scrolls upward to allow more information to be entered. You may enter up to six aliases via the Client Registration Screen, and enter more through the Client Maintenance screen if necessary.

4. After you have entered all this data, the cursor moves to the "Form OK" prompt. Review your data for accuracy. If there are fields that must be corrected, use the "Control/H," or "previous field," key to move back to the field you want to correct. You may type over the information entered in the field or clear the field with "Control/J," or the "clear field," key. Enter "Y" to save the data you entered.

```
Client Registration (Centralized)

New Client Number:    464646              Reporting Unit: 99991  PSP OPT

Last: BROWN                 First: RED              Middle:
Generation:       Birthdate: 05/29/1958   Sex: F   SSN: 252-52-5252

Education:       14    Other Factors:        Other ID:
Disability:            Service Group:        Local Code:
Language:        A     Primary RU:           Program Code:
Ethnicity:       B     Chart Location:       Research Item:
Hispanic Origin: 2     Ref. Staff ID:
Marital Status:  1
Family Size:
Annual Income:                                   Enter Address: Y
                                                 Significant Others: N

Aliases                Last              First         Middle

Form Ok Y/N:             Confidential Information          USER: MCBRIDE_M
```

Figure 2.9: Client Registration Screen After Registering a Client

5. The system validates the data. If any fields are invalid, you are taken back to that field to correct the error. If the data passes validation, the second page of the Client Registration screen appears.

```
Client Registration (Centralized)

New Client Number: 464646                Reporting Unit: 99991  PSP OPT

Client Birth Name:
Last:                 First:                Initial:    Generation:
Birth place:                                Mother first name:

Periodic Date Completed:    /  /

Form Ok Y/N:             Confidential Information          USER: GRIFFIN_K
Validation of registration data in progress...
```

Figure 2.9-A: Client Registration Screen, page 2

The client number and reporting unit are carried over from the first Client Registration screen. The information entered on this screen is specific for California CSI reporting. States who do not have to do CSI reporting may not have this screen.

6. Enter data for these fields:

- **Client Birth name**: Enter client's birth name using last name, first name, Initial, Generation format. The format is identical to the Client Name field. *This is a required field.*
- **Birth Place**: This is a six digit field, comprised of three two-digit sections: CCSSXX (County, State, Country). All three sections must be completed. *This is a required field.*

If the client is from California, enter the two-digit county code in the first two characters. No other values need to be entered in the remaining four characters. The system will automatically populate the remaining characters with "CA" and "US."

Note: *You will not see these values until you have pressed return and processed the registration. You will the see the values in the Client Maintenance screen once you have saved the record.*

If county of birth is not known, enter '99' for the Birth County, 'CA' for the Birth State, and 'US' for the Birth Country.

If the client is not from California, but from the U.S., enter "00" in County and enter the State code. You do not need to fill in the country code; the system does this for you.

If the client is not from this country, enter "00" in County, enter "00" in state, and enter the appropriate country code.

- **Mother first name**: Type the first name of the client's mother. The field is 12 characters in length. *This is a required field.*
- **Periodic Date Completed**: Enter the date the annual review was completed for the client: MM/DD/YYYY. Date cannot be earlier than 7/1/ 1998 or later than current date.

7. After you have entered all this data, the cursor automatically moves to the Form OK prompt again in the first Client Registration Screen. The system prompts you to verify the client name by re-keying the last and first names. Enter “Y” to save the data you entered.

```
Client Registration (Centralized)

New Client Number:    464646            Reporting Unit: 999991 PSP OPT

Last: [redacted]      First:                  Middle:
Generation:       Birthdate:   /  /      Sex:     SSN:    -  -

Education:            Other Factors:            Other ID:
Disability:           Service Group:            Local Code:
Language:             Primary RU:               Program Code:
Ethnicity:            Chart Location:           Research Item:
Hispanic Origin:      Ref. Staff ID:
Marital Status:
Family Size:
Annual Income:                                      Enter Address: Y
                                                    Significant Others: N

Aliases               Last              First         Middle

Form Ok Y/N:              Confidential Information          USER: MCBRIDE_M
Input required
```

8. You need to retype an exact match of the last name, first name, and middle initial. If you make a mistake, you must enter the correct spelling twice to verify the name.

9. If your county has created custom fields, called Dynamic Data Fields, they are displayed now on a third screen. Fill them out, and enter “Y” to save the data. For more information on Dynamic Data Fields, see Chapter 14 of this User Manual.

```
Client Registration (Centralized)

Client Name: BROWN, RED

DATE TEST:        [redacted]        ea-test
Eye Color:                          Date test

Form OK Y/N:              Confidential Information          USER: MCBRIDE_M
```

Figure2.10: Customized Dynamic Date Field

10. If the registration is successful, the system assigns the client a client number, which it displays in the Client Number field at the top of the screen (Figure 2.6). To continue registering clients, enter "Y". To leave this screen and return to the menu, enter "N".

Error Messages

If there is a Social Security Number in the system that is the same as the one you just entered, it displays an error message and it does not let you continue. If you're sure that the number you have entered is correct, refer the case to your supervisor.

If there is a client in the system with the same name and birth date you have just entered, it displays an error message and does not let you continue. Refer the case to your supervisor.

If two different clients do have the exact same name and birth date, a supervisor may use the Gold-A sequence to override the match, so registration can occur. You cannot override a Social Security Number match.

Maintaining Client Records

Tip: Use the TAB key to move your cursor. Type an "X," and then press RETURN. Or type the number of your selection in the command line and press RETURN.

You can review, update and delete client information in InSyst 7.0

To maintain client records:

1. Choose CLIENTS from the Main menu.
2. Choose MANAGEMENT from the Client Maintenance Menu to display the Client Maintenance Screen (Figure 2.7).
3. Use the fields at the top of the screen to identify the client and maintenance type:

- **Client Number:** Enter the number of the client whose record you want to work with.
- **Maintenance Type:** If the client number is valid, you can enter the Maintenance Type "L" (for Lookup), "D" (for Delete) or "U" (for Update).

```
                    Client Maintenance

 Client Number: [       ]      Maintenance Type:

 Last:                  First:              Initial:    Generation:
 Birthdate:   /  /      Sex:                SSN: 000-00-0000

 Education:             Presenting Problem:        Other ID:
 Disability:            Service Group:             Local Code:
 Language:              Primary RU:                Program Code:
 Ethnicity:             Chart Location:            Research Item:
 Hispanic Origin:       Ref. Staff ID:
 Marital Status:
 Family Size:
 Annual Income:
                                                   Client UR Needed:

 Aliases                Last              First         Middle

 Form Ok Y/N:              Confidential Information          USER: GRIFFIN_K
Enter a Client Number for maintenance.
```

Figure 2.7: Client Maintenance Screen

Client Lookup

If you enter “L” for Maintenance Type, InSyst displays the Client Lookup Screen (Figure 2.8). This screen only lets you view information, and so it can be used by people who are not authorized to change client information.

```
                    Client Look-up

 Client Number:   1000058      Maintenance Type: L     Last Changed:  3-JUN-98

 Last: TESCASE          First: TRACY         Initial: H  Generation:
 Birthdate:  3/ 8/1954  Sex: F               SSN: 999-99-9999

 Education:       0     Presenting Problem: 0      Other ID:      0
 Disability:      9     Service Group:             Local Code:
 Language:        A     Primary RU:         99991  Program Code:
 Ethnicity:       A C   Chart Location:            Research Item:
 Hispanic Origin:       Ref. Staff ID:      0
 Marital Status:  4
 Family Size:     0
 Annual Income:   0
                                                   Client UR Needed:

 Aliases                Last              First         Middle
                        DUCK              FRANKLIN

   Continue:               Confidential Information          USER: GRIFFIN_K
Page aliases or continue.
```

Figure 2.8: Client Look-up Screen, page 1

If the client has aliases listed, you may use Gold key sequences to page through them, or use the TAB key. You will arrive at the Continue prompt at the bottom of the screen.

To look at page 2 of the Client Lookup screen, type “Y” in the *Continue* field. The second screen appears.

```
                    Client Look-up

New Client Number: 1000058                Reporting Unit:
Client Birth Name:
Last: TEST-MNT          First: TEST          Initial: B  Generation: SR
Birth place: 99 CA US                        Mother first name: MAMA

Periodic Date Completed:    /  /

  Continue: [ ]          Confidential Information          USER: GRIFFIN_K
```

Figure 2.8-A: Client Look-up Screen, page 2

At the prompt you will be given a choice of “Y” or “N.”

If you enter “Y,” you may find yourself in a Dynamic Data Entry Screen, described in Chapter 12. This is a screen with entry fields customized for some counties.

If your county does not require a Dynamic Data Entry Screen, you can press “Y” and go back to the Client Maintenance Menu.

Choose Management for the Client Maintenance Menu.

Enter another client number to continue your look-ups.

Re-enter the previous Client Number, press Gold-S, and the Client Number will enter in the next screen you use.

Note: Gold-S is a useful keystroke and can save you time.

Client Delete

If you enter “D”in the Maintenance Type field, InSyst displays the Client Deletion Screen (Figure 2.9).

```
                    Client Deletion

 Client Number:   1000058      Maintenance Type: D     Last Changed:  3-JUN-98
 Last: TESCASE           First: TRACY         Initial: H  Generation:
 Birthdate:  3/ 8/1954   Sex: F                SSN: 999-99-9999
 Education:       0     Presenting Problem: 0      Other ID:      0
 Disability:      9     Service Group:             Local Code:
 Language:        A     Primary RU:         99991  Program Code:
 Ethnicity:       A C   Chart Location:            Research Item:
 Hispanic Origin:       Ref. Staff ID:      0
 Marital Status:  4
 Family Size:     0
 Annual Income:   0
                                                   Client UR Needed:
 Aliases                Last              First         Middle
                        DUCK              FRANKLIN

  Delete OK:              Confidential Information          USER: GRIFFIN_K
Delete this client?
```

Figure 2.9: Client Deletion Screen

Enter “Y” at the prompt,”Delete OK,” to delete the client. If the client has aliases, these will also be deleted.

You cannot delete a client if there are episodes and services recorded for the client. These Episodes and Services must be deleted first. Refer this case to your Supervisor.

Client Update

If you enter “U”in the Maintenance Type field, InSyst displays the Client Update Screen (Figure 2.10).

To modify client data:

Note: The Client Number cannot be changed.

1. Press Tab to move through the fields, and edit them as necessary

   The data in all these fields was described in the section on the Client Registration Screen, earlier in this chapter.

2. Tab to the Form OK prompt, and enter “Y” to save the changes, or “N” to discard them.

   If you select “Y”, the second Client Update screen appears (Figure 2.10-A).

3. Edit these fields as necessary and Tab to the Form OK prompt, and enter “Y” to save the changes, or “N” to discard them.

```
                          Client Update

 Client Number:   1000058      Maintenance Type: U     Last Changed:  3-JUN-98
 Last: TESCASE           First: TRACY         Initial: H  Generation:
 Birthdate:  3/ 8/1954   Sex: F                SSN: 999-99-9999
 Education:       0      Presenting Problem: 0      Other ID:      0
 Disability:      9      Service Group:             Local Code:
 Language:        A      Primary RU:         99991  Program Code:
 Ethnicity:       A C    Chart Location:            Research Item:
 Hispanic Origin:        Ref. Staff ID:      0
 Marital Status:  4
 Family Size:     0
 Annual Income:   0
                                                    Client UR Needed:
 Aliases                 Last                First          Middle
                         DUCK                FRANKLIN

 Form Ok Y/N:              Confidential Information          USER: GRIFFIN_K
Update client information or add/delete aliases.
```

Figure 2.10: Client Update Screen, page 1

The Registration Approved field only applies to systems using centralized registration, and it can only be changed by the Central Registrar. The Client UR Needed field can only be changed by authorized staff.

Aliases cannot be changed, but any user can add new aliases or can delete an alias by entering “D” on its line.

Client Last Name, First Name, Middle Initial, Social Security Number, Birthdate, Sex can only be changed by a Supervisor. If you are authorized as a supervisor, you can press Gold-A to display the Client Update Screen in Supervisor mode (Figure 2.11).

```
                    Client Update

 New Client Number: 1000058                Reporting Unit:

 Client Birth Name:
 Last: TEST-MNT            First: TEST            Middle: B
 Generation:   S    Birth place: 01 CA US   Mother first name: MAMA

 Periodic Date Completed:  5 /13/1999

 Form Ok Y/N:              Confidential Information          USER: MCBRIDE_M
```

Figure 2.10-A: Client Update Screen, page 2

The Registration Approved field only applies to systems using centralized registration, and can only be changed by the Central Registrar. The Client UR Needed field can only be changed by authorized staff.

Aliases cannot be changed, but any user can add new aliases or can delete an alias by entering "D," on its line.

Client Last Name, First Name, Middle Initial, Social Security Number, Birthdate, and Sex can only be changed by a Supervisor. If you are authorized as a supervisor, you can press Gold-A to display the Client Update Screen in Supervisor mode (Figure 2.11).

```
                    Client Update Supervisor

 Client Number: 500000039    Maintenance Type: U Registration Approved:N

 Last: GLASS                 First: SEYMOUR     Initial:    Generation:
 Birthdate: 03/05/1935       Sex: M             SSN: 123-45-3211

 Education: 20               Presenting Problem: 2      Other ID Number:
 Physical Disability:00      Service Group:             Local Code:
 Preferred Language: A       Primary RU:  A9966         Program Code:
 Ethnicity:  A               Chart Location: A9966      Research Item:
 Hispanic Origin:            Reference Staff ID: 99999 MICHAEL     GORODEZKY
 Marital Status: 3
 Family Size: 3
 Annual Income: 21980                                   Client UR Needed: Y

 Aliases              Last              First        Middle

 Form Ok Y/N:              Confidential Information          USER: SMITH
 Supervisor authorization in effect.
```

Figure 2.11: Client Update Screen: Supervisor Mode

Registration Approved

If the Client was registered using centralized Client Registration and the registration has not yet been approved, this screen will include a Registration Approved field. If you are sure the client registration information is correct, enter “Y” in this field.

Client Merge

A client may be given two client identification numbers by mistake. This option lets you merge all the information on that client into a single record.

```
                    Client Update
                     Supervisor
Client Number:   1000059    Maintenance Type: U   Last Changed:  7-FEB-91
Last: SMITH              First: FRANKLIN    Initial:    Generation:
Birthdate:  9/ 9/1945    Sex: M             SSN: 898-98-9898
Education:        20   Presenting Problem: 0    Other ID:       0
Disability:       0    Service Group:           Local Code:
Language:         A    Primary RU:              Program Code:
Ethnicity:        A    Chart Location:     0    Research Item:
Hispanic Origin:       Ref. Staff ID:      0
Marital Status:   1
Family Size:      0
Annual Income:    0                                Client UR Needed:
   X Merge Client
Form Ok Y/N: Y           Confidential Information        USER: SMITH
```

Figure 2.12: Using the Client Merge Adjustment

To do a Client Merge:

1. Use the Client Maintenance Screen, as described above, to ***update the record you want to keep***. After displaying that record, press Gold-J to activate the Adjustment portion of the screen.
2. Select Merge Client (Figure 2.12), and enter “Y” at the Form OK prompt.
3. Then the adjustment portion of the screen changes to prompt you for the client you want to remove (Figure 2.13). Enter the Client number, and you can also enter a brief comment describing the reason for the adjustment. The record whose client number you enter here will be removed from the database, and all its data will be merged into the record of the client you are updating.

Note: Records that are being merged ***must be on the same financial Account***. Before using Client Merge Function, use the Account Merge Function or the PFI Entry Screen to make sure that the two records are on the same Account.

```
                    Service Update

JERSEY       GLASS
Client: 500000045                                        RU: 999909

Last Changed: 01-Apr-87 Cost:  $50.00     Service Stamp: 1-Apr-87

      Service Date: 03/31/87            Procedure: 350 GROUP

  Staff:     99994       Staff Duration: 3:0       Number in Group: 8
  Co-Staff: 99996    Co-Staff Duration: 3:0       Location: 1


Form OK: Y              Confidential Information         USER: SMITH
Update validation in progress...
```

Figure 2.13: Using the Client Merge Adjustment

- If one record has an account and one does not, use the PFI Entry Screen to attach the client with no account to the account of the other client. See the documentation on the FI Entry Screen in Chapter 8 of this User Manual.
- If the two records have different account numbers, use the Account Merge Adjustment to merge the two accounts. See the documentation on the Account Maintenance Screen in Chapter 8 of this User Manual.

To make sure they are on the same account, you should run Report PSP 118, the Episode History report, and Report MHS 161, the Service Ledger report on both clients before doing a Client Merge.

Client Addresses

Client addresses can be entered and maintained using the Client Address Maintenance Screens. These addresses are often entered using the Episode Opening, Closing, and Oneshot Screens, described in Chapter 4, or using the PFI Entry Screen. However it was entered, an address is changed using the Client Address Maintenance Screens.

This same screen is also used to maintain Account Addresses, the addresses that bills are sent to, which are entered through the Account Maintenance Screen covered in Chapter 9.

To work with address records:

1. Choose CLIENTS from the Main Menu.
2. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen (Figure 2.14).

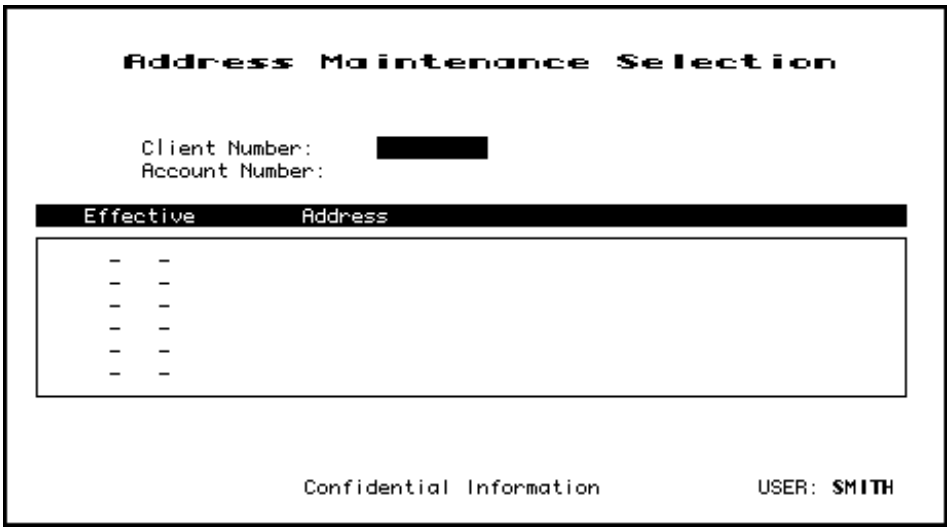


Figure 2.14: Address Maintenance Selection Screen

Any number of addresses can be entered for a client, but they must all be tied to episodes. The effective date of the address must fall within the boundaries of an episode for the client.

Entering a New Client Address

Any authorized user can enter a new address for a client with an open episode.

To enter a new address:

1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above.
2. Press Gold-I (I stands for Insert) to display the Client Address Insert Screen (Figure 2.15).

3. Enter data in the following fields:

- **Client Number:** Enter the number for the client whose address you want to enter. If you are already viewing a list of the client's addresses when you press Gold-I, the Client Number is entered automatically.
- **Reporting Unit:** Enter the Reporting Unit Number for the program that has an open episode for the client. The Effective Date of the address you are entering must fall within this episode.
- **Effective Date:** By default, the Effective Date is today's date. Only Supervisors can alter it.
- **Street Number:** Enter a street number with up to five (5) digits.
- **Street Direction:** If the address has one, enter a street direction, such as "N", "NE", "E", "SE", "S", "SW", "W", "NW".

```
                    Client Address Insert

Client Number:
Reporting Unit:                Effective Date: 05/26/87
    Street
Number:                        City:
Direction:                     State:    Zip Code: 00000+0000
Name:
Type:                          Phone Number: (   )    -     Ext.:
Apartment:                     Census Tract:     .
  Bad Address
County of Responsibility:
Form Ok Y/N:          Confidential Information          USER: SMITH
```

Figure 2.15: Client Address Insert Screen

- **Street Name:** Enter a street name with up to twenty characters. (Do not enter “Street”, “Road”, or other street type here.)
- **Street Type:** Enter an abbreviation for the street type, such as “St”, “Bl”, “Rd.”, “Av”.
- **Apartment:** Enter up to four characters. Do not enter the symbol “#”, and do not enter a period at the end.
- **City:** Enter a city name with up to twenty characters.
- **State:** Enter the two letter abbreviation for the state name.
- **Zip Code:** Enter the first five numbers of the Zip Code, and the cursor moves to the plus-four digits, which you can enter if available.
- **Phone Number:** Enter the telephone number, if available. If you do not want to enter the Area Code, you must type three blank spaces in its place.
- **Extension:** Enter an extension for the telephone number, if there is one.
- **Census Tract:** Census Tract is entered automatically, based on address. Only a Supervisor can enter a different Census Tract.
- **Bad Address:** Enter “X” in this field if the Client uses this address, but mailings to the client at this address have been returned, or you have other reason to believe that the address is not valid. (This field is generally used by the Business Office.)
- **County of Responsibility**: If you do not make an entry here, InSyst will use your county’s code when it reports to state client data systems. To report to the state that another county is responsible, enter the two-digit county code in this field. (This section is generally used by California Mental Health Programs.)

4. Enter “Y” at the Form OK prompt to validate and save the data.

Supervisor Authorization

To enter an address for a client whose episode has been closed, or to change a Census Tract (rather than using the tract for the client's address), you must be authorized as a Supervisor.

To use the screen in Supervisor mode:

1. Display the Address Maintenance Selection Screen, as described above.
2. Press Gold-I to display the Client Address Insert Screen.
3. Before you enter a Client Number, press Gold-A. "Supervisor" is added to the title of the screen (Figure 2.16).

```
                    Client Address Insert
                         Supervisor

 Client Number: 500000072
 Reporting Unit: 999909      Effective Date: 04/01/87
 ------------------------------------------------------------------
     Street
 Number:     1346                    City: SAN FRANCISCO
 Direction:                          State: CA Zip Code: 94015+0000
 Name:       DE HARO
 Type:       ST                      Phone Number: (415) 626-7888 Ext.:
 Apartment:  1A                      Census Tract: 5134.00
 ------------------------------------------------------------------
   Bad Address
 County of Responsibility: 0
Form Ok Y/N: Y          Confidential Information          USER: SMITH
Insert validation in progress...
```

Figure 2.16: Client Address Insert Screen, Supervisor Mode

Maintaining Addresses

The Address Maintenance Selection screen is used to maintain either Client addresses or Account Addresses, the addresses that bills are sent to. Account Addresses are entered through the Account Maintenance Screen covered in Chapter 9.

To maintain Addresses:

1. Choose ADDRESS from the Client Maintenance Menu to display the Address Maintenance Selection Screen, as described above.
2. Use the fields at the top of the screen to display a list of addresses:

- **Client Number:** Enter a Client Number to display that client's addresses.

- **Account Number:** If you are authorized for Account Address Maintenance, you can skip the Client Number and enter an Account Number, to display the addresses for that account.

The screen lists all addresses for the client or account (Figure 2.17), with the most recent listed first.

```
Address Maintenance Selection

Client Number:    500000006   HOLDEN        CAUFIELD
Account Number:

Effective         Address
21-May-87  9999-5   45 NE TAYLOR RD Apt. 1 SAN FRANCISCO, CA 94124
01-May-87  9999-9   135 E DUCK AV Apt. 202 SAN FRANCISCO, CA 94118
  -   -
  -   -
  -   -
  -   -

                    Confidential Information          USER: SMITH
2 records displayed.  Last page displayed.
```

Figure 2.17: Address Maintenance Selection Screen

3. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Select address records to maintain by typing “L” (lookup), “U” (update), or “D” (delete) next to them. When you have finished selecting records, press Return.

Client Address Lookup

If you entered a Client Number and entered “L” next to the address, it is displayed in the Client Address Lookup screen (Figure 2.18). You cannot change the data. Press Return to display the next address, or press “N” and Return to exit.

Client Address Delete

If you entered a Client Number and entered “D” next to the address, it is displayed in the Client Address Delete screen (Figure 2.19). Enter “Y” at the Delete OK prompt and “Y” again at the confirm prompt to delete the address.

Client Address Update

If you entered a Client Number and entered “U” next to the address, it is displayed in the Client Address Update screen (Figure 2.20).

```
                    Client Address Lookup

                Client: 500000006   HOLDEN CAUFIELD
                RU:     999905      45 NE TAYLOR RD Apt. 1
                                    SAN FRANCISCO, CA 94124

                      Effective Date: 05/21/87  Address Stamp: 21-May-87
    Street
Number:     245                     City: SAN FRANCISCO
Direction:  NE                      State: CA Zip Code: 94124+0000
Name:       TAYLOR
Type:       RD                      Phone Number: (415) 752-3333 Ext.: 0
Apartment:  1                       Census Tract:     .00
  Bad Address
County of Responsibility: 0
 Continue: Y            Confidential Information          USER: SMITH
 Press <Return> to continue or <N><Return> to exit.
```

Figure 2.18: Client Address Lookup Screen

```
                    Client Address Delete

                Client: 500000006   HOLDEN CAUFIELD
                RU:     999905      135 E DUCK AV Apt. 202
                                    SAN FRANCISCO, CA 94118

                      Effective Date: 05/01/87  Address Stamp: 22-May-87
    Street
Number:     135                     City: SAN FRANCISCO
Direction:  E                       State: CA Zip Code: 94118+0000
Name:       DUCK
Type:       AV                      Phone Number: (415) 752-3333 Ext.: 0
Apartment:  202                     Census Tract:     .00
  Bad Address
County of Responsibility: 0
 Delete OK:             Confidential Information          USER: SMITH
 Okay to delete this record (Y/N)?
```

Figure 2.19: Client Address Delete Screen

You can change most of its data. However, you cannot change the Client Number, the Reporting Unit, the Effective Date, or the Address Stamp (which shows when the Address was entered). Because you cannot change the Reporting Unit, if the wrong program has been entered for an address, you must delete the record and enter a new one.

You can change the Census Tract only if you have Supervisor Authorization. Before entering any other data, press Gold-A key sequence to use the screen in Supervisor mode (Figure 2.21).

```
                    Client Address Update

                Client: 500000006   HOLDEN CAUFIELD
                RU:     999905      45 NE TAYLOR RD Apt. 1
                                    SAN FRANCISCO, CA 94124

                     Effective Date: 05/21/87  Address Stamp: 21-May-87
    Street
Number:     245                     City: SAN FRANCISCO
Direction:  NE                      State: CA Zip Code: 94124+0000
Name:       TAYLOR
Type:       RD                      Phone Number: (415) 752-3333 Ext.: 0
Apartment:  1                       Census Tract:      .00
  Bad Address
County of Responsibility: 49
Continue: Y            Confidential Information            USER: SMITH
Successful update.  Update total = 1.
```

Figure 2.20: Client Address Update Screen

```
                    Client Address Update
                        Supervisor

                Client: 500000006   HOLDEN CAUFIELD
                RU:     999905      45 NE TAYLOR RD Apt. 1
                                    SAN FRANCISCO, CA 94124

                     Effective Date: 05/21/87  Address Stamp: 21-May-87
    Street
Number:     245                     City: SAN FRANCISCO
Direction:  NE                      State: CA Zip Code: 94124+0000
Name:       TAYLOR
Type:       RD                      Phone Number: (415) 752-3333 Ext.: 0
Apartment:  1                       Census Tract:  355.00
  Bad Address
County of Responsibility: 49
Continue: Y            Confidential Information            USER: SMITH
Successful update.  Update total = 4.
```

Figure 2.21: Client Update Screen, Supervisor Mode

When you have made all changes, press Return. The next record you selected to maintain is displayed. If there are no more selected records, you return to the Address Maintenance Selection Screen.

Significant Others

A Significant Other is someone important in the life of the client, such as an employer, relative, guardian, physician, or attorney. These may be emergency contacts or people who can provide transportation or other assistance.

To work with significant other records:

1. Choose CLIENTS from the Main Menu.
2. Choose SIG_OTHER from the Client Maintenance menu to display the Client Significant Others Selection screen (Figure 2.22).

```
Client Significant Others Selection

        Client Number:

                          Relation
 Significant Other        to Client    Home Phone    Work Phone  Emer

                    Confidential Information      USER: SMITH
```

Figure 2.22: Client Significant Others Selection Screen

To enter a new Significant Other:

1. From Client Significant Others Selection screen, press Gold-I to display the Significant Other Insert Screen (Figure 2.23).

```
Client Significant Others Insert

        Client Number:   1000008  JOHN     WHEELWRIGHT

Name Last: MASON          First: PERRY     Effective Date:  09/01/90
Relationship to Client: ATTORNEY           Expiration Date:   /  /

     Street
  Number:    15                  City: SAN FRANCISCO
  Direction:                     State: CA  Zip Code: 94102+   0
  Name:      FRONT               Country: USA
  Type:      ST
  Apartment:                     Home Phone: (415) 556-5544 Ext.: 0
                                 Work Phone: (415) 343-5544 Ext.: 124
  Comment: Contact regarding financial/legal

  Emergency Contact       X Client's Guardian      Family Member
  Don't Display on Rpts

Form OK Y/N: Y          Confidential Information          USER:LOCHOW
Validation of data in progress...
```

Figure 2.23: Client Significant Others Insert Screen

2. Enter the number of the client whose Significant Other you are inserting.
3. After the client number is validated, the system lets you enter the other data on the screen.
4. The Relationship to Client field will only hold relationship types specified by your local Operations Staff.
5. There is a scrolled region of the screen with the flags: Emergency Contact, Client's Guardian, Family Member, Do Not Display On Reports. Type "X" next to any flag(s) you want to select.
6. When you are done, press Return, and enter "Y" at the Form OK prompt.

To maintain Significant Others:

1. In the Client Significant Others Selection screen, described above, enter a Client Number. The screen displays a list of all the client's significant others.
2. Type "L" (lookup), "U" (update), or "D" (delete) next to the records you want to work with (Figure 2.24) and press Return.

```
Client Significant Others Selection

        Client Number:   1000008   JOHN        WHEELWRIGHT

                                Relation
 Significant Other              to Client    Home Phone     Work Phone  Emer

L TIMOTHY    PHELPS             EMPLOYER    (734) 565-7902  (734) 595-3478
U WENDY      WHEELWRIGHT        WIFE        (201) 838-2008  (201) 995-2929  X
  HELEN      WHEELWRIGHT        MOTHER      (415) 558-4512  (415) 215-2412
D PERRY      MASON              ATTORNEY    (415) 658-4790  (415) 345-2082

                     Confidential Information      USER: SMITH
```

Figure 2.24: Client Significant Others Selection Screen

Tip: In most cases, rather than deleting the record entirely, it is better to "expire" it by using the Significant Other Update screen to change the Expiration Date. Then the data becomes inactive but is not totally lost.

Significant Other Lookup

ntered "L", the record is displayed in the Client Significant Other Lookup Screen gure 2.25). After you have looked at the information, enter "Y" to continue.

Significant Other Delete

ntered "D", the record is displayed in the Client Significant Other Deletion Screen gure 2.26). Enter "Y" at the Delete OK prompt and at the confirm prompt to delete record.

```
Client Significant Others Lookup

        Client Number:   1000008  JOHN     WHEELWRIGHT

Name Last: PHELPS          First: TIMOTHY   Effective Date:  10/15/90
Relationship to Client: EMPLOYER            Expiration Date:   /  /

     Street
  Number:     102                  City: TAMPA
  Direction:                       State: FL  Zip Code: 12345+   0
  Name:       MILLNER              Country:
  Type:       AV
  Apartment:                       Home Phone: (734) 565-7902 Ext.: 0
                                   Work Phone: (734) 595-3478 Ext.: 109
  Comment:

  Emergency Contact        Client's Guardian      Family Member
  Don't Display on Rpts

Continue: Y            Confidential Information          USER: LOCHOW
```

Figure 2.25: Client Significant Others Lookup Screen

```
Client Significant Others Deletion

        Client Number:   1000008  JOHN     WHEELWRIGHT

Name Last: MASON           First: PERRY     Effective Date:  09/01/90
Relationship to Client: FATHER              Expiration Date:   /  /

     Street
  Number:     15                   City: SAN FRANCISCO
  Direction:                       State: CA  Zip Code: 94102+   0
  Name:       FRONT                Country: USA
  Type:       ST
  Apartment:                       Home Phone: (415) 556-5544 Ext.: 0
                                   Work Phone: (415) 343-5544 Ext.: 124
  Comment: Contact regarding financial/legal matters

  Emergency Contact       X Client's Guardian        Family Member
  Don't Display on Rpts

Confirm: Y             Confidential Information          USER: LOCHOW
Are you sure you want to delete this record?
```

Figure 2.26: Client Significant Others Deletion Screen

Significant Other Update

If you entered “U”, the record is displayed in the Client Significant Other Update Screen (Figure 2.27). Edit the data. Then press Return and enter “Y” at the Form OK prompt to keep the changes.

```
Client Significant Others Update

        Client Number:   1000008  JOHN       WHEELWRIGHT

Name Last: WHEELWRIGHT      First: HELEN       Effective Date:  07/01/90
Relationship to Client: MOTHER                 Expiration Date:   /  /

     Street
  Number:     10                    City:  SAN MATEO
  Direction:  NW                    State: CA  Zip Code: 94155+0487
  Name:       10TH                  Country: USA
  Type:       ST
  Apartment:                        Home Phone: (415) 558-4512 Ext.: 0
                                    Work Phone: (415) 211-5412 Ext.: 121

  Comment: Call if wife cannot be reached.

X Emergency Contact        Client's Guardian      X Family Member
  Don't Display on Rpts

Continue: Y            Confidential Information          USER: LOCHOW
Successful update.  Update total = 1.
```

Figure 2.27: Client Significant Others Update Screen

Chapter 3
Client Appointments

This chapter covers the Client Appointments Maintenance menu, which lets you:

- Look up appointments for clients and staff.
- Make appointments for clients.
- Schedule appointments at regular intervals for a client.
- Evaluate the appointment loads of staff people.
- Find available appointment times for staff people.

Looking Up Appointments

To use the Appointment Locator Screen:

1. Choose APPTS from the Main Menu.
2. Choose APPT from the Appointment Maintenance Menu to display the Appointment Scheduling Locator screen (Figure 3.1).

Note: You can also move directly to this screen from the Client Locator, Registration, Client Maintenance, Episode Opening, Eligibility Insert or Maintenance, or Single Service Insert screen. Press Gold-F to create a function key display, and then press the Function key that corresponds to the key labeled APPT on the screen to move to the Appointment Scheduling Locator screen. (Which Function key this is depends on which screen you are using.)

This screen lets you display individual client appointments, display a weekly program and staff summary of appointments, display daily staff schedules, and insert and maintain appointments.

The type of lookup depends on which fields you enter search criteria in:

- **Reporting Unit:** Look up appointments for one reporting unit.

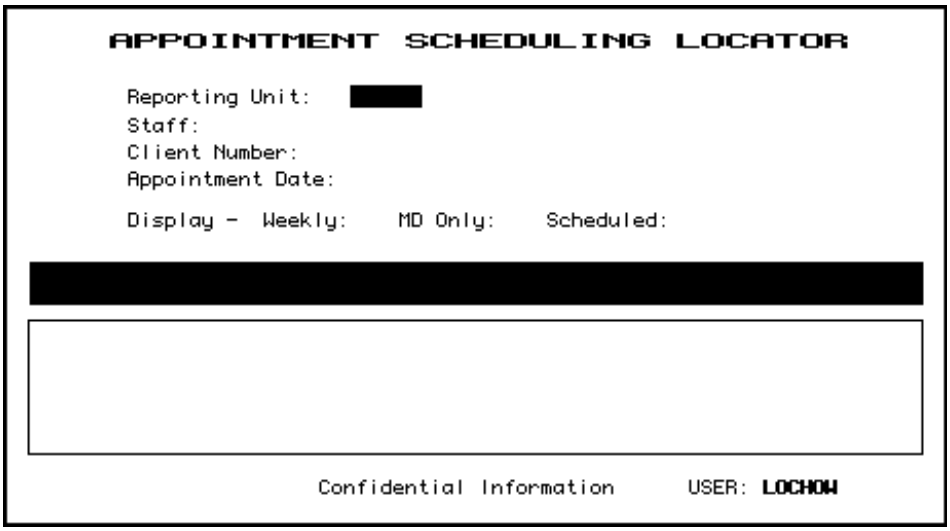


Figure 3.1: Appointment Scheduling Locator Screen

- **Staff:** Look up appointments for one staff person.
- **Client Number:** Look up appointments for one client.
- **Appointment Date:** Look up appointments for one date. You can enter a date in the MM/DD/YY format, or enter relative time values, such as “+” or “-” 2 days, weeks, months, years, yesterday, tomorrow. Days, weeks, months, years can be abbreviated to “d”, “w”, “m”, “yea”. You can use dates and relative values in combination, such as “2/14/92+3w”.

- **Weekly:** Enter "Y" here, in combination with other entries, to display a weekly summary screen. (If you enter a both client number and reporting unit or staff number, a "Y" here overrides client number, so a weekly summary for the reporting unit or staff is displayed.)
- **MD Only:** Enter "Y" to display only physician and psychiatrist appointments. Enter "N" to display only non-MD appointments. Enter a Blank to display all appointments.
- **Scheduled:** Enter "Y" to display the total amount of scheduled appointment time for each staff each day. (Overbooked time is not counted; if two appointments are booked at the same time, that time is not counted twice.) Enter "N" or Blank to display the available time for each staff each day. (The available time is the total time when a staff can have appointments minus currently scheduled time.)

You must use either a client number or a reporting unit number in a search. Other fields are optional.

Press Gold-R at any time to return to the Appointment Scheduling Locator screen.

Looking Up Appointments by Client

To look up a client's appointments, just enter the Client Number in the Appointment Scheduling Locator. Figure 3.2 shows a possible result.

```
                    CLIENT APPOINTMENT LOCATOR

          Reporting Unit:
          Staff:
          Client Number:     1000128        LINDA        ALWORTH
          Appointment Date:

          Display -  Weekly:    MD Only:    Scheduled:

  Date       Time   Reporting Unit       Staff Person          Proc Dur

 1/21/1992  8:30  999901 PSP OPT      10001 D JACKSON          341 0:30
 2/22/1992  9:30  999901 PSP OPT      10001 D JACKSON          341 0:30

                      Confidential Information            USER: LOCHOW
 2 records displayed.  Last page displayed.
```

Figure 3.2: Client Appointment Locator Screen

Looking up Appointments by Reporting Unit

When you are looking up appointments for a reporting unit, you can display a weekly summary of staff time or a daily staff appointment schedule. Searches can also incorporate all of the elements listed earlier.

If you enter ‘Y’ in the weekly summary field, records that match the selection criteria are displayed in a summarized format, one record for each day. Figure 3.3 shows the results of a weekly summary search based on reporting unit and date. It displays the ***available time*** for each day of the week for each staff person at the program. (In this figure, the weekly information begins with Sunday, but counties can set up the system so weekly data begins with either Sunday or Monday.)

Move the cursor through the list, type “X” and press Return to view the daily appointment schedule for the day and staff you have selected. Only one day at a time can be selected

You can also access the Appointment Scheduling Maintenance screen directly (bypassing the weekly display) by entering the search elements: Staff, Reporting Unit and Date on the Appointment Locator.

```
APPOINTMENT SCHEDULING LOCATOR

Reporting Unit:   999901          PSP OPT
Staff:
Client Number:
Appointment Date: 14-JAN-1992

Display -  Weekly:    MD Only:    Scheduled:

                     SUN     MON     TUE     WED     THU     FRI     SAT
Staff              12-JAN  13-JAN  14-JAN  15-JAN  16-JAN  17-JAN  18-JAN

BERNE,E - (10000)  X 1:00           6:30   11:15
JACKSON,D - (10001)         4:45    1:00           3:30    7:00
SMITH,D - (55555)                                  7:45

                    Confidential Information          USER: LOCHOW
3 records displayed.  Last page displayed.
```

Figure 3.3: Appointment Scheduling Locator Screen, Weekly display

Daily Appointment Schedules

When you enter a reporting unit, staff, and date in the Appointment Locator screen, or when you expand one of the days from a summary display, you display a daily appointment schedule (Figure 3.4). The top section of the screen shows Reporting Unit, Staff and Appointment Date. The center section shows the staff member’s appointments and availability for that day. It can list up to sixty appointments. Use the Up and Down Arrow keys to move through the list of appointments. The lower section of the screen, beginning with Type is where you can enter appointments.

```
APPOINTMENT SCHEDULING MAINTENANCE

        Reporting Unit:   999901        PSP OPT
        Staff:            10000         ERIC        BERNE
        Client Number:
        Appointment Date: 13-JAN-1992

 From   Until        Client      Description       Procedure Duration

  8:00   9:30                   NORMAL WORK HOURS                 1:30
  9:30  10:30                   Dental Appt.                      1:00
 10:30  17:00                   NORMAL WORK HOURS                 6:30

Type:

                     Confidential Information      USER: LOCHOW
3 records displayed.
```

Figure 3.4: Appointment Scheduling Maintenance Screen

Scheduling Appointments

The Appointment Scheduling Maintenance Screen lets you enter, look up, update, and delete appointments.

Entering New Appointments

Before you enter an appointment, there must be a Staff Availability record showing staff is free during that time. The availability record may also indicate a preference for certain kinds of appointment at certain times.

Use the Appointment Scheduling Locator to search for the staff member's available appointment times on a given date, as described above in the section on How to Display Daily Appointment Schedules. This displays the Appointment Scheduling Maintenance screen (shown above in Figure 3.4).

To insert a new appointment:

1. Choose APPT from the Appointment Maintenance Menu to display the Appointment Scheduling Locator screen, as described above.
2. Press Gold-I. The cursor moves to the section of the screen under the word Type. There are three types of appointments: Individual (services for a registered client), Other (to be used for meetings, conferences or other non service activity), Unregistered (services for an unregistered client).
3. The default type is Individual. To change the type of appointment, press Gold-P.

Individual Appointments

If you have selected Individual as the type, the screen is displayed as shown in Figure 3.5.

To insert an individual appointment:

1. Enter the client number, the procedure number for the service, the start time of the appointment, the duration of the appointment.
2. Enter the location of the appointment using these codes: 1= Office, 2 = Field, 3 = Phone, 4 = Home, 5 = Satellite School, 6 = Satellite Clinic, 7 = Field/Crisis. Optionally, enter a staff number for co-staff.
3. To set up recurring appointments with the same type, procedure, start-time, and duration, enter "Y" in the Rcr field. Use the Days field to enter the number of days between recurring appointments. Use the # field to indicate the number of recurring appointments you want to create.

If staff is not available at the time of any of these appointments, none of them will be written. You are notified if appointments have failed, and you can make changes to exclude the failed appointments. You can also abort the process and insert the missing Availability records.

```
                Appointment Scheduling Entry

        Reporting Unit:   999901          PSP OPT
        Staff:            10000           ERIC        BERNE
        Client Number:
        Appoinment Date:  13-JAN-1992

 From   Until    Client      Description              Procedure  Duration

  8:00   9:30               NORMAL WORK HOURS                       1:30
  9:30  10:30               Dental Appt.                            1:00
 10:30  17:00               NORMAL WORK HOURS                       6:30

 Type: X INDIVIDUAL      OTHER           UNREGISTERED

                         Client #  Proc  Start  Dur Loc CoStf Rcr Days #
                         1000139   341   08:30 00:30 1  55555

 Confirm Y               Confidential Information          USER: LOCHOW
 Write appointment for BOB ADAMS?
```

Figure 3. 5: Appointment Scheduling Entry Screen, Client Appointment

Other Appointments

If you select Other as the Type, the screen is displayed as shown in Figure 3.6.

```
                    Appointment Scheduling Entry

          Reporting Unit:   999901          PSP OPT
          Staff:            10000           ERIC        BERNE
          Client Number:
          Appointment Date: 13-JAN-1992

 From   Until        Client       Description       Procedure Duration
  8:00   8:30                    NORMAL WORK HOURS                 0:30
  8:30   9:00        1000139     ADAMS,  BOB            341        0:30
  9:00   9:30                    NORMAL WORK HOURS                 0:30
  9:30  10:30                    Dental Appt.                      1:00
 10:30  17:00                    NORMAL WORK HOURS                 6:30

 Type:   INDIVIDUAL      X OTHER         UNREGISTERED

  Appointment Text                        Start  Dur       Rcr Days #
  Staff Meeting                           12:00 01:00

 Continue Y              Confidential Information          USER: LOCHOW
 Successful insert.  Insert total = 2.
```

Figure 3.6: Appointment Scheduling Entry Screen, Other Appointments

Use this type of appointment to enter staff appointments such as meetings, or to reserve time for presentations, on-call periods, group therapy sessions, *etc.* It can also be used to set up recurring appointments, such as Monday morning staff meetings.

Unregistered Appointments

If you select Unregistered as the Type, the screen is displayed as shown in Figure 3.7. Unlike other screens in InSyst, the Appointment Scheduling Entry screen lets you insert a record for an unregistered client. The appointment is displayed ***without a client number*** on the Appointment Scheduling Maintenance screen, Staff Appointment Roster Screen and reports. To enter services for unregistered clients, you must use the Single Service Entry screen after Registration and Episode Opening. You cannot create recurring appointments for unregistered clients.

```
                    Appointment Scheduling Entry

          Reporting Unit:   999901          PSP OPT
          Staff:            10000           ERIC        BERNE
          Client Number:
          Appointment Date: 13-JAN-1992

 From   Until        Client       Description       Procedure Duration
  8:00   8:30                    NORMAL WORK HOURS                 0:30
  8:30   9:00        1000139     ADAMS,  BOB            341        0:30
  9:00   9:30                    NORMAL WORK HOURS                 0:30
  9:30  10:30                    Dental Appt.                      1:00
 10:30  12:00                    NORMAL WORK HOURS                 1:30
 12:00  13:00                    Staff Meeting                     1:00

 Type:   INDIVIDUAL      OTHER           X UNREGISTERED

  Client Name                  Proc  St.Tm. Dur Loc CoStf
  MICKY ADAMS                  311  09:00 00:30  1   55555

 Continue Y              Confidential Information          USER: LOCHOW
 Successful insert.  Insert total = 3.
```

Figure 3. 7: Appointment Scheduling Entry Screen, Unregistered Client Appointment

Overbooking Appointments

Counties decide whether to overbook appointments (schedule more than one appointment during the same time). When the Appointment Scheduling module is set up, county staff chooses among these options:

- **Allow overbooking with warning:** A warning message indicates that a new appointment will cause overbooking, and the user can change the appointment time or confirm overbooking. Overbooked time slots are indicated by OVRBK on the Appointment Scheduling Maintenance screen.
- **Allow overbooking with no warning:** New appointments are written without any warning of overbooking. Overbooked time slots are indicated by OVRBK on the Appointment Scheduling Maintenance screen.
- **Prevent Overbooking, fail all appointments:** Prevent overbooking. If any new recurring appointments are overbooked, the entire series fails.
- **Prevent Overbooking, fail overbooked appointments:** Prevent overbooking. If any new recurring appointments are overbooked, only the overbooked appointments in the series fail. A message indicates which dates failed.

Ask your System Manager how your system handles overbooking.

Note: Counties may use option 1 or 2 to enter all clients in a group therapy session.

Group Appointments

There are two ways to enter group therapy appointments:

- Enter a group therapy appointment using an Other appointment type. The appointment is identified on the staff's schedule, but clients are not displayed on the schedule and do not appear on the Staff Appointment Roster screen or related reports. Services for these clients must be entered using the Single Service Entry screen.
- Allow overbooking, and enter an Individual appointment for each client in the group. Then all group clients are displayed on the Appointment Scheduling Maintenance Screen, Staff Appointment Roster screen and related reports.

It is usually easier to enter group appointments by allowing overbooking.

Maintaining Appointments

To view, delete, or update an appointment record, you must display it first, using either the Client Appointment Locator screen, or the Appointment Scheduling Maintenance screen. Both screens were described earlier in this chapter.

To maintain Appointments for specific clients:

1. Enter search criteria in the Client Appointment Locator screen.
2. Move the cursor down the list, and select records for maintenance by typing "L" (lookup), "D" (delete) or "U" (update) next to them (Figure 3.8). Then press Return to display the records you selected.

To maintain Appointments for specific staff members:

1. Enter search criteria in the Appointment Scheduling Locator screen.
2. Move the cursor down the list, and select records for maintenance by typing "L" (lookup), "D" (delete) or "U" (update) next to them (Figure 3.9). Then press Return to display the records you selected.

Appointment Lookup

If you entered "L" next to a record, the system displays it in the Appointment Lookup screen. This shows the same information as the Delete and Update screens, described below, but you cannot alter the data.

```
                    CLIENT APPOINTMENT LOCATOR

        Reporting Unit:   999901          PSP OPT
        Staff:            10000           ERIC        BERNE
        Client Number:    1000139         BOB         ADAMS
        Appointment Date:

        Display -  Weekly:    MD Only:    Scheduled:

    Date       Time   Reporting Unit         Staff Person    Proc Dur

U   1/13/1992  8:30  9999-1 PSP OPT        10000 E BERNE     341 0:30
U   1/14/1992 10:00  9999-1 PSP OPT        10000 E BERNE     331 1:00
D   1/20/1992  8:30  9999-1 PSP OPT        10000 E BERNE     341 0:30
    1/27/1992 10:00  9999-1 PSP OPT        10000 E BERNE     341 1:00

                     Confidential Information      USER: LOCHOW
```

Figure 3. 8: Client Appointment Locator Screen with Records Selected

```
APPOINTMENT SCHEDULING MAINTENANCE

Reporting Unit:    999901          PSP OPT
Staff:             10000           ERIC        BERNE
Client Number:
Appointment Date:  13-JAN-1992

 From   Until         Client      Description       Procedure Duration

U  8:30   9:00        1000139  ADAMS,  BOB               341     0:30
U  9:00   9:30                 MICKY ADAMS               311     0:30
D  9:30  10:30                 Dental Appt.                      1:00
  10:30  12:00                 NORMAL WORK HOURS                 1:30
L 12:00  13:00                 Staff Meeting                     1:00
  13:00  17:00                 NORMAL WORK HOURS                 4:00

 Type:

                     Confidential Information      USER: LOCHOW
```

Figure 3. 9: Appointment Scheduling Maintenance Screen with Records Selected

Appointment Delete

If you entered a “D” next to the record, the system will display it in the Appointment Deletion screen (Figure 3.10). To delete the record, enter “Y” at the Delete prompt and again at the confirm prompt.

```
                Appointment Deletion

Reporting Unit:    999901          PSP OPT
Staff:             10000    ERIC        BERNE

Appointment Date: 20-Jan-92  At:  8:30   Duration:  0:30

Client:    1000139  BOB         ADAMS

Procedure: 341 IND GEN
Location: 1  Co-Staff: 55555

Confirm:              Confidential Information        USER: LOCHOW
Are you sure you want to delete this record?
```

Figure 3.10: Appointment Deletion Screen

Appointment Update

If you entered "U" next to a record, the system will display it in the Appointment Update screen (Figure 3.11). You can change Procedure, Location and Co-staff. You cannot change Client Number, Reporting Unit, Staff, Date, Start Time and Duration, since this may affect other appointments. To change these fields, you must delete the record and re-enter the appointment.

```
                    Appointment Update

Reporting Unit:   999901          PSP OPT
Staff:            10000    ERIC         BERNE

Appointment Date: 13-Jan-92  At:  8:30   Duration:  0:30

Client:  1000139    BOB          ADAMS

Procedure: 341 IND GEN
Location:  1  Co-Staff: 55555

Continue:              Confidential Information          USER: LOCHOW
```

Figure 3.11: Appointment Update Screen

If you are authorized to view full information on an appointment, you can press Gold-A to display the screen as shown in Figure 3.12.

```
                    Appointment Update
                       Full Display

Reporting Unit:   999901          PSP OPT
Staff:            10000    ERIC         BERNE

Appointment Date: 13-Jan-92  At:  8:30   Duration:  0:30

Client:  1000139  BOB          ADAMS

Procedure: 341 IND GEN
Location:  1  Co-Staff: 55555

Last Changed:  15-Jan-92     Appointment Stamp:  15-JAN-1992  9:52:46.83
Last Changed By: LOCHOW      Appointment Status:  100       SCHEDULED
Appointment Type:  100       Appointment Attributes:  0

Continue:              Confidential Information          USER: LOCHOW
Full display in effect.
```

Figure 3.12: Appointment Update Screen, Full Display

This full display screen uses the following codes:

- **Appointment Type:** 100 = Individual, Unregistered client, 400 = Other
- **Appointment Status:** 100 = Scheduled, 320 = Canceled, 350 = Missed, 700 = Dropped, 800 = Other, 1000 = Completed. Canceled, Missed, Dropped and Completed are set through the Staff Appointment Roster screen. Once the status has been changed to one of these, the appointment can no longer be viewed through the appointment maintenance screen.
- **Appointment Attributes:** 0 = Individual, 16384 = Other and Unregistered client (indicates the appointment is not linked to a Client Number).

Entering Services for Clients with Appointments

To enter services for clients with scheduled appointments:

1. Choose APPTS from the Main Menu.
2. Choose ROSTER from the Appointment Maintenance Menu to display the Appointment Roster Service Entry Screen (Figure 3.13).

3. Enter the following search criteria in the fields at the top of the screen:

- **Service Date:** Enter a date in MM/DD/YY format.
- **Staff:** Enter a Staff Number.
- **RU:** Enter a Reporting Unit number. (Once you have entered a Reporting Unit, the value remains as a default. To enter services for a new Reporting Unit, press Gold-P to return to the RU field.)

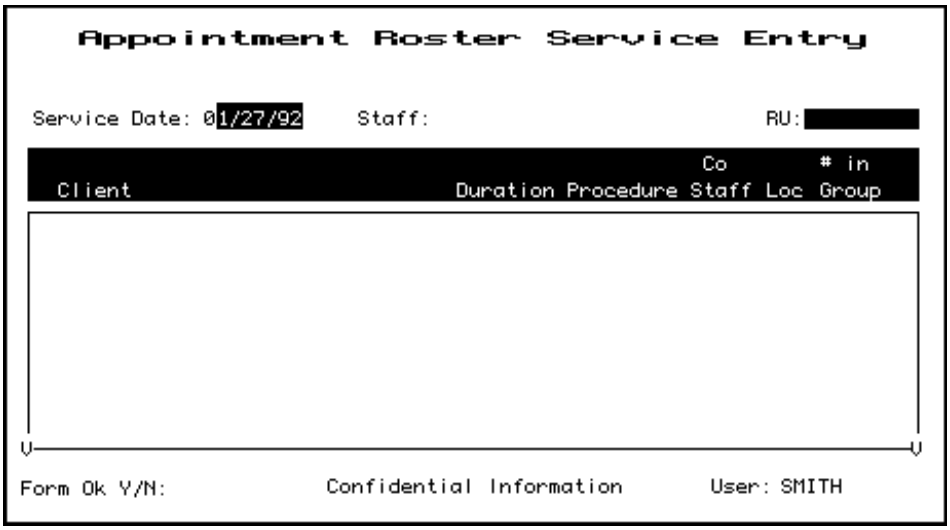


Figure 3.13: Appointment Roster Service Entry Screen

The screen lists all scheduled clients for that staff member for that date, twenty-five clients at a time in alphabetical order (Figure 3.14).

```
Appointment Roster Service Entry

                          FRANKLIN, WEST            PSP OPT
Service Date: 01/27/92    Staff: 17843              RU: 999901
                                                    Co        # in
Client                          Duration  Procedure Staff Loc Group

ANDERSON, PEA             1000027  1 :0      341    0      1    1    W
LINCOLN, HARRY            1000067  1 :0      341    0      1    1    W
WILSON, BILLY             1000117  1 :0      341    0      1    1    S
WORTH, MARY               1000097  1 :0      341    0      1    1    W
HORTON, FLAP              1000029  1 :0      341    0      1    1    W

Form Ok Y/N: [ ]          Confidential Information          User: SMITH
```

Figure 3.14: Appointment Roster Service Entry Screen with Clients Listed

Note: If there is a message saying there are more than twenty-five clients, enter services for the twenty-five who are displayed. Then, when the cursor returns to the date field, press Return to accept the date and reporting unit again and display the remaining records.

4. For each record in the list, enter:

- **Procedure Code:** The procedure for the scheduled appointment is the default, and you must edit it only if a different service was given.
- **Duration:** Enter the number of hours and minutes for the service.
- **OK:** You can enter five values into this field. “W” will write (save) the service. “S” will skip the client: use this if you need to recheck information. “C” means that the client canceled the appointment. “N” means that the client was a no show. “D” drops the client from the screen and moves the appointment status to completed; use this for unregistered clients, whose service you must enter using the Single Service Entry Screen.

5. Enter “Y” at the Form OK prompt to save the data. The system validates the entry by matching it against current authorizations and time periods.

If you skipped over clients during data entry, they will not appear again until you have left the screen and returned. Press Gold-E to leave the screen. Then re-enter the screen, and re-enter the date and reporting unit to display the skipped clients for service entry.

Special Issues for the Appointment Roster Service Entry Screen

You may run into these special situations when you are entering services:

Tip: To move directly from the Appointment Roster Service Entry Screen to other data entry screens, press Gold-F to display a Function Key

- **Pending Clients:** You cannot enter a service for clients with a Pending registration, until the client's registration has been updated. This applies in counties using Centralized Registration.
- **Unregistered Clients:** You can enter appointments for unregistered clients through the Appointment Maintenance Screen. You cannot enter services for unregistered clients on the Roster Screen, but you must resolve their appointment by entering "N" for No Show, "C" for Canceled, "S" for Skip, or "D" for Drop. If a client who was not registered when the appointment was made, keeps the appointment and receives a service, you should enter "D" for Drop. (You can enter services for unregistered clients using the Single Service Entry Screen.)
- **Clients with no open Episode in the Reporting Unit:** You cannot enter a service for a client who does not have an open episodes in the program. Press Gold-F to move directly to the Episode Opening Screen. After you have opened an Episode for the client, press Gold-E to return to the Appointment Roster Service Entry Screen.
- **Duplicate Services:** If you have scheduled more than one appointment for a client on the same day for the same therapist, the client will appear twice on the Appointment Roster Service Entry Screen. You can enter duplicate services through this screen, if your county policy permits duplicates.

Staff Schedules

Before entering a client appointment, you must create the staff person's schedule by inserting staff scheduling records. First, you use the Staff Schedule Maintenance Screen to set up the staff's regular work days and hours for each program, and to designate times when the staff is unavailable for client appointments (because of staff meetings, lunch breaks, vacations, *etc.*). Then you can also use the Staff Schedule Maintenance Screen to enter one time events such as meetings, lectures, and holidays in the same way you enter client appointments.

To work with staff availability records:

1. Choose APPTS from the Main Menu.
2. Choose SCHEDULE from the Appointment Maintenance Menu to display the Staff Schedule Maintenance Screen (Figure 3.15).

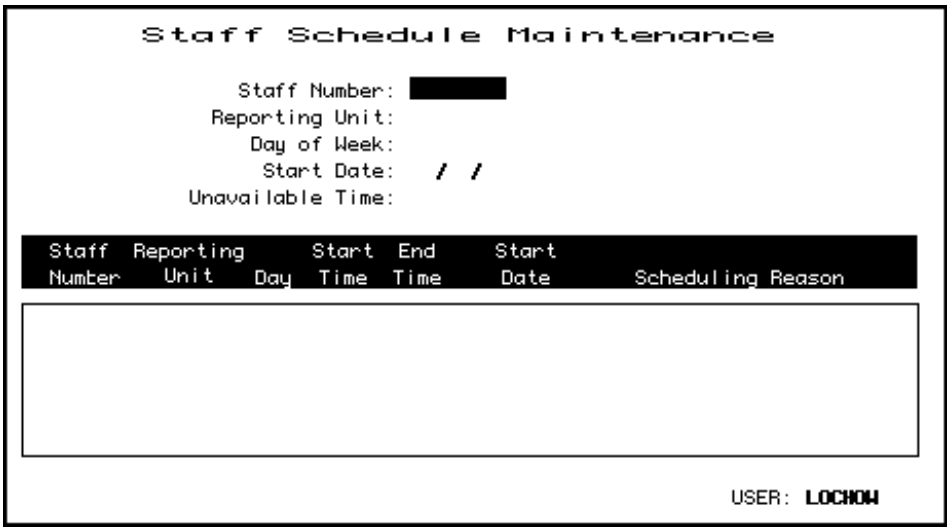


Figure 3.15: Staff Schedule Maintenance Screen

Entering New Scheduling Records

First, set up the staff person's general schedule of available days and hours, entering records for one day of the week at a time, using a twenty-four hour clock. For example, if a staff person works at Reporting Unit 999901 every Monday, 11:00 to 17:00 (11:00 a.m. to 5:00 p.m.) with a lunch break from 12:00 to 1:00, you can:

- Enter two availability records: Monday 11:00 to 12:00 and Monday 13:00 to 17:00. This is the preferred method: enter all times the staff is available, and do not enter any time when the staff is not available.
- Enter an available and an unavailable time: an available record indicating Monday 11:00 to 17:00, and an unavailable record indicating *never* available from 12:00 to 13:00. The unavailable record overrides the available record between the time of 12:00 and 13:00 every day.

Available is used for any time when appointments can be scheduled for a staff person. Availability time records are displayed in a condensed format on the appointment scheduling maintenance screen, and they allow appointments to be made. *Unavailable* is used for any time period when appointments cannot be scheduled for a staff person, such as vacations or other absences.

To insert a new staff availability record:

1. Choose SCHEDULE from the Appointment Maintenance Menu to display the Staff Schedule Maintenance Screen, as described above.

2. Press Gold-I to display the Staff Scheduling Insert Screen (Figure 3.16).

```
                    Staff Scheduling Insert

          Staff Number:    10000    ERIC        BERNE
          Reporting Unit:  999901   PSP OPT
          Unavailable Time: N

                              S M T W T F S
                   Day of Week:   X

     Start Date: 01/01/92              Start Time: 08:00
     End Date:   12/31/92              End Time:   17:00

         Scheduling Reason: NORMAL WORK HOURS

Continue: Y                                          USER: LOCHOW
Successful insert.  Insert total = 1.
```

Figure 3.16: Staff Scheduling Insert Screen

3. Enter data in the following fields:

- **Staff Number:** Enter the number of the staff member being scheduled.
- **Reporting Unit:** Enter the number of the reporting unit.
- **Unavailable Time:** Enter "Y" to make this an *unavailable time* record or "N" to make this an *available time* record.
- **Day of Week field:** Enter "X" below the selected day.
- **Start Date and End Date:** Enter these dates in MMDDYY format. They should cover the entire period when this staff schedule will be valid.
- **Start Time and End Time:** Enter these times using a twenty-four hour clock (from 01:00 to 23:00).
- **Schedule Reason:** Enter up to 28 characters of text. This text is also displayed in the appointment scheduling screen, so it is useful for identifying how a staff person wants to use blocks of time—for example, for drop in, evaluation or group therapy appointments.

3. Press Return and enter "Y" at the Form OK prompt to save the changes. Then enter "Y" a second time to insert another availability record, or "N" to return to the Staff Availability screen.

Availability records are set up for one day of the week at a time. Unavailability records are set up for every day of the week; you are not able to select a day.

You can enter multiple unavailability records for the same or overlapping time periods. For example, if a lunch break is established from 12:00 to 13:00 and a second unavailability record (*e.g.*, a meeting) is entered for 12:30 to 14:00, the entire span of time from 12:00 to 14:00 is unavailable for appointments.

When a staff schedule spans two days, you must enter a record for each day. For example, if there is as a night shift from 23:00 to 7:00 (11:00 p.m. to 7:00 a.m.), you must enter records for Monday, 23:00 to 24:00 and Tuesday, 1:00 to 7:00, *etc.*

You can use separate Availability records to indicate the type of appointments a staff person wants to schedule during different time periods, such as 8:00 to 10:00, walk-in appointments, 10:00 to 12:00, on call, *etc*. The Schedule Reason field from each record is displayed on the Appointment Scheduling Maintenance screen.

Maintaining Scheduling Records

You cannot update or delete Staff Availability records if appointments have been scheduled during the record's effective time period.

To maintain Staff Availability records:

1. Choose SCHEDULE from the Appointment Maintenance Menu to display the Staff Schedule Maintenance Screen, as described above.
2. Enter criteria in the Staff Schedule Maintenance screen to find the records you want. For example, enter Staff Number to display all records for a staff person. Enter criteria in other fields to narrow the search.
3. Press Return to list the records that fit these criteria (Figure 3.17). This list contains no more than 24 records: if you use broad selection criteria that match more then 24 records, the rest are discarded.
4. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Enter "L" (lookup), "U" (update), or "D" (delete) next to the records you want to maintain. Then press Return to display the first record you selected.

Staff Scheduling Lookup

If you entered "L", the system displays the record in the Staff Scheduling Lookup screen. This displays the same information as the Staff Scheduling Delete and Update screens, described below, but you cannot alter the data.

```
                    Staff Schedule Maintenance

                 Staff Number: 10000       ERIC         BERNE
              Reporting Unit:     -
                 Day of Week:
                  Start Date:   /  /
            Unavailable Time:

 Staff  Reporting     Start  End     Start
 Number   Unit   Day  Time  Time     Date       Scheduling Reason

 10000    9999-1  TUE 10:00 15:00  1-JAN-1990 STAFF DEVELOPMENT
 10000    9999-1  TUE 10:00 15:30  1-JAN-1990 NORMAL WORK HOURS
 10000    9999-1  WED  6:30 19:00  1-JAN-1990 NORMAL WORK HOURS
 10000    9999-1  THU  9:00 17:00 20-JAN-1992 NORMAL WORK HOURS
 10000    9999-1  FRI  9:00 17:00 20-JAN-1992 NORMAL WORK HOURS

                                                   USER: LOCHOW
Last page displayed.
```

Figure 3.17: Staff Schedule Maintenance Screen

Staff Scheduling Delete

If you entered “D”, the system displays the record in the Staff Scheduling Delete screen (Figure 3.18). Enter “Y” at the Delete prompt and “Y” again at the confirm prompt to delete the record.

```
                Staff Scheduling Delete

                Staff Number:    10000    ERIC        BERNE
                Reporting Unit:  999901   PSP OPT
                Unavailable Time: N

                                 S M T W T F S
                      Day of Week: X

          Start Date: 01/01/92              Start Time: 10:00
          End Date:   01/01/93              End Time:   11:00

              Scheduling Reason: schedule group therapy

Confirm: Y
Are you sure you want to delete this record?                USER: LOCHOW
```

Figure 3.18: Staff Scheduling Delete Screen

Staff unavailability records can always be deleted. Staff availability records can be deleted only so long as there are no appointments scheduled during the effective time period. To delete an availability record that has appointments scheduled, you must first delete (re-schedule) the appointments using the Appointment Schedule Maintenance screen.

Staff Scheduling Update

If you entered “U”, the system displays the record in the Staff Scheduling Update screen (Figure 3.19). You can change Start Date, End Date, Start Time, End Time, and Schedule Reason. Then press Return to move to the Form OK prompt, and enter “Y” to keep the changes.

```
Staff Scheduling Update

Staff Number:    10000    ERIC        BERNE
Reporting Unit:  999901   PSP OPT
Unavailable Time: N

                          S M T W T F S
          Day of Week:    X

Start Date: 01/20/92              Start Time: 10:00
End Date:   04/10/92              End Time:   17:00

     Scheduling Reason: Normal Business Hours

Continue: Y                                   USER: LOCHOW
Input required
```

Figure 3.19: Staff Schedule Update Screen

You cannot change an availability record that covers a scheduled appointment. To change an availability record that has appointments scheduled, you must first delete (re-schedule) the appointment(s) using the Appointment Schedule Maintenance screen.

Chapter 4
Client Episodes

An Episode is a period of treatment for a client at a program. Before you can enter services for a client, there must be an open Episode for the client in the program providing the service.

Episode Screens are different in InSyst's Mental Health and Drug and Alcohol systems. The first half of this chapter covers the screens for Mental Health programs. The second half of the chapter covers the screens for Drug and Alcohol programs.

Episodes in Mental Health Programs

First, we look at Episodes in Mental Health programs.

Opening New Episodes, Mental Health Programs

To open an Episode for a client:

1. Choose EPISODES from the Main Menu.
2. Choose OPEN from the Episode Maintenance Menu to display the Episode Opening screen (Figure 4.1).

3. To identify the record, fill in the fields at the top of the screen:

- **Client Number:** Enter a Client Number
- **RU:** Enter a Reporting Unit number representing a Mental Health program.

4. The system validates the data. It will not let you open an episode unless the Client and RU numbers exist, and it will not let you open two episodes for the same client in the same reporting unit. If these identifying fields are valid, you can enter data in the following fields:

- **Opening Date:** Enter today's date or an earlier date. The system will not accept a future date. Remember that you cannot enter services that occurred before the episode's opening date.

```
                    Episode Opening

 Client Number: [redacted]                                  RU:
 Street No.:        Direction:    Name:                     Type:    Apt:
 City:                       State:    Zip Code: 00000+0000 Ph #: (   )    -
      Opening Date:   /  /     Referral From:          Legal:
                        Initial Diagnostic Impression
 Axis 1:          Axis 2:          Axis 3:        Axis 4:   Axis 5:    Past:
 Axis 1:          Axis 2:          Axis 3:
 Clinician ID:         Living Situation:       Admission Hour: 99  Scheduled: N
 Physician ID:         Employment Status:      Legal Consent:
 Source of Income:     Type of Employment:     Research Item:
 Patient Location:        Effective:   /  /
 Form Ok Y/N:              Confidential Information          USER: SEIGEL_C

Enter a client and reporting unit.
```

Figure 4.1: Episode Opening Screen

- **Referral From:** If you have the code for the reporting unit or agency that referred the patient, enter it here. Otherwise, you can enter a one or two-digit generic code numbers. Standard codes are listed in Appendix D, but you should check with your Operations Staff to find which codes are used locally.

- **Legal:** Enter a Legal Status code. These codes are listed in Appendix D.

Next, the cursor moves to the fields in the Diagnostic area. This area has two lines, the first for the main diagnoses and the second for alternative diagnoses.

To enter the main Diagnoses (line 1):

1. Press the Tab key to move through the Axis fields in line one of the Diagnostic area, and enter diagnosis numbers in them.
2. The Tab key will also move the cursor to the Principle/Secondary field next to the Axis 1 and Axis 2 fields. By default, Axis 1 is the primary and Axis 2 is the secondary diagnosis, but you can change this by pressing the Space Bar to clear these fields, and then typing "P" next to the Primary diagnosis and "S" next to the Secondary Diagnosis. Every episode must have one Primary and one Secondary Diagnosis.

The Axis fields hold the following data:

- **Axis 1** and **Axis 2:** Enter five-digit diagnostic codes with a decimal point (period) between the third and fourth digits: for example, 296.44. Some codes have a "V" as the initial digit: for example, V71.09. Ask your system manager for the codes. You must enter data in these fields. (These two fields have "P" and "S" to their right, to indicate which is the primary and which is the secondary diagnosis.)
- **Axis 3:** Enter an Axis 3 ICD 9 diagnosis code (optional).
- **Axis 4:** Enter a code determined by the local agency. Ask your system manager for the codes. You must enter data in this field.
- **Axis 5** and **Past 5:** Enter assessments of the client's current and past functioning using the Spitzer GAF Scale. Numbers from 00 to 90 are valid. You must enter data in these fields: if unknown, enter "UK".

To enter alternative diagnoses (line 2):

1. Press the Tab key to move through the fields in line two of the Diagnostic Area.
2. Fill out these fields like the fields in line one of the Diagnostic Area. These fields can hold the same codes as the Axis 1, Axis 2, and Axis 3 fields of line one, and you indicate the primary and secondary diagnosis in the same way. However, you must enter different values in these fields than you entered in line 1, since these are alternative diagnoses.

All the fields on line two are optional.

To enter data in the remaining fields:

1. After you Tab through the diagnostic fields, you enter data in the following fields:

- Clinician ID: Enter the primary clinician's identification number. This number must be in the STAFF_MASTER table.
- Physician ID: Enter the physician's identification number. This number must be in the STAFF_MASTER table.
- Source of Income: Enter a one-digit code for the client's largest single source of family income. These codes are listed in Appendix D.

- Living Situation: Enter the code for the client's living situation. These codes are listed in Appendix D.
- Employment Status: Enter the code for the client's Employment Status. These codes are listed in Appendix D.
- Type of Employment: Enter the one-digit code for the occupation of the family's primary wage earner. These codes are listed in Appendix D.
- Admission Hour: Enter hour of admission, using a number from 0-23. If you skip this field, the default 99 (Unknown) is used.
- Legal Consent: Indicate what authority you have to treat minors. This field is also used for some adults. These codes are listed in Appendix D.
- Research Item: This field can be defined by your local agency. If necessary, ask your supervisor for more information.
- Scheduled: Enter "Y" or "N", depending on whether this opening was scheduled.
- Patient Location: This field used primarily by inpatient hospital or other 24 hour facilities to indicate the room and or bed the client occupies. Its use depends on local policy.
- Effective: Enter date the client began occupying bed or room shown in Patient Location field. If the client moves, use Update to enter new bed/room number and effective date of new bed/room number.
- Address: For a new client, enter the client's address in the Address fields. If the client has an address on file, it will be displayed in these fields. Correct it if necessary. (Most address fields are self-explanatory. The direction field holds N, NW, or some other compass direction that is part of the address. The Street Type field holds an abbreviation such as "St", "Bl", "Rd".)

2. At the Form OK prompt, enter "Y" to save the record (Figure 4.2).

```
                    Episode Opening

BUDDY        L GLASS                                   Test OP
Client Number: 500000004                               RU: 999901

Street No.: 123  Direction: NE Name: Wilson          Type: ST Apt:
City: San Jose          State: CA Zip Code: 12345+9999 Ph #: (415)123-9999

    Opening Date: 12/05/86  Referral From: 01      Legal: W60000

                 Initial DSM-3 Diagnostic Impression
Axis 1: 296.44 P Axis 2: V71.09 S Axis 3:    Axis 4: 4 Axis 5: 64 Past 5: 44
Axis 1:          Axis 2:          Axis 3:

Clinician ID: 99999    Living Situation: 01     Admission Hour:
Physician ID: 99990    Employment Status: 1     Legal Consent:
Source of Income:      Type of Employment:      Research Item:

Patient Location:        Effective:   /  /

Form Ok Y/N:             Confidential Information          USER: SMITH
Validation of opening data in progress...
```

Figure 4.2: Episode Opening Screen with Data

Utilization Control Messages

After you open the episode, the system may display important Utilization Control messages at the bottom of the screen.

If the client has Medicaid, or if this RU has selected to "UC all clients", the system gives the client an initial authorization period. The system may also display a message such as: UC ends 21-OCT-1997.

If you see such messages, use the UC Maintenance Screen to learn more about the client's Utilization Control status, and report this to the QA Coordinator for your program.

Multiple Episodes

Most agencies let a client have an open episode at more than one reporting unit only in certain situations. For example, a client could have concurrent open episodes in two outpatient programs, or one outpatient and one day treatment program, but not two residential programs.

In some cases, if you try to open an episode for a client who is already open in another program, the screen displays a message such as "Client: 504005569 currently open at reporting unit: 49011", and does not allow you to enter data for this client.

Ask your supervisor or system manager for more information.

The FRC Code

A special field called the FRC code is added to the Episode Opening Screen and the Oneshot Episode Screen for some reporting units. You must enter data in it, if it is present.

The FRC Code is used by programs that do not complete Payor Financial Information forms. It is used for mandated external reports.

Enter it by summing the payor codes shown in Table 4.1. For example, if the client has no coverage or ability to pay, enter 2. If both the client's family and Insurance will pay, enter 36 (4 + 32).

Code	Meaning
01	Medicaid
02	No Coverage
04	Client or Family
08	Medicare
16	PHP/HMO
32	Insurance and Other Third Party
99	Unknown

Table 4.1: FRC Codes

Closing Episodes, Mental Health Programs

To close an episode for a client in a reporting unit:

1. Choose EPISODES from the Main Menu.
2. Choose CLOSE from the Episode Maintenance Menu to display the Episode Closing screen (Figure 4.3). This screen is similar to the Client Episode Opening Screen, with a few exceptions. In addition to Opening Date, it has Closing Date. Instead of Referral From, you can enter Referral To codes. A number of fields are not included, since that data is collected at Episode Opening only.

```
                    Episode Closing

Client Number:                                          RU:

Street No.:     Direction:    Name:                     Type:    Apt:
City:                    State:    Zip Code:00000+0000  Ph #:(   )   -

Opened:          Closing Date:   /  /    Discharge Hour:    Legal:W60000
Last Service:
                 Final DSM-3 Diagnostic Impression
Axis 1:        Axis 2:          Axis 3:      Axis 4:    Axis 5:    Past:
Axis 1:        Axis 2:          Axis 3:

Clinician ID:      Living Situation:      Referrals:      /       /
Physician ID:      Employment Status:     Reason For Discharge:
                                          Research Item:

Form Ok Y/N:             Confidential Information          User: SMITH
Enter a client and reporting unit.
```

Figure 4.3: Episode Closing Screen

Note: Some 24 Hour programs cannot close an episode unless there is a recorded service for every day of the episode. Ask your Operations Staff for more information about this.

3. Use the fields at the top of the panel to identify the record:

- **Client Number:** Enter the Client Number
- **RU:** Enter the Reporting Unit Number for the program.

4. The system displays an error message if it cannot find an open episode for this client in this reporting unit, or if you are not authorized to close episodes in this reporting unit. If it finds the open episode for the client, it displays the current data as defaults for closing. You use the following fields:

- **Closing Date:** You must enter a closing date, and you cannot enter a future date or a date before the last service. The current date as the default.

- **Last Service Date:** This field is displayed, but you cannot edit it. Usually, will want make the Closing Date the same as the Last Service Date.
- **Diagnostic, Clinician, Physician, Living Situation and Employment:** Update these fields if necessary, or just press the Tab key to move through them.
- **Referrals:** Enter codes for up to three referral destinations. Use one or two-digit generic codes or the codes for programs or agencies.
- **Reason For Discharge:** Enter a Reason for Discharge code. Appendix D lists these codes.
- **Research Item:** Make an entry here only if you are authorized. Ask your supervisor for information on this field.
- **Address Fields:** Update these fields if necessary, or press the Tab key to move through them.

4. Enter "Y" at the Form OK prompt to save the data. After validating the data, the system closes the episode (Figure 4.4).

```
                    Episode Closing

SEYMOUR        GLASS                                    Test OP
Client Number: 500000039                                RU: 999901

Street No.: 401  Direction:NE Name: Wilson          Type: ST Apt:
City: Riverside          State: CA Zip Code:00000+0000 Ph #:(415)123-9999

Opened: 30-Dec-86 Closing Date: 12/31/86 Discharge Hour:99  Legal:W60000
Last Service:   -   -
              Final DSM-3 Diagncstic Impression
Axis 1:296.44 P Axis 2: V71.09 S Axis 3:    A  Axis 4: 5 Axis 5:50  Past:
Axis 1:         Axis 2:          Axis 3:

Clinician ID: 99999 Living Situation: 1   Referrals: 01   /       /
Physician ID: 99990 Employment Status: 1  Reason For Discharge: 1
                                          Research Item:

Form Ok Y/N:Y          Confidential Information          User: SMITH
Closing episode...
```

Figure 4.4: Episode Closing Screen with Data

Maintaining Episodes, Mental Health Programs

To maintain Episode records:

1. Choose EPISODES from the Main Menu.
2. Choose MANAGEMENT from the Episode Maintenance Menu to display the Episode Maintenance Selection screen (Figure 4.5).

```
Episode Maintenance Selection

Client Number:
Reporting Unit:            (Optional)
Opening Date:    /  /    (Optional)

                    Opening   Closing
 Reporting   Unit    Date      Date      Clinician      Physician

                    Confidential Information          USER: SMITH
Please enter a client number.  A provider number may also be entered.
```

Figure 4.5: Episode Maintenance Selection Screen

3. Enter search criteria in the fields at the top of the screen:
   - **Client Number:** You must enter a Client Number.
   - **Reporting Unit:** Optionally, you can enter a Reporting Unit number to display only the client's episodes in that program.
   - **Opening Date:** Optionally, you can enter a date to display only episodes that were open at that time. (Enter just a month and year to get a list of episodes with opening dates in that month.)
4. Press Return, and the screen lists all Episodes that match the search criteria, with the most recent Episodes first.
5. To select episodes on the list for maintenance, move the cursor through the list (as described in the section on Moving Through Lists in Chapter 1). Next to the records you want to maintain, enter "L" (lookup), "D" (delete), or "U" (update), as shown in Figure 4.6.

```
                    Episode Maintenance Selection

          Client Number:     153201   PAUL           PASTEL
          Reporting Unit:             (Optional)
          Opening Date:     /  /      (Optional)

                                Opening   Closing
     Reporting Unit             Date      Date      Clinician       Physician

U HCPC            21861   20-Apr-93                STAFF           Staff
L DCI-HCPI        22651   20-Apr-93 20-Apr-93      SMITH           Staff
  MOBILE CRISIS   22531   19-Apr-93                CUMINGS         Staff
D HCPC            21861   18-Mar-93 22-Mar-93      STAFF           Staff
  PSP OPT         22271   18-Mar-93 05-May-93      LAMBERSON       Staff
  DCI-HCPI        22651   18-Mar-93 18-Mar-93      VILLERE         Staff

                    Confidential Information          USER: SMITH_D
```

Figure 4.6: Episode Maintenance Selection Screen with Episodes Listed

6. Select up to sixteen records. Then press Return to display these records for maintenance.

Episode Lookup

Tip: For a detailed history of a client, it is usually best to use Report MHS 118, the Client Episode History report, which is described in the Reports Manual.

ered "L", the system displays the Episode Lookup Screen (Figure 4.7). You can the data for the Episode but cannot change it.

ırn to display the next record selected for maintenance. Type "N" and press Return back to the Client Episode Maintenance Selection Screen.

Episode Delete

ered "D", the system displays the Episode Deletion Screen (Figure 4.8). If you are orized, you can enter "Y" at the Delete OK prompt and again at the confirm prompt to delete all information about this episode.

```
                    Episode Look-up

                                                   Entered By: HAMLIN
HOLLY          HAMMERSTEIN          PSP OPT        Last Changed: 04-Mar-93
Client Number:   1000140            RU: 99991      Last Service: 20-Jul-94

Opening: 02/24/93        Closing Date:   /  /

Axis 1: 300.00 P Axis 2: V71.09 S Axis 3:        Axis 4: 4 Axis 5: 55 Past: 70
Axis 1:          Axis 2:          Axis 3:

Clinician ID: 10000    Living Situation Entry:  1    Referral Source: 1
Physician ID: 10000    Living Situation Exit:        Admit Hr: 99 Disch Hr:
Legal Entry:  W60000   Employment Status Entry: 2    Legal Consent:
Legal Exit:   W60000   Employment Status Exit:       Reason For Discharge:
Source of Income: 0    Referrals:       /      /             Research Item:
Type of Employ:   0                                          Scheduled:     N
                Patient Location:         Effective:   /  /

   Continue: Y            Confidential Information          USER: SEIGEL_C

Press <Return> to continue.
```

Figure 4.7: Episode Look-up Screen

```
                    Episode Deletion
                                                  Entered By: MILLER_J
PAUL            PASTEL                HCPC        Last Changed: 23-Mar-93
Client Number:    153201              RU: 21861   Last Service: 21-Mar-93
Opening: 03/18/93        Closing Date: 03/22/93
Axis 1: 298.90 P Axis 2: V71.09 S Axis 3:     Axis 4: 4 Axis 5: 40 Past:40
Axis 1:          Axis 2:          Axis 3:
Clinician ID: 10000   Living Situation Entry: 99  Referral Source: 01
Physician ID: 0       Living Situation Exit:  99  Admit Hr: 12 Disch Hr: 0
Legal Entry:  1       Employment Status Entry: 16 Legal Consent: 9
Legal Exit:   1       Employment Status Exit: 16  Reason For Discharge: 0
Source of Income: 0   Referrals: 01    /     /       Research Item:
Type of Employment: 0 Patient Location:        Effective:   /  /

  Delete OK: [redacted]          Confidential Information          USER: SMITH_D
```

Figure 4.8: Episode Deletion Screen

If services have been recorded for a client, the Episode may not be deleted. The screen displays the message “Services found for this Episode. No deletion possible”.

Episode Update

If you entered “U”, the system displays the Episode Update Screen (Figure 4.9). Only Supervisors can change the episode boundaries (*e.g.*, Opening Date). Any authorized user can change the data below these fields.

```
                    Episode Update
                                                  Entered By: MILLER_J
PAUL            PASTEL                HCPC        Last Changed: 03-May-93
Client Number:    153201              RU: 21861   Last Service: 01-May-93
Opening: 04/20/93        Closing Date:   /  /
Axis 1: 298.90 P Axis 2: V71.09 S Axis 3:     Axis 4: 4 Axis 5: 40 Past: 40
Axis 1:          Axis 2:          Axis 3:
Clinician ID: 10000  Living Situation Entry: 99  Referral Source: 01
Physician ID: 0      Living Situation Exit:      Admit Hr: 99 Disch Hr:
Legal Entry:  1      Employment Status Entry:16  Legal Consent: 9
Legal Exit:   1      Employment Status Exit:     Reason For Discharge:
Source of Income: 0  Referrals:       /     /       Research Item:
Type of Employment:0 Patient Location:        Effective:   /  /

    Form OK: [redacted]          Confidential Information          USER: SMITH_D
```

Figure 4.9: Episode Update Screen

Press Tab to move through the fields and edit the data. Press Return at any time to move to the Form OK prompt, and enter “Y” to save the changes. The system validates the data: if there are errors, it displays a message and returns the cursor to the field that needs to be corrected.

After you have updated the record, press Return to display the next Episode selected for maintenance, or if none are left, to return to the Client Episode Maintenance Selection screen.

Episode Update, Supervisor Authorization

Authorized users can display the screen in Supervisor mode (Figure 4.10).

```
                    Episode Update
                      Supervisor
                                                Entered By: MILLER_J
PAUL            PASTEL              HCPC        Last Changed: 03-May-93
Client Number:    153201            RU: 21861   Last Service: 01-May-93
Opening: 4/20/93        Closing Date: 05/20/93    Re-open Episode:Y
Axis 1: 298.90 P Axis 2: V71.09 S Axis 3:     Axis 4: 4 Axis 5: 40 Past: 40
Axis 1:          Axis 2:          Axis 3:
Clinician ID: 10000  Living Situation Entry: 99 Referral Source: 01
Physician ID: 0      Living Situation Exit:     Admit Hr: 99 Disch Hr:
Legal Entry:  1      Employment Status Entry:16 Legal Consent: 9
Legal Exit:   1      Employment Status Exit:    Reason For Discharge:
Source of Income: 0  Referrals:       /      /       Research Item:
Type of Employment:0 Patient Location:        Effective:   /  /
    Form OK:             Confidential Information          USER: SMITH_D
 Supervisor authorization in effect.
```

Figure 4.10: Episode Update Screen, Supervisor Mode

To display the screen in Supervisor mode:

1. Display the Episode Update screen, as described above.
2. Press Gold-A to display the screen in Supervisor mode.

   With this screen, you can change the opening and the closing date of the episode.

   If the episode is closed, you can enter “Y” in the Re-open Episode field to open it. Do this if you have closed an episode for a client and then find that the client receives more services after the closing date.

Copying and Transferring Episodes

Episodes can be copied or transferred from one Reporting Unit to another.

To copy or transfer episodes:

1. Display the episode by using either the Look-Up or Update screen, described above.
2. Press Gold-F to display a function key map (Figure 4.11).

```
                    Episode Look-up

                                                Entered By: SMITH
LONNIE        BANNON              DTX           Last Changed: 07-Jul-93
Client Number:   1000047          RU: 9999DT    Last Service:   -   -

Opening: 07/07/93       Closing Date:   /  /

Axis 1: 295.10 P Axis 2:V71.09 S Axis 3:     Axis 4: 4 Axis 5: 50 Past: 50
Axis 1:          Axis 2:         Axis 3:

Clinician ID: 99999   Living Situation Entry: 1  Referral Source: 01
Physician ID: 0       Living Situation Exit:    Admit Hr: 99 Disch Hr:
Legal Entry:  W60000  Employment Status Entry:1 Legal Consent:
Legal Exit:   W60000  Employment Status Exit:   Reason For Discharge:
Source of Income: 1   Referrals:       /      /     Research Item:
Type of Employment:0  Patient Location:        Effective:   /  /

  Continue:             Confidential Information          USER: SMITH
FACE                                          COPY   TRANS
```

Figure 4.11: Function Key Map of Episode Maintenance Functions

This map corresponds to function keys F6-F14 on a Digital Equipment Corporation terminal. It means that you can press F6 to print a Client Face Sheet for this client and press F11 or F12 to copy or transfer this episode:

- **Copying Episodes:** You can copy open and closed episodes. When you press F11, the Episode Opening screen is displayed with the cursor in the Reporting Unit field. Type the number of the program where you want to copy the episode, and press Return. Then you may edit data in the other fields. Press Return and enter “Y” at the Form OK prompt to create the new episode.

- **Transferring Episodes:** You can transfer only open episodes. When you transfer an episode, you close it at one Reporting Unit and open it in another Reporting Unit. When you press F12, the Episode Closing screen is displayed with the cursor in the Closing Date field. Type in the closing date for this episode, and update other fields if you want to. Then press Return and enter “Y” at the Form OK prompt to close the episode. The Episode Opening Screen is displayed with the cursor in the Reporting Unit field. Enter the number of the program where you want to transfer the episode you just closed, and press Return. All of the data from the original episode is displayed in the Episode Opening Screen, and you may edit it. You may want to update the Referred From field. Press Return and enter “Y” at the Form OK prompt to create the new episode.

If you are not using a DEC terminal, you may have to use different keys instead of these Function keys. Ask your System Manager or Operations Staff how your keyboard is mapped to the DEC keyboard.

One Shot Opening and Closing, Mental Health Programs

The One Shot Screen is designed for Crisis programs. It lets you open and close an episode and record two services using a single screen.

This screen is like the Episode Opening and Episode Closing screens: it has both an entry and exit date and a referral source and a referral destination. In addition, it has an area

for entering up to two service procedures. Ask your Supervisor when this screen should be used.

To do one shot opening and closing:

1. Choose EPISODES from the Main Menu.
2. Choose ONESHOT from the Episode Maintenance Menu to display the One Shot Opening and Closing Screen (Figure 4.12).

```
                    One Shot Opening and Closing

Client Number:                                                  RU:

Street No.:    Direction:    Name:                          Type:    Apt:
City:                   State:    Zip Code: 00000+0000  Ph #: (   )   -

Opening Date: /  /   Referral From: 01      Referral To: 01  Legal:W60000
                   Initial DSM-3 Diagnostic Impression
Axis 1:        Axis 2:          Axis 3:       Axis 4:   Axis 5:   Past 5:
Axis 1:        Axis 2:          Axis 3:

Clinician ID:        Living Situation:          Admit Hr: 99 Disch Hr: 99
Physician ID:        Employment Status:         Legal Consent:
Source of Income:    Type of Employment:        Research Item:
    Procedure    Time (HH:MM)   Location   Clinician ID   Co-Staff ID
                          :
Form Ok Y/N:             Confidential Information            USER: SMITH
Enter a client and reporting unit.
```

Figure 4.12: One Shot Opening and Closing Screen

3. Most of the fields in this screen are the same as the fields described in the sections in this chapter on Opening Episodes and Closing Episodes. See these sections for more information on how to enter data here.
4. Enter services on two lines at the bottom of the screen. These are similar to the Single Service Entry described at the beginning of Chapter 5. They include the following fields:

- **Procedure:** Enter a three-digit procedure code.
- **Time (HH:MM):** Enter the number of hours for the service. Enter hours (up to 23) and minutes (up to 59) separately. Some services have fixed time limits set by local policy, and you cannot enter a longer time.
- **Location:** Enter the code for the location of the service. Location codes are shown in Table 4.2.
- **Clinician ID:** Enter the staff number for the Primary Therapist, who actually performed the service. The message “Re-enter primary therapist...Illegal procedure for staff”, means that the primary therapist is not authorized to provide the selected procedure. For example, if a physician-only procedure is used, a physician’s staff number must be entered as the primary therapist.

- **Co-Staff ID:** Enter the staff number for the Co-Therapist for the procedure, if there is one.

Code	Meaning
1	Office
2	Field
3	Phone
4	Home
5	Satellite Clinic
6	Satellite School
7	Crisis

Table 4.2: Location Codes

5. Enter another service in the second line, if you want. When the form is completed (Figure 4.13), press Return to move the cursor to the Form OK prompt, and enter "Y" to save the entry.

Episodes in Substance Abuse Programs

The first half of this chapter covered Mental Health programs, and now we will look at how to open, close and maintain episodes for Substance Abuse programs.

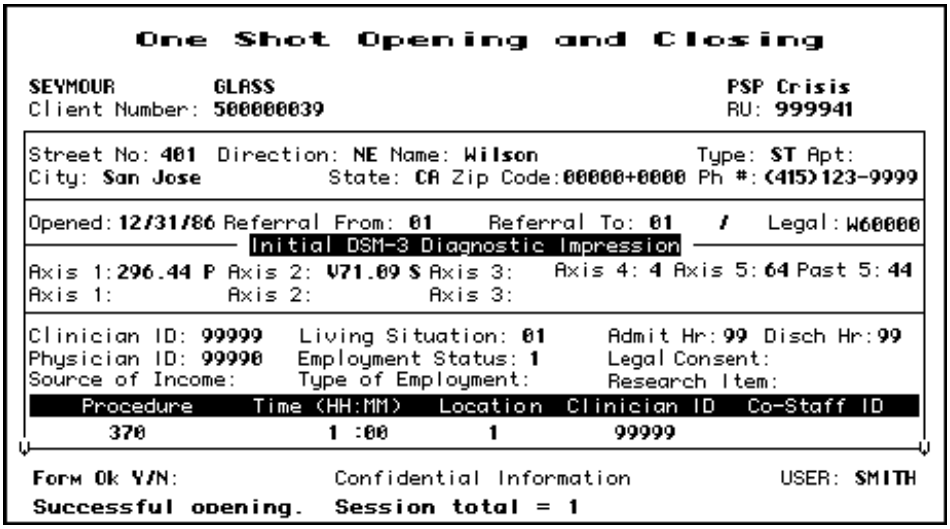


Figure 4.13: One Shot Opening and Closing Screen with Data

Opening New Episodes, Substance Abuse Programs

Before services for a client can be entered into the system, an Episode must be opened.

To open an episode:

1. Choose EPISODES from the Main Menu.
2. Choose OPEN from the Episode Maintenance Menu to display Panel 1 of the Episode Opening Screen (Figure 4.14).

```
                    Episode Opening
 SHELLY      M PARKER                          RES TEST
 Client Number:        41                      RU: 99022
  Admit Date: 11/05/91                   Coded Remarks        Position
  Staff: 10015
  Diagnoses: I: 305.40  II: 799.90       CDC Number:             1-6
  Referred From: 00009
  Admission Status: 1                    Perinatal
  Initial Admission: N                     Case Mgt:             14
  Admission Legal Status: 2                Indicator 1:          15
  Admission Employment Status: 01          Indicator 2:          16
  Number of Children in Household: 2
  Number of Children Under 3: 1
  Client Pregnant at Admission: N        Medi-Cal:               17
  Client Homeless at Admission: N        Maximus Referral:       19
  Arrests in Last 24 Months: 01
  Special Contract Number: 012552

Form Ok Y/N:            Confidential Information          USER: SMITH
Enter a reporting unit.
```

Figure 4.14: Episode Opening Screen, Panel One

3. Use the fields at the top of this panel to identify the record:

- **Reporting Unit:** Enter the reporting unit number for your program.
- **Client Number:** Enter the client number. If necessary, use the Client Locator Screen, described in Chapter 2, to find the correct client number.

4. The system does not let you open an episode, if the client already has an open episode at this reporting unit. After the identifying fields are validated, you enter data in the following fields:

- **Admit Date:** Enter the admission date. The current date is the default. You cannot enter future dates or dates when the program is not open.
- **Staff:** Enter the primary staff identification number.
- **Diagnosis I and II:** Enter codes for the primary and secondary diagnoses. The default for Diagnosis II is No Diagnosis, code 799.80. Ask your system manager for a list of these codes.
- **Referred From:** Enter the referral code. You can enter a Reporting Unit number, an Agency Code, or a generic code to indicate self or other or a type of local agency. Ask your system manager about these codes.

- **Admission Status** Enter the client's Admission Status using the codes in Table 4.3. (Categories 2 through 6 are considered Co-Dependents.)

Code	Meaning
1	Substance Abuser
2	Spouse of Substance Abuser
3	Adult Child of Substance Abuser
4	Minor Child of Substance Abuser
5	Parent of Substance Abuser
6	Other Co-Dependent of Substance Abuser

Table 4.3: Admission Status Codes

- **Initial Admission:** If this is the first time the client has ever been to a Substance Abuse program, enter "Y". If this is a transfer from another program, enter "N".
- **Admission Legal Status:** Enter the client's legal status, using the codes in Table 4.4.
- **Employment Status:** Enter the client's current employment status. Ask your system manager for a list of these codes.
- **Number of Children in Household at Admission:** You may enter the number of children living in the client's household in this optional field.
- **Number of Children Under 3 in Household:** You may enter the number of children under age three living in the client's household in this optional field.

Code	Meaning
1	Not Applicable
2	Under Parole Supervision by CDC
3	On parole from any other jurisdiction
4	On probation from any federal, state, or local jurisdiction
5	Admitted under diversion from any court
6	Incarcerated

Table 4.4: Legal Status Codes

- **Client Is Currently Pregnant:** Enter "Y" or "N" to indicate whether the client is pregnant. Enter "N" if the client is male.
- **Client Is Homeless At Admission:** Enter "Y" or "N" to indicate whether the client is homeless.
- **# of Arrests in Last 24 Months:** Enter the number of times the client has been arrested in the last twenty-four months.

- **Special Contract Number:** Enter the CADDS Special Contract Number assigned by the state, if applicable.
- **Coded Remarks:** Enter state-defined coded remarks. Ask your system manager how these are used in your agency.

5. Enter "Y" at the Form OK prompt to save this data. This is all you need to open an episode for clients with Admission Status 2 through 6 (codependents). For clients with Admission Status 1 = Substance Abuser, you must enter more information in Panel 2.
6. If you entered Admission Status 1 in Panel 1, indicating that the client is a substance abuser, then the system displays Panel 2 of the Episode Opening Screen (Figure 4.15). Enter data in the following fields:

- **# of Prior Admits to any substance abuse treatment program:** Enter a number from 0 to 9. If the client has been admitted to programs more than nine times, enter 9.
- **Medication Prescribed:** Enter the medication prescribed to this client. The codes are 1 = None, 2 = Methadone or LAAM, 3 = Other.
- **Has This Client Used Needles During the Past Year:** If the primary or secondary route of administration is by injection with a frequency of use Used in Past Year, you should answer this "Yes".
- **Problem - Primary, Secondary, Tertiary:** Enter the Primary, Secondary and Tertiary Problems, using the Substance Problem codes shown in Table 4.5. For clients admitted for methadone treatment, the Primary Drug should be 01 or 15. You must use a different code for each problem. Secondary and Tertiary fields may be left blank.

```
                    Episode Opening
SHELLY      M PARKER                                  RES TEST
Client Number: 41                                     RU: 99022

    Number of Prior Admits: 2
    Medication Prescribed: 1
    Needles Used Past Yr: Y
```

	Primary	Secondary	Tertiary
Problem:	03	02	22
Usual Route of Administration:	1	1	
Frequency of Use:	3	5	
Age of First Use:	14	12	

```
Form Ok Y/N:            Confidential Information          USER: SMITH
```

Figure 4.15: Episode Opening Screen, Panel Two

Code	Meaning
01	Heroin
02	Alcohol
03	Barbiturates
04	Other Sedatives or Hypnotics
05	Methamphetamines
06	Other Amphetamines
07	Other Stimulants
08	Cocaine
09	Marijuana or Hashish
10	PCP
11	Other Hallucinogens
12	Benzodiazephine
13	Other Tranquilizers
14	Non-Prescription Methadone
15	Other Opiates and Synthetics
16	Inhalants
17	Over the Counter
21	Other (specify)
22	None

Table 4.5: Substance Problem Codes

- **Route of Administration - Primary & Secondary:** Enter the method that the client uses to administer the substances entered as Primary and Secondary Problems, using the codes shown in Table 4.6.

Code	Meaning
1	Oral
2	Smoking
3	Inhalant
4	Injection (IV or intramuscular)
5	Other/Unknown

Table 4.6: Route of Administration Codes

- **Frequency of Use - Primary and Secondary:** Enter the frequency of use for the substances entered as the Primary and Secondary Problem, using the codes shown in Table 4.7.

Code	Meaning
1	No use in past month
2	1-3 times in past month
3	1-2 times a week
4	3-6 times a week
5	Daily

Table 4.7: Frequency of Use Codes

- **Age of First Use - Primary & Secondary:** Enter the age when the client first used the substances entered as the Primary and Secondary Problem. The age must be at least 5 years.
- **Emergency Methadone Admission:** For Methadone Maintenance clients only, enter "Y" or "N" to indicate whether the client is being admitted as an exemption to methadone regulations. That is, the client would not be eligible for admission under the regular Title 9 criteria which specify a two year history of addiction and 2 prior treatment failures.
- **Detox Schedule:** For Methadone Maintenance clients only, enter a the number, 1 through 4, for the client's detox schedule, as defined by the program or county.

7. Enter "Y" at the Form OK prompt to save the data. The system validates the data. If any fields are inconsistent with CADDS regulations, you must correct them.

For heroin detoxification programs, if a client has been open within 90 days preceding the opening date, the system will display an error message saying "Detox Hold". Only someone with supervisor authorization for Episodes may override this (by pressing Gold-A after entering the reporting unit and client number).

After you have completed an entry, you can enter "Y" at the Continue prompt to open another episode.

Closing Episodes, Substance Abuse Programs

The Episode Closing screen is similar to the Episode Opening Screen. Instead of Admit Date, it has Discharge Date. Instead of Referred From, it has Referred To. It omits the fields Diagnosis, Arrests and Prior Admits, which are collected at Episode Opening only. It adds fields, such as Client Adherence to Tx Plan, that are only collected at Episode Closing.

To close an episode:

1. Choose EPISODES from the Main Menu.

2. Choose CLOSE from the Episode Maintenance Menu to display the Episode Closing screen (Figure 4.16).

```
                    Episode Closing
JOHN        J BANNING                                RES TEST
Client Number:        73      Admit Date: 17-OCT-91  RU: 99022

 Discharge Date: 11/14/91                Discharge Status: 1
 Referred To: 99055                      Employment Status: 1

 Client Adherence to Treatment Plan: Y   Primary Problem:  8
 Discharge Children in Household: 0      Frequency of Use: 4
 Pregnant During TX: N                   Secondary Problem: 02
 Pregnancy Termination Reason:           Tertiary Problem: 22
 Date of Termination:   /  /
          Followup on Referral Prior to Discharge: N

 Program Goal 1: N                       Program Goal 3: Y
 Program Goal 2: Y                       Program Goal 4: Y

Form Ok Y/N: Y          Confidential Information          USER: OBANDO
```

Figure 4.16: Episode Closing Screen

3. Use the fields at the top of the screen to identify the Episode:

- **Client Number:** Enter a Client Number.
- **RU:** Enter the Reporting Unit number for the program.

4. The system displays an error message, if it cannot locate an open episode for that client in that program or if you are not authorized to close episodes in that program. If it finds the episode and you can close it, it displays the Admit Date. Enter data in the following fields:

- **Discharge Date:** Enter the discharge date. The current date is the default. You cannot enter a future date or a date before the opening date.
- **Referred To:** Enter a Reporting Unit number if the client was discharged to another program, or a specific Agency Code assigned by your system, or a generic code to indicate self or other or a type of local agency. For information on referral codes, contact your system manager.
- **Discharge Status:** Enter a Discharge Status Code from the list in Table 4.8.

Code	Meaning
1	Completed Treatment Plan/Goals
2	Left before completion with satisfactory progress
3	Left before completion with unsatisfactory progress
4	Terminated by the clinic: fee non-compliance
5	Terminated by the clinic: non-compliance with treatment plan.
6	Terminated by the clinic: other administrative factors.
7	Terminated by the clinic: record open, no treatment provided.
8	Terminated by the clinic: incarcerated.
9	Referred or transferred for further substance abuse treatment

Table 4.8: Discharge Status Codes

- **Employment Status:** Enter the two-digit code that represents the client's employment status at discharge.
- Client Adherence to Tx Plan: Enter "Y" or "N".
- **Discharge Children in Household:** Enter the number of children living with the client at discharge.
- **Client Pregnant During Treatment:** Enter "Y" or "N" to indicate whether the client became pregnant while in treatment. Enter "N" for males.
- **Pregnancy Termination Reason:** If applicable, enter the code for how a pregnancy terminated during the client's treatment. The codes are: 1 = Abortion, 2 = Birth-live, 3 = Birth-dead, 4 = Miscarriage.
- **Date of Termination:** If applicable, enter the date when pregnancy terminated during treatment.
- **Primary, Secondary and Tertiary Problems (Admission Status = 1 only):** Update these fields if necessary. See the Episode Opening documentation for valid codes.
- **Follow-up on Referral Prior to Discharge:** Enter "Y" or "N" to indicate whether the client followed up on a referral prior to discharge.
- **Program Goals:** This field is defined by each county. Ask your system manager for more information.

5. Enter "Y" at the Form OK prompt to save your entries. If data is invalid, the system displays error messages and returns the cursor to the field that should be corrected.

Maintaining Episodes, Substance Abuse Programs

To maintain Episode records:

1. Choose EPISODES from the Main Menu.

2. Choose MANAGEMENT from the Episode Maintenance Menu to display the Episode Maintenance Selection screen (Figure 4.17).

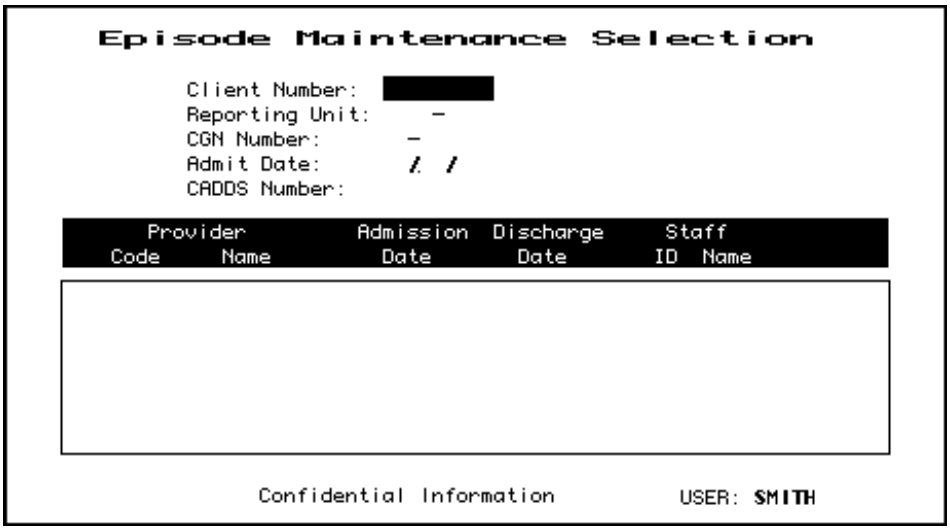


Figure 4.17: Episode Maintenance Selection Screen

3. To find Episodes, enter either a client number or CGN number (County Generated Number). To limit the search, you may also enter a reporting unit number or admit date. (Enter a full date, just a month, a month and day, or just a year; if you do not include the year, the system assumes the current year.)

4. The screen displays episodes, open or closed, that match the criteria you entered, listed in chronological order with the most recent first. If there are more records that it can display at one time, page through the list using the Gold Keys or Special Function Keys, described in Appendix A and B.

5. Select episodes for maintenance by using the Tab key or the Down Arrow key to move down the list and entering “L” (lookup), “U” (update), or “D” (delete) next to the episodes you want to maintain (Figure 4.18). Then press Return.

```
                    Episode Maintenance Selection

          Client Number:    73  JOHN        BANNING
          Reporting Unit:     -
          CGN Number:       -
          Admit Date:       /  /
          CADDS Number:

      Provider          Admission  Discharge     Staff
   Code      Name         Date       Date        ID  Name

   U 99022  RES TEST      17-Oct-91              55555 TEST
   L 99054  TCADDS - D    15-Oct-91  16-Oct-91   55555 TEST
   D 99055  TCADDS - A    01-Oct-91  15-Oct-91   55555 TEST

                Confidential Information          USER: SMITH
```

Figure 4.18: Episode Maintenance Selection Screen with Episodes Listed

Episode Lookup

If you entered “L”, the system displays the Episode Look-up Screen, Panel 1 (Figure 4.19). You may also have to use Panel 2 (Figure 4.20). You can view the data for the Episode but cannot change it.

```
                          Episode Look-up
 JOHN          BANNING                                TCADDS - D
 Client Number:        73                             RU: 99054
  Admit Date: 10/15/91                  Discharge Date: 10/16/91
  Staff: 55555
  Diagnoses: I: 305.50  II: 799.90      Program Goals:
  Referred From: 2                      Referred To: 3
  Admission Status: 1                   Discharge Status: 2
  Initial Admission: N                  Client Adhered to TX: N
  Admission Legal Status: 2             Current Legal Status: 2
  Admission Employment Status: 3        Discharge Employment Status: 3
  Admission Children in Household: 0    Discharge Children in Household: 0
  Number of Children Under 3: 0
  Client Pregnant at Admission: N       Client Pregnant During TX: N
  Client Homeless at Admission: N       Termination Reason:
  Arrests in Last 24 Months: 1          Termination Date:   /  /
  Census Tract on Entry:      .00       Current Census Tract:      .00
  Special Contract Number:
  Remarks:
  Continue:            Confidential Information          USER: SMITH
 FACE                                   COPY   TRANS
```

Figure 4.19: Episode Look-up Screen, Panel One

```
                    Episode Look-up
JOHN          BANNING                                TCADDS - D
Client Number: 73                                    RU: 99054
 Number of Prior Admits: 3          TAR:
 Medication Prescribed: 2
 Needles Used Past Yr: Y

                                 | Primary | Secondary | Tertiary |
 Problem:                        |  15/15  |   10/10   |  22/22   |
 Usual Route of Administration:  |   5     |   2       |          |
 Frequency of Use:               |   5/2   |   4       |          |
 Age of First Use:               |  15     |  16       |          |

 Detox Schedule: 2                  Testing Schedule: 4
Continue:            Confidential Information          USER: SMITH
Press <Return> to continue or <N Return> to process a new client.
```

Figure 4.20: Episode Lookup Screen, Panel Two

Most of the data here is taken from the Episode Opening and Closing screens; for explanations see the documentation on these screens earlier in this chapter. This screen may also contain five additional fields, which are used by selected drug programs only:

- **Census:** Census tract numbers are based on client address and cannot be changed. This field is in Panel 1.
- **TAR:** A Treatment Authorization Request number (for detox Medi-Cal clients only). This field is in Panel 2.
- **Pick-up Schedule:** "Y" is displayed next to days of the week when a Methadone Maintenance client is scheduled to pick-up dose(s) at the clinic. This field is in Panel 2.
- **Detox Schedule:** This number (1 - 4) represents the prescribed methadone dosing schedule for a Methadone detox client. This field is in Panel 2.
- **Testing Schedule:** This number (1 - 4) represents urine testing schedule for a Drug client. This field is in Panel 2.

Press Return to display the next record for maintenance, or enter "N" to go back to the Client Episode Maintenance Selection Screen.

Episode Delete

If you entered "D", the system displays the Episode Deletion Screen (Figure 4.21). If you are authorized, you can enter "Y" at the prompt and enter "Y" again at the confirm prompt to delete the episode. Then press Return to display the next episode selected for maintenance.

If services have been recorded for this Episode, the system displays an error message saying it may not be deleted. Refer these cases to your Supervisor.

```
                    Episode Deletion
JOHN          BANNING                                TCADDS - D
Client Number:        73                             RU: 99054
 Admit Date: 10/15/91                 Discharge Date: 10/16/91
 Staff: 55555
 Diagnoses: I: 305.50  II: 799.90     Program Goals:
 Referred From: 2                     Referred To: 3
 Admission Status: 1                  Discharge Status: 2
 Initial Admission: N                 Client Adhered to TX: N
 Admission Legal Status: 2            Current Legal Status: 2
 Admission Employment Status: 3       Discharge Employment Status: 3
 Admission Children in Household: 0   Discharge Children in Household: 0
 Number of Children Under 3: 0
 Client Pregnant at Admission: N      Client Pregnant During TX: N
 Client Homeless at Admission: N      Termination Reason:
 Arrests in Last 24 Months: 1         Termination Date:   /  /
 Census Tract on Entry:      .00      Current Census Tract:      .00
 Special Contract Number:
 Remarks:
 Delete OK: Y            Confidential Information       USER: SMITH
 Okay to delete this episode? (Y/N)
```

Figure 4.21: Episode Deletion Screen

Episode Update

If you entered “U” and you are authorized to update Episode information for the specified program, the system displays the Episode Update Screen, Panel 1 (Figure 4.22). You may also want to use Panel 2 (Figure 4.23). Only Supervisors can change Admit Date, Discharge Date and CADDS Form Serial Number (if entered manually).

```
                    Episode Update
JOHN          BANNING                                TCADDS - D
Client Number:        73                             RU: 99054
 Admit Date: 10/15/91                 Discharge Date: 10/16/91
 Staff: 55555
 Diagnoses: I: 305.50  II: 799.90     Program Goals:
 Referred From: 2                     Referred To: 3
 Admission Status: 1                  Discharge Status: 2
 Initial Admission: N                 Client Adhered to TX: N
 Admission Legal Status: 2            Current Legal Status: 2
 Admission Employment Status: 3       Discharge Employment Status: 3
 Admission Children in Household: 0   Discharge Children in Household: 0
 Number of Children Under 3: 0
 Client Pregnant at Admission: N      Client Pregnant During TX: N
 Client Homeless at Admission: N      Termination Reason:
 Arrests in Last 24 Months: 1         Termination Date:   /  /
 Census Tract on Entry:      .00      Current Census Tract:      .00
 Special Contract Number:
 Remarks:
 Form OK: Y              Confidential Information       USER: SMITH
```

Figure 4.22: Episode Update Screen - Panel One

Most of the data here is taken from the Episode Opening and Closing screens; for explanations see the documentation on these screens earlier in this chapter. This screen may also contains five additional fields, used by selected drug programs only, Census,

TAR, Pick-up Schedule, Detox Schedule and Testing Schedule. These are described in the documentation on the Episode Lookup screen, above.

```
                    Episode Update
JOHN          BANNING                                TCADDS - D
Client Number: 73                                    RU: 99054
 Number of Prior Admits: 3          TAR:
 Medication Prescribed: 2
 Needles Used Past Yr: Y

                                 | Primary | Secondary | Tertiary |
 Problem:                        |  15/15  |   10/10   |  22/22   |
 Usual Route of Administration:  |    5    |     2     |
 Frequency of Use:               |   5/2   |     4     |
 Age of First Use:               |   15    |    16     |

 Detox Schedule: 2                  Testing Schedule: 4

Form OK: Y          Confidential Information          USER: SMITH
```

Figure 4.23: Episode Update Screen - Panel Two

To confirm your entries, press Return to go to the Form OK prompt, and enter “Y”. If you entered any invalid data, the system displays an error message and returns the cursor to the field you must correct.

Episode Update, Supervisor Authorization

Only Supervisors can change episode opening and closing dates, and CADDS Form Serial Numbers (if they have been entered manually). They can also remove Episode delete information and, in effect re-open an episode.

To display the Episode Update Screen in Supervisor mode:

1. Display the Episode Update screen as described above.
2. Press Gold-A. The screen title changes to Episode Update Supervisor.

If you have selected a closed episode to update, the cursor will be positioned at a special field available only to supervisors, called Re-open Episode. To remove Episode Closing information and reopen a closed episode, enter “Y” here.

Copying and Transferring Episodes

Episodes can be copied or transferred from one Reporting Unit to another.

To copy or transfer Episodes:

1. Display the episode by using either the Look-Up or Update screen, described above.
2. Then press Gold-F to display a function key map (Figure 4.24).

```
                    Episode Look-up
JOHN          BANNING                                TCADDS - D
Client Number:        73                             RU: 99054
 Admit Date: 10/15/91                 Discharge Date: 10/16/91
 Staff: 55555
 Diagnoses: I: 305.50  II: 799.90     Program Goals:
 Referred From: 2                     Referred To: 3
 Admission Status: 1                  Discharge Status: 2
 Initial Admission: N                 Client Adhered to TX: N
 Admission Legal Status: 2            Current Legal Status: 2
 Admission Employment Status: 3       Discharge Employment Status: 3
 Admission Children in Household: 0   Discharge Children in Household: 0
 Number of Children Under 3: 0
 Client Pregnant at Admission: N      Client Pregnant During TX: N
 Client Homeless at Admission: N      Termination Reason:
 Arrests in Last 24 Months: 1         Termination Date:   /  /
 Census Tract on Entry:      .00      Current Census Tract:      .00
 Special Contract Number:
 Remarks:
 Continue:            Confidential Information          USER: SMITH
FACE                                   COPY   TRANS
```

Figure 4.24: Function Key Map for Episode Maintenance Functions

This map corresponds to function keys F6-F14 on a Digital Equipment Corporation terminal. It means that you can press F6 to print a Client Face Sheet for this client and press F11 or F12 to copy or transfer this episode:

- **Copying Episodes:** You can copy open and closed episodes. When you press F11, the Episode Opening screen is displayed with the cursor in the Reporting Unit field. Type the RU number of the program where you want to copy the episode, and press Return. Then you may edit data in the other fields. Press Return and enter “Y” at the Form OK prompt to create the new episode.

- **Transferring Episodes:** You can transfer only open episodes. When you transfer an episode, you close it at one Reporting Unit and open it in another Reporting Unit. When you press F12, the Episode Closing screen is displayed with the cursor in the Closing Date field. Type in the closing date for this episode, and update other fields if you want to. Then press Return and enter “Y” at the Form OK prompt to close the episode. The Episode Opening Screen is displayed with the cursor in the Reporting Unit field. Enter the number of the program where you want to transfer the episode you just closed, and press Return. All of the data from the original episode is displayed in the Episode Opening Screen, and you may edit it. You may want to update the Referred From field. Press Return and enter “Y” at the Form OK prompt to create the new episode.

If you are not using a DEC terminal, you may have to use different keys instead of these Function keys. Ask your supervisor how your keyboard is mapped to the DEC Function keys.

One Shot Opening and Closing, Substance Abuse Programs

The One Shot Screen is designed for Crisis programs. It lets you open and close an episode and record a service using a single screen.

1. Choose EPISODES from the Main Menu.

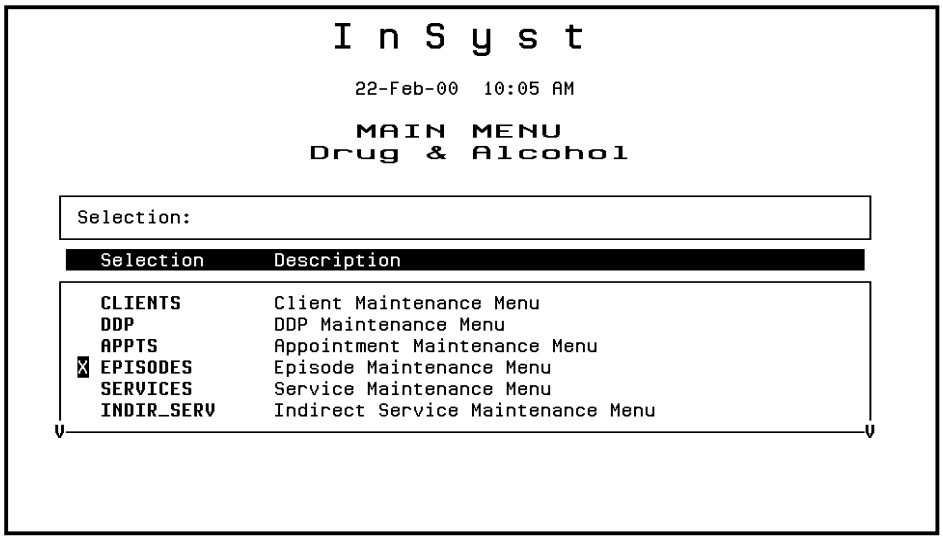


Figure 4.25: Choosing Episode Maintenance Menu from DAS Main Menu

2. Choose ONE SHOT from the Episode Maintenance Menu.

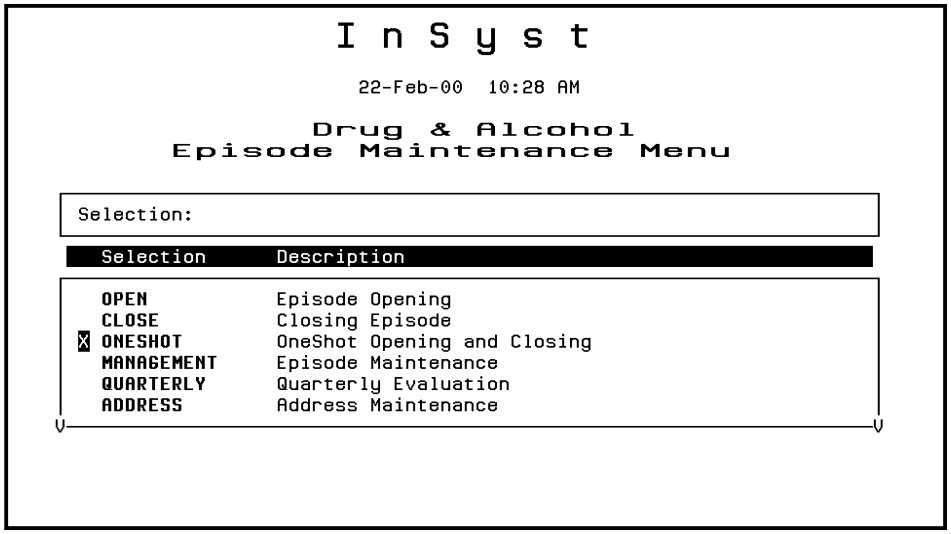


Figure 4.26: Choosing OneShot from the Episode Maintenance Menu

The DAS One Shot Screen

```
SUBSTANCE ABUSE ONE-SHOT EPISODE

Client Number: [redacted]                                    RU:

Street No.:        Direction:    Name:                      Type:    Apt:
City:                     State:    Zip Code: 00000+0000 Ph #: (   )    -
                                                                    Legal
Opening:   /  /        Ref. From:           Ref. To:       /
                     Initial Diagnostic Impression
      Axis 1:                              Axis 2:

Clinician ID:           Employment Status:

      Procedure    Time (HH:MM)    Location    Clinician ID    Co-Staff

                          :            1

Form Ok Y/N:              Confidential Information          USER: MCBRIDE_M

Enter a client and reporting unit.
```

Figure 4.27: Substance Abuse One Shot Screen

Entering Data

1. Start by typing in the Client Number and then the Reporting Unit (RU).
2. InSyst will validate that the user, client and RU are compatible for using this screen. If there is a reason for not proceeding, the screen will indicate the reason at the bottom. Examples of reasons are: the user cannot use the screen; the reporting unit is not appropriate for the screen; the client is already open in this reporting unit or is open in a conflicting reporting unit.

```
SUBSTANCE ABUSE ONE-SHOT EPISODE

                                                    "DDP HOSP"
Client Number: [redacted]                           RU: 26013

Street No.:        Direction:    Name:                      Type:    Apt:
City:                     State:    Zip Code: 00000+0000 Ph #: (   )    -
                                                                    Legal
Opening:   /  /     Ref. From:           Ref. To:       /              /
                     Initial Diagnostic Impression
      Axis 1:                              Axis 2:

Clinician ID:           Employment Status:

      Procedure    Time (HH:MM)    Location    Clinician ID    Co-Staff

                          :            1

Form Ok Y/N:              Confidential Information          USER: RANSOHOFF_J

Service entry for reporting unit 26013  may not be done using this screen.
```

Figure 4.28: Example Warning – Inappropriate RU

3. If you get such a warning, use the Gold-R sequence to clear the screen and re-enter corrected data.
4. If the initial entries are appropriate, InSyst will open up the rest of the screen for data entry.
5. Most of the fields in this screen are the same as the fields described in the Opening Episodes and Closing Episodes sections of the User Manual. See these sections for more information on how to enter data here.
6. Remember, every episode must have an Axis 1 and an Axis 2 diagnosis. The default position for Axis 2 on the DAS One-Shot Screen is 799.9.
7. Enter the service line at the bottom of the screen. These are similar to the Single Service Entry described at the beginning of Chapter 5 of the User Manual. They include the following fields:
   - **Procedure:** Enter a three-digit procedure code.
   - **Time (HH:MM):** Enter the number of hours for the service. Enter hours (up to 23) and minutes (up to 59) separately. Some services have fixed time limits set by local policy, and you cannot enter a longer time.
   - **Location:** Enter the code for the location of the service. The DEFAULT is 1.
   - **Clinician ID:** Enter the staff number for the Primary Therapist, who actually performed the service. The message "Re-enter primary therapist...Illegal staff type for procedure", means that the primary therapist is not authorized to provide the selected procedure. For example, if a physician-only procedure is used, a physician's staff number must be entered as the primary therapist.
   - **Co-Staff ID:** Enter the staff number for the Co-Therapist for the procedure, if there is one. This is optional.

```
                    SUBSTANCE  ABUSE  ONE-SHOT  EPISODE

TROLLY          FOLLEY                                          PSP OPT
Client Number: 950661777                                        RU: 99991
Street No.: 1433   Direction:    Name: BRUNNIE              Type: ST Apt:
City: OAKLAND              State: CA Zip Code: 94612+0000 Ph #: (    )     -
                                                                  Legal
Opening: 08/27/1999 Ref. From: 1        Ref. To: 99992 /        W60000/W60000
                    Initial Diagnostic Impression
      Axis 1: 305.00 P                    Axis 2: 799.9  S

Clinician ID: 99999     Employment Status: 3

      Procedure    Time (HH:MM)    Location    Clinician ID    Co-Staff

        342            00:30          1           99999
Form Ok Y/N:              Confidential Information          USER: RANSOHOFF_J

Input required
```

Figure 4.29: DAS One Shot with fields completed

8. When the form is completed, the cursor will be in the Form OK Y/N field. Type “Y” and Enter to continue; type “N” to abandon.
9. InSyst will validate the data on this screen and alert you if any changes need to be made.
10. If your program has custom data defined for this screen an additional screen will appear for you to complete. This is a Dynamic Data Screen If it appears, continue typing in the additional information as prompted.
11. Once you have completed all the fields, the Episode and Service will be recorded; Insyst will display that completion was successful.

```
        SUBSTANCE  ABUSE  ONE-SHOT  EPISODE

                                                    OUTPATIENT
 Client Number: [redacted]                          RU: 08011
 Street No.:        Direction:    Name:                      Type:    Apt:
 City:                     State:    Zip Code: 00000+0000 Ph #: (    )     -
                                                                  Legal
 Opening:    /  /     Ref. From:          Ref. To:       /              /
                    Initial Diagnostic Impression
       Axis 1:                              Axis 2:

 Clinician ID:           Employment Status:

       Procedure    Time (HH:MM)    Location    Clinician ID    Co-Staff

                            :            1
 Form Ok Y/N:              Confidential Information          USER: RANSOHOFF_J
Client not Medicaid, no UC needed./UR exempt reporti

Successful entry.  Session total = 1
```

Figure 4.30: Successful Completion of DAS One Shot

Quarterly Episode Evaluation, Substance Abuse Programs

The data in the Quarterly Evaluation screen is similar to the data entered when an episode is closed, but it is entered periodically for clients with long-term episodes.

Only one set of evaluation data is stored for each episode. When you enter a new Quarterly Evaluation, data from the previous one is discarded. The date in the Last Quarterly Update field shows when this data was entered, and default data is taken from the previous quarterly evaluation. If this is the first quarterly evaluation, the date field is blank, and default data is based on the Episode Opening screen.

To enter a quarterly evaluation:

1. Choose EPISODES from the Main Menu.
2. Choose QUARTERLY from the Episode Maintenance Menu to display the Episode Quarterly Evaluation screen (Figure 4.25).

```
                    Episode Quarterly Evaluation

OPAL          ORING                                   TEST FO
Client Number:        15      Admit Date: 02/01/91    RU:     99031
Last Quaterly Update:   -   -

Staff: 55555  STAFF        TEST

Primary Problem: 1                  Current Legal Status: 1
Secondary Problem: 22               Employment Status: 1
Frequency of Use: 2                 Number of Days Employed: 0

Client Currently Pregnant: N        Number of Arrests During Quarter: 0
Client Adherence to TX Plan: Y      Last Arrest Date:   /  /

Program Goal 1: Y                   Program Goal 3: N
Program Goal 2: Y                   Program Goal 4: N

Form Ok Y/N: Y          Confidential Information            USER:SMITH
```

Figure 4.25: Episode Quarterly Evaluation Screen

3. To identify the episode that you are entering a quarterly evaluation for, enter a Client Number, Admit Date (Episode Opening Date) and Reporting Unit.
4. If the system locates the open episode that you specified, you can enter data in the following fields:

- **Last Quarterly Update:** This field indicates when the data in the screen was entered. The default value is the date of the last quarterly evaluation, if there was one. To update the screen, replace it with the date of the current quarterly evaluation.
- **Staff:** If necessary, modify the primary staff identification number.
- **Primary Problem:** If necessary, enter a new Primary Problem code. (See Table 4.5 above.)
- **Secondary Problem:** If necessary, enter a new Secondary Problem code. (See Table 4.5 above.)
- **Frequency of Use:** If necessary, update this field to show how frequently the client uses the substance entered as the Primary Problem. (See Table 4.7 above.)
- **Current Legal Status:** If necessary, update the Legal Status code. (See Table 4.4 above.)
- **Employment Status:** If necessary, update the Employment Status code. (Ask your System Manager for a list of these codes.)
- **Number of Days Employed:** Enter the number of days the client was employed during the quarter.
- Client Currently Pregnant: Enter “Y” or “N”.
- Client Adherence to Tx Plan: Enter “Y” or “N”.

- **Arrests During Quarter:** Enter the number of times the client has been arrested in the quarter.
- **Last Arrest Date:** If appropriate, enter the last arrest date for the client. This date must fall within the episode.
- **Program Goals:** If appropriate, enter “Y” or “N” in this county-defined field.

5. Enter “Y” at the Form OK prompt to save your entries.

Chapter 5
Direct Services

This chapter covers the different ways to record services provided by programs directly to clients. It ends with a section on substance abuse services, which use some additional data entry screens. All of these screens are on the Service Maintenance Menu.

Before services can be recorded, the client must be registered and there must be an Episode open for the client in the program providing the service on the date being recorded. See Chapter 2 for information on registering clients, and see Chapter 4 for information on opening episodes.

Entering New Direct Services

InSyst gives you several ways of entering services:

- Single Service Entry for all programs
- Daily Service Entry for day programs and 24-hour programs
- Weekly Service Entry for day programs and 24-hour programs
- Multiple Service Entry to enter the same information for a number of services

Single Service entry is most common, and the other methods can sometimes save you time in data entry.

Single Service Entry

Most programs enter services daily using single service entry.

To do single service entry:

1. Choose SERVICES from the Main Menu.
2. Choose SINGLE from the Service Maintenance Menu to display the Single Service Entry Screen (Figure 5.1).

```
                    Single Service Entry

                                                    PSP Clinic
 Client Number:  [redacted]     Service Date:   /  /     RU: 999989

   Procedure:
   Staff:              Staff Duration:   :       Number in Group: 01
   Co-Staff:       Co-Staff Duration:   :       Location: 1

Form Ok Y/N:           Confidential Information           USER:SMITH
Enter service data.
```

Figure 5.1: Single Service Entry Screen

3. Enter data in the following fields:

   - **RU:** Enter the reporting unit number for your program and press Return. The system validates the number and displays the program's name.

   - **Client Number:** Enter the Client Number. When all the data has been entered, the system will display the name of the client. At that time, review the client name to be sure you are entering services for the correct client.

   - **Date:** Enter a date in the format MM/DD/YY. You cannot enter a future date. You must enter a date when the client's episode is open and the program operates.

   - **Procedure:** Enter a three-digit procedure code. It must be a valid procedure for the program.

   - **Staff:** Enter a staff identification number. The staff number will be validated for authorization to perform the services you are entering.

   - **Co-Staff:** If there was co-staff, enter the staff identification number. You may only enter one co-staff in this system.

   - **Staff Duration:** Enter the number of hours and minutes this staff person spent in this service. Enter up to twenty-three hours and up to fifty-nine minutes in the two portions of this field. There is a fixed minimum and maximum time for some services.

   - **Co-Staff Duration:** If there was co-staff, enter the time they spent on the service, in the same way as Staff Duration.

   - **Number in Group:** Enter a number from 1 to 99 indicating how many ***clients*** were involved in the service. The default is 01, for an individual service. If you are recording group services, enter the number of clients in the group. (For example, if Staff Person A and B have a group with 10 members that met today for 1 hour with all members present, enter 10 here. InSyst will record a service for each client number, with the staff numbers of A and B, the procedure code for a group, a group count of 10, and the time each staff person spent

in the service. Each client will be billed correctly for the group service, and each staff person will be credited correctly for the time spent in the service.)

- **Location:** Enter a location code from 1 to 6: 1 = Office, 2 = Field, 3 = Phone, 4 = Home, 5 = Satellite School, 6 = Satellite Clinic. The default is 1 for Office.

4. When you are done, enter "Y" at the Form OK prompt. The system validates the data and displays the client's name. If there are incorrect values in any field, it will display an error message and return the cursor to that field.
5. Once the data is correct, the system will ask for confirmation before saving it (Figure 5.2). Enter "Y" at the Confirm prompt to save the entry.

```
                    Single Service Entry

BUDDY        GLASS                                   PSP Clinic
Client Number: 500000040    Service Date: 03/10/87   RU: 999909

  Procedure: 341
  Staff:    99999     Staff Duration:  1:       Number in Group: 01
  Co-Staff:       Co-Staff Duration:   :       Location: 1

Confirm:              Confidential Information          USER: SMITH
Okay to write service for OPEN episode for BUDDY GLASS?
```

Figure 5.2: Single Service Entry Screen with Data

If you are using the Utilization Control system, the system will display messages for clients who are Medicaid eligible, which say whether the client has a current Utilization Control authorization and whether the service is authorized.

After service entry has ended, the cursor returns to the Client Number field. You may enter a new Client Number and Date to continue entering services. If you want to enter services for another reporting unit, press Gold-P to move to the RU field.

Special Authorizations for the Single Service Entry Screens

Authorized personnel can use these special features of the Single Service Entry Screen.

- **Late Entry:** Press Gold-A once to invoke Late Entry authorization. For example, if data entry for April is closed on May 5, Late Entry authorization lets you enter services after that time.
- **Supervisor:** Press Gold-A twice to invoke Supervisor authorization, which lets you override system validations in the Staff, Co-Staff, Group Count, Staff Duration, Co-Staff Duration and Location fields, but not episode boundaries. This is useful for recording unusual services.

- **Supervisor and Late Entry:** Press Gold-A three times to invoke both Supervisor and Late Entry authorization.

Using the Single Service Entry Screen for Day Treatment

Day Treatment services are normally entered using the Weekly or Daily Entry Screen, but sometimes you should use the Single Service Entry screen.

In InSyst, Day Treatment days or services are not associated with a particular staff member, and your system will not let you enter a staff person, but will let you enter a "0" for Staff Number.

Some Day Treatment programs can bill Medicare for incident-to services, and sometimes they are required to enter some outpatient-type services. These can be entered using the Single Service Entry Screen.

Using the Single Service Entry Screen for Inpatient and other 24 Hour Programs

Inpatient services are normally entered using the Daily Entry Screen, but sometimes you should use the Single Service Entry screen.

In InSyst, inpatient days or services are not associated with a particular staff member, and are assumed to be twenty-four hours in length. In most cases, your system will not let you enter a staff person, but will let you enter "0" for Staff Number. For duration, the system may make you enter 24 hours. You can enter staff numbers and other durations using the Single Service Entry Screen.

Daily Service Entry

You can enter services for all the clients in Inpatient and Residential programs using a single screen.

To do daily service entry:

1. Choose SERVICES from the Main Menu.
2. Choose DAILY from the Service Maintenance Menu to display the Daily Service Entry screen.
3. Fill in the fields at the top of the screen:

- **Service Date:** The default is the current date, but you can also use a past date if there are services still to be entered for that day.

> **Note:** It is best to use this screen is to enter services every day, but there may be times when you put off data entry and then enter several days at a time. ***When you do this, you must enter services chronologically.*** For example, if you need to enter data for Tuesday, March 1, Wednesday, March 2, and Thursday, March 3, then you must enter services for Tuesday first, then for Wednesday, then for Thursday. If you accidentally enter services for March 3, you cannot use this screen for March 1 and 2; you must use the Single Service Entry Screen.

- **RU:** Enter a Reporting Unit Number. If it can enter services using this Screen, the name of the program is displayed above the number.

When you press Return, the system lists all clients open on this date in this program, twenty-five clients at a time, in alphabetical order. If there are more than twenty-five clients, it displays the message: "Enter services for 25 clients. More clients may exist". After you enter the first twenty-five services, the cursor returns to the date field: press Return to accept the date and reporting unit for a second time (or more) and display the next 25 clients.

Depending on local policy, the program may display the screen without a column to enter time, as shown in Figure 5.3 below, or the screen with a column to enter time, as shown in Figure 5.4 below. Many residential programs use the screen without a column to enter time.

Note: Some Programs use the Weekly Service Entry Screen (covered below) instead of the Daily Service Entry Screen.

Daily Service Entry without Time

If local policy for this Reporting Unit is not to enter time, the screen is displayed as shown in Figure 5.3.

```
                    Daily Service Entry

                                                PSP ACUTE
        Service Date: 03/05/87                  RU: 999908

Client Number Client Name                 Opening Date Procedure

 500000065    FLASH, JACK                  02-Mar-87     100
 500000068    FRUENING, SIDNEY             01-Mar-87     100
 500000017    GLASS, BESSIE                03-Mar-87     100
 500000002    GLASS, LES                   02-Mar-87     100
 500000082    GLASS, ZOOEY                 05-Mar-87     100
 500000070    JACKSON, CARL                01-Mar-87     100
 500000055    KENT, CLARK                  03-Mar-87     100
 500000042    KIRK, JAMES                  05-Mar-87     100
 500000083    MARCH, AUGIE                 04-Mar-87     100
 500000071    ROURKE, HOWARD    (PENDING)  05-Mar-87     100

Form Ok Y/N:            Confidential Information          User: SMITH
Please enter services for first 25 clients.  More clients may exist.
```

Figure 5.3: Daily Service Entry Screen without Time

To do daily service entry without time:

1. The Client Number, Name, and Opening Date is listed for each client. For each client, you must enter:

- **Procedure Code:** Enter one of the twenty-four hour type procedures codes authorized by your local agency. A default procedure code is displayed if specified by local policy. The user can accept or change this default, or can

enter “000” to skip this client; later, you can use the Single Service Entry Screen to record services for clients you skipped by entering “000”.

2. After you have entered the last procedure code, enter “Y” at the Form OK prompt to save your entries.

If there are clients who have a Pending registration, they are noted, but you cannot enter services until the registration has been updated. For more information on Pending Registration, see the section on Client Registration in Chapter 2.

If there are clients whose services have already been entered for the Service Date (for example, through the Single Entry Screen), they are not listed on the screen. This screen does not allow duplicate services.

If you have skipped over clients during your data entry, you can redisplay them by pressing Gold-E key to leave the screen. Then use the menu to display the screen, re-enter the date and reporting unit number, and the skipped clients are included in the list.

Daily Service Entry with Time

If local policy for this Reporting Unit is to enter time, the screen is displayed as shown in Figure 5.4.

To do daily service entry with time:

1. The Client Number, Name, and Opening Date is listed for each client, and you must enter:

- **Procedure Code:** The screen displays the default procedure code for your program; no other entry is valid in this field. If your program can give clients two different kinds of service in one day—for example, a program that has an rehabilitative day care service and a vocational rehabilitative service—you can enter only one service for each client. You must use the Single Service Entry Screen to enter the second service.
- **Duration:** Enter the number of hours and number of minutes the client attended the program.
- **OK:** If the client was present, type “W” in this field to write the service. If the client was not present, or you wish to skip over the patient for now, type “S”.

2. After you have entered the last procedure code, enter “Y” at the Form OK prompt to save your entries.

```
                    Daily Service Entry

                                                PSP DAY
        Service Date: 03/10/87                  RU: 999907

Client Number Client Name            Opening Date Procedure Duration OK

 500000060   CAUFIELD, HOLDEN          08-Mar-87     200        :
 500000069   FREUD, ANNA               08-Mar-87     200        :
 500000079   GLASS, BOO BOO  (PENDING) 10-Mar-87     200        :
 500000040   GLASS, BUDDY              01-Mar-87     200        :
 500000078   GLASS, FRANCES  (PENDING) 02-Mar-87     200        :
 500000081   GLASS, WAKER              02-Mar-87     200        :
 500000080   GLASS, WALT               05-Mar-87     200        :
 500000051   GORDON, FLASH             01-Mar-87     200        :
 500000041   GRUMPY, WILLIAM           02-Mar-87     200        :
 500000016   HENDERSON, EUGENE         01-Mar-87     200        :

Form Ok Y/N:            Confidential Information            User: SMITH
Please enter services for first 25 clients.  More clients may exist.
```

Figure 5.4: Daily Service Entry Screen with Time

Component Service Entry

Use the Component Service Entry Screen to enter unbundled components of direct services.

This screen lets you bill a bundled day treatment service to Medicaid (which reimburses for bundled services), and bill its associated unbundled components to Medicare (which does not reimburse for bundled services) using the same charge. The day treatment service is considered the master service that establishes the charge. The charges for component services entered with the master service are established by dividing the charge for the master service by the number of component services entered.

Entering New Component Services

The Component Service Entry screen (Figure 5.5) may be used to enter both the master service and the component services, or the component services only. ***This screen may not be used to enter a master service only.***

If the master day treatment service has not been entered, you must enter both the master and component services.

To enter master and component services:

1. Choose SERVICES from the Main Menu.
2. Choose COMPONENT from the Service Maintenance Menu to display the Component Service Entry screen.
3. Enter the Reporting Unit and press Return. The system verifies this provider's authorizations to use this screen.

```
                    Component Service Entry

Client Number:              Service Date:  02/22/94        RU:

Procedure:

Staff:                            Staff Duration:    :     # in Group: 01
Co-Staff:                                               Location:   1
              Procedure          Staff   Duration  Location
                                                :
                                                :
                                                :
                                                :
                                                :
                                                :

Form Ok Y/N:            Confidential Information          USER: SMITH
Enter a reporting unit.
```

Figure 5.5: Component Service Entry Screen

4. Enter the Client Number, Service Date, Master Service Procedure Code (in the Procedure field), and Staff Duration (hours:minutes).

Note: If the master service is ***not*** a day treatment service, you may also be required to enter staff identification number, co-staff number, co-staff duration, and number in group.

5. Enter "Y" at the Form OK prompt. The cursor moves to the framed box in the lower half of the screen.
6. Enter the Component Service Procedure Code, Staff Number, Duration and Location for each component rendered on the service date. The procedure code is required, and the other data is optional. Up to ten component services may be entered for one master service.
7. Enter "Y" at the Form OK prompt.
8. Enter "Y" at the Confirm prompt (Figure 5.6).

If the master day treatment service has already been entered through another screen, you only need to enter the associated component services.

To enter component services:

1. Display the Component Service Entry screen.
2. Enter a Reporting Unit number.
3. Enter Client Number and Service Date.
4. Enter "Y" at the Form OK prompt. The screen displays information about the master service in the top portion of screen.
5. For each component service performed on the service date, enter the Component Service Procedure Code, Staff Number, Duration, and Location. Up to ten component services may be entered for one master service.

```
                    Component Service Entry
JOHN TESTCASE                                          HARBOR DTR
Client Number:   1000036    Service Date:  10/26/93    RU: 99996

Procedure: 291  DT DAY      Cost of Service:   $75.00

Staff:                          Staff Duration:   0 :8   # in Group:
Co-Staff:                       Co-Staff Duration:  :    Location:

            Procedure        Staff   Duration  Location

            341              10000   1 :0         1
            351              99999   2 :30        1
                                        :
                                        :
                                        :

  Confirm:              Confidential Information          USER: BORDEN
  Okay to write component services.
```

Figure 5.6: Component Service Entry Screen with Data

6. Enter “Y” at the Form OK prompt.
7. Enter “Y” at the Confirm prompt.

Note: Once Component Services have been entered for a client on a given day, you cannot enter additional Component Services. To enter more Components, you must delete the Master Service (see below), and then re-enter the Master Service and new Component Services.

Viewing Component Services

To view component services that have already been entered:

1. Display the Component Service Entry screen.
2. Enter the Reporting Unit number.
3. Enter the Client Number and Service Date.
4. Enter “Y” at the Form OK prompt.

The master service is displayed in the upper half of the screen, and component services are displayed in the box (Figure 5.7).

Deleting Component Services

To delete component services:

1. Delete the master service in the usual way, using the Service Maintenance screen. This will delete the master service and all associated component services.

Once Component Services have been entered, you cannot delete them individually.

```
                    Component Service Entry

JOHN TESTCASE                                              HARBOR DTR
Client Number:   1000036    Service Date:  10/26/93        RU: 99996

Procedure: 291  DT DAY      Cost of Service:   $75.00

Staff:                            Staff Duration:   0 :8   # in Group:
Co-Staff:                         Co-Staff Duration:  :    Location:

            Procedure        Staff   Duration  Location  Cost of Service

             341             10000   1 :0        1         $37.50
             351             99999   2 :30       1         $37.50
                                       :
                                       :
                                       :

Confirm:                Confidential Information           USER: SMITH
Service components exist.  You must delete the service to enter components.
```

Figure 5.7: Viewing Component Services

Weekly Service Entry

Use this screen to enter one week of services at a time for all of the clients in your program. It is used by programs that have one primary procedure code and only one possible unit of time for the service. Residential Programs and certain types of Day Treatment programs are authorized to enter data on a weekly basis rather than a daily basis.

If an episode is open in a Residential or Day Treatment program, the client's name and number are automatically listed in the Weekly Service Entry Screen, after Report PSP 125 is run for the week.

Note: Programs that use the Weekly Service Entry Screen ***must*** use the Reports menu to produce Report PSP125 ***each week*** before data can be entered. This report creates the data displayed in the Weekly Log Screen, and also produces a paper log with the same data, which can be used for data entry. For more information, see the Reports Manual.

To do weekly service entry:

1. Choose SERVICES from the Main Menu.
2. Choose WEEKLY from the Service Maintenance Menu to display the Weekly Service Entry Screen (Figure 5.8).

3. Enter search criteria in the fields at the top of the screen:

- **Start Date:** Enter the first day of the week in the format MM/DD/YY. Your Operations Staff defines start date options in a Systems Option File. The Start Date must be a Sunday or a Monday. Data entry can be done on the last work day of the week or after the week is past.

- **RU:** Enter the Reporting Unit Number for your program.

```
                    Weekly Service Entry

      Start Date: 03/22/87                    RU: 999905 PSP House

  Client                                            Procedure
  Number     Client Name                   Sun Mon Tue Wed Thu Fri Sat  OK

500000060    CAUFIELD, HOLDEN              165 165 165 165 165 165 165
500000086    DRIBBLE, WALDO    (PENDING)
500000065    FLASH, JACK                   165 165 165 165 165 165 165
500000017    GLASS, BESSIE                 165 165 165 165 165 165 165
500000081    GLASS, WAKER                            165 165 165 165 165
500000041    GRUMPY, WILLIAM               165 165 165 165 165 165 165
500000016    HENDERSON, EUGENE             165 165 165 165 000 000 000
500000074    LEVINSKY, LEON                165 165 165 165 165 165 165
500000083    MARCH, AUGIE                  165 165 165 165 165 165 165
500000075    MARKER, HARVEY                165 165 165 165 165 165 165

Form Ok Y/N: Y          Confidential Information          USER: SMITH
Please enter services for first 10 clients.  More clients may exist.
```

Figure 5.8: Weekly Service Entry Screen

4. If a valid Start Date and Reporting Unit are entered, the Weekly Service Entry Screen lists all clients open in that program for that week in alphabetical order, ten at a time. For each record in the list, enter data in the following fields:

- **Procedure Code:** This field displays the default procedure code for the reporting unit. In most cases this is the only procedure code allowed, except for “000” to indicate that no service was given. There are a few programs that also have other Procedure Codes. You may accept one day’s procedure code by pressing Tab, or accept a week’s procedure codes by pressing Return to move to the end of the line. (When the services records are recorded, they use the default time for the procedure code entered.)

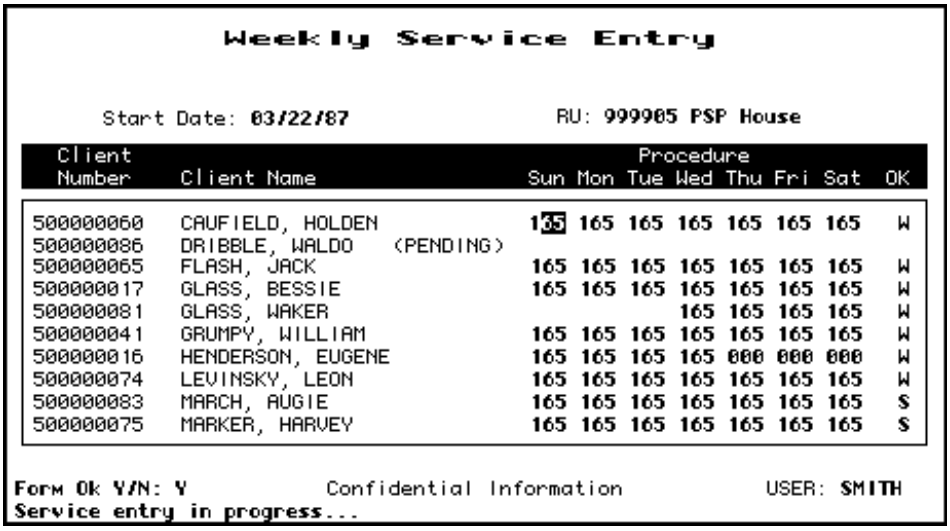
- **OK:** This field lets you confirm that the information for this client is correct. Enter “W” to Write the services, “S” to Skip the line, or “D” to Drop the client from this Entry Screen. (If you enter “S”, all of the services for that client will be skipped. To write some services for the client but not all, enter “000” for the day the client is to be skipped, and enter “W” in the “OK” field.)

5. Enter “Y” at the Form OK prompt to save the data (Figure 5.9). The system validates the data, and if there are any errors, it returns the cursor to the field that must be corrected and displays an error message.

6. If there are more clients in the program, press Return to display the next 10 clients.

The screen lets you record services only for the days the client was open in the program. If a client is opened in the program on Wednesday, the screen will not allow you to enter services for the client for Sunday, Monday, or Tuesday.

If a client's registration status is pending, this is noted on the screen and you cannot enter services for that client until the registration has been approved. See the Client Maintenance section in Chapter 2 of this User Manual for information on pending registrations.



Weekly Service Entry

Start Date: 03/22/87 RU: 999905 PSP House

Client Number	Client Name	Procedure Sun	Mon	Tue	Wed	Thu	Fri	Sat	OK
500000060	CAUFIELD, HOLDEN	135	165	165	165	165	165	165	W
500000086	DRIBBLE, WALDO (PENDING)								
500000065	FLASH, JACK	165	165	165	165	165	165	165	W
500000017	GLASS, BESSIE	165	165	165	165	165	165	165	W
500000081	GLASS, WAKER				165	165	165	165	W
500000041	GRUMPY, WILLIAM	165	165	165	165	165	165	165	W
500000016	HENDERSON, EUGENE	165	165	165	165	000	000	000	W
500000074	LEVINSKY, LEON	165	165	165	165	165	165	165	W
500000083	MARCH, AUGIE	165	165	165	165	165	165	165	S
500000075	MARKER, HARVEY	165	165	165	165	165	165	165	S

Form Ok Y/N: Y Confidential Information USER: SMITH
Service entry in progress...

Figure 5.9: Weekly Service Entry Screen, Service Entry

If you have used "S" to skip all of the services for one or more clients, you can still use the Weekly Service Entry Screen to record those services by leaving the screen and then displaying it again to begin data entry. The clients you originally skipped are listed on the screen.

If you have skipped some services for clients, but not all, those clients will not appear again on the Weekly Service Entry screen for that week. To enter services for them, use the Single Service Entry Screen, described earlier in this chapter.

If you are unsure which services have been recorded and which have not, press Gold-S to leave the screen saving the current Reporting Unit Number. Choose SERVICES from the Main Menu, and then choose MANAGEMENT from the Service Maintenance Menu. When the screen prompts you, enter a Client Number and press Return, to display services for that client in the program. Then return to the Weekly Service Entry Screen to continue service entry.

Multiple Service Entry

The Multiple Service Entry Screen makes it easy to enter repetitive data—for example, to enter a number of services for one client or one staff person, or to enter all of one type of service for a day. It lets you create user-defined defaults that enter the repetitive data automatically.

To do multiple service entry:

1. Choose SERVICES from the Main Menu.
2. Choose MULTIPLE from the Service Maintenance Menu to display the Multiple Service Entry screen (Figure 5.10). This screen resembles the Single Service Entry screen.

Tip: There is also a Multiple Service Entry screen without a column for Co-Staff, which is used like the screen described. Local Operations Staff decides which screen is displayed.

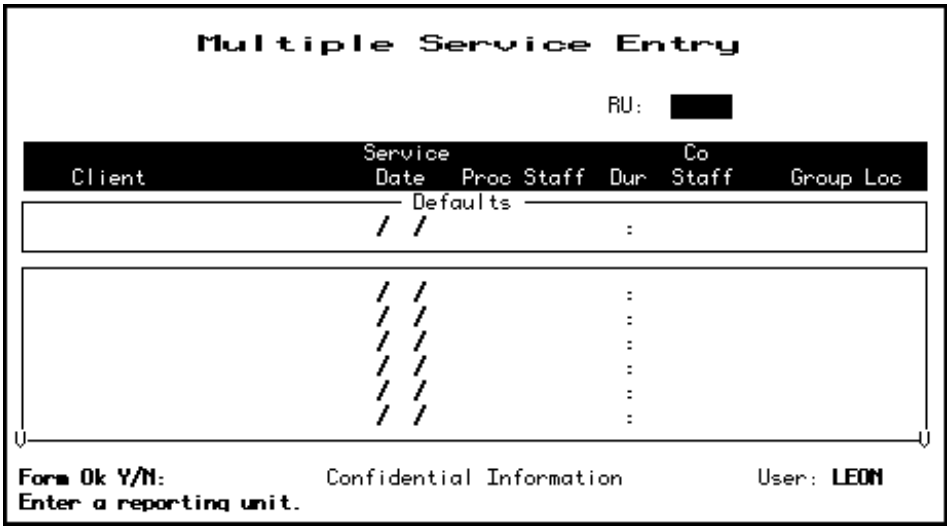


Figure 5.10: Multiple Service Entry Screen

3. To identify the program you are doing data entry for, enter:

- **Reporting Unit:** Enter the Reporting Unit Number for the program, and the screen displays its name. (To enter services for a different program during the same session, press Gold-P to move the cursor back the RU field, or press Gold-R to restart the screen.)

4. The cursor moves to the Defaults box (Figure 5.11). Data you enter here will be repeated for every service you enter in the list below, until you enter new defaults. You can enter default data for one or more of the following fields:

- **Client Number:** Enter a client number.

```
                    Multiple Service Entry

                                          RU: 99991  PSP OPT

                          Service                    Co
  Client                   Date   Proc Staff  Dur  Staff     Group Loc
                                  Defaults
[      ]                 12/22/93              :              1     1

                           / /                  :
                           / /                  :
                           / /                  :
                           / /                  :
                           / /                  :
                           / /                  :

Form Ok Y/N:            Confidential Information          User: LEON
Enter a reporting unit.
```

Figure 5.11: Multiple Service Entry Screen, Entering Defaults

- **Service Date:** Enter a date in the format MM/DD/YY.
- **Procedure:** Enter a three-digit procedure code. The field accepts only direct service procedure codes that are valid for your program.
- **Staff:** Enter a staff identification number. It will be validated for authorization to perform the services you enter.
- **Duration:** Enter the number of hours (up to 23) and minutes (up to 59) the staff person spent in this service. Counties set fixed time ranges for some services.
- **Co-Staff:** Enter the Co-staff identification number, if there is one. It will also be validated for authorization to perform the services you enter. (Your screen may not include this column.)
- **Number in Group:** Enter a number from 1 to 99 indicating how many ***clients*** were involved in the service. The default is “01” for an individual session.
- **Location:** Enter the location code, from the following options: 1 = Office, 2 = Field, 3 = Phone, 4 = Home, 5 = Satellite School, 6 = Satellite Clinic. Use the location where the most basic component of the service occurred. The default is “1” for office.

5. After you have entered defaults, enter “Y” at the Form OK prompt (Figure 5.12). The system validates data and prompts you to correct any errors.

```
                    Multiple Service Entry

                                                  RU: 99991  PSP OPT

                                Service                    Co
   Client                        Date   Proc Staff  Dur  Staff     Group Loc
                                      Defaults
111111141                      11/30/93  331 90000 01:00            1    1

                               /  /                 :
                               /  /                 :
                               /  /                 :
                               /  /                 :
                               /  /                 :
                               /  /                 :

Form Ok Y/N: Y          Confidential Information          User: LEON
```

Figure 5.12: Multiple Service Entry Screen, Defaults Entered

6. Now, you can use the defaults to enter up to 20 services using the default information. The information you entered in the default box is displayed automatically as you enter data in the screen's service entry lines (Figure 5.13). You can modify the default data, if necessary, or just press Tab to accept the default value and move to the next field. At the end of each line you want to save, you must enter "W" to write the service.

```
                    Multiple Service Entry

          Assessment                              RU: 99991  PSP OPT
          KIRK, JAMES

                                Service                    Co
   Client                        Date   Proc Staff  Dur  Staff     Group Loc
                                      Defaults
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1

111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1
111111141 AWIABAWA, ALLADIN 11/30/93  331 90000 1 :            1    1

Form Ok Y/N:            Confidential Information          User: LEON
```

Figure 5.13: Multiple Service Entry Screen, Data Entry Using Defaults

7. When you are done entering service data, press Return to move to the Form OK prompt and enter "Y" to accept the data. After the system validates the data, enter "Y" at the Confirm prompt to save the data.

The screen is cleared and the cursor moves back to the defaults line, so you can enter additional services or change the defaults.

You can imagine how useful this screen would be, for example, if you had to enter the same service for a client for a large number of service dates. You could just change the date and accept the defaults for all the other fields.

Ancillary Service Entry

This screen is used to enter ancillary services, such as radiology or laboratory services, that hospitals provide to mental health clients in an inpatient facility. If your county charges for ancillary services separately from the bed day, you must enter them in this screen so they appear on claims. The screen also collects additional patient information used to meet state and federal reporting requirements for inpatient facilities.

Ancillary services are entered in summary form. Enter each type of ancillary service only once, at the close of the episode.

If your county claims ancillary services separately from the bed day, you must use this screen to release ***all*** inpatient hospital episodes for billing. Even if ancillary services are not provided during a client's hospitalization, you must use this screen to release the episode for Insurance and Medicare billing.

To enter ancillary services:

1. Choose SERVICES from the Main Menu.
2. Choose ANCILLARY from the Service Maintenance Menu to display the Ancillary Service Entry Screen (Figure 5.14).

```
                    Ancillary Service Entry


   SSN Number: 000-00-0000        Admission Date:   /  /         RU:
   Client Number:

 Discharge Destination:         DRG Code:        Diagnoses/Modifier
                                                  Admission:       /
 Physicians               Procedures              Discharge:       /
  Attend:                  Princip:         /  /  Other 1:      /  5:      /
  Other:                   Others:          /  /        2:      /  6:      /
                                            /  /        3:      /  7:      /
                                                        4:      /  8:      /
              Procedure                          Service Charge
                                                        .
                                                        .
                                                        .
                                                        .
                                                        .

 Form Ok Y/N:              Confidential Information          USER: SIEGEL_C
Enter data to find an episode.
```

Figure 5.14: Ancillary Service Entry Screen

3. To identify the episode, enter:

- **SSN** or **Client Number:** Enter either the client's Social Security Number or Client Number.
- **Admission Date:** Enter the opening date of the client's current episode.

- **RU:** Enter your program's Reporting Unit number. (This is required when you first use the screen. Afterwards, the same reporting unit number is used as a default.)

4. If there is an episode for this client at this reporting unit with the opening date that you entered, you can enter the rest of the data:

- **Discharge Destination:** Enter a code with up to 3 digits. The system uses the Hospital Referral Code Maintenance table to translate this code into a UB92 revenue code, which it uses in Box 21 of the UB92 Claim Form. If no data is entered, this claim form uses the episode referral destination.

- **DRG Code:** Enter a three digit DRG code, if available. This code does not appear on the UB92 Claim Form, but may be used for reporting purposes.

- **Physician:** Enter the issuing state and physician license number for the Attending Physician and Other Physician if applicable. This data is used in Boxes 92 and 93 of the UB92 Claim Form. If no data is entered, the claim form uses the episode physician information.

- **Procedures:** Enter the Principal Procedure (using ICD9 procedure codes) and service date. This data is used in Boxes 84 through 86 on the UB92 Claim Form and for state and federal reporting requirements. Enter up to two additional procedures and service dates.

- **Diagnoses/Modifier:** Enter up to eight additional ICD9 Diagnostic Codes (with decimal point). The Admission Diagnosis is used in Box 45, the Discharge Diagnosis in Box 77, and Other Diagnoses in Boxes 78 through 81 of the UB92 Claim Form. If no data is entered, the claim form will use diagnoses from the Opening and Closing Diagnosis fields of the episode and convert the DSM IV codes to ICD9 codes. In order to meet California requirements, a modifier ("Y" or "N") must be attached to each diagnosis, specifying whether the diagnosis was present at admission.

- **Procedure** and **Service Charge:** Enter the ancillary procedure code under Procedure. Enter summary charge for each type of ancillary service under Service Charge. This data is used in Boxes 50-53 of the UB92 Claim Form. (These codes are translated using the Ancillary Procedure Code field of the Procedures relation.)

5. When you are done, press the Tab key or Return key to go to the Form OK prompt, and enter "Y". The screen displays descriptions of the procedure codes you entered and the Total Charges. Enter "Y" at the Ancillary Entry Complete prompt, to indicate that you have entered all ancillary services for the episode. Then enter "Y" at the Form OK prompt to save the data.

Note: Even if there are no ancillary services to enter for a client, you must enter "Y" at the Ancillary Entry Complete flag for inpatient episodes to be released for insurance and Medicare claiming.

You may enter up to five ancillary services at a time. To enter more, complete entry of the first five, then enter the client's number and admission date again to enter the remainder.

Deleting Ancillary Services

If you entered an ancillary service in error, you can delete it using the Service Maintenance Screen. After a service has been posted in the billing system, only a Supervisor can delete it. For more information, see the section on the Service Maintenance Screens, below.

Maintaining Direct Services

To maintain direct services:

1. Choose SERVICES from the Main Menu.
2. Choose MANAGEMENT from the Service Maintenance Menu to display the Service Maintenance Selection Screen (Figure 5.15).
3. To display a list of services, enter:

- **Client Number:** You must enter the number of the client who received the services.
- **Reporting Unit:** To narrow the search, you may also enter a Reporting Unit number.
- **Service Date:** To narrow the search, you may also enter a complete date or a partial date that is just a month or year. If you leave out the year, the system uses the current year.

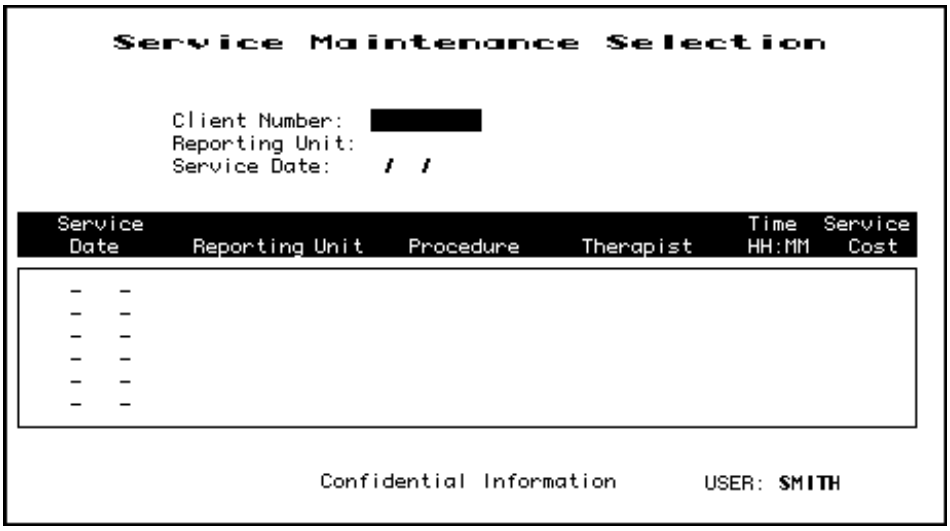


Figure 5.15: Service Maintenance Selection Screen

4. The Screen displays the Client Name and all the services for the client that match the criteria entered, listed with the most recent services first (Figure 5.16). Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Enter “L” (lookup), “D” (delete), or “U” (update) next to the services you want to maintain (Figure 5.17).

```
                    Service Maintenance Selection

          Client Number: 500000045    JERSEY        GLASS
          Reporting Unit:
          Service Date:    /  /

   Service                                                  Time  Service
    Date      Reporting Unit      Procedure    Therapist   HH:MM   Cost

 31-Mar-87  PSP Crisis 999904 CRISIS     370  GORODEZKY    03:00   75.00
 27-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
 26-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
 25-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
 22-Mar-87  PSP Crisis 999904 CRISIS     370  SMITH        03:00   75.00
 19-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  GORODEZKY    02:00   50.00

                         Confidential Information          USER: SMITH
6 services displayed.
```

Figure 5.16: Service Maintenance Selection Screen with Services Listed

5. You may select up to 24 services. When you are done, press Return to display them for maintenance.

```
                    Service Maintenance Selection

          Client Number: 500000045    JERSEY        GLASS
          Reporting Unit:
          Service Date:    /  /

   Service                                                  Time  Service
    Date      Reporting Unit      Procedure    Therapist   HH:MM   Cost

U 31-Mar-87  PSP Crisis 999904 CRISIS     370  GORODEZKY    03:00   75.00
L 27-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
D 26-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
  25-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  KOSINSKY     01:00   50.00
  22-Mar-87  PSP Crisis 999904 CRISIS     370  SMITH        03:00   75.00
  19-Mar-87  PSP Clinic 999909 INDIVIDUAL 340  GORODEZKY    02:00   50.00

                         Confidential Information          USER: SMITH
6 services displayed.
```

Figure 5.17: Service Maintenance Selection Screen, Selecting Services for Maintenance

Direct Service Lookup

If you entered “L” next to a service, it is displayed in the Service Look-up screen (Figure 5.18). The data cannot be changed.

```
                    Service Look-up

JERSEY       GLASS
Client: 500000045                                          RU: 999909

Last Changed: 03-Apr-87 Cost:   $50.00     Service Stamp: 26-MAR-87

      Service Date: 03/26/87            Procedure: 340 INDIVIDUAL

  Staff:    99999       Staff Duration: 1 :0      Number in Group: 1
  Co-Staff: 0        Co-Staff Duration:           Location: 1



Continue: Y            Confidential Information          USER: SMITH
Press <Return> to continue or <N><Return> to proccess a new records.
```

Figure 5.18: Service Look-up Screen

In addition to the data in the Service Maintenance selection screen, this screen displays:

- **Last Changed:** The date that the displayed record was last modified by a user or system program.
- **Cost:** The amount charged for the displayed service.
- **Service Stamp:** The date that the service was originally entered into the system.

Press Return to display the next record selected in the Service Maintenance Selection Screen. Type “N” and press Return to go back to the Service Maintenance Selection Screen.

Direct Service Delete

If you entered “D” next to a service, it is displayed in the Service Delete Screen (Figure 5.19). If you are authorized, you can enter “Y” at the Delete OK prompt and “Y” again at the confirm prompt to delete the service.

```
                    Service Delete

JERSEY       GLASS
Client: 500000045                                          RU: 999909

Last Changed: 03-Apr-87 Cost:   $50.00    Service Stamp: 26-MAR-87

      Service Date: 03/26/87            Procedure: 340 INDIVIDUAL

  Staff:    99999       Staff Duration: 1 :0      Number in Group: 1
  Co-Staff: 0        Co-Staff Duration:           Location: 1



Confirm: [ ]            Confidential Information          USER: SMITH
Are you sure you want to delete this service? (Y/N)
```

Figure 5.19: Service Delete Screen

If a service has been posted in the billing system, the service may not be deleted unless you have the correct authorization. If this occurs, tell your supervisor.

Direct Service Update

If you entered “U” next to a service, it is displayed in the Service Update Screen (Figure 5.20).

If a service has not been processed and you are authorized, you can Tab through the fields and edit them:

- You can change Staff, Co-Staff, Duration, Number in Group, and Location.
- You cannot change Client Number, Reporting Unit Number, Last Changed Date, Service Cost, or Service Stamp.
- If you have supervisor authorization, you can change Service Date and Procedure.

  If the service has already been billed to the client or to a third party payor, you cannot change some fields through this screen without making an adjustment to the client’s account. If a service cannot be changed through this screen, the cursor automatically moves to the Form OK prompt.

  You can press Return at any time to move to the Form OK prompt. Enter “Y” to save the changes. The system validates the data before saving it.

```
                    Service Update

JERSEY       GLASS
Client: 500000045                                          RU: 999909

Last Changed: 01-Apr-87 Cost:  $50.00     Service Stamp: 1-Apr-87

      Service Date: 03/31/87            Procedure: 350 GROUP

  Staff:     99994       Staff Duration: 3:0       Number in Group: 8
  Co-Staff: 99996    Co-Staff Duration: 3:0       Location: 1



Form OK: Y              Confidential Information         USER: SMITH
Update validation in progress...
```

Figure 5.20: Service Update Screen

Late Entry, and Supervisor Authorization

Late Entry and Supervisor Authorization are available in all three of the Maintenance Screens.

In the Update screen (Figure 5.21), Supervisor Authorization lets you change Service Date and Procedure.

In the Lookup and Update Screens, Supervisor Authorization lets you view these additional fields:

- **Service/Client Acct:** The Service and/or Client Account to which this service has been billed. Because of Client Merge Adjustments and other Client/Account Adjustments the service could be posted to an Account different from the Client's current Account.
- **Posting Status:** The service status within the billing system.
- **UR Status:** Whether or not this service has been authorized by a Utilization Review Action. Unauthorized services are "99".

```
                    Service Update
                      Supervisor

JERSEY       GLASS
Client: 500000045                                          RU: 999909

Last Changed: 01-Apr-87 Cost: $50.00  Service Stamp: 1-Apr-87 19:59:59.77

      Service Date: 03/18/87            Procedure: 350 GROUP

  Staff:     99994       Staff Duration: 3:0     Number in Group: 8
  Co-Staff: 99996    Co-Staff Duration: 3:0     Location: 1

Service/Client Acct: 101001/535087   Original FRC: 31    Clearances: 0
Posting Status: 5                    Potent  FRC: 31    Screen Source: 1
UR Status: 0                         Tried   FRC: 0     CDS Date:17-NOV-58
UR Posted:                           Actual  FRC: 0
Contact UID:                         Episode Stamp: 3/31/87 09:13:59.35

Form OK:              Confidential Information          USER: SMITH
Supervisor authorization in effect.
```

Figure 5.21: Service Update Screen, Supervisor Mode

- **UR Posted:** The date when Utilization Review action authorized the service. You can use this date to find the correct UR Action using the UR Status Inquiry Screen.
- **Component UID:** The identification number for this service if it is a contact-based service entered on the Component Service Entry Screen.
- **Original FRC:** All payor sources (Medicaid, Medicare, County, Insurance, Patient) that can be billed for this type of service in your system.
- **Potential FRC:** All payor sources (Medicaid, Medicare, County, Insurance, Patient) that can be billed for this particular service.
- **Tried FRC:** Payor sources (Medicaid, Medicare, County, Insurance, Patient) that you have tried to bill for the service.
- **Actual FRC:** Payor sources (Medicaid, Medicare, Short-Doyle, Insurance, Patient) that have actually been billed for the service.
- **Episode Stamp:** The Episode to which the Service is attached. Episodes can be positively identified by their Key Entry Date which is referred to here as Episode Stamp.
- **Clearances:** The Clearances Flagword in the database. This code will identify which systems have processed this service (POSTING, BILLING, CDS, UR, POE).
- **Screen Source:** The screen used to enter the service.
- **CDS Date:** The date the service was reported to the state.

In the Delete Screen, the Supervisor Authorization lets you delete a service that has been posted by the billing system. In this case, the Delete Screen deletes the service and also writes an adjustment to the client's account. Supervisor Authorization alone does not allow you to delete a service that has been claimed to a payor source: you must also have additional authorization.

To use late entry and Supervisor authorization:

1. Display the Service Lookup, Delete or Update screen.

2. Press Gold-A to display the screen in Late Entry mode, to enter data for a time period whose deadline has passed.

3. Press Gold-A a second time to display the screen in Supervisor mode.

4. Press Gold-A a third time to display the screen in both Supervisor and Late Entry mode.

Substance Abuse Services

Substance Abuse programs also use the Dosing Log and Urinalysis screens to record the methadone and heroin detox medication dispensed, and to record Urinalysis results.

Entering New Dosing Records

The Weekly Medication Dispensing Log (Dosing Log) screen can be used to enter up to a week of services for each client in a Methadone Maintenance Program or for each client in a Heroin Detox program. If an episode is open for a client in a Methadone Maintenance or Heroin Detox program, the client is listed on this screen. The screen's title changes based on the Reporting Unit entered.

To enter new dosing records:

1. Choose SERVICES from the Main Menu.

2. Choose METHADONE from the Service Maintenance Menu to display the Weekly Medication Dispensing Log for methadone dispensing (Figure 5.22). Or choose DETOX from the Service Maintenance Menu to display the same Weekly Log screen for heroin detox dispensing.

3. Complete the fields at the top of the screen:

- **Starting Date:** Enter a date. This may be a Sunday or Monday, as set up by the local agency. The day when the week must begin is displayed as part of the field title. You can enter data on the last work day of the week or later, but you cannot enter data for future dates.

- **RU:** Enter up to three Reporting Unit numbers. (If you enter fewer than three, press Return to continue.)

4. After validating the data, the screen lists all clients open in the specified program(s) for that week. You can record services for only the days the client was open in the program. Enter data in the following fields of the list:

- **Pick-up Schedule:** These fields display the client's current pickup schedule beginning with "Sun" for Sunday and ending with "Sat" for Saturday. Pick-up schedule cannot be changed in this screen. See the section on Episode Update for more information.

```
                    Weekly Medication Dispensing Log

      Week Beginning Sun: 06/14/92          RU: 99011      -      -

                      Client  Pick-up
Client Name           Number  Schedule Sun  Mon  Tue  Wed  Thu  Fri  Sat

ORING, OPAL             15 SMTWTFS  A111 A111 A111 A111 A111 A111 A111 W
ZARATHUSTRA, DENISE     43          T030 T030 T030 T030 T030 T030 T030 W
ZARATHUSTRA, MARK       26  M   F   T199 A199 T199 T199 T199 A199 T199 W

Form Ok Y/N:          Confidential Information          USER: SMITH
```

Figure 5.22: Weekly Medication Dispensing Log Screen

- **Dosing Type and Methadone Dose Level:** For Methadone Maintenance programs, the default dosing type (based on pickup schedule) and methadone dose level (based on last week's entry in the medication log) for each day the client is opened is displayed; for Detox programs, the default dosing type is "A" since the client will always receive the dose at the clinic. Press the Tab key to move through these fields and change them if necessary. The dispensing nurse will note changes on the log. Press Return to go directly to the end of the line.

- **Entry OK:** At the end of each line, enter "W" to Write the services, "S" to Skip the line, or "D" to Drop from Log.

5. When you have gone through the entire list, the cursor moves to the Form OK prompt. Enter "Y" to save your changes. The system validates your entries. When it detects an illegal dose type or level, the cursor returns to the beginning of the line with the error. You can re-enter a legal type or dose, or enter "S" (for skip) in the Entry OK column to skip the client until you can get correct information. This skipped client will appear the next time you use this screen.

After the services have been saved, the cursor returns to the Reporting Unit field. If there are more than 10 clients open in the program, press Return to accept the RU Number, and display the next set of 10 clients.

Note: It is important to remember that all potential services must be validated and written.

Maintaining Dosing Records

Authorized staff, usually Application Managers, may maintain dosing records using the Dosing Log Maintenance Screen.

To maintain dosing records:

1. Choose SERVICES from the Main Menu.

2. Choose DOSING from the Service Maintenance Menu to display the Dosing Log Maintenance Selection screen (Figure 5.23).

```
Dosing Log Maintenance Selection

Client Number:    1000109   JASON        HENDERSON
Reporting Unit:     -
Week Beginning:   /  /
Status:

                          Client    Starting
Reporting Unit            Number      Date      Status

1111-1 TEST OMM             9        24-FEB-91  Pending
1111-1 TEST OMM             9         3-MAR-91  Pending
1111-1 TEST OMM             9        10-MAR-91  Pending
1111-1 TEST OMM             9        17-MAR-91  Pending
1111-1 TEST OMM             9        24-MAR-91  Pending
1111-1 TEST OMM             9        31-MAR-91  Pending

              Confidential Information      USER:LOCHOW
Enter L for lookup, U for Update, D for delete.
```

Figure 5.23: Dosing Log Maintenance Selection Screen

3. Enter search criteria in the fields at the top of the screen:

- **Client Number:** Enter a client number, to list all log weeks at all programs where the client is receiving services.
- **Reporting Unit:** Optionally, enter a Reporting Unit number to limit the search.
- **Week Beginning:** Optionally, enter a date to limit the search to the week starting with this date.
- **Status:** Optionally, enter “Pending”, “Dropped” or “Completed” to limit the search to records with this status.

4. Press Return to display a list of records that match the search criteria. Move the cursor through the list. (See the section in Chapter 1 on Moving Through Lists.) Select records for maintenance by entering “L” (lookup) “U” (update) or “D” (delete) next to them. Press Return to display the selected records.

Dosing Log Lookup

If you entered “L” next to a record, it is displayed in the Dosing Log Lookup Screen. This has the same fields as the Dosing Log Update Screen, shown below, but the data cannot be changed.

Dosing Log Delete

If you entered “D” next to a record, it is displayed the Dosing Log Delete Screen. Enter “Y” at the Delete OK prompt and “Y’ again at the confirm prompt to delete the record. This screen is useful if a week of dosing was entered for a client who had been terminated but whose Episode had not yet been closed in InSyst.

Dosing Log Update

If you entered “U” next to a record, it is displayed in the Dosing Log Update Screen (Figure 5.24).

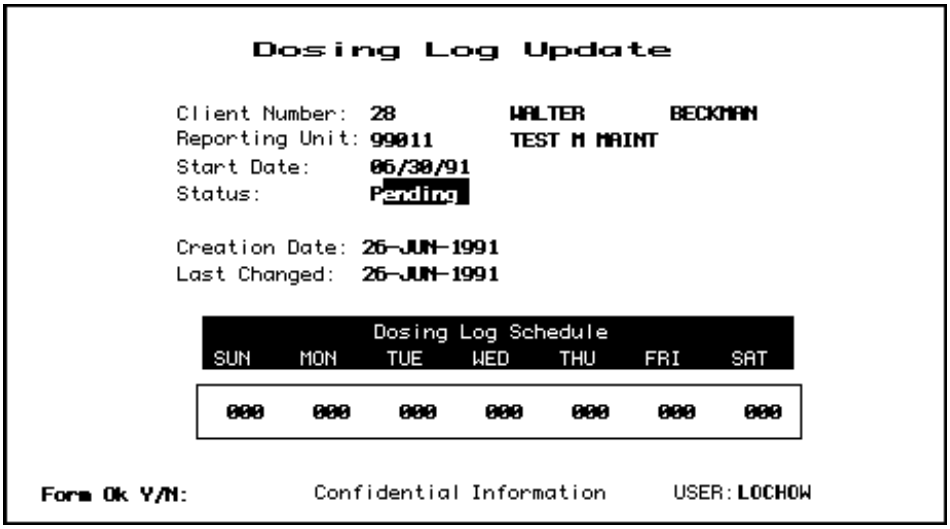


Figure 5.24: Dosing Log Update Screen

The only update allowed is to change the status field from COMPLETE to PENDING, in order to put the dosing information back into the Dosing Entry screen for the week and client selected. Do this to delete a week’s dosing log.

If incorrect information was originally entered into the log, you must delete the services and adjustments and then re-insert the log, as described below in the section on Dosing Log Insert.

Dosing Log Insert

This screen lets you insert a week of dosing data in the Methadone Maintenance or Heroin Detoxification Dosing Entry screen.

To insert a new dosing record:

1. Display the Dosing Log Maintenance screen, as described above.
2. Press Gold-I to display the Dosing Log Insert screen (Figure 5.25).

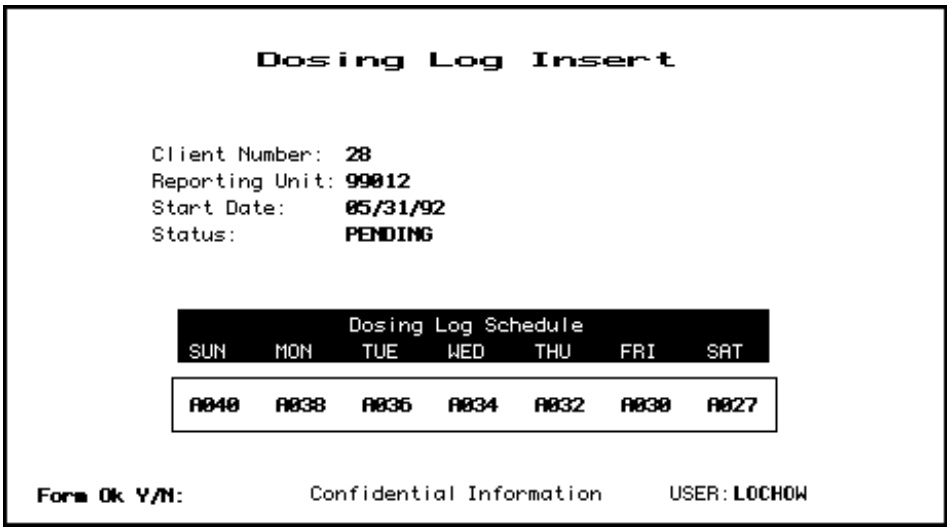


Figure 5.25: Dosing Log Insert Screen

You should use this screen if a new client is registered too late to appear on the Dosing Entry Log. You may enter doses in this screen but you will still have to go into the Dosing Log Entry Screen to write the week's record.

You can also use this screen to restore dosing weeks that were deleted.

Urinalysis Results Entry Screen

Urine test results may be entered for methadone maintenance, detox, and out-patient drug free program clients. There must be an open Episode for the client when the service occurred.

To enter urine test results:

1. Choose SERVICES from the Main Menu.
2. Choose URINE from the Service Maintenance Menu to display the Urinalysis Results Entry screen (Figure 5.26).
3. First enter data in the fields at the top of the screen:

- **Client Number:** Enter a Client Number.
- **Specimen Date:** Enter the Specimen Date in the format MM/DD/YY. The current date is displayed as the default.
- **Reporting Unit:** Enter the Reporting Unit number for your program.

4. The system validates this information and displays the client's name. Then you can continue data entry in the following fields:

- **Lab Number:** Enter a lab identification number.
- **Clean Test:** Enter "Y" or "N" to indicate whether the test results are clean or not.

```
                    Urinalysis Results Entry

ANITA TESTCASE

Client Number:  898891   Speciman date: 06/02/95  Reporting Unit: 99992

     Lab Number: 55                                Clean Test: Y
                              Results of Test

 Phenobarb: N      Amphetamine: N      Cocaine:  N      Marijuana:  N
 Pentobarb: N      Methamphet:  N      Darvon:   N      Meperadine: N
 Secobarb:  N      Methadone:   Y      Procaine: N      Percodan:   N
 Morphine:  N      Metabolite:  Y      Dilaudid: N      Valium:     N
 Codeine:   N      Alcohol:     N      PCP:      N

                          Confidential Information            USER: SMITH
Confirm:
Okay to write results for OPEN episode for ANITA TESTCASE?
```

Figure 5.26: Urine Results Entry Screen

Note: In programs which ***are not*** Outpatient Drug Free programs, a clean test may have methadone and its metabolites present. Test results are classified as dirty if urine contains: 1) the absence of methadone and its metabolites, 2) the absence of methadone and its metabolites and the presence of another drug or drugs, 3) the presence of methadone and metabolites and another drug or drugs. In Outpatient Drug Free programs the presence of any drug, including methadone or its metabolites, is considered a dirty test.

- **Dirty Test Results:** This area of the screen lists the drugs for which the urinalysis tests. The default value for each drug is "N", except Methadone and Metabolites are blank. Enter a "Y" or "N" following each drug to indicate its presence or absence. Press Return to move the cursor to the bottom of the screen.

5. To save the data, enter "Y" at the Form OK prompt. The system validates the data. If there are any errors, it displays an error message and moves the cursor to the field that must be corrected.

After saving the data, it returns the cursor to the Client Number field. To enter urine test ults for the same Reporting Unit, just enter a new Client Number and test date. To er urine test results for another program, press Gold-P to enter a new Reporting Unit nber. You can also press Gold-R to restart the screen.

Tip: Pressing Gold-A twice invokes Supervisor Authorization, which does not provide additional capabilities in this screen. If you do this by mistake, you can press Gold-A a third time to invoke Supervisor and Late Entry Authorization.)

Late Entry Authorization for the Urine Test Results Entry Screen

e authorized, you can Press Gold-A to invoke Late Entry Authorization. For mple, if data entry deadline for December is January 5, Late Entry authorization will you enter services after that time.

Chapter 6
Indirect Services

Indirect Services are non-client services such as consultation, outreach, overhead time or other non billable activities. They may include presentations to schools, community outreach and public service radio broadcasts.

Indirect Services: Summary Screens

There are two types of Indirect Services Screens in InSyst, Summary screens and Detail screen.

Local policies determine whether you use Summary screens or Detail screens to enter Indirect Services. This chapter covers the Summary screens first, then the Detail Screens.

Entering New Indirect Services (Summary)

The Indirect Services Summary screen is used to collect hours of service performed by staff members on behalf of their program. The recipient of the service is not a registered client. You can enter up to 10 services at a time for a single staff member using this screen.

To enter new indirect services using the summary screens:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_ENT from the Indirect Service Maintenance Menu to display the Indirect Service Entry screen (Figure 6.1).
3. Enter data in the following fields:

- **RU:** Enter the Reporting Unit Number for your program. Once the reporting unit number has been validated by the computer system, you keep entering services for this program without re-entering the reporting unit number. To change Reporting Units, press Gold-P to move to the RU field and enter a new number.

```
                    Indirect Service Entry

Staff:                                          RU:

  Procedure    Service Date    Duration    Recipient

                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :
                  /  /          :

Form OK Y/N:                                    USER: LOCHOW
Enter service data.
```

Figure 6.1: Indirect Service Entry Screen

- **Staff Number:** Enter the staff identification number for the person performing the service. The staff number will be validated for authorization to perform the services you are entering.

Tip: You may enter up to 10 services. Do not skip lines between services.

edure: Enter a three-digit procedure code in this field. This screen only accepts marked as Indirect Services in the Provider Balances table of the system. Check Operations Staff for a list of valid procedure codes.

ice Date: Enter the service date in the format MM/DD/YY.

ation: Enter the number of hours and/or minutes for the service.

pient: Enter a recipient code to identify the person/agency the service is performed cannot be a registered client in the system. Appendix E includes a list of all Recipient Codes, but these codes are controlled by your agency, and yours might be different from the standard. Ask your Operations Staff about these codes.

4. When you are done, press Return, and enter "Y" at the Form OK prompt to save the changes. The system validates the data. If any is invalid, it displays an error message, and you must use the Tab key to move to the field and correct it. Then it saves the data (Figure 6.2).

The cursor returns to the Staff Number field, so you can enter a new Staff Number and record more services. To enter indirect services for another Reporting Unit, press Gold-P to enter a new RU number.

Special Features of the Indirect Service Entry Screen

Authorized staff can use these special features of the Indirect Service Entry Screen.

```
                    Indirect Service Entry

MICHAEL      GORODEZKY                    PSP Clinic
Staff: 99994                              RU: 999909

 Procedure    Service Date    Duration   Recipient

    401          04/01/87      2 :0        99998
    401          04/02/87      2 :0        99997
    402          04/03/87      1 :0        2
    402          04/03/87      0 :30       2
    402          04/10/87      1 :30       99994
    402          04/10/87      0 :30       2
    402          04/10/87      0 :30       2
    401          04/08/87      1 :30       99995
    401          04/08/87      0 :30       99994
    402          04/08/87      0 :30       2

Form OK Y/N: Y                                        USER: SMITH
Indirect service entry in progress...
```

Figure 6.2: Indirect Service Entry Screen with Data

- Late Entry Authorization: Press Gold-A once to enter indirect services for a time period that has passed. For example, if data entry for April is closed on May 5, Late Entry authorization lets you enter indirect services after that time.
- Supervisor Authorization: Press Gold-A twice to override system validations and checks in the Staff, Procedure, Duration, and Recipient fields.
- Supervisor and Late Entry Authorization: Press Gold-A a third time for both of the above.

Maintaining Indirect Services (Summary))

To maintain Indirect Service records using the summary screens:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_MAN from the Indirect Service Maintenance Menu to display Indirect Service Maintenance Selection screen (Figure 6.3).
3. Enter search criteria in the fields at the top of the screen:

- **RU:** Enter a Reporting Unit number.
- **Staff:** Enter a Staff Number.
- **Procedure:** Optionally, to narrow the search, enter a Procedure Code.
- **Service Date:** Optionally, to narrow the search, enter a Service Date. You can enter a complete date, a month, or just a year. If you leave out the year, the system will assume the current year.

```
Indirect Service Maintenance Selection

                    Reporting Unit:
                    Staff:
                    Procedure:
                    Service Date:    /  /

     Staff            Service                    Time      Recipient
 ID    Name            Date        Procedure     HH:MM  Name          Code

                                                                  USER: SMITH
```

Figure 6.3: Indirect Service Maintenance Selection Screen

4. The screen displays all services that match these criteria, listed chronologically with the most recent service first (Figure 6.4). The screen lists only four pages of information (24 indirect services). To view more, press Gold-A before entering a reporting unit and staff number, for unlimited paging.

```
Indirect Service Maintenance Selection

                    Reporting Unit: 999909
                    Staff:          99994
                    Procedure:
                    Service Date:     /  /

     Staff            Service                    Time      Recipient
 ID    Name            Date        Procedure     HH:MM  Name          Code

  99994 GORODEZKY     10-Apr-8  COM CLIENT 401  01:00 Family        2
  99994 GORODEZKY     10-Apr-8  MH PROMO   402  02:00 Family        2
  99994 GORODEZKY     10-Apr-8  MH PROMO   402  01:00 Family        2
  99994 GORODEZKY     08-Apr-8  STANDBY    403  01:00 PSP Clinic    99999
  99994 GORODEZKY     06-Apr-8  MH PROMO   402  00:20 Clergy        50
  99994 GORODEZKY     03-Apr-8  COM CLIENT 401  02:00 PSP ACUTE     99998

                                                                  USER: SMITH
6 indirect services displayed.
```

Figure 6.4: Indirect Service Maintenance Selection Screen with Services Listed

5. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Enter “L” (lookup), “U” (update) or “D” (delete) next to the services you want to maintain (Figure 6.5). You may select up to 16 indirect services at one time. When you are done, press Return.

```
Indirect Service Maintenance Selection

                Reporting Unit: 999909
                Staff:          99994
                Procedure:
                Service Date:     /  /

     Staff          Service                          Time      Recipient
 ID    Name           Date         Procedure         HH:MM  Name          Code

U 99994 GORODEZKY     10-Apr-8  COM CLIENT 401  01:00  Family        2
L 99994 GORODEZKY     10-Apr-8  MH PROMO   402  02:00  Family        2
D 99994 GORODEZKY     10-Apr-8  MH PROMO   402  01:00  Family        2
  99994 GORODEZKY     08-Apr-8  STANDBY    403  01:00  PSP Clinic    99999
  99994 GORODEZKY     06-Apr-8  MH PROMO   402  00:20  Clergy        50
  99994 GORODEZKY     03-Apr-8  COM CLIENT 401  02:00  PSP ACUTE     99998

                                                        USER: SMITH
6 indirect services displayed.
```

Figure 6.5: Indirect Service Maintenance Selection Screen, Selecting Services to Maintain

Indirect Service Lookup (Summary)

If you entered “L” next to a service, the data is displayed in the Indirect Service Lookup Screen and cannot be altered (Figure 6.6).

```
Indirect Service Look-up

MICHAEL      GORODEZKY                    PSP Clinic
Staff: 99994                              RU: 999909

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87

Procedure: 401 COM CLIENT          Service Date: 04/10/87

Recipient: 2     Family            Duration: 1 :0

Continue: Y                                          USER: SMITH
Press <Return> to continue or <N><Return> to proccess a new records.
```

Figure 6.6: Indirect Service Look-up Screen

In addition to the data in the list, this screen displays:

- **Last Changed:** The date the record was last changed.
- **Service Stamp:** The date the record was originally entered.

Press Return to display the next record selected for maintenance, or enter “N” and press Return to go back to the Indirect Service Maintenance Selection Screen.

Indirect Service Delete (Summary)

If you entered “D” next to a service, the data is displayed in the Indirect Service Delete Screen (Figure 6.7). If you are authorized, you can enter “Y” at the Delete prompt and again at the confirm prompt to delete this service record.

```
                    Indirect Service Delete

MICHAEL      GORODEZKY                          PSP Clinic
Staff: 99994                                    RU: 999909

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87

Procedure: 401 COM CLIENT          Service Date: 04/10/87

Recipient: 2     Family            Duration: 1 :0


Confirm:                                                USER: SMITH
Are you sure you want to delete this service? (Y/N)
```

Figure 6.7: Indirect Service Delete Screen

Indirect Service Update (Summary)

If you entered “U” next to a service, the data is displayed in the Indirect Service Update Screen (Figure 6.8). If you are authorized, you can change the data in the record. When you are done, press Return to move to the Form OK prompt, and enter “Y” to save the changes. If any data is invalid, the system displays an error message and moves the cursor to the field you must correct.

Staff Number, Reporting Unit Number, Last Changed Date, and Service Stamp cannot be altered. If you have entered a service for the wrong staff person, you must delete it and enter it again for the correct staff.

Supervisor and Late Entry Authorization for Indirect Service Update

To invoke Supervisor and Late Entry mode:

1. Display the Indirect Service Update screen.
2. Press Gold-A to invoke Late Entry mode, which lets you change the date to a day whose deadline for data entry has passed

3. Press Gold-A twice to invoke Supervisor mode (Figure 6.9). This lets you override system validations for staff, procedure code, and duration.

```
                Indirect Service Update

MICHAEL      GORODEZKY                          PSP Clinic
Staff: 99994                                    RU: 999909

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87

Procedure: 401 COM CLIENT          Service Date: 04/10/87

Recipient: 2     Family            Duration: 1 :0

Form OK:                                                USER: SMITH
```

Figure 6.8: Indirect Service Update Screen

```
                Indirect Service Update
                      Supervisor

MICHAEL      GORODEZKY                          PSP Clinic
Staff: 99994                                    RU: 999909

Last Changed: 12-Apr-87  Indirect Service Stamp: 12-Apr-87 17:30:49.77

Procedure: 401 COM CLIENT          Service Date: 04/10/87

Recipient: 2     Family            Duration: 1 :0

Form OK:                                                USER: SMITH
Supervisor authorization in effect.
```

Figure 6.9: Indirect Service Update Screen, Supervisor Mode

4. Press Gold-A a third time for both Supervisor and Late Entry authorization.

Indirect Services: Detail Screens

There are two types of Indirect Services Screens in InSyst, Summary screens and Detail screens. Which set of screens you use depend on local policies. The first half of this chapter covered the Summary screens; the rest of the chapter covers the Detail Screens.

Entering New Indirect Services (Detail)

To enter new indirect services using the detail screen:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_ENT2 from the Indirect Service Maintenance Menu to display the Indirect Service Entry Screen (Figure 6.10), which is used to record a single indirect service and associated staff participation.

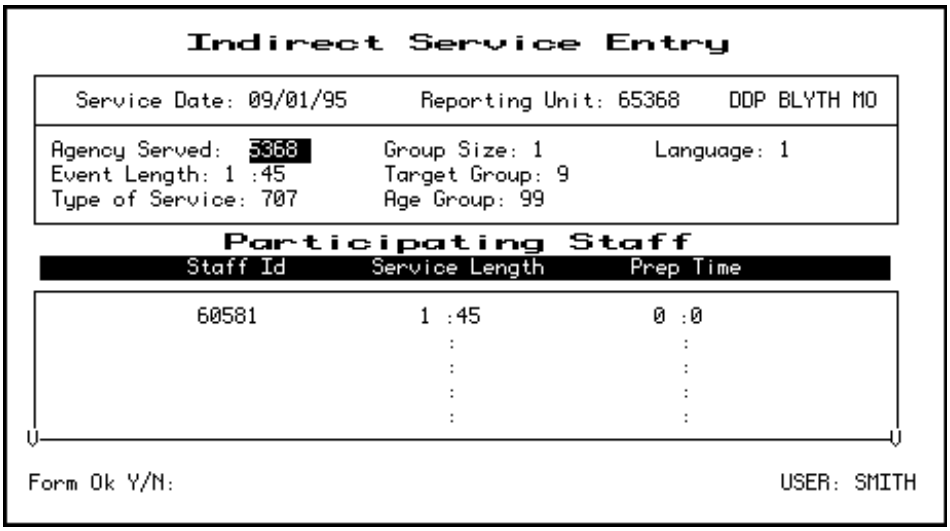


Figure 6.10: Indirect Service Entry Screen

3. Use the top portion of the screen to record the following information about the service or event:

- **Reporting Unit:** Enter the Reporting Unit number for your program. The system validates this entry.
- **Service Date:** Enter the date in MM/DD/YY format.
- **Agency Served:** Enter the agency code of the recipient agency. Ask your Operations Staff for a list of valid codes.
- **Event Length:** Enter the total time in hours and minutes spent providing this service.
- **Type of Service:** Enter the Indirect Services Code for the service. Ask your Operations Staff for a list of valid codes.
- **Group Size:** Enter the size of the group served. In the case of radio broadcasts and other types of presentations to large groups, estimate Group Size; the limit is 4 digits (9999).
- **Target Group:** Enter the code for the target group. Appendix E lists standard target group codes, but your agency may use different codes. Ask your Operations Staff for a list of valid codes.

- **Age Group:** Enter the code for the approximate age category of the audience or service recipients, as shown in Table 6.1. Prevention programs must use codes 6 through 10. All other programs must use codes 1 through 5.

Regular Programs	Prevention Programs
1 = Child	6 = 0 through 4
2 = Adolescent	7 = 5 through 10
3 = Adult	8 = 11 through 14
4 = Senior	9 = 15 through 18
5 = Mixed Ages	10 = 19 and older

Table 6.1: Age Group Codes

- **Language:** Enter one of these codes for the language in which the service was provided: 1 = English, 2 = Spanish, 3 = Asian, 4 = Indo-Chinese, 5 = Middle Eastern, 6 = Sign Language, 7 = Other

- **Program Elements:** For Prevention Programs only, enter one of these codes for the Program Element: 1 = Staff Development, 2 = Parent Orientation, 3 = Faculty Orientation, 4 = Classroom Orientation, 5 = Meeting, 6 = Training

- **Program Type:** For Prevention Programs only, enter one of these codes for program type: 151 = Pre-school, 152 = Elementary School, 153 = Middle School, 154 = High School, 155 = General Prevention.

Note: The Program Elements and Program Type fields are not shown in the illustration, because they are only displayed for Prevention Programs. They are displayed under the Language field.

4. Use the bottom portion of the screen to enter information about staff people who participate in the event. In the list here, you must enter at least 1 and may enter up to 15 staff people. Enter the following information for each one:

- Staff ID: Enter the Staff ID code.

- Service Length: Enter the time in hours and minutes that the staff member participated in the event.

- Prep Time: This field is optional. Enter the amount of time in hours and minutes the staff person spent preparing for the event.

5. When you are done, press Return to move to the Form OK prompt, and enter "Y" to save the data. After validating the data, the system will ask for confirmation before saving it.

Late Entry and Supervisor Authorization

To invoke late entry and supervisor authorization:

1. Display the Indirect Service Update screen.
2. Before doing any data entry, press Gold-A to invoke Late Entry mode, which lets you change the date to a day whose deadline for data entry has passed.
3. Press Gold-A twice to invoke Supervisor mode (Figure 6.9). This lets you override system validations for staff, procedure code, and duration.
4. Press Gold-A a third time for both Supervisor and Late Entry authorization.

You must do any of these before beginning data entry.

Maintaining Indirect Services (Detail)

To maintain Indirect Service records:

1. Choose INDIR_SERV from the Main Menu.
2. Choose INDIR_MAN2 from the Indirect Service Maintenance menu to display the Indirect Service Maintenance Selection screen (Figure 6.11).

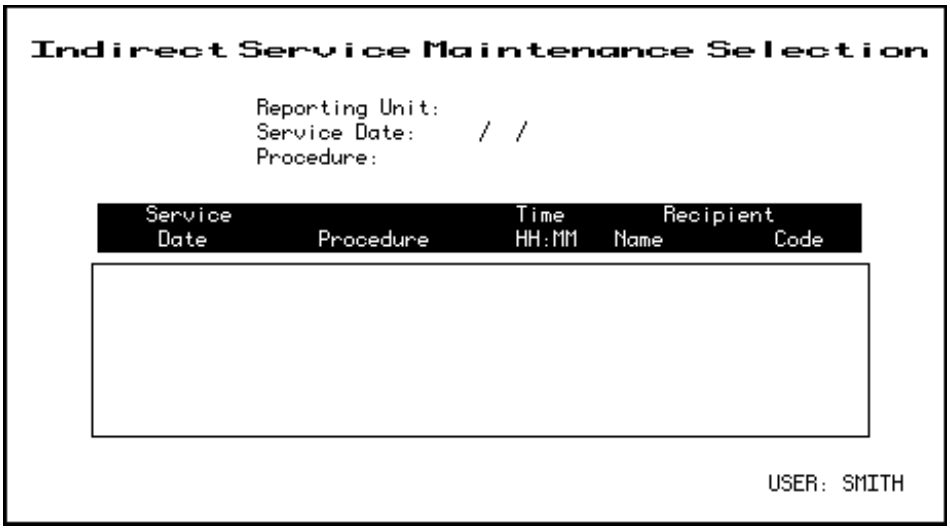


Figure 6.11: Indirect Service Maintenance Selection Screen

3. Enter search criteria in the fields at the top of the screen:
   - **Reporting Unit:** Enter a Reporting Unit number.
   - **Service Date:** Optionally, to narrow the search, enter a Service Date. You can enter a complete date, a month, or just a year. If you leave out the year, the system will assume the current year.

- **Procedure:** Optionally, to narrow the search, enter a Procedure Code.

4. The screen lists all the service records that match the criteria you entered with the most recent services first. Move the cursor through the list. (See the section on Moving Through Lists in Chapter 1.) Enter "L" (lookup), "U" (update) or "D" (delete) next to the services you want to maintain (Figure 6.12). When you are done, press Return.

```
Indirect Service Maintenance Selection

                Reporting Unit: 65368
                Service Date:     /  /
                Procedure:

   Service                          Time        Recipient
    Date          Procedure         HH:MM   Name          Code

U  01-Sep-95   CODE 17    707    01:45   DDP BLYTH MO 65368
L  01-Sep-95   CODE 18    709    00:15   DDP BLYTH MO 65368
D  18-Aug-95   CODE 17    707    01:45   DDP BLYTH MO 65368
   18-Aug-95   CODE 18    709    00:15   DDP BLYTH MO 65368
   21-Jul-95   CODE 17    707    01:45   DDP BLYTH MO 65368
   21-Jul-95   CODE 18    709    00:45   DDP BLYTH MO 65368

6 indirect services displayed.                    USER: SMITH
```

Figure 6.12: Indirect Service Maintenance Selection Screen with Data

Indirect Service Lookup (Detail)

If you entered "L" next to a record, the system displays it in the Indirect Service Lookup Screen, which lets you view the information but not alter it.

Press Return to display the next record you selected for maintenance. Enter "N" and press Return to go back to the Indirect Service Maintenance Selection Screen. (If there are no more services selected, pressing Return will take you back to the Indirect Service Maintenance Selection screen.)

Indirect Service Delete, (Detail)

If you entered "D" next to a record, the system displays it in the Indirect Service Delete screen (Figure 6.13). If you are authorized, you can enter "Y" at the Delete OK prompt and "Y" again at the confirm prompt to delete the service.

Indirect Service Update (Detail)

If you entered "U" next to a record, the system displays it in the Indirect Service Update Screen (Figure 6.14).

```
                    Indirect Service Delete

  Service Date: 09/01/95      Reporting Unit: 65368    DDP BLYTH MO

Agency Served:  5368        Group Size: 1          Language: 1
Event Length: 1 :45         Target Group: 9
Type of Service: 707        Age Group: 99

                    Participating Staff
          Staff Id        Service Length        Prep Time

            60581             1 :45               0 :0
                                :                   :
                                :                   :
                                :                   :
                                :                   :

Entered: 01-Sep-95  Last Changed: 01-Sep-95
Confirm: ▌                                          USER: SMITH
Are you sure you want to delete this service? (Y/N)
```

Figure 6.13: Indirect Service Delete Screen

```
                    Indirect Service Update

  Service Date: 09/01/95      Reporting Unit: 65368    DDP BLYTH MO

Agency Served:  5368        Group Size: 1          Language: 1
Event Length: 1 :45         Target Group: 9
Type of Service: 707        Age Group: 99

                    Participating Staff
          Staff Id        Service Length        Prep Time

            60581             1 :45               0 :0
                                :                   :
                                :                   :
                                :                   :
                                :                   :

Entered: 01-Sep-95  Last Changed: 01-Sep-95
Form Ok Y/N:                                        USER: SMITH
```

Figure 6.14: Indirect Service Update Screen

Press the Tab key to move through the fields, and change the data as necessary. Note that Late Entry and Supervisor Authorization, as described in the Indirect Services portion of the documentation, are also available in the Update screen.

The Staff Participation area of the screen may list up to fifteen staff. To delete a line of staff information, enter “D” in the field at the beginning of the line.

When you are done, press Return to move to the Form OK prompt, and enter “Y” to save the changes.

Chapter 7
Other Client Information

Chapters 2 and 3 covered basic client information and client appointments. This chapter covers other client information, including:

- **Client Messages:** Notes that staff members write about clients.
- **Medication:** Screens to track and prescribe client medications.
- ECI (Electronic Client Information): Custom client information screens.

Client Messages

The Client Message screens let staff write messages about the particular needs of clients. Messages are noted on the Locator and Client Message screens, and active Client ssages can be displayed on some reports (such as the Morning Report, Report MHS)).

Tip: If you are you are using the Client Locator Screen and have a client selected, you can go directly to the Client Message Selection screen by entering "M" at the Selection prompt. Then it automatically displays messages for that client.

To work with client messages:

CLINICAL from the Main Menu.

2. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen (Figure 7.1).

view messages for a particular client, or messages entered by a particular user at this nt, or enter new client messages.

Entering New Client Messages

To enter new client messages:

1. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen, as mentioned above.
2. Press Gold-I to insert new messages for a client. The system displays the Client Message Insert Screen, shown in Figure 7.2.

```
                    Client Message Selection

        Client Number: [redacted]
        Username:

                                        Message    Effective
        Message Header                   Type        Date       Entered By

                          Confidential Information        USER: SMITH
```

Figure 7.1: Client Message Selection Screen

```
                    Client Message Insert

        Client: [redacted]

        Header:                                   Effective Date:  11/06/97
        Author:                                   Expiration Date:   /  /

                                Message Type
        Case Management          Clinical                Fiscal
        Incident                 Other                   Correspondence

        Form Ok Y/N:             Confidential Information          USER: SEIGEL_C
```

Figure 7.2: Client Message Insert Screen

3. Enter data in the following fields:

   - **Client:** Enter the Client Number of the client the message describes.
   - **Message Header:** Enter a title for the message, up to 40 characters long.
   - **Author:** Enter the name of the person who is the author of the message. This may be different from the username of the person entering the message. The author might be a clinician who asked a data entry person to enter the message.

- **Effective Date:** Enter the date the message will begin to appear on the system. The default entry is the current date. You cannot enter a date before the current date.
- **Expiration Date:** Enter the date that the message will no longer appear as an active message in the Client Locator Screen. Only staff with Supervisor Authorization will be able to see the message. For most message types, the default is 45 days from the current date. You can blank the field, so there is no expiration date.
- **Message Type:** Type "X" next to your choice. Local Operations Staff sets up Message Types. Some common Message Types are: CLINICAL (used by clinical staff to coordinate treatment for the client), CASE MANAGEMENT (used to support the client in the community), FISCAL (used to describe the client's account), INCIDENT (used to report incidents), OTHER (General Messages used by the entire staff).

4. Enter "Y" at the Form OK prompt to record this information about your message and to move to the Client Message text editor (Figure 7.3).

```
                                MHS Client Messages
JAMES TESTCASE                  1000483 | Crisis Alert
------------------------------------------------------------------------
Recent decompensation started about the same time as brother died. James
has been withdrawn at the day treatment center and has not participated
in any groups.  It appears as though he discontinued his medications. If
he appears at Crisis Center, please contact Dr. Williams regarding
medication plan changes.
                                ----- Last Line -----

 INSERT NEW MESSAGE                                   | Insert | Forward
------------------------------------------------------------------------
Command: EXIT                   Confidential Information
```

Figure 7.3: Client Message Text Editor

5. At first, the text editor screen has the Client Number and Message Header you specified at the top of the screen, and "—Last Line—" in the text editing section. Type the message, and these words scroll downward make room for it.
6. As you enter your message, do not press Return at the end of a line; the text wraps to the next line automatically. The highlighted bar at the bottom of the screen will say INSERT NEW MESSAGE to show that the screen is in Insert Mode. It may also say "Char" (Character), "Insert" or "Forward" to show the text editing mode you are using.
7. When you have completed your message, press the Control/Z to stop editing. The word EXIT will be displayed at the prompt, and you can press Return to

save your message. If you do not want to save the Client Message, erase the word EXIT, replace it with QUIT and press Return.

The Client Message text editor is the same editor used for MAIL and FILES. It is covered in detail in Chapter 15, which also discusses these utilities, but the features described there are not usually needed for client short messages.

Note: When you are using the Client Message Insert screens, you can return to the Client Message Selection Screen by pressing Gold-R.

Maintaining Client Messages

To maintain client messages:

1. Choose CLINICAL from the Main Menu.
2. Choose CLIENT_MSG from the Clinical Menu to display the Client Message Selection Screen.
3. Enter search criteria in the fields at the top of the screen:

- **Client Number:** Enter a Client Number to search for messages about that client.
- **Username:** Enter a Username to search for messages written by that user.

Tip: Only active messages are displayed unless you have supervisor authority.

4. You can enter search criteria in either or both of these fields, then press Return to list messages that match.
5. Move the cursor through the list of messages. (See the section on Moving Through Lists in Chapter 1.) Select the ones you want to maintain by entering "L" (lookup), "U" (update), or "D" (delete) next to them. Press Return when you have finished selecting messages.

```
                    Client Message Selection

        Client Number:    1000483     JAMES          TESTCASE
        Username:

                                     Message    Effective
        Message Header                Type        Date       Entered By

        Medication Warning           Clinical    17-Nov-89  SMITH

                        Confidential Information      USER: SMITH
1 record displayed.  Last page displayed.
```

Figure 7.4: Client Message Selection Screen After Searching by Client

If you searched by client, as in Figure 7.4, the list includes:

- **Message Header:** A Message Title of up to 40 characters.
- **Message Type:** The type of message (*e.g.* Clinical, Fiscal, Incident, *etc*.).
- **Effective Date:** The date the message first began appearing.
- **Entered By:** The person who created the message.

If you searched by Username only, list includes:

- **Message Header:** A Message Title of up to 40 characters.
- **Message Type:** The type of message (*e.g.* Clinical, Fiscal, Incident, *etc*.).
- **Client Number:** The Client Number for each Message.
- **Client Last Name:** The Client Name for each Message.

The Message Display area shows up to six messages. You can press Gold-M to view one additional page of messages.

Note: To list more than 12 messages, you must type Gold-A before entering a Client Number to request unlimited paging

Client Message Lookup

If you entered "L", the message is displayed on the same screens used to enter messages. First the screen lists Client, Header, Author, Effective and Expiration Dates, and Message Type. Press Return to display the text editing screen with the message. You can not edit either the title screen or the message.

After reading the message, type Control/Z to move to the next message or return to the Client Message Selection Screen.

Client Message Delete

If you entered "D", the Text Editing Screen is displayed, as described above, with the prompt, "Are you sure you want to delete this message?" Enter "Y" to delete the message.

Note: You may only delete your own messages.

Client Message Update

If you entered "U", the title screen is displayed and you may change the Message Header, Message Type, Effective or Expiration Date. Press Return to display the message in the text editing screen and make changes (Figure 7.5). Type Control/Z and press Return to save the changes.

Note: You may only update your own messages.

```
                          MHS Client Messages
JAMES TESTCASE            1000483 | Medication Warning
This client has severe reactions to haloperidol in dosages over 5mg.
Please contact Dr. Williams at West County Outpatient.
                        ----- Last Line -----

 UPDATE MESSAGE                                  | Insert | Forward

                        Confidential Information        USER: SMITH
Update/Insert message
```

Figure 7.5: Client Message Update

Supervisor Authorization

Supervisor Mode lets you update or delete any message regardless of its author, and it lets you see expired messages. If you are authorized to use Supervisor Mode, press Gold-A twice when the Client Message Selection Screen first appears.

Supervisory Staff and Operations Staff have a responsibility to monitor and service the Client Messages system. If you have Supervisor authorization, you should use Supervisor Mode.

Entering New Messages during Maintenance

If you press Gold-I while you are using the Editing screen to update, look up, or delete a message, the screen will split to let you enter a new message for the client whose message you were maintaining (Figure 7.6).

After entering the new message, press Control/Z. You will be able to enter the Message Header, Type, and Dates, as described above.

For more information regarding copying and moving text between split screens, see the section on Editing Text in Chapter 15.

Medication Tracking

InSyst lets you maintain a history of a client's prescriptions, and produce reports that summarize it. Prescription information is entered through the Medication Management Screens.

```
                          MHS Client Messages
JAMES TESTCASE            1000483 | Crisis Alert
Recent decompensation started about the same time as brother died. James
has been withdrawn at the day treatment center and has not participated
in any groups. It appears he discontinued his medications. If he appears
at Crisis Center, please contact Dr. Williams regarding planned medication
changes.
                          ----- Last Line -----
 LOOKUP MESSAGE                                | Unmodifiable | Forward
been withdrawn at the day treatment center and has not participated in any
groups. It appears as though he discontinued his medications. If he appears
at Crisis Center, please contact Dr. Williams regarding planned medication
changes.
*********
Client came in at midnight on Friday. We were unable to contact Dr.Williams
We agree client stopped medications
 INSERT NEW MESSAGE                            | Insert | Forward
                    Confidential Information        USER: SMITH
```

Figure 7.6: Entering a New Message while Viewing an Old Message

You receive information regarding a client's medications from several possible sources: prescription forms, medication logs in charts, or other types of records. This manual uses the term prescription for any of these sources.

To work with prescriptions:

1. Choose CLINICAL from the Main Menu.
2. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen.

This screen is used like other InSyst screens to insert and maintain records.

Entering New Prescriptions

Warning! Before you enter a prescription, be sure you can read it accurately. If you are in doubt, ask medical personnel before entering the data.

To enter new prescriptions:

1. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen, as described above.
2. Press Gold-I to insert a new record. The system displays the Medication Insert Screen (shown with data in Figure 7.7). First you must display a list of prescriptions, then add new ones to the list, in the same format as the ones shown. The entry or display box scrolls up as you enter new prescriptions, to let you add more.
3. To display a list of prescriptions, enter data in the fields at the top of the screen:

- Client Number: Enter a client number.
- RU: Enter your Reporting Unit number.

```
                    Medication Insert

Client Number:    1000001                      RU: 999901      FOREST HILL
GEORGE        SMILEY          Sex: M   Birth Date: 12-Oct-35   Age: 55

  Order                                Quan. Unit/
  Date    Drug              Strength  Order Dose  SIG    RF  Staff

 07/10/90 HALDOL             1 MG       30        1 QD    0   10000 BERNE
 07/10/90 HALDOL             1 MG       20  1.5     QD   10   10000 BERNE
 07/09/90 ELAVIL            .50 MG     1200   .232  TID    0   10001 JACKS
   /  /
   /  /

Form OK Y/N:            Confidential Information          USER: GORODEZKY
```

Figure 7.7: Medication Insert Screen

4. The client does not need to have an open episode at your reporting unit. After checking the client number, the screen displays the client name, birth date, sex and age, to help verify that you are entering a prescription for the right client. If the client has previous prescriptions, the screen displays the three most recent.

5. To enter a new prescription, use the Down Arrow key to move to a blank entry line, and enter data in the following fields:

- **Order Date**: Enter the date of the prescription.
- **Drug**: Enter the name and strength of the drug. (Drug names in this system include strength: for example, AMITRIPTYLINE 10 mgm is one drug and AMITRIPTYLINE 50 mgm is another drug.) In general you enter a drug code rather than a drug name. If you enter the first few letters of the name, the screen will display drugs that begin with those letters, so you can select a drug code and name.
- **Quantity:** Enter the number of drug doses in the prescription. For example, if the doctor prescribes a total of 50 aspirin tablets, the quantity is 50.
- **Dose:** Enter the size of each dose. For example, two aspirins three times a day is a dose of 2.
- **SIG:** Enter the Frequency Code. For example, if the patient is to take the medication twice a day, the physician writes the SIG code “BID” on the prescription. (Some SIG codes are listed below.)
- **Refill:** Enter how many refills are allowed.
- **Staff:** Enter the physician’s ID number.

6. If you do not know the drug code, enter the first few letters of the drug name. For example “AMI” for AMITRIPTYLINE. The lower section of the screen will display drugs beginning with AMI. Then press the Tab key to move to this section, and select the drug name by typing “X” next to it. The screen

will enter that drug and return the cursor to the next field for data entry. Report MHS 242 is a complete listing of drugs and drug codes.

7. When you have entered a prescription record, the cursor moves to the next line to enter another. If you are done entering prescriptions, press Return, and then enter "Y" at the confirmation prompt.

Your system manager should have a list of local SIG Codes (Frequency Codes). Contact your supervisor before entering a SIG code not on the local list. Some ***common*** SIG Codes are:

- QD: daily
- QHS or HS: at bedtime
- QAM: in the morning
- AT LUNC: at lunch
- AT DINN: at dinner
- BID: twice daily
- TID: three times daily
- QID: four times daily
- Q#H: every # hours (for example, Q2H means "every two hours")
- PRN: as needed (can be used with other SIGs. For example Q3HPRN means "every three hours as needed" and HSPRN means "at bedtime as needed".)
- SPECIAL: complex instructions with no standard frequency code.

Refilling Prescriptions

As you have seen, the Medication Insert screen lists the last three prescriptions for the patient.

To enter a refill:

1. Display the Medication Maintenance Selection Screen and press Gold-I to display the Medication Insert screen, as described above.
2. Type "X" next to the prescription being reordered. Change the Order Date and any other information that has been changed (such as a different dose). Then press Return to complete your entry.

This refill feature creates a new prescription record. It does not alter existing records.

Maintaining Prescriptions

To maintain existing prescriptions,

1. Choose MEDICATION from the Clinical Menu to display the Medication Maintenance Selection Screen, as described above.

2. To locate the prescription, enter a Client Number. You can limit the search by also entering an Order Date Range and Staff Number. Press Return to display the client's past prescriptions with the most recent first (Figure 7.8).

Medication Maintenance Selection

Client Number: **1000001** **GEORGE** **SMILEY**
Order Date Range: **07/01/89 - 10/08/90**
Staff Number:
Reporting Unit:

Order Date	Drug	Strength	Quan. Order	Unit/ Dose	SIG	RF	Staff	
10-Jul-90	HALDOL	1 MG	30	1	QD	0	10000	BERNE,E
10-Jul-90	HALDOL	1 MG	20	1.5	QD	10	10000	BERNE,E
09-Jul-90	ELAVIL	50 MG	1200	.232	TID	0	10001	JACKS,D
03-Jul-90	ELAVIL	50 MG	30	.654	TID	20	10001	JACKS,D
03-Jul-90	ELAVIL	50 MG	130	1	TID	0	10001	JACKS,D
03-Jul-90	ELAVIL	50 MG	130	1	TID	0	10001	JACKS,D

Confidential Information USER: **GORODEZKY**

Figure 7.8: Medication Maintenance Selection Screen

3. To select prescriptions for maintenance, press Tab to move the cursor through the list. Type "U" (update), "L" (lookup), or "D" (delete) next to prescription records you want to maintain.

Prescription Lookup

If you entered "L" next to a prescription, it is displayed in the Medication Lookup screen (Figure 7.9), which displays the prescription and also:

- **Reporting Unit:** The reporting unit where the prescription was written.
- **Drug Code:** The drug code for the drug name used in the prescription.
- **Entered On:** The date the prescription was entered in to the system.
- **Staff Name:** The full name of the physician.
- **Changed On:** The last date the prescription was modified.
- **Changed By:** The name of the user who last entered or changed this prescription record.

You can view this data but not alter it.

Prescription Delete

If you entered "D" next to a prescription, it is displayed in the Medication Delete screen. Enter "Y" at the Delete OK prompt and "Y" again at the confirm prompt to delete the record.

```
                    Medication Lookup

Client Number:   1000001                    RU: 999901     FOREST HILL
GEORGE      SMILEY          Sex: M   Birth Date: 12-Oct-35   Age: 55

  Order                              Quan. Unit/
  Date   Drug            Strength  Order Dose  SIG    RF  Staff

07/10/90 HALDOL          1 MG        30     1 QD     0   10000 BERNE,E

Drug Code:  2616K                Staff Name: ERIC        BERNE
Entered On: 10-Jul-90            Changed On: 10-Jul-90
                                 Changed By: GORODEZKY

Continue:                Confidential Information          USER: GORODEZKY
```

Figure 7.9: Medication Lookup Screen

Prescription Update

If you entered “U” next to a prescription, it is displayed in the Medication Update screen, which has the same fields as the Lookup screen. Tab through the fields and change them as needed.

Electronic Client Information

Electronic Client Information (ECI) lets you store custom information that is not available on other screens. Authorized staff can create custom ECI documents that have up to thirty data fields with validations and sections for longer, narrative information.

```
                    Document Selection

              Client Number:
              Reporting Unit:
              Document Type:

                                        Effective
        Type      Document Name           Date      Author   Status

              Confidential Information          USER: WINSLOW
```

Figure 7.10: ECI Document Selection Screen

ECI screens have two types of panels: the Dynamic Data panel displays fields, and the Editor panel displays longer narrative information.

For technical information on ECI, see the Operations Manual, Chapter 7, section on ECI System Administration Routines.

To work with ECI documents:

1. Choose CLINICAL from the Main Menu.
2. Choose ECI from the Clinical menu to display the ECI Document Selection screen (Figure 7.10).

This screen works like other Selection screens in InSyst.

Creating a New ECI Document

To create a new ECI document:

1. Choose ECI from the Clinical menu to display the ECI Document Selection screen, as described above.
2. Press Gold-I to display the ECI Document Insert screen (Figure 7.11).

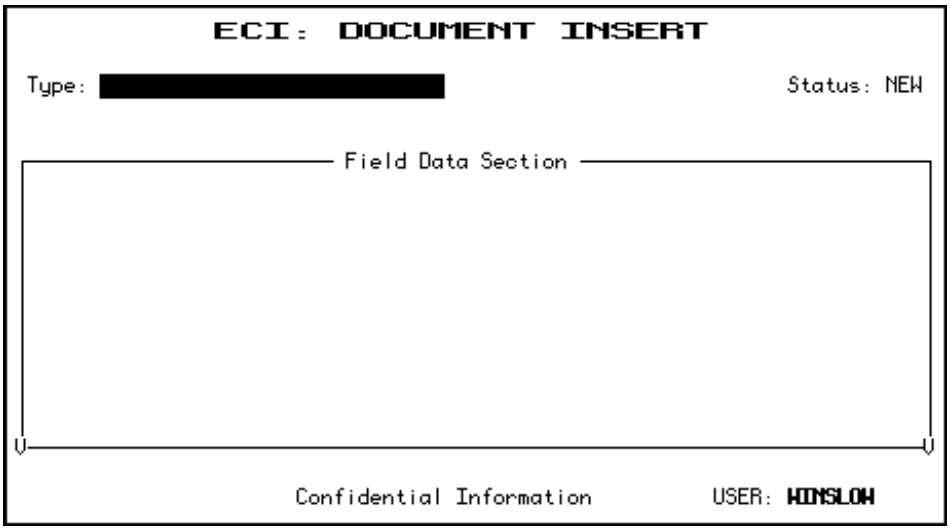


Figure 7.11: ECI Document Insert Screen

3. Enter the document type or an abbreviation and press Return. When Operations Staff created this document type, they gave it a name and abbreviation. For example, there may be a Document Type named Service Plan with the abbreviation SP. You must enter an exact match.

Document Identification

If it finds this document type, the screen displays a new title that includes its name, and it includes fields that identify each document of this type (Figure 7.12).

```
Document Insert: SERVICE PLAN

Document Name: [redacted]                    Status: NEW
Client:                          Effective:  / /  -  / /
RU:                                          / /
                    Field Data Section
Service Period:                  Medical Necessity:
Plan Approved Date:              Coordinator:

                Confidential Information      USER: MOSKOWITZ_D
```

Figure 7.12: ECI Document Insert Screen with Document Type

The illustration shows the fields:

- **Name:** A unique name for the document, up to 30 characters.
- **Status:** Status is set to New when you begin. Once a document has been stored its status changes to Active.
- **Client:** A Client Number.
- **Effective:** A date range.
- **RU:** A Reporting Unit number for the document.

Documents you use actually will have key fields that depend on the document type.

When you have filled in the key fields, press Return. If your entry is valid, the cursor will move to the field data section.

Field Data Section

Enter the fields for the new record in this area (Figure 7.13).

Text Editor Section

If this document type has a narrative section, press F7 (or Gold-2) to move to the text editor panel (Figure 7.14).

The document is identified in the top portion of the screen. The cursor is below the broken line, in the text editing area. Fixed segment headers for the text are displayed in bold and cannot be modified; you can type or edit the text beneath the headers in non-bold print. Some documents may contain sample text; others may be blank. Use Arrow keys

to move the cursor and enter or edit text. The text editor is described in detail in Chapter 15.

```
Document Insert: SERVICE PLAN

Document Name: SERVICE PLAN 9/93                          Status: NEW
Client: 2112     THOMPSON      LINCOLN   Effective: 10/01/93 - 10/01/94
RU:     99999 DOWNTOWN                                        /  /
                          Field Data Section
 Service Period:                          Medical Necessity:
 Plan Approved Date:                      Coordinator:

 Form OK Y/N: Y          Confidential Information      USER: MOSKOWITZ_D
        EDITOR  NOPRINT                                          STORE
```

Figure 7.13: ECI Document Insert Screen with Field Data Elements

```
Name:   PERSONAL DEVELOPMENT PLAN                          Status: NEW
-------------------------------------------------------------------------
Enter Problem Symptoms here:
 Patient has difficulty working in group situations.
Enter Objectives here:
 Work with patient to develop cooperation and improve team skills.
Services to be Offered here:
 Individual and group therapy with an emphasis on social skills.
Enter Interventions here:
 None deemed necessary.
Enter Medication Regimen here:
 None deemed necessary.
Enter Tentative Discharge Plan here:
 None planned at this time.  Will review in 6 months.
                             ----- Last Line -----

 Buffer: DOCUMENT EDITOR                    | Write | Insert | Forward
                        Confidential Information        User: MOSKOWITZ_D
                        D_DATA
```

Figure 7.14: ECI Document Insert Screen, Editor Panel

To return to the Field Data Section when you are finished, press Control/Z and type “EXIT” to save your work. To return without saving, press Control/Z and type “QUIT”. You may also type Gold-E to exit the screen, or Gold-R to restart it.

Active Status

When a document is first inserted, its status is New. After it is used, it has Active status, which the user gives it by pressing the Store key, F14 or Gold-9.

To protect data, most users can copy, update and delete New documents, but can only copy Active documents. Supervisors can update and delete Active or Expired documents.

Once a document's expiration date passes, its status is changed to Expired. Access to Expired documents is also restricted.

Leaving the ECI Insert Screen

Make sure that you saved the document before leaving the ECI Insert Screen. In the Field Data Section, use the Tab key to move the cursor to the Form OK prompt, and enter "Y" to save new information. After confirming the save, press Gold-R to restart the screen and enter a new record, or press Gold-E to exit.

Maintaining ECI Documents

In addition to the standard lookup, update, and delete, ECI has a copy function that lets you view or modify a document and store it as a new document.

To maintain ECI documents:

1. Choose ECI from the Clinical menu to display the ECI Document Selection screen, shown above.
2. Enter one or more search criteria in the Document Selection screen to display a list of matching documents. You can use one field (Client Number or Reporting Unit) or a combination of them. Press Return to display a list of documents that match the search, as shown in Figure 7.15. (The first column can be either Client or Reporting Unit, depending on the search.)
3. To select documents for maintenance enter "C" (copy), "L" (lookup), "U" (update) or "D" (delete) to left of records in the Document Selection Screen. Then, press Return.

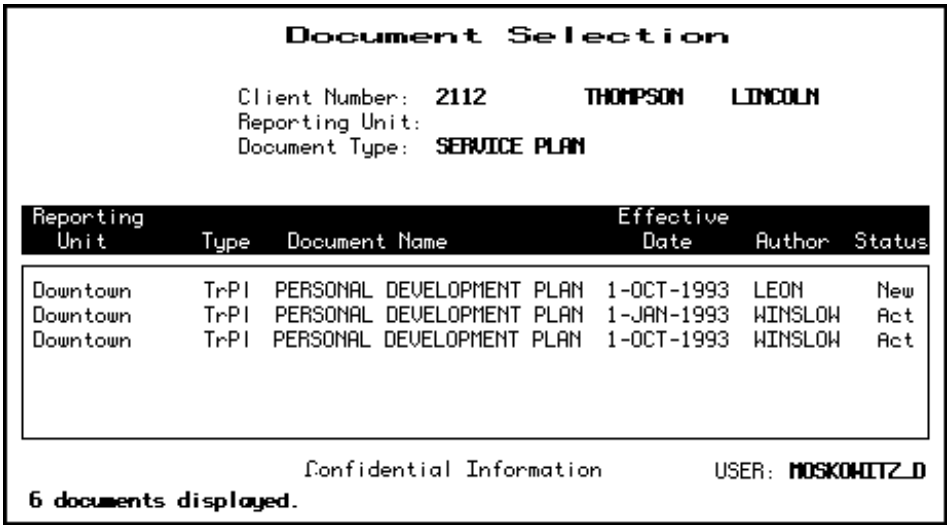


Figure 7.15: ECI Document Selection Screen with Data

ECI Document Copy

If you entered “C”, the system displays the ECI Document Copy screen (Figure 7.16). The cursor is in the Document Name field, and you must enter a new document name to distinguish this record from the original. You may also change Client Number , Reporting Unit, Effective and expiration dates. Then, press Return to save this document with the new name. This is a new document, in addition to the original that you copied.

```
                    Copy:  SERVICE PLAN

Document Name:                                          Status: NEW
Client: 2112     THOMPSON       LINCOLN   Effective: 01/01/93 - 01/01/94
RU:     9999  MAPLETON                                     /  /
                          Field Data Section

                    Confidential Information      USER: MOSKOWITZ_D
```

Figure 7.16: Copy ECI Document Screen

ECI Document Lookup

If you entered “L”, the system displays the ECI Document Lookup screen (Figure 7.17). Look at the information and press F7 key to display its text section if necessary. Then enter “Y” at the Continue prompt to display the next selected record or return to the Document Selection screen.

ECI Document Delete

If you entered “D”, the system displays the ECI Document Delete screen (Figure 7.18). To delete the record, enter “Y” at the Delete OK prompt and enter “Y” again at the confirm prompt. You cannot delete an active ECI document.

ECI Document Update

If you entered “U”, the system displays the ECI Document Update screen (Figure 7.19). You can change any data except for the document identification information at the top of the screen. If any of these items is incorrect, you must delete the entire record and re-enter it. Enter “Y” at the Form OK prompt to save the changes, or “N” to discard the changes.

```
                    Lookup:  SERVICE PLAN

Document Name  TEST DOCUMENT 72                                Status: NEW
Client: 2112      THOMPSON        LINCOLN   Effective: 01/01/93 - 01/01/94
RU:     9999   MAPLETON                                          /  /
                              Field Data Section
  Document Level: 12                    Service Period: 15

  Continue: Y          Confidential Information          USER: MOSKOWITZ_D
        EDITOR  NOPRINT
```

Figure 7.17: Lookup ECI Document Screen

```
                    Delete:  SERVICE PLAN

Document Name  TEST DOCUMENT 72                                Status: NEW
Client: 2112      THOMPSON        LINCOLN   Effective: 01/01/93 - 01/01/94
RU:     9999   MAPLETON                                          /  /
                              Field Data Section
  Document Level: 12                    Service Period: 15

  Delete Ok:           Confidential Information          USER: MOSKOWITZ_D
        EDITOR  NOPRINT
Are you sure you want to delete this record?
```

Figure 7.18: Delete ECI Document Screen

Function Key Map

A row of labeled boxes near the bottom of the screen correspond to the F6 through F14 keys on your keyboard. A function key is displayed here only when it can be used.

These function keys are useful when you are working with ECI documents:

- **EDITOR** (F7 or Gold-2): Displays the text editor panel if you are in the Data Elements panel.

```
                    Update:  SERVICE  PLAN

Document Name PERSONAL DEVELOPMENT PLAN                    Status: NEW
Client: 2112     THOMPSON        LINCOLN   Effective: 11/01/93 - 01/01/94
RU:     9999  MAPLETON                                        /  /
                          Field Data Section
  Document Level: 1                    Service Period: 1
Continue: Y          Confidential Information          USER: MOSKOWITZ_D
       EDITOR  NOPRINT
```

Figure 7.19: Update ECI Document Screen

- **PRINT/NO PRINT** (F8 or Gold-3): Switches the function between print and no print. If you leave the ECI screen with this key set to print, a report based on the document record is printed at your default printer.
- **D_DATA** (F9 or Gold-4): Displays the Data Elements panel if you are in the Text Editor panel.
- **STORE** (F14 or Gold-9): Changes the document's status from New to Active. Once a document is active it cannot be updated or deleted by most users.

Chapter 8
Drinking Driver Programs

Select DDP from the InSyst Substance Abuse Services Main Menu to display the DDP Maintenance Menu, which lets you track clients in court-mandated Drinking Driver Programs.

DDP Court Referrals

DDP Central Administration enters data on First Offenders referred by the courts. For multiple offenders, this data may be entered either by DDP Central Administration or by the DDP Service provider, depending on local policy. This data is used by the Failure to Register report (Report DAS 330), which informs the courts if offenders do not enroll in FO programs within six weeks, and is used by DDP Client Registration records for those who do enroll.

Note: Court referrals should not be registered as clients until they arrive and request DDP services.

To work with court referrals:

1. Choose DDP from the Main Menu.
2. Choose COURT_REF from the DDP Maintenance Menu to display the DDP Court Referral Maintenance screen (Figure 8.1).

Registering New DDP Court Referrals

To register a first offender,

1. Choose COURT_REF from the DDP Maintenance Menu to display the DDP Court Referral Maintenance screen, as mentioned above.
2. Press Gold-I to display the DDP Court Referral Registration screen (Figure 8.2).

```
DDP Court Referral Maintenance

Client Name:
Docket Number:      -
Maintenance Type:

Docket                                  Referring  Court Program
Number      Client Name                   Court    Date   Level  Status

                    Confidential Information          USER: SIEGEL_C
```

Figure 8.1: DDP Court Referral Maintenance Screen

```
DDP Court Referral Registration

Docket Number: 43-8658970725

Client Name (Last, First): JOHNSON        , JOHN
Birthdate: 12/12/50

Program Level: 1                          Referring Court: 12
Court Date:    05/05/91                   Probation Type:  1

Form Ok Y/N: Y     Confidential Information          USER: OBANDO
```

Figure 8.2: DDP Court Referral Registration Screen

3. Enter the Docket Number for the referred client. The cursor moves to the Form OK prompt. Enter “Y”.

4. After the system validates the docket number, enter data in the following fields:

- **Client Name (Last, First):** Enter the Client’s last and first name.
- **Birthdate:** Enter the Client’s birth date in MM/DD/YY format.
- **Program Level:** Enter the program level: 1 = Level 1, 2 = Level 2.
- **Court Date:** Enter the date that the court ordered the client to participate in DDP, in MM/DD/YY format.

- **Referring Court:** Enter the two digit code for the court that referred the client.
- **Probation Type:** Enter the client's probation type, 1 = Formal, 2 = Court.

5. At the Form OK prompt, enter "Y" to register the referral.

Maintaining DDP Court Referrals

To maintain Court referral records,

1. Choose COURT_REF from the DDP Maintenance Menu to display the DDP Court Referral Maintenance screen, shown above.
2. Enter the Docket Number and Maintenance Type to display a list of records.
3. Move through the list, and enter "L" (lookup), "U" (update), or "D" (delete) next to the records you want to maintain.
4. Press Return to display the screens that you use to maintain the records.

These screens are like the maintenance screens for other types of records.

DDP Clients

You must register the client as well as the referral. Before someone can be registered as a DDP client, he/she must first be registered in InSyst.

Registering DDP Clients

To register a DDP client:

1. Use the Client Locator screen, described in Chapter 1, to determine whether the client has been registered. If not, register the client using the Client Registration Screen, described in Chapter 1. Note the client's InSyst Client Number, which you will enter as the DDP Client ID.

2. Choose DDP from the Main Menu.

3. Choose DDP_REG from the DDP Maintenance Menu to display the DDP Client Maintenance screen (Figure 8.3).

4. Press Gold-I to display the DDP Client Registration screen (Figure 8.4).

Warning! If you do not enter the docket number at this point, the court referral record will not be changed and the client could appear on the Failure to Enroll Report.

Following data:

nt ID: Enter the InSyst Client Number.

I Number: Enter the complete CGN number (County Generated Number), the county code and CGN number.

- **Program Level:** Enter the program level: 1 = First Offender—Level 1, 2 = First Offender—Level 2, 3 = Multiple Offender.

ket Number: Enter the docket number.

```
                    DDP Client Maintenance

          Client Number:
          CGN #:              -
          Docket Number:      -
          Maintenance Type:

                   Program                    Group                 Intake
   CGN #           Level    Reporting Unit    Number   Status       Date

                        Confidential  Information            USER: OBANDO
```

Figure 8.3: DDP Client Maintenance Screen

```
                    DDP Client Registration

Client ID:        48          DEAN        SMITH
CGN #:      43-7484393378

Program Level: 1    Docket Number: 43-7894594216   Intake Date: 06/10/91
Assessed Fee:     500.00      Driver's License: C4673827
Periodic Charge:    25.00     Contact Person:   SMITH         MARY
Payment Schedule: 3           Phone Number:     (415)-555 1212
First Payment Due: 07/10/91   Receipt #:      100013

Court Date: 05/20/91          Probation Officer: JONES        J  Type: 1
B.A.L.: 1                     Disposition Date:  06/30/91
Referring Court: 43           TIC: 43 SANTA CLARA

Reporting Unit:  99032   Group: 1

Date      Message                          Date      Message
  /  /                                       /  /

Form Ok Y/N:        Confidential  Information            USER: OBANDO
```

Figure 8.4: DDP Client Registration Screen

6. The cursor moves to the Form OK prompt. Enter “Y”. After the system validates the data, make entries in the remaining fields:

- **Assessed Fee:** Enter the assessed dollar amount the client must pay for the program.
- **Periodic Charge:** Enter the amount the client must pay periodically based on the payment schedule code.
- **Payment Schedule:** Enter the appropriate payment schedule code to establish how often the periodic charges are to be paid. 1 = Weekly, 2 = Bi-Weekly, 3 = Monthly, 4 = Bi-Monthly, 5 = Annually.

- **First Payment Due:** Enter the date the first periodic payment is due.
- **Intake Date:** Enter the date the client was admitted into the program, in MM/DD/YY format.
- **Driver's License:** Enter the client's Driver's License Number.
- **Contact Person:** Enter the last name and first name of someone the client says staff may contact if necessary.
- **Phone Number:** Enter the Contact Person's telephone number.
- **Receipt Number:** Enter the receipt identification number.
- **Court Date:** Enter the date the client appeared in court and was ordered to participate in DDP, in MM/DD/YY format.
- **B.A.L:** Enter the client's blood alcohol level at time of arrest. (The decimal point is not displayed; .01 should be entered as 01, and it will be displayed as 1).
- **Probation Officer:** Enter the last name and first initial of client's probation officer.
- **Disposition Date:** Enter the date the client must appear in court, in MM/DD/YY format.
- **T-I-C:** Enter the Transfer In County code, representing the county (if within California) or state the client has been transferred from.
- **Reporting Unit ID:** Enter the DDP service provider where the client will receive services. ***This is a required field.***
- **Group:** Enter the number of the group where the client has been assigned. This group must be registered and given a number in the DDP Group Registration screen before clients can be assigned.
- **Client Messages:** Enter messages about the client, including the message date and up to 25 characters of text.

7. Enter "Y" at the Form OK prompt. The system validates the data, and confirms that the client has been registered.

Maintaining DDP Clients

To maintain DDP client records:

1. Choose DDP_REG from the DDP Maintenance Menu to display the DDP Client Maintenance screen, shown above.
2. Enter Client ID, CGN Number and Maintenance Type ("L" for Lookup, "U" for Update, or "D" for Delete), to display a screen that lets you view, modify, or delete the record.

Updating DDP Client Records

If you enter “U” as the Maintenance Type, the system displays the DDP Client Update Screen with the client’s DDP data (Figure 8.5). You may update all fields, but you must have authorization to update the CGN and Docket Number fields. It is often necessary to update the following fields:

- **Docket Number:** Update the docket number once it has been received. This will also update the court referral client record, if it exists.
- **T-O-C:** Transfer Out of County. This is a two-digit code representing the county (if within California) or state the client has been transferred to. Complete this field if necessary.

```
                    DDP Client Update

Client ID:        48          DEAN        SMITH
CGN #:      43-7484393378

Program Level: 1    Docket Number: 43-7894594216  Intake Date: 06/10/91
Assessed Fee:     500.00      Driver's License: C4673827
Periodic Charge:    25.00     Contact Person:   SMITH         MARY
Payment Schedule: 3           Phone Number:     (415)-555 1212
First Payment Due: 07/10/91   Receipt #:      100013

Court Date: 05/20/91          Probation Officer: JONES        J  Type: 1
B.A.L.: 1                     Disposition Date:  06/30/91
Referring Court: 43           TIC: 43 SANTA CLARA

Reporting Unit:  99032   Group: 1

Date      Message                         Date      Message
  /  /                                      /  /

Form Ok Y/N:        Confidential  Information            USER: OBANDO
```

Figure 8.5: DDP Client Update Screen

After updating the data, press Return to move the cursor to the Form OK prompt, and enter “Y” to save the changes.

Only authorized users can update the CGN number or the docket number.

DDP Groups

The Group Maintenance screens are used to create and maintain DDP groups, which provide services to clients, and to add or transfer a client’s group assignment.

To work with DDP Groups:

1. Choose DDP from the Main Menu.
2. Choose DDP_GROUP from the DDP Maintenance Menu to display the DDP Group Maintenance screen (Figure 8.6).

```
                    DDP Group Maintenance

                Reporting Unit:
                Group Number:
                Date Range:        06/12/91 -   /  /
                Open Groups Only:  Y
                Maintenance Type:

 Group                        Group        Slots                  Time
 Number  Staff Name    Start      End    Max. Open  SMTWTFS  Start    End

                      Confidential  Information            USER: OBANDO
```

Figure 8.6: DDP Group Maintenance Screen

Creating a New DDP Group

To create a DDP group:

1. Choose DDP_GROUP from the DDP Maintenance Menu to display the DDP Group Maintenance screen, shown above.

2. Press Gold-I to display the DDP Group Insert screen (Figure 8.7).

```
                    DDP Group Insert

 Reporting Unit: 99032   TEST MO                    Group Number: 5

 Staff ID: 55555                   Maximum Slots: 40

 Start Date: 06/01/91  End Date: 08/01/91          S M T W T F S
 Start Time: 07:00 PM  End Time: 08:00 PM    Day(s):     X   X
                         Add Clients to the Group
       CGN #:    -                        CGN #:    -

   CGN #            Client ID   Client Name            Status

      -
      -
      -
      -

Form Ok Y/N: Y        Confidential  Information            USER: OBANDO
```

Figure 8.7: DDP Group Insert Screen

3. Enter the Reporting Unit and a unique group number. The cursor moves to the Form OK prompt. Enter "Y".
4. After the system finds that Reporting Unit exists and the group number is unique, you can enter data in the following fields:

- **Staff ID:** Enter a five-digit staff code.
- Start Date and End Date: Enter the dates the group is scheduled to begin and end, in MM/DD/YY format.
- **Start Time** and **End Time:** Enter the times the group is scheduled to begin and end (in HH:MM format plus "AM" or "PM").
- Maximum Slots: Enter the maximum number of clients allowed in a group.
- **Days:** Enter "X" below the day(s) of the week when the group is scheduled to meet.

5. Optionally, you may also add clients to the group by entering CGN numbers in the client list at the bottom of this screen.
6. Press the Tab key to move to the Form OK prompt, and enter "Y" to create the group.

Maintaining DDP Groups

You can use the DDP Group Update screen to change the group related data listed above, or to add clients to a group. Programs can only change data for their own groups.

To maintain DDP Groups:

1. Choose DDP_GROUP from the DDP Maintenance Menu to display the DDP Group Maintenance screen, shown above.
2. To search for groups, you must enter a Reporting Unit number. You can also narrow the search by entering:

- **Group Number:** Entering the group number and Maintenance Type to move to the screen used to maintain the group.
- **Date Range:** Enter dates when the group is (or was) active. Past and future date ranges are permitted.
- **Open Groups Only:** Defaults to "Y". Change the value to "N" to display inactive as well as active groups.
- **Maintenance Type:** If you entered a Group Number, you can enter "U", "L", or "D" here to move directly to the Update, Lookup, or Delete screen for the group, rather than selecting the record from a list, as described below.

3. Press Return to display a list of groups that meet the criteria (Figure 8.8). Use the Tab key to move through the list, and enter "U" (update), "L" (lookup), or "D" (delete) next the group(s) you want to maintain. Press Return.

Adding a Client to a Group

If you entered "U" next to a group, the system displays the DDP Group Update screen (Figure 8.9). Use the Tab key to move through the fields, and edit them.

```
                    DDP  Group  Maintenance

                 Reporting Unit:   99032
                 Group Number:
                 Date Range:       06/12/91 -   /  /
                 Open Groups Only: Y
                 Maintenance Type:

 Group                          Group        Slots                    Time
 Number  Staff Name    Start      End    Max. Open  SMTWTFS  Start    End

      1  FRANKLIN     06/01/91           17   13   X      06:00 P 07:30 P
      5  FRANKLIN     06/01/91 08/01/91  40   40    X X   07:00 P 08:00 P

                      Confidential  Information            USER: OBANDO
```

Figure 8.8: DDP Group Maintenance Screen with Data

```
                    DDP  Group  Update

 Reporting Unit: 99032   TEST MO                      Group Number: 5

 Staff ID: 55555                Maximum Slots: 17     Open Slots: 13

 Start Date: 06/01/91    End Date:   /  /          S M T W T F S
 Start Time: 07:00 PM  End Time: 08:00 PM    Day(s):     X   X
 ------------------------ Add Clients to the Group ------------------------
       CGN #: 43-943759432340              CGN #:    -
U------------------------------------------------------------------------U

   CGN #            Client ID   Client Name            Status

 38-999999999999997      3781  ABEL           AVERY        1   ACTIVE
 38-999999999999998      9743  CAPRA-YOUNG    DENISE       1   ACTIVE
 43-7484393378         484348  SMITH          DEAN         1   ACTIVE
   -
U------------------------------------------------------------------------U
Form Ok Y/N: Y        Confidential  Information            USER: OBANDO
```

Figure 8.9: DDP Group Update Screen

To add a client to the group, enter the client's CGN Number.

Note: If the client has been assigned to another group within the same program, adding him/her to this group will transfer the client from the other group; a separate deletion action is not necessary. However, if the client has been

assigned to a group in a program, you cannot add the client. You must contact DDP Central about the client's group assignment.

Press the Tab key to move to the Form OK prompt, and enter "Y" to save the changes.

DDP Client Status: FO and MO Statuses

A first offender or a multiple offender is assigned a status of "1" (Active) when they are registered into this DDP module.

To update a client's status during their tenure at DDP:

1. Choose DDP from the Main Menu.
2. Choose STATUS_CLT from the DDP Maintenance Menu to display the DDP Client Status Maintenance screen (Figure 8.10).

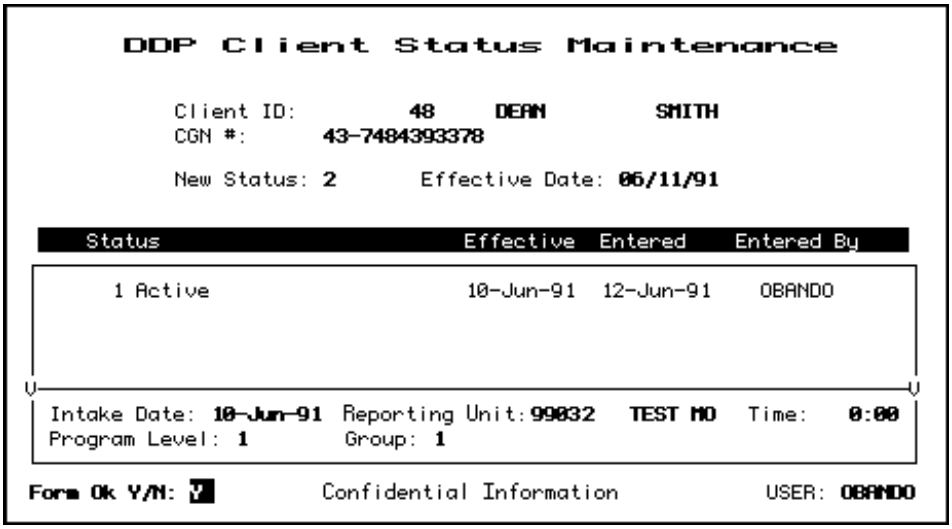


Figure 8.10: DDP Client Status Maintenance Screen

3. Enter the client's complete CGN number (county code and CGN number), and press Return. The screen displays the Client ID and Client Name, a history of statuses for this CGN number, and basic information on the DDP Client Record, including Intake Date, Reporting Unit, Total Service Time (to date), Program Level, and Group Number.
4. Enter data in the following fields:

- **New Status:** Enter a new status, as listed in Table 8.1 or Table 8.2. The status cannot be the same as the client's current status.
- **Effective Date:** Enter the effective date for the new status.

5. Enter "Y" at the Form OK prompt to save the changes.

The screen performs the functions listed in the Tables. For example, if an FO client's status is changed to "6" (Drop - Program Sobriety), it closes the client's DDP program service period with a closing date that is the effective date you entered and a referral destination of "16", drops the client from his or her assigned group, and does not allow a service period to be opened for the client.

Status	Label	Allow Episode Opening	Close Episode	Drop From Group	Referral Destination	Discharge Reason
1	Active	Yes	No	No	None	None
2	No Show - 1st class	No	No	Yes	None	None
3	Drop - Attendance	No	Yes	Yes	16	3
4	Drop - Fees	No	Yes	Yes	16	3
5	Drop - Attendance & Fees	No	Yes	Yes	16	3
6	Drop - Prog. Sobriety	No	Yes	Yes	16	3
7	Drop - Other	No	Yes	Yes	16	4
8	Reinstate	Yes	No	No	None	None
9	Deletion of Program	No	Yes	Yes	16	4
10	Completion	No	Yes	Yes	1	1
11	Transfer Out	No	No	Yes	####*	4

Table 8.1: First Offender Statuses

Status	Label	Allow Episode Opening	Close Service Period	Drop From Group	Referral Destination	Discharge Reason
1	Active	Yes	No	No	None	None
20	Suspend - Attendance	No	Yes	Yes	16	3
21	Suspend - Fees	No	Yes	Yes	16	3
22	Suspend - Sobriety	No	Yes	Yes	16	3
23	Suspend - Voluntary	No	Yes	Yes	16	3
24	Suspend - Other	No	Yes	Yes	16	4
30	Reinstate	Yes	No	No	None	None
40	Deletion of Program	No	Yes	Yes	16	3
50	Transfer Out of County	No	Yes	Yes	#####*	4
60	Termination	No	Yes	Yes	16	3
99	Graduation	No	Yes	Yes	1	1

Table 8.2: Multiple Offender Statuses

*Counties must create a generic referral-out-of-county code and store in the system Provider or Agency Master tables.

First Offender Statuses

The first offender program has 10 different statuses. Table 8.1 lists these statuses and the changes in data entry that occur automatically when you select them.

Multiple Offender Statuses

The multiple offender program has 10 different statuses. Table 8.2 lists these statuses and the changes in data entry that occur automatically when you select them.

Entering DDP Services

You can enter DDP Services for a group or for a single client.

To enter DDP Services for a group:

1. Choose DDP from the Main Menu.
2. Choose GROUP_SRV from the DDP Maintenance Menu to display the DDP Service Entry Screen (Figure 8.11), which saves time by letting you enter services for an entire DDP group.

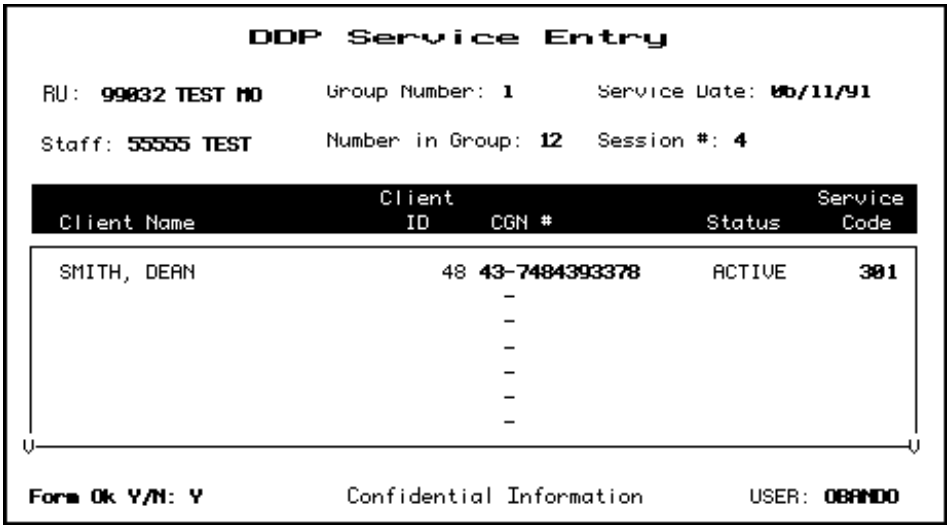


Figure 8.11: DDP Service Entry Screen

3. To identify the DDP Group for Service Entry, enter the Reporting Unit, DDP Group Number and Service Date of the service. The screen displays the staff number of the group's staff person and lists all of the group's clients.

4. Enter the following data:

- **Staff:** Confirm that the staff number shown is correct. Change it if a different staff person led the group that day.
- **Number in Group:** Enter the total number of members in the group that day. If you are entering individual services for the entire group, enter "1" here.
- **Session Number (#):** Enter the session number, which can be between 0 and 99.
- **Service Code:** Press Tab to move through the list of group members, and enter the service code for each (service or no show).

Note: While this screen may be used for either group-type or individual-type services, you may not mix these types within the same session.

5. When you have reached the end of the list of group members, you may also enter CGN numbers and service codes of clients who were make ups or who were assigned to this group at the time of the service but are now members of another group.
6. Press Return to go to the Form OK prompt, and enter "Y" to save the entry.

To enter a single DDP Service:

1. Choose DDP from the Main Menu.
2. Choose SINGLE_SRV from the DDP Maintenance Menu to display the DDP Single Service Entry Screen (Figure 8.12), which lets you enter service data for one client at a time.
3. Use this screen like the Group Service Entry Screen, described above. The only difference is that you must also enter time in this screen.

```
                    DDP Single Service Entry

  Group Number:  ■■■■                    Reporting Unit:
  CGN #:         -

 Client Number:                                          Status:

 Service Date:   /  /        Service Code:               Time:    :

 Staff:                      Number in Group:            Session #:

Form Ok Y/N:              Confidential Information        USER: OBANDO
Enter a reporting unit, group and a docket number.
```

Figure 8.12: DDP Single Service Entry Screen

Chapter 9
Accounts

This chapter covers the Account Maintenance Menu, which lets you use the Financial Information screens. There are two types of Financial Information screens:

- Special screens for collecting California Mental Health information under the UMDAP procedures.
- Standard Liability type Financial Information screens.

The first section of this chapter discusses the UMDAP Financial Information screens. The second section discusses the standard Financial Information screens. The rest of the chapter applies both to California and to other states.

Entering New Accounts, California UMDAP

When clients visit a mental health clinic for the first time, they usually complete a Financial Information form, used to determine the amount the client or responsible party is obligated to pay for services. For billing purposes, clients must be attached to a family account number. A family account may include one or many client numbers; a client may use only one family account number.

Locating the Client's Account

To work with family accounts,

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose FI from the Account Maintenance menu to display the Payor Financial Information Panel of the Financial Information Screen (Figure 9.1).

```
                Payor Financial Information

                Client Number:
                Account Number:

            Annual UMDAP Liability Period   From:   /  /    To:   /  /

                Number Of Dependents:            Undetermined Liability:
     A  Monthly Income      B  Total Assets        C  Monthly Expenses
 1 Self                  1 Checking              1 Court Ordered
 2 Parent/Spouse         2 Savings               2 Child Care
 3 Other                 3 Other                 3 Dependent Supp.
 4 Total Income          4 Total Assets          4 Retirement
 5 Adjusted Inc.         5 Asset Allowance       5 Total Medical
 6 Annual Liab.          6 Net Assets                          -------
                         7 Monthly Assets        6 Total Expenses

Form OK Y/N:              Confidential Information          USER: SEIGEL_C
```

Figure 9.1: Financial Information Screen, Payor Financial Information Panel

4. The client must be registered before any financial information may be entered for him/her. To find out if the client is registered:

- **Client Number:** Enter the client number. The system searches for an account for that client.

If the client is already attached to an account, financial information for the responsible party will appear on the screen. To modify the data, see the section on Updating An Account later in this chapter.

If the client number is not attached to an account, you must use the screen to choose one of the following options:

- **Attach to Account:** If the client should be linked to an existing account, and you know the account number, enter it here.

- **Search For Account By RP Name:** If the client should be linked to an existing account, but you do not know the account number, enter the Responsible Party's name (last name, Tab, first name) here. The screen displays a list of up to 10 account names. Use the Tab key to scroll down the list, type "X" next to the account number and press Return. If the name you want is not on the list, press Gold-R to restart the screen. The cursor returns to the Attach to Account field, and you can search for more matching records.

- **Establish A New Account:** If the client needs a new family UMDAP account, press Gold-I to enter a new account. The cursor goes to the Annual UMDAP Liability Period From field. Enter the UMDAP Effective Date (or use the default, the first day of the current month) and press Return. If the system finds any episodes that opened before this effective date, it writes a new effective date that covers those episodes. It also writes an expiration date one year after the opening date.

If you need to establish a new account, see the section that follows. If you found an account for the client, see the section on Updating an Established Account, later in this chapter.

Entering a New Account

Warning! You must complete all these screens for any of the data to be recorded. If you enter "N" at the bottom of any of these screens, or if you press Gold-R to restart, all the information you entered in all the screens is lost.

ou create a new account, you must fill out a number of Financial Information screens, ch displayed automatically when you finish with the previous one.

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose FI from the Account Maintenance menu to display the Payor Financial Information Panel of the Financial Information Screen.
4. Press Gold-I to enter a new account. The system displays the first panel of the Financial Information screen (shown above in Figure 9.1), which is used to determine financial liability
5. Enter data in the two fields at the top:

- **Number of Dependents:** This is a required field. Enter the total number of persons in the family dependent on the declared income. The minimum number is 1.
- **Undetermined Liability:** If the client cannot provide enough information to calculate UMDAP liability, enter "Y" here and press Return. The account will be suspended for review.

6. Enter data in the three major areas in the rest of the screen:

- **Monthly Income:** Enter gross monthly income for self, parent, spouse, other, as needed. The system calculates Total Income, Adjusted Income, Annual Liability.
- **Assets:** Enter the amounts the client or responsible party declares for Checking, Savings, and Other, as needed. The system calculates Total Assets, Asset Allowance, Net Assets, Monthly Assets.
- **Monthly Expenses:** Enter Court Ordered expenses, Child Care expenses (necessary for employment), Dependent Support payments, Retirement expenses (that are mandatory) and Medical expenses, as needed. The system calculates Total Expenses.

7. Enter "Y" at the UMDAP Okay prompt to save the data. After saving, the system displays the FI Account Maintenance Screen.

FI Account Maintenance Screen

When you are creating a new account, the FI Account Maintenance panel of the Financial Information screen (Figure 9.2) is displayed automatically after the Payor Information panel.

To continue creating the new account:

1. Fill out the fields at the top of the screen:

- **RP Name:** Enter the name of the person responsible for paying (first name, middle initial, last name). The client name is the default.

- **Minimum Due:** This optional field lets you bill the account for a minimum payment. Many counties bill on the basis of a monthly fee agreement. If you enter an amount in this field, the system will compare the amounts in the RP Owes and Minimum Due fields, and will bill the RP the lesser of the two. You can enter only whole dollars; not cents. You cannot have a Minimum Due of zero: if you enter "0", the system acts as if there is nothing in the field and bills the client the amount in the RP Owes field.

- **Billing Group:** This optional field may be used by the Business Office to assign accounts to account clerks, designate certain types of accounts (*e.g.*, Public Guardian accounts), etc.

Note: InSyst lets you produce patient bills by billing group. If your county uses this option, the system will use this field to sort bills you print.

- **Address:** Use all these fields to enter the RP street address, used as the mailing address on the bill. (If it is not known, enter UNKNOWN in the street and city fields, CA as state, and 99999 for zip code.) The client address is the default.

```
                    FI  Account  Maintenance


                                                   Account Number:      1023
RP Name: PEA            ANDERSON         Minimum Due: 0     Billing Group: 173

Street No.: 112    Direction:    Name: WILSON              Type: ST Apt:
City: SAN FRANCISCO        State: CA Zip: 94999+0000  Phone: (   )    -

  X Bad Address        Employer No Ins    Income No Ins

                  RP Employer:
                  Spouse Employer:
                  Accept As Entered: Y
  Select RP Employer                      Select Spouse Employer


Form OK Y/N:              Confidential Information          USER: SIEGEL_C
```

Figure 9.2: Financial Information Screen, FI Account Maintenance Panel

2. The next section of this screen is a scrolled region with account conditions. You set some, and the system sets some automatically:

- **Bad Address:** Enter "X" if you know that the Responsible Party address shown on the screen is incorrect. (If you later enter the correct address, remove this "X".) If this is selected, no patient bill is generated.

- **Employer No Ins:** Selected automatically if the employer is entered through the FI screen and no insurance coverage is entered for the client. If the employer is deleted from the account, this condition is automatically removed. Otherwise, it can only be removed by Supervisors. If it is selected, there will be no billing to any payor source.
- **Income No Ins:** Selected automatically when the account is created if income is greater than a county determined amount and there is no insurance. This condition can be removed by Supervisors. If it is selected, there will be no billing to any payor source.
- **System Generated:** Selected if the account was created by the system. Turned off automatically once the account has been updated with the FI screen.

3. Use the next section of the screen to enter the employers of the RP and spouse:

- **RP Employer:** Enter the full name of the RP Employer. If the client is unemployed or retired, leave the space blank.
- **Spouse Employer:** Enter the name of the spouse's employer.

4. Tab or press Return to move to the Form OK prompt and enter "Y". The system displays an alphabetical list of potential employers. If the employer is in the list, place "X" next to it, and press Return. If the employer is not in this list, press Return to accept the employers as you have entered them. Only major employers in your geographical area are on the list. (For more information, see the section on the Employer Maintenance screen in Chapter 11 of this manual.)

FI Insurance Selection

Next, the system displays the FI Insurance Policy Selection panel of the Financial Information screen.

If you selected an employer from a list, insurance plans offered by the employer are listed in the top box (Figure 9.3).

To select one of the employer insurance policies:

1. Type "X" next to it and press Return.
2. Then, continue to enter the rest of the insurance policy information as described below.

To enter a private insurance policy or a Medicare policy that is not attached to an employer:

1. Press Gold-I.
2. Enter the insurance company identification number or company name or partial name and press Return.

```
                    FI Insurance Policy Selection

          Client Number: 5000000100   BERTHA        BLUECROSS

     ID  Insurance Company Name    Company        Company Src

X    17   AETNA                   ROHR           RP Employer
     19   ALLSTATE INSURANCE      ROHR           RP Employer

 Company ID:                 Company Name:

 Group Number:                            Effective Date:    /  /
 Policy Number:                           Expiration Date:   /  /

 Insured Name:                            Insured Sex:
 Insured SSN:  000-00-0000                Relationship to Insured: SELF

     Employment Related                  Assignment Of Benefits

Form OK Y/N:            Confidential Information          USER: BORDEN
Select insurance for policy insert.
```

Figure 9.3: Financial Information Screen, Insurance Policy Selection Panel

3. If you entered an insurance company name, an Insurance Company Search/Select area is displayed and you must use the Tab or Up and Down Arrow keys to find the correct insurance company, type “X” next to it, and press Return.

In any case, you must enter the rest of the insurance policy information. See the section on the Insurance Policy Maintenance screen in Chapter 10, for complete information on entering and updating insurance policies.

To enter the rest of the insurance policy information:

1. Enter data in the following fields:

- **Company ID:** The identification number from the Insurance Company Master file.
- **Company Name:** Insurance company name.
- **Group Number:** Client’s insurance group number.
- **Policy Number:** Client’s insurance policy number.
- **Effective Date:** Date the client’s insurance policy became effective. If you do not know, use the first service date for which the new system began producing claims.
- **Expiration Date:** The date the client’s insurance policy expired. Enter a date only if you are sure that the policy is no longer valid.
- **Insured Name:** Name of the insured person.
- **Insured SSN:** Social Security Number of the insured person.
- **Insured Sex:** Sex of the insured person.

- **Relationship To Insured:** Relationship of the client to the insured person: Self, Spouse, Child, Other.
- **Employment Related:** Enter “X” if you are sure the client’s illness is related to his/her employment.
- **Assignment of Benefits:** Enter “X” if the client has signed a statement assigning insurance benefits to the County. Only users with Policy Flags authorization may use this.
- **Release of Information:** Enter “X” if the client has signed a statement allowing release of medical information needed to claim insurance benefits. Only users with Policy Flags authorization may use this.
- **Information Complete:** Enter “X” if the insurance policy is complete and ready for billing. Only users with Policy Flags authorization may use this.

2. At the Form OK prompt, enter “Y” to save the data. The policy is displayed in the top box of the screen with pending status.
3. Press Return to go to the Form OK prompt, and enter “Y” again.

FI Summary Screen

After you have finished entering data in the other screens, the system automatically displays the FI Summary panel of the Financial Information screen (Figure 9.4), which summarizes the information you entered on previous screens.

To use the FI Summary screen:

1. Press Return to go to the Form OK prompt.
2. If the data is correct, enter “Y” to save it.

The system displays a message saying the account was created.

```
                          FI  Summary

     Client Number:    1000140  HOLLY          HAMMERSTEIN
     Account Number:      1051  HILARY         HAMLIN
                                243 N HIGHLAND RD Apt. 14
                                WATSONVILLE, CA 94583

|  Bad Address        Employer No Ins    Income No Ins
|-------------------------------------------------------------------------
| Effective  Expiration    Annual Liab.     Balance    Acct. Bal.     RP Owes
| 01-May-97  30-Apr-98          $33
|-------------------------------------------------------------------------
| Client Number          Client Name                Birth Date       SSN
|    1000140     HOLLY          HAMMERSTEIN          26-Jul-1950   023-40-3998
|-------------------------------------------------------------------------
|    ID  Insurance Company Name    Policy Number   Entered By  Policy Status
|    1070 KAISER PERMANENTE         023403998      HAMLIN       Hold ROI/AOB/I
|-------------------------------------------------------------------------

 Form OK Y/N:              Confidential Information          USER: SEIGEL_C
Review FI before update.
```

Figure 9.4: Financial Information Screen, FI Summary Panel

Clients with Existing Accounts

If the system finds an account for the client when you first enter the client number in the Payor Financial Information screen, it displays the financial information for that client, which you can update.

To update the accounts:

1. Review the responsible party's current Income, Asset, and Expense information. Tab through the fields, and edit the data as necessary.
2. Press Return and enter "Y" at the Form OK prompt to save changes.

Tip: Usually, you update insurance policies using the Insurance Policy Maintenance screen. When you are updating financial information on an account, you can also correct insurance information by typing "U" (for update) next to the insurance policy on the FI Insurance Policy Selection screen and pressing Return.

ystem immediately updates income, number of dependents, and other fields that e the Annual UMDAP Liability. However, the UMDAP Balance and RP Owes displayed in several Financial screens are not changed immediately. Instead, a ve or negative adjustment is written for the account, which does not affect the AP until the InSyst Adjustment Processing module has run. Usually, these changes e visible on the next day.

you update an account, you do not have to go through all the Financial nation screens. You can enter "N" at the prompt at the bottom of any of the screens ceed directly to the FI Summary screen, which you can use to save your changes.

es on California UMDAPs

It can be useful to know these technical details on UMDAPs.

The FI screen assigns the Effective Date for the UMDAP as follows:

- If the system finds an existing annual UMDAP period for the account, the new period begins when the old one ends.
- If there is no UMDAP period for the account, the system looks for an episode with an opening date less than one year in the past. If it finds one, it makes the Effective Date of the UMDAP the first day of the month the episode was opened.
- If the system does not find an existing UMDAP period or an open episode, it makes the Effective Date the date the user entered on the FI screen.

The system calculates UMDAP liability according to the California Department of Mental Health's Uniform Patient Fee Schedule. However, if you enter POE sticker information (*i.e.*, Medicaid number, month and year of eligibility) and the deductible falls within the presumed Medicaid eligible area of the Fee schedule, the liability may be reduced to $0. The system displays a message saying something like: "FI updated to $37 and reduced to $0". It writes a POE record, and when the POE Processing program runs, it writes a "Write-off UMDAP (Medicaid)" adjustment to reduce it to zero. This automatic write-off feature is a county option.

Entering New Accounts, Standard

There are two types of Financial Information screens:

- Special screens for collecting California Mental Health information under the UMDAP procedures.
- Standard Liability type Financial Information screens.

The first section discussed the UMDAP Financial Information screens. This section discusses the standard Financial Information screens.

Locating the Client's Account

When clients visit a mental health clinic for the first time, they usually complete a Financial Information form, used to determine the amount the client or responsible party is obligated to pay for services. For billing purposes, clients must be attached to a family account number. A family account may include one or many client numbers; but a client may use only one family account number.

To work with family accounts,

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose FI from the Account Maintenance menu to display the Financial Information Screen (Figure 9.5).

```
                    Financial Information

          Client Number:
          Account Number:

                                          Annual        Rec.  Full  System
 Billing Method     Eff Date Exp Date  Income Dep    Fee   Pay    Rate

     Dependents:        Annual Income:                Income Source:

                     Effective  Expiration  Recommended  Full    System
 Billing Method        Date        Date        Rate      Pay      Rate
                       / /         / /          .                   .

Form OK Y/N:          Confidential Information          USER: SMITH
```

Figure 9.5: Financial Information Screen

4. The client must be registered before you can enter any financial information for him/her. To find out if the client is registered:

- **Client Number:** Enter the client number. The system searches for an account for that client.

Note: Your system may make the Account Number the same as the Client Number, and allow only one Client to an Account. This option is specified when InSyst is installed.

If there is no account for the client, the next section tells you how to establish one. If the client has an account, see the section on Updating An Account later in this chapter.

Entering A New Account

Warning! You must complete all these screens for any of the data to be recorded. If you enter "N" at the bottom of any of these screens, or if you press Gold-R to restart, all the information you entered in all the screens is lost.

no account for the client, fill in the Financial Information screens described below eate one.

To enter a new account:

1. The cursor goes to the Billing Method Selection area, in the center of the screen. This area of the screen lists different billing methods defined by your agency. Use the Tab key to move through the list of billing methods (Figure 9.6), and type "X" next to the one you will use for this liability. You may assign multiple billing methods to an account, but you can only assign one at a time.

```
                    Financial Information

          Client Number:        63    SALLY          SHAKER
          Account Number:       63    SALLY          SHAKER

                                                     Rec.  Full  System
   Billing Method       Eff Date Exp Date  Income Dep  Fee   Pay   Rate
 ┌──────────────────────────────────────────────────────────────────────┐
 │ MONTHLY                                                              │
 │ EPISODIC                                                             │
 │ DMC SERVICE          02/01/96              500  0      3.00  N    3.00 │
 └──────────────────────────────────────────────────────────────────────┘

      Dependents:                 Income:                Income Source:
 ┌──────────────────────────────────────────────────────────────────────┐
 │                       Effective  Expiration  Recommended  Full   System │
 │  Billing Method         Date       Date         Rate     Pay    Rate  │
 │                         /  /       /  /           .       N       .   │
 └──────────────────────────────────────────────────────────────────────┘

   Form Okay:             Confidential Information          USER: SEIGEL_C
Select a liability.
```

Figure 9.6: Financial Information Screen, Select Billing Method

2. Press Return. The screen displays the selected billing method in the Billing Method Rate entry area, in the bottom third of the screen (Figure 9.7).
3. Information you enter in this area is used to retrieve a system rate based on your agency's fee schedules. Enter data in the following fields:

- **Dependents:** Enter the number of persons in the family dependent on the declared income.

```
                    Financial Information

        Client Number:          63    SALLY          SHAKER
        Account Number:         63    SALLY          SHAKER

                                                     Rec.  Full  System
  Billing Method       Eff Date Exp Date  Income Dep  Fee   Pay   Rate

  DMC SERVICE          02/01/96             500  0    3.00  N     3.00
  MONTHLY
  EPISODIC

     Dependents: 2                Income:     500        Income Source: 3

                        Effective  Expiration  Recommended  Full    System
  Billing Method          Date        Date         Rate     Pay      Rate
  DMC SERVICE           11/06/97     /  /            .       N         .

 Form Okay: _            Confidential Information          USER: SEIGEL_C
```

Figure 9.7: Financial Information Screen, Establishing Liability

- **Income:** Enter gross income for the client or the RP.
- **Income Source:** Enter the code which represents the source of the client's or RP's income. If the source of income is not known, leave blank.
- **Effective Date:** Enter the effective date in MM/DD/YY format. The default is today's date. If the system finds any services before this date, it writes a new effective date to cover the services. You may enter dates up to 45 days into the future.
- **Recommended Rate:** Your agency's rate for the billing method, income, and number of dependents is displayed here by default. If you want the client to be billed at a different rate, enter it here.
- **Full Pay:** If you want the client to be billed for the full cost of service, enter "Y".
- **System Rate:** This field displays your agency's rate for the billing method, income, and number of dependents. It is display-only and cannot be modified.

4. Enter "Y" at the Form OK prompt to save this data.

Tip: If you are updating an account and do not need to change account address or insurance, you can keep entering "N" to skip the remaining screens and go to the Review screen.

Entering the Address

5. If the client has never before had an account entered, the system automatically displays the address page, and you must enter the client's address before continuing.
6. If you are working with an existing account, the system displays the Continue with account screen prompt. Enter "Y" to display the address screen and change the address, or enter "N" to skip this screen.

FI Account Maintenance Screen

Next, the system displays the FI Account Maintenance panel of the Financial Information screen (Figure 9.8).

```
                    FI  Account  Maintenance


                                                   Account Number:      1023
RP Name: PEA            ANDERSON         Minimum Due: 0     Billing Group: 173

Street No.: 112    Direction:    Name: WILSON                Type: ST Apt:
City: SAN FRANCISCO        State: CA Zip: 94999+0000  Phone: (   )    -

  X Bad Address        Employer No Ins    Income No Ins

                   RP Employer:
                   Spouse Employer:
                   Accept As Entered: Y
  Select RP Employer                      Select Spouse Employer


Form OK Y/N:              Confidential Information          USER: SIEGEL_C
```

Figure 9.8: Financial Information Screen, FI Account Maintenance Panel

To fill out the FI Account Maintenance panel:

1. Enter basic data on the responsible party:

- **RP Name:** Enter the name of the person responsible for payment of the bill (first name, middle initial, last name). The client name is the default value if you are creating a new account.

- **Minimum Due:** This optional field lets you bill the account for a minimum payment. Many counties bill on the basis of a monthly fee agreement. If you enter an amount in this field, the system will compare the amounts in the RP Owes and Minimum Due fields, and will bill the RP the lesser of the two. You can enter only whole dollars; not cents. You cannot have a Minimum Due of zero: if you enter "0", the system acts as if there is nothing in the field and bills the client the amount in the RP Owes field.

- **Billing Group:** Your Business office may use this optional field to classify accounts.

- **Address:** Enter RP street address. This is the mailing address used on the patient bill. If billing address is unknown, enter UNKNOWN in the street and city fields, CA as state, and 99999 for zip code.

2. The next section of this screen is a scrolled region, where you can enter some account conditions, and some are automatically set by the system:

- **Bad Address:** Enter "X" if you know that the Responsible Party address shown on the screen is incorrect. (If you later enter the correct address, remove this "X".) If this is selected, no patient bill is generated.

- **Employer No Ins:** Selected automatically if the employer is entered through the FI screen and no insurance coverage is entered for the client. If the employer is deleted from the account, this condition is automatically removed. Otherwise, it can only be removed by Supervisors. If it is selected, there will be no billing to any payor source.

- **Income No Ins:** Selected automatically when the account is created if income is greater than a county determined amount and there is no insurance. This condition can be removed by Supervisors. If it is selected, there will be no billing to any payor source.
- **System Generated:** Selected if the account was created by the system. Turned off automatically once the account has been updated with the FI screen.

3. Use the next section of the screen to enter the employers of the RP and spouse:

- **RP Employer:** Enter the full name of the RP Employer. If the client is unemployed or retired, leave the space blank.
- **Spouse Employer:** Enter the name of the spouse's employer.

4. Tab or press Return to move to the Form OK prompt and enter "Y". The system displays an alphabetical list of potential employers. If the employer is in the list, type "X" next to it and press Return. If the employer is not in this list, press Return to accept the employers as you have entered them.

Only major employers in your geographical area are on the list. (For more information, see the section on the Employer Maintenance screen in Chapter 11.)

FI Insurance Selection

Next, the system displays the FI Insurance Policy Selection panel of the Financial mation screen (Figure 9.9).

Tip: Usually, you update insurance policies using the Insurance Policy Maintenance screen, described above. When you are updating financial information on an account, you can also correct insurance information by typing "U" (for update) next to the insurance policy on the FI Insurance Policy Selection screen and pressing Return. Information on that policy is displayed for updating.

```
                    FI Insurance Policy Selection

          Client Number: 5000000100   BERTHA        BLUECROSS

     ID  Insurance Company Name    Company        Company Src
X  17   AETNA                     ROHR           RP Employer
   19   ALLSTATE INSURANCE        ROHR           RP Employer

 Company ID:                 Company Name:

 Group Number:                              Effective Date:    /  /
 Policy Number:                             Expiration Date:   /  /

 Insured Name:                              Insured Sex:
 Insured SSN:  000-00-0000                  Relationship to Insured: SELF

     Employment Related                    Assignment Of Benefits

Form OK Y/N:            Confidential Information          USER: BORDEN
Select insurance for policy insert.
```

Figure 9.9: Financial Information Screen , FI Insurance Policy Selection Panel

If you selected an employer from a list on the previous screen, insurance plans offered by the employer are listed in the top box.

To select one of the employer insurance policies:

1. Enter "X" next to the correct plan.
2. Then continue to enter the rest of the insurance policy information, as described below.

To enter a private insurance policy or a Medicare policy that is not attached to an employer:

1. Press Gold-I.
2. Enter the insurance company identification number or company name or partial name and press Return.
3. If you entered an insurance company name, an Insurance Company Search/Select area is displayed and you must use the Tab or Up and Down Arrow keys to find the correct insurance company, type "X" next to it, and press Return.

In any case, you must enter the rest of the insurance policy information. See the section on the Insurance Policy Maintenance screen in Chapter 10, for complete information on entering and updating insurance policies.

To enter the rest of the insurance policy information:

1. Enter data in the following fields:

- **Company ID:** Insurance company identification number from the Insurance Company Master file.
- **Company Name:** Insurance company name.
- **Group Number:** Client's insurance group number.
- **Policy Number:** Client's insurance policy number.
- **Effective Date:** Date the client's insurance policy became effective. If you do not know, use the first service date for which the new system began producing claims.
- **Expiration Date:** Date the client's insurance policy expired. Enter a date only if you are sure that the policy is no longer valid.
- **Insured Name:** Name of the insured person.
- **Insured SSN:** Social Security Number of the insured person.
- **Insured Sex:** Sex of the insured person.
- **Relationship To Insured:** The relationship of the client to the insured person: Self, Spouse, Child, Other.
- **Employment Related:** Enter "X" if you are sure the client's illness is related to his/her employment.

- **Assignment of Benefits:** Enter “X” if the client has signed a statement assigning insurance benefits to the County. Only users with Policy Flags authorization may use this.
- **Release of Information:** Enter “X” if the client has signed a statement allowing release of medical information needed to claim insurance benefits. Only users with Policy Flags authorization may use this.
- **Information Complete:** Enter “X” if the insurance policy is complete and ready for billing. Only users with Policy Flags authorization may use this.

2. At the Form OK prompt, enter “Y” to save the data. The policy is displayed in the top box of the screen with pending status.
3. Press Return to go to the Form OK prompt, and enter “Y” again.

FI Summary Screen

After you have finished entering data in the other screens, the system displays the FI Summary panel of the Financial Information screen (Figure 9.10), which summarizes the information you entered on previous screens.

To use the FI Summary Screen:

1. Press Return to go to the Form OK prompt.
2. If all the data is correct, enter “Y” to save it.

The system displays a message saying the account was created and telling you the new account number established by the system.

```
                          FI  Summary

     Client Number:         63  SALLY          SHAKER
     Account Number:        63  SALLY          SHAKER
                                21 FOURTH ST
                                ANYTOWN, CA 99999

   Bad Address        Employer No Ins    Income No Ins

  Liability           Eff Date Exp Date  Income  Dep   Rec Fee
  DMC SERVICE         11/01/97              500   2       3.00

  Client Number          Client Name                Birth Date       SSN
          63     SALLY          SHAKER               04-Apr-1961   123-44-3333

     ID  Insurance Company Name    Policy Number   Entered By  Policy Status

 Form OK Y/N:              Confidential Information          USER: SEIGEL_C
Review FI before update.
```

Figure 9.10: Financial Information Screen, FI Summary Panel

Clients with Existing Accounts

If the client is already attached to an account, the current financial information is displayed when you first enter the Client Number in the Financial Information screen. Select the liability you want to update. You can press Tab to move through the fields and edit the data. Press Return when you are done with each screen.

When you update an existing account, you do not have to complete all the Financial Information screens to save the changes. You can enter "N" to bypass screens and go to the FI Summary screen. At the FI Summary screen, enter "Y" at the Form OK prompt to save the changes.

Maintaining Accounts

You have seen that you use different screens to enter new accounts in California and other states, but you use the same screen to maintain accounts everywhere.

To maintain accounts:

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose ACCOUNT from the Account Maintenance menu to display the Account Maintenance Selection screen (Figure 9.11).

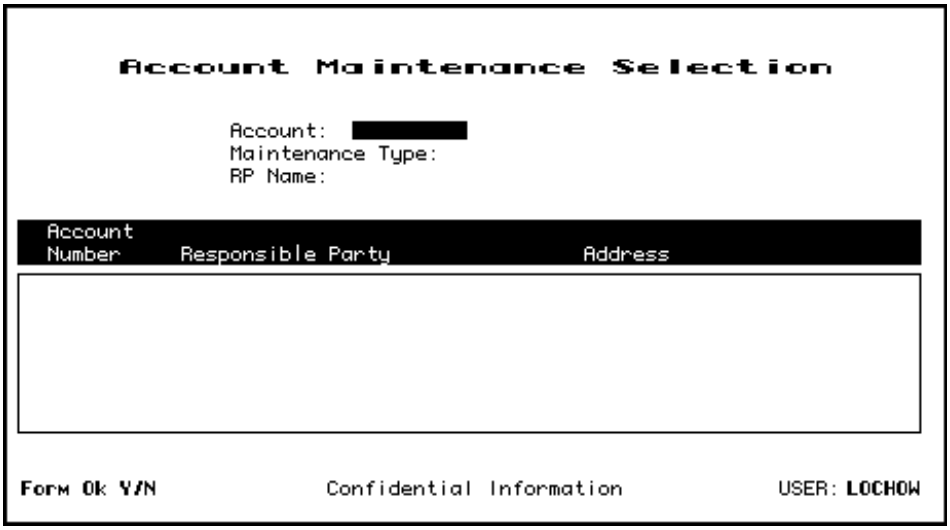


Figure 9.11: Account Maintenance Selection Screen

Note: This screen may display either UMDAP or Liability information, depending on how InSyst was installed. UMDAP refers to California Mental Health agencies. Liability refers to all others.

Use this screen to enter changes to a client or family account other than income, assets and expenses (which are entered through the Financial Information screen, described above).

To maintain accounts if you know the account number:

1. Display the Account Maintenance Selection screen, and use these fields at the top of the screen:

- **Account Number:** If you know the account number, enter it here.
- **Maintenance Type:** Enter "L" for Lookup or "U" for Update.

2. Press Return to display the account record you specified in the maintenance screen you specified.

To maintain accounts if you do not know the account number:

1. Display the Account Maintenance Selection screen. Press Tab to skip Account and Maintenance Type and reach this field:

- **RP Name:** Enter the Responsible Party's last name (or partial name), and first name (optional),

2. Press Return. The system displays an alphabetical list of potential account numbers and names (Figure 9.12).
3. Press Tab to move down the list. Enter "L" for Lookup or "U" for Update next to the accounts you want to maintain, and press Return.

```
                    Account Maintenance Selection

                    Account:
                    Maintenance Type:
                    RP Name: HEN

 Account
 Number     Responsible Party                Address

 1029922  SALLY      P HENDERSEN    4444 NE MAIN AT Apt. 233 SAN JOSE,
 2324444  ALICE        HENDERSON    10 GRANT SAN JOSE, CA 94102
 1233232  HARRY        HENDERSON    1222 SW FIRST ST  APT 109 SAN JOSE
 4556098  WALTER     B HENLY        1222 N FILMORE ST  SANTA CLARA, CA
 9880998  AL           HENRY        32 4TH ST APT 232  SAN FRANCISCO,
 1443433  JIM          HUNSLEY      655 MAYBERRY DR SAN JOSE, CA

Form Ok Y/N            Confidential Information            USER: LOCHOW
```

Figure 9.12: Account Maintenance Selection Screen with Accounts Listed

Lookup lets you view data without modifying it, and Update (Figure 9.13) lets you view data and modify certain fields. Both display the fields listed below.

```
                          Account Update

RP Name:      PEA            ANDERSON          Account:      1023
RP Employer:                                   Created: 09-Feb-91 By: SMITH
Spouse Empl:                                   Changed: 12-Jul-94
Billing Group: 173  Alpha & Omega Biller       Billed:    -   -   Amt:     $0.00
                        Minimum Due:     0

  X Bad Address        Employer No Ins    Income No Ins
V------------------------------------------------------------------------V
  Effective  Expiration   Annual Liab.     Balance    Acct. Bal.     RP Owes
   01-Jan-92  ROLLOVER          $37         $37.00       $0.00         $0.00
V------------------------------------------------------------------------V
             Unapplied Payments: $0.00           Total RP Owes:        $37.00
  Client Number          Client Name                Birth Date        SSN
      1000027    PEA            ANDERSON             15-Feb-1945   543-21-0987
V------------------------------------------------------------------------V
Street No.: 112    Direction:    Name: WILSON                Type: ST Apt:
City: SAN FRANCISCO        State: CA Zip: 94999+0000  Phone: (    )    -

 Form OK Y/N:              Confidential Information          USER: SIEGEL_C
```

Figure 9.13: Account Update Screen, UMDAPS

Basic Account Information

The top of the screen lists basic information about the account:

- **Account:** Client or family account number.
- **RP Name:** Person responsible for payment of services on the account.
- **RP Employer:** Employer of the Responsible Party (RP).
- **Spouse Employer:** Employer of the RP's spouse.
- **Billing Group:** An optional field that the Business Office may use to classify accounts.
- **Created:** Date the account was established in the system.
- **By:** Name of the user or process that established the account.
- **Changed:** Date the account was last modified, by a user or by the system.
- **Billed:** Date the most recent patient statement was produced by the system.
- **Amount:** Amount shown as the New Balance on the most recent patient statement.
- **Minimum Due:** The minimum payment required, if there is a monthly billing agreement.
- **Patient Bill Message Number:** Number assigned the last time the Patient Bill program was run. Supervisors may enter a number to add a message to the next patient statement. Numbers over 600 will not be over-ridden by the InSyst standard messages (numbers 500-599). The number you enter must have a corresponding record in the Patient Statement Message relation.

Account Conditions

The next section of this screen is a scrolled region with account conditions (Account Flags), some automatically set by the system and others set by users. Use the Tab or Up and Down Arrow keys to view this information:

- **Bad Address:** Enter "X" if you know that the Responsible Party address shown on the screen is incorrect. (If you later enter the correct address, remove this "X".) If this is selected, no patient bill is generated.

- **Employer No Ins.:** Selected automatically if the employer entered through the FI screen has no insurance coverage. If the employer is ever deleted from the account, this condition is automatically removed. Otherwise, it can only be removed by Supervisors. If it is selected, there will be no billing to any payor source.

- **Income No Ins:** Selected automatically when the when the account is created if income is greater than a county determined amount and there is no insurance. This condition can be removed by Supervisors. If it is selected, there will be no billing to any payor source.

- **Reason for Hold:** If you create a hold on the account using the Account On Hold Adjustment (described below), the reason for the hold is displayed to the right of the Income No Ins flag. If there is not a hold on the account, this space is blank.

- **System Generated:** Selected if the account was created by the system. Turned off automatically once the account has been updated with the FI screen.

UMDAPS or Liabilities On Account

The next section of this screen is a scrolled region with UMDAP periods or Liabilities for the account. Use the Tab or Up and Down Arrow keys to view this information.

For UMDAPS, it displays the following information:

- **Effective/Expiration:** Effective and expiration dates for the UMDAP period.

- **Annual Liab:** Annual UMDAP liability as calculated by the Financial Information screen. (Full Pay is displayed if the account is billed at the full cost of service.)

- **Balance:** Current UMDAP Balance, which is the original Liability, less patient payments, plus extra charges (such as bad check charge), plus (or minus) adjustments that have been made to the account during the period. If the account is Full Pay, this is not applicable.

- **Acct Bal:** Account Balance is the result of total debits (charges) for all services provided to all clients on the account minus total credits (payments) to the account. Services that are not billable to the patient are not included in total debits.

- **RP Owes:** Amount the Responsible Party actually owes Mental Health. In most cases this is the lesser of Balance or Acct. Bal. If the account is coded Full Pay, this is generally Acct. Bal. This amount is displayed as New Balance on patient bills.

- **Unapplied Payments:** Total amount of client payments that have been entered against the account but not posted.

- **Total RP Owes:** Total the RP Owes for all liabilities on account.

For Liabilities, it displays the following information:

- **Liability:** Type of Liability.
- **Eff/Exp Date:** Effective and expiration date for the liability.
- **Income:** Monthly Income entered through the FI Screen. (This field may be Annual Income rather than Monthly Income in some installations.)
- **Dep:** Number of persons dependent on income.
- **Rec Fee:** Recommended fee for client billing.

Clients On Account

The next scrolled region lists the client number, name, birth date and social security number of up to five clients attached to the account.

If more than five clients are linked to an account, it displays the message: More clients may be on account. The client Locator screen, described in Chapter 2, can give you a complete listing of all the clients linked to an account.

Account Address

The address region includes the address and telephone number of the Responsible Party. All of these fields can be updated. This address is the mailing address used on the patient bill.

To update this field, use the Address Maintenance Selection screen: see the section on Maintaining Addresses in Chapter 2.

Account Adjustments

To enter an adjustment:

1. Display the Account Update screen, as described above.
2. Press Gold-J. The bottom portion of the screen, which normally shows the account address, is replaced by a scrolled region listing the choice of adjustments available (Figure 9.14.).
3. Use the Tab key or Up and Down Arrow keys to reach the selection you want. Place an “X” next to the type of adjustment you want to perform, and press Return.

```
                          Account Update

RP Name:      PEA            ANDERSON          Account:       1023
RP Employer:                                   Created: 09-Feb-91 By: SMITH
Spouse Empl:                                   Changed: 12-Jul-94
Billing Group: 173  Alpha & Omega Biller       Billed:    -   -   Amt:      $0.00
                        Minimum Due:      0

  X Bad Address        Employer No Ins    Income No Ins

  Effective  Expiration   Annual Liab.     Balance    Acct. Bal.     RP Owes
   01-Jan-92  ROLLOVER          $37         $37.00       $0.00         $0.00

             Unapplied Payments: $0.00            Total RP Owes:        $37.00
  Client Number          Client Name                Birth Date        SSN
      1000027    PEA            ANDERSON             15-Feb-1945   543-21-0987
                                Adjustments

     Account Off Hold                          Account On Hold
     Bad Check Charge                          Conv Acct Bal Decrease

 Form Ok Y/N:              Confidential Information          USER: SIEGEL_C
```

Figure 9.14: Account Maintenance Screen with Adjustments Displayed

To update an account and enter an adjustment, you must select the account for update twice. The screen does not allow an update and an adjustment in a single update session.

Most account adjustments do not occur immediately. When they are first entered, you can view or delete them through the Adjustment Maintenance screen. They only affect account balances after an adjustment posting program runs. After an adjustment has been posted, it cannot be deleted, but you can perform a second adjustment to reverse the action of the first.

Adjustments only affect the UMDAP period indicated by the Effective Date you enter. To adjust balances in multiple UMDAP years, you must perform multiple adjustments. See the section on the Adjustment Maintenance Screen for more information.

Use the following options in the adjustment area:

- **Comments:** With each adjustment, there is space to enter a comment indicating the reason for the adjustment.

- **Account Off Hold (420):** If you used the Account On Hold adjustment to stop billing an account, use this adjustment to start billing the account again.

- **Account On Hold (421):** Use this adjustment to prevent production of patient bills for this account. You are prompted to enter an effective date, Hold Account Reason, and Comment. Standard Hold Account Reasons distributed with InSyst are: BK = Bankruptcy, CC = Sent to Collections, CM = Case Management, CR = Client Request, DS = Disputed Services, FC = Full Cost/Insurance, FS = Fee For Service, FW = Fee Waiver Pending, HPA = Hold Account, HPB = Hold Bill, IA = Insurance W/O Needed, IN = Waiting For Insurance, LG = Legal Action Pending, MR = Medicare W/O Needed, OP = Overpaid Account, OT = Miscellaneous, PW = Paid Wrong Agency, SA = Sensitive Account (Confidential). Operations Staff may add other codes using Datatrieve's ACCOUNT_HOLD_MASTER relation.

- **Bad Check Charge (302):** Use this adjustment to charge a user-determined amount to the account for a returned check. This amount is added to both the UMDAP Balance and the

Account Balance following posting. This adjustment writes a bad check service record (procedure code 904) for the amount. The screen asks for an Effective Date, and it checks to see that the effective date is within the bounds of an episode for any client on the account and within the bounds of a liability period on the account. Requires Payment Adjustment authorization

- **Bankruptcy Adjustment (406):** This adjustment works like the Therapeutic Adjustment. In the Adjust balance +/- field, enter the difference between the current Liability Balance and what you think the RP should now owe. A + is assumed, but you must include a - to decrease the value. In the Effective Date field, enter the first day of the liability period in which you want to modify the Liability Balance. Do not enter a Bankruptcy Adjustment on a Full Pay account. Requires UMDAP Adjustments authorization.

- Conversion Account Balance Decrease (331): Use this adjustment to reduce the Account Balance and the UMDAP Liability Balance for accounts that were transferred from the old system with incorrect Balances. The screen requests an Amount and Effective Date. The effective date must be within an episode for any client on the account and within a liability period on the account. A pseudo-payment record (for company 32765-Non SD Patient Pay) is written to the account for the amount specified. After the adjustment is processed, this record must also be processed before the decrease is reflected in the UMDAP Balance and the Account Balance. Requires Account Supervisor authorization.

- Conversion Account Balance Increase (303): Use this adjustment to increase the Liability Balance and the Account Balance of accounts that were transferred from the old system with an incorrect Account Balance. The screen requests an Amount and Effective Date. The effective date must be within an episode for any client on the account and within a liability period on the account. The adjustment writes a pseudo-service record (procedure code 900-Transfer) to a client on the account for the amount specified. After the adjustment is processed, the 900 service record must also be processed before the increase is reflected in the Account Balance. If there is already a Transfer service for the period, when you enter this adjustment, the dollar amount of the service will be increased by the amount specified in the adjustment. Requires Account Supervisor authorization.

- **Initiate Full Pay (405):** Use this adjustment to change an account from owing an annual liability amount to owing for the full cost of all services provided on the account. In the field for Effective Date, enter the first day of the target UMDAP year. This adjustment initiates Full Pay status for the entire UMDAP year. Requires Full Pay Adjustments authorization.

- **Merge Account (621):** Use this adjustment when two accounts should be merged into one. For example, if a new account was created in the system for a client who should have been attached to an existing account, you need to merge information from the account created erroneously into the existing valid account. In the Maintenance screen, display the account you want to keep, not the one you want to discard. Then use the Merge adjustment. This adjustment removes the dissolved account from the system completely, changes the account number in the client record for all clients attached to that account, and moves all liabilities, services, payments and claim records to the Destination account. A system generated account may be merged into an FI created account, but an FI created account may not be merged into a system generated account. (In the Adjustment Maintenance screen, the adjustment is visible through the Destination Account number.) Requires Account Supervisor authorization.

Note: If a client has been given two client numbers and two account numbers in error, you must perform both the Merge Client and Merge Account adjustments. Do the Merge Account adjustment first, make sure the adjustment completes successfully, and then do the Merge Client adjustment.

- Miscellaneous Account Balance Decrease (330): Use this adjustment to reduce the Account Balance and the UMDAP Liability Balance. The screen requests an Amount and Effective Date. The effective date must be within an episode for any client on the account and within a liability period on the account. A pseudo-payment record (for company 32765-Non SD Patient Pay) is written to the account for the amount specified. After the adjustment is processed, this record must also be processed before the decrease is reflected in the UMDAP Balance and the Account Balance. Requires Account Supervisor authorization.
- Miscellaneous Account Balance Increase (304): Use this adjustment to increase the UMDAP Liability Balance and the Account Balance. The screen requests an Amount and Effective Date. The effective date must be within an episode for any client on the account and within a liability period on the account. The adjustment writes a pseudo-service record (procedure code 905-Miscellaneous Debit) to a client on the account for the amount specified. After the adjustment is processed, the 905 service record must also be processed before the increase is reflected in the UMDAP Balance and the Account Balance. Requires Account Supervisor authorization.
- **Miscellaneous Adjustment (410):** This adjustment works like the same as the Therapeutic Adjustment. Enter the amount by which you want to increase or decrease the UMDAP Liability Balance in the Adjust Balance +/- field. (A + sign is assumed, but you must enter a - sign to reduce the UMDAP Balance.) Enter the first day of the Liability period you want to modify as the Effective Date. Do not enter a Miscellaneous Adjustment on a Full Pay account. Requires UMDAP Adjustments authorization.
- **Patient Refund (311):** Use this adjustment when you issue the patient a refund check because the account has been overpaid. Enter the Refund Amount and the Effective Date, the date the check was written to the patient. The adjustment finds all patient payments with status of To Post or Distributed in Part (payment distribution status of To Apply or Unapplied) up to the amount requested and moves them to the Refunds relation. The status of the payment distribution is changed to Refunded. If there are insufficient amounts in To Post or Distributed in Part status, the adjustment will fail. Requires Payment Adjustment authorization
- Remove Client From Account (620): Use this adjustment to remove a client from an account, for example, when a child who was associated with a family account becomes an adult. The screen asks you to enter the number of the Client to Remove. This adjustment changes the account number in the client record to zero. To complete the process, you must create a new account for this client or attach the client to another account. This adjustment does not move to Ready status, but moves immediately to Posted status. It does not move service information to a new account. Services that

were attached to the old account in error will remain attached to that account, and require additional adjustments. *Do not* delete services and re-enter them. Requires Account Supervisor authorization.

- **Repost Account (903):** This adjustment should only be used if the account is out of balance or payments have been misapplied. It unposts all payments on the account, opens all receivables, readjusts the patient liability to the RP Owes calculation, recalculates total debits and zeros total credits. Then, the next time payment posting runs, all payments are newly applied to the account. Requires Account Supervisor authorization.
- **Reverse Full Pay (404):** Use this adjustment to cancel Full Pay status on an account and set a new Liability amount. Enter the Annual Liability that you want to establish as the new liability for the full year. In the field for Effective Date, enter the first day of the target Liability year. This adjustment cancels full pay status for the entire year. Requires Full Pay Adjustments authorization.
- **Therapeutic Adjustment (403):** Use this adjustment when the therapist determines that the client's financial responsibility should be different from the amount specified in the Patient Fee Schedule (calculated by the FI screen). Note that the Annual Liability calculated by the FI screen is not affected by this adjustment, but the Balance reflects the change. In the Adjust balance +/- field, enter the difference between the current Liability Balance and what you think the RP should now owe. (A + sign is assumed, but you must enter a - sign to reduce the UMDAP Balance.) Enter the first day of the Liability period you want to modify as the Effective Date. Do not enter a Therapeutic Adjustment to a Full Pay account. Requires UMDAP Adjustments authorization.
- Write-off UMDAP (Medicaid) (402): Use this adjustment if the client should not be responsible for payment of the liability due to eligibility for Medi-Cal, but Liability was not automatically written off. It reduces the current Balance to zero. Enter the first day of the liability period you want to write off as the Effective Date. Do not use this adjustment on a Full Pay account. Requires UMDAP Adjustments authorization.

Note: Counties may use InSyst's automatic write-off. If any client on an account is eligible for Medicaid, the system can write a Medicaid Write-off adjustment to the client's account, reducing the Liability Balance to zero. This option works in different ways, depending on how the county installed it.

Maintaining Adjustments

You enter most changes to balances on accounts using adjustments in the Account Maintenance Screen, as described above. This provides an audit trail to show who made adjustments, why, when and for what amount. (The system does not replace the paper audit trail required for therapeutic and other adjustments.)

To look at adjustments or to delete adjustments in the Ready state:

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose ADJUSTMENT from the Account Maintenance Menu to display the Adjustment Maintenance Selection screen (Figure 9.15).

```
Adjustment Maintenance Selection

Account Number: 1233233     HARRY       R HENDERSON
Client Number:
Effective Date:     /  /

 Description            Amount  Effective   Entered   Entered By  Status
L Therapeutic Adjust $100.00  01-Jul-87 15-Jul-87   LOCHOW   Posted
                                -   -     -   -
                                -   -     -   -
                                -   -     -   -
                                -   -     -   -
                                -   -     -   -

                    Confidential Information        USER: LOCHOW
1 record displayed.  Last page displayed.
```

Figure 9.15: Adjustment Maintenance Selection Screen

Tip: It is more effective to search by Account Number, since adjustments are attached to an account. If you search by Client Number, some adjustments will not be retrieved. If you cannot find the adjustment you are looking for when you use client number, try searching by account number also.

4. To find adjustments, use the fields at the top of the screen:

- **Account number:** To search by account, enter the account number.
- **Client number:** To search by client, enter the client number
- **Effective Date:** Optionally, you may narrow either of these searches by also entering an effective date in the format MM/DD/YYYY. Only adjustments after this date are listed.

5. The screen lists adjustments that match the search criteria. Move the cursor through the list. (See the section on Moving Through Lists in Chapter 1.) Enter “L” (lookup) or “D” (delete) next to the adjustments you want to maintain.
6. Press Return to display the selected records in the maintenance screens.

Adjustment Lookup

If you entered “L”, the system displays the record in the Adjustment Lookup screen (Figure 9.16), which contains the following fields:

```
                    Adjustment Lookup

          Client Number:
          Account Number:  1233233     HARRY       R HENDERSON

 Adjustment Type:  Therapeutic Adjustment
 Adjusted Through: Account Maintenance
 Status:           Ready
 Proposed Amount:       210.00          Effective Date: 01-Jan-1991
 Processed Amount:         .
 Posting Date:
 Entered On:       22-Jun-1993
 Entered By:       LEONLD

 Adjustment Comment: Refuses to sign insurance form
 Adjustment Message:

   Continue: ↵          Confidential Information          USER: LEONLD
```

Figure 9.16: Adjustment Lookup Screen

- **Adjustment Type:** The label of the adjustment entered. (Possible types were listed at the end the previous section.)
- **Adjusted Through:** The method used to enter the adjustment.
- **Proposed Amount:** The amount the user entered as the adjustment amount.
- **Status:** Processing status of the adjustment. 1 = Ready to Post, 5 = Error, 6 = Skip - Duplicate, 8 = Posted, 9 = Billed
- **Entered By:** The name of the user (or system function) that entered the adjustment.
- **Entered On:** The date the adjustment was entered.
- **Posting Date:** The date the adjustment was processed by the adjustment posting program.
- **Processed Amount:** The dollar amount the system adjusted. This may vary from the Proposed Amount.
- **Effective Date:** The date the user entered as the effective date.
- **Provider:** If applicable, the name of the provider the adjustment pertained to.
- **Target Date:** If applicable, the date of the action the adjustment is supposed to effect. Generally, this is the key entry date (stamp) of the action.
- **Adjustment Comment:** If applicable, the comment entered with the adjustment.
- **Adjustment Message:** Text describing the outcome of adjustment after it was processed by the adjustment posting program. If the adjustment ended in error, the message reflects the reason for the error.

When you are done with an adjustment, press Return to display the next adjustment that you selected.

Adjustment Delete

If you entered "D", the system displays the record in the Adjustment Delete screen. To delete it, Tab to the Delete OK prompt and enter "Y". Then enter "Y" again at the confirm prompt.

Only adjustments that are in Ready or Error states may be deleted. When an adjustment is first entered to the system, it is Ready. If an adjustment is in Error, you should determine why and reenter it correctly before deleting the Error adjustment.

If the system has processed the adjustment successfully, it moves it to Posted or Billed status. At this point, you cannot delete the adjustment. Instead, you must enter a second adjustment reversing the first.

Supervisor Authorization

Supervisors may press Gold-A to view additional details about an adjustment, such as adjustment procedure code, key entry date time-stamp and posting date time-stamps, and priority (the relative priority assigned to a type of adjustment for processing).

Account Status Summary

The Account Status Summary screen lets you look at an account, and it does not allow updating, deleting, or adjustment.

To use the Account Status Summary screen:

1. Choose FINANCIAL from the Main Menu.
2. Choose ACCOUNT from the Financial Maintenance Menu.
3. Choose SUMMARY from the Account Maintenance Menu to display the Account Status Summary Screen (Figure 9.17).

It includes the following fields:

- **Account No:** To use the screen, enter an UMDAP family account number here. Press Return to display data in the other fields.
- **Created/By:** The date the account was created, and the name of the user or process that created it.

```
                    Account Status Summary
Account No.:    1233233                HARRY HENDERSON
Created: 13-JUN-90 By: MOSKOWITZ       2800 VIA ALAMEDA, APT. 75
                                       MOUNTAIN HOME, CA 95356
Phone:      (   )    -
Employer:                              Last Billed:  13-JUL-91 Amt: $222.00
Spouse Emp:                            Last Payment:           Amt:
Billing Group:

 Effective  Expiration   Annual Liab.   Balance    Acct. Bal.   RP Owes
  01-Jan-91  ROLLOVER        $111        $0.00     $286.80      $0.00

            Unapplied Payments: $0.00          Total RP Owes:      $0.00

Open Rcvbls:   Medicaid      $0.00  Medicare  $0.00  Insurance      $0.00

  Client Number          Client Name            Birth Date      SSN
  1233233              HARRY HENDERSON          8-OCT-1956   357-52-1430

 Continue:              Confidential Information        USER: LEONLD
```

Figure 9.17: Account Status Summary Screen

- **RP Name/Address:** The name and address of the person responsible for payment of services on the account are shown on the right side of the screen. This is the mailing address on the patient bill.
- **Phone:** The phone number of the responsible party.
- **Employer/Spouse Emp:** The employer of the Responsible Party (RP) and spouse.
- **Billing Group:** The number of the billing group for the account, if any. (The Business Office may use billing group numbers to classify accounts.)
- **Last Billed/Amount:** The date the system produced the most recent patient statement, and the dollar amount shown as the New Balance on this statement.
- **Last Payment/Amount:** The date and dollar amount of the most recent patient payment posted to the account.
- **Conditions:** The area below the Billing Group line shows account conditions. Possible entries are: Bad address, Employment-no insurance, Income-no insurance, Account on hold, System generated, Out of balance. If the area is blank, none of the conditions (account flags) is set.

For UMDAPS, it also displays the following information:

- **UMDAPS On Account:** The next scrolled region shows up to six UMDAP periods for the account. Use the Tab or Up and Down Arrow keys to view information about these UMDAP periods. (If more than six UMDAP periods are attached to an account the screen shows information on the most recent six years.)
- **Effective/Expiration:** The effective and expiration dates for each UMDAP period.
- **Annual Liab:** The annual UMDAP liability, calculated by the Payor Financial Information (PFI) screen for each liability period.

- **Balance:** The UMDAP Balance, which is the original UMDAP Liability less patient payments, plus extra-UMDAP charges (such as bad check charge), plus (or minus) adjustments. If the account is Full Pay, it is not applicable.
- **Acct Bal:** The account balance: total debits (charges) for all services provided to all clients on the account minus total credits (payments) to the account. Total debits only includes services billable to the patient.
- **RP Owes:** The amount the Responsible Party owes for each liability period. In most cases this is the lesser of the UMDAP Balance or the Account Balance. If the account is coded Full Pay, it is the Account Balance. This amount is used as the New Balance on the patient's bill.
- **Total RP Owes:** The total that the responsible person owes for all liability periods on the account.
- **Unapplied Payments:** The total of client payments that have been entered, but have not posted to the account (*i.e.*, To audit, In audit, To Post status).
- **Open Receivables:** The total of open receivables (claim forms in statuses other than pending or paid) for all clients on the account for Medicaid, Medicare and Insurance.
- **Clients On Account:** The last scrolled region displays the client identification number, name, birth date and social security number of up to three clients attached to the account. Use the Tab key or Up and Down Arrow keys to view these clients. If more than three clients are linked to an account, it displays the message, "More clients exist on this account", and you may view all the clients on the account using the Client Locator screen (covered in Chapter 2).

For Liabilities, it also displays the following information:

- **Liability:** The type of liability is displayed.
- **Eff/Exp Date:** Effective and expiration date for the liability.
- **Income:** Monthly Income entered through the FI Screen. (This field may be Annual Income rather than Monthly Income in some installations.)
- **Dep:** Number of persons dependent on income.
- **Rec Fee:** Recommended fee for client billing.

Chapter 10
Medicaid and Insurance

This chapter covers the Eligibility Maintenance menu, which lets you enter and maintain Medicaid and insurance policy records.

Medicaid Eligibility Records

To work with Medicaid eligibility records:

1. Choose FINANCIAL from the Main Menu.
2. Choose ELIGIBLE from the Financial Maintenance Menu.
3. Choose MEDICAID from the Eligibility Maintenance Menu to display the Eligibility Maintenance Selection Screen (Figure 10.1),

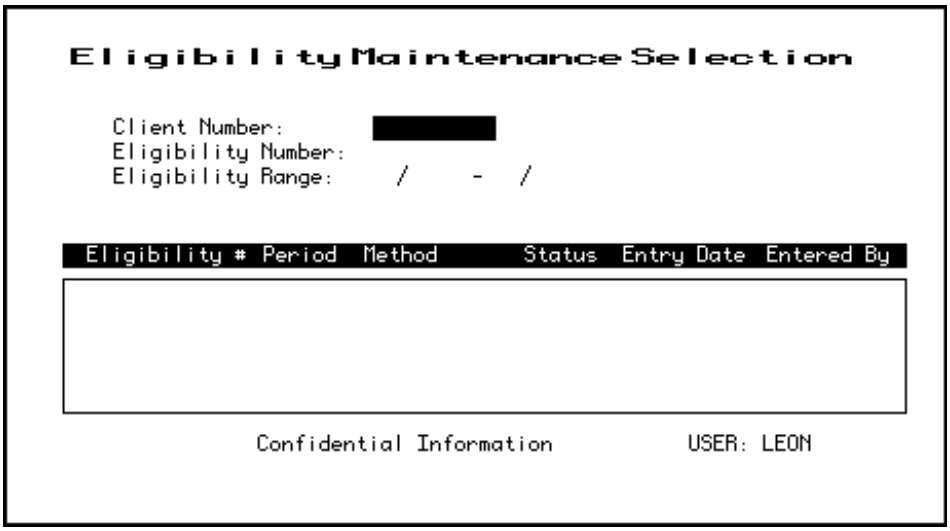


Figure 10.1: Eligibility Maintenance Selection Screen

Use this like other InSyst maintenance screens to insert new Medicaid eligibility records, or to look up, update or delete existing Medicaid eligibility records.

Note: You must have Medicaid authorization to use this screen.

Entering a New Eligibility Record

To enter a new Medicaid eligibility record:

1. Choose MEDICAID from the Eligibility Maintenance Menu to display the Eligibility Maintenance Selection Screen, shown above.

2. Press Gold-I to display the Eligibility Insert screen (Figure 10.2).

```
                    Eligibility Insert

 Client Number: [redacted]     RU:          Eligibility Number:

 Name:                                Birthdate:   -   -       Sex:
 Social Security Number: 000-00-0000
                                      Sensitive:
 Eligibility Period:   /       Special Reason Code:    EVC Number:
 Card Issue Date:      /  /    Confirm Now: Y          Cnty Code:     Aid:

Street No.:        Direction:    Name:                      Type:    Apt:
City:                      State:    Zip Code: 00000+0000 Ph #: (   )    -

 Form OK Y/N:              Confidential Information          USER: SEIGEL_C
 Swipe [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] [redacted] Function
Enter a Client Number and/or an Eligibility Number.
```

Figure 10.2: Eligibility Insert Screen

3. Use the three fields at the top of this screen to identify the client:

Tip: At the bottom of the screen is a menu option that will allow the entry of eligibility number and card issue date through the use of a swipe card device. This swipe card device is not the device issued by the state.

nt Number: Enter the Client Number, if you have it.

orting Unit: This field is displayed if your county is using Network Services for eligibility verification. Enter a Reporting Unit number here to make the system he PIN number when verifying eligibility.

icaid Number: After you enter the Client Number (and, optionally, the RU) and urn, the client's Medicaid number is displayed here if it has already been entered in n. If no number is displayed, enter the number from the client's card here. If you ve the Client Number, enter the client's Medicaid number here, and the system will the client with that Medicaid number.

4. After you have located the client, the following fields are displayed:

- **Name, SSN, Birthdate, Sex:** The screen displays the client name, social security number, birth date and sex. Use this information to confirm that the system has located the correct client.
- **Eligibility Period:** Enter the month and year of eligibility, in MM/YYYY format. The client must have a Medicaid eligibility record for each month/year they are eligible.
- **Card Issue Date:** Enter the card issue date from the client's Medicaid card. This information is required for electronic verification. If you do not have a card issue date, contact your Billing Office or your local Social Services Office.
- **Sensitive:** Enter "Y" if client is Medicaid eligible under California State Minor Consent program.
- **Special Reason Code:** This field appears if your state has policies saying some late claims are acceptable. Enter the code, if you must allow late Medicaid billing.
- **Confirm Now:** Enter "Y" to have the system immediately confirm eligibility through Network Services. Enter "N" to confirm eligibility at a later time.
- **EVC Number:** The Eligibility Verification Confirmation (EVC) number is supplied by Network Services. A unique EVC number is issued each time eligibility is verified, and it is displayed here.
- **Cnty Code:** If you use Network Services to verify eligibility, it provides a County Code in this field.
- **Aid:** If you use Network Services to verify eligibility, it provides an Aid Code in this field.
- **Medicaid Address:** In some states, a Medicaid address must be entered here. If your agency requires this, enter address information from the client's Medicaid card here. If your agency does not require Medicaid Address, the client address appears here as an informational item.

5. Enter "Y" at the Form OK prompt to save your changes.
6. If you are using Network Services, the system will respond with information about the client's Medicaid eligibility and other insurance policies. After reviewing this information, enter "Y" at the confirm prompt to create the new Medicaid eligibility record.

The cursor returns to the Client Number field, so you may enter Medicaid eligibility information for the next client.

Note: The Medicaid Eligibility screen allows duplicate entries for a client in a month. When there is more than one record for a client in a month, the system determines the number to use for claiming. It is always best to enter information directly from the client's Medicaid card.

Maintaining Eligibility Records

To maintain Medicaid eligibility information

1. Choose MEDICAID from the Eligibility Maintenance Menu to display the Eligibility Maintenance screen, shown at the beginning of this chapter.
2. To search for records, enter either a client number or Medicaid number. You may narrow your search by also entering dates in the eligibility range fields.
3. The system displays a list of records that match the search criteria. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Next to the records you want to maintain, type "L" (lookup), "U" (update), or "D" (delete).
4. Press Return to display the selected records in the eligibility maintenance screens.

Eligibility Lookup

If you entered "L", the record is displayed in the Eligibility Lookup Screen, which does not let you change the data.

Eligibility Delete

If you entered "D", the record is displayed in the Eligibility Delete Screen. Enter "Y" at the prompt, and "Y" again at the confirm prompt to delete the record.

A Medicaid eligibility record can be deleted only if it is in Pending or Error status. You must have authorization to delete a Medicaid eligibility record.

Delete a Medicaid eligibility record for these reasons:

- If you entered the wrong Medicaid number or Eligibility Period and the record is still in Pending status.
- If you have entered eligibility for a client and the record is in either of the error statuses: Client has another Medicaid Number, Another client has the same Medicaid Number. Delete the incorrect Medicaid Eligibility Record, and then reprocess the remaining record, as described in the following section.

Eligibility Update

If you entered "U", the record is displayed in the Eligibility Update Screen (Figure 10.3).

You can update the following fields:

- **Sensitive:** Enter "Y" if client is Medicaid eligible under California State Minor Consent program.
- **Special Reason Code:** If late claiming is allowed in your state with a special reason code, you may enter that information here. See state guidelines for a list of codes.

```
                    Eligibility Update

 Client Number:   1000140                 Eligibility Number: 056060732

 Name: HOLLY          HAMMERSTEIN        Birthdate: 26-Jul-50     Sex: F
 Social Security Number: 023-40-3998
                                          Sensitive: [redacted]
 Eligibility Period: 11/1991   Special Reason Code:    EVC Number:
 Card Issue Date:      /  /                   Deny: N  Cnty Code:     Aid:

Street No.: 345    Direction: N  Name: RODEO                Type: RD Apt: 23
City: DALLAS              State: TX Zip Code: 75236+0000 Ph #: (214) 758-4793

 Determination Method: Client            Entered By:
 Processing Status:    Processed         Entry Date: 06-Nov-91
 Processing Message:   normal successful completion

 Form OK Y/N:              Confidential Information          USER: SEIGEL_C
[redacted] [redacted] [redacted] [redacted] [redacted]  [redacted] [redacted] [redacted] Function
```

Figure 10.3: Eligibility Update Screen

- **Deny Eligibility:** This field is displayed when you select a processed eligibility record for update (for authorized users). The default value is N. Enter “Y” to stop services for this client from being billed to Medicaid using this number during the period covered. (Any services previously billed to Medicaid on this Medicaid Eligibility record will remain billed to Medicaid.)
- **Medicaid address:** If you are authorized to enter the address, you can also update it.

Enter “Y” at the Form OK prompt to save the changes.

Eligibility Adjustments

To enter an adjustment to the Medicaid Eligibility record:

1. Display it in the Eligibility Update screen, as described above.
2. Press Gold-J, to display adjustments, as shown in Figure 10.4.
3. You can enter the following adjustments:

- **Reprocess Eligibility:** If the Medicaid eligibility record is in Error, Superseded, or Secondary status and the problem has been corrected, enter this adjustment to reprocess the record.
- **Release Services:** If a Medicaid eligibility record is in Processed status, and there are services being held by the posting system because they exceed the billing time limit, enter this adjustment to release the services. The system will bypass Medicaid billing and try to bill another payor.

```
                    Eligibility Update

 Client Number:   1000140                 Eligibility Number: 056060732

 Name: HOLLY          HAMMERSTEIN        Birthdate: 26-Jul-50     Sex: F
 Social Security Number: 023-40-3998
                                          Sensitive:
 Eligibility Period: 11/1991   Special Reason Code:    EVC Number:
 Card Issue Date:      /  /                  Deny: N  Cnty Code:     Aid:

Street No.: 345    Direction: N  Name: RODEO                Type: RD Apt: 23
City: DALLAS               State: TX Zip Code: 75236+0000 Ph #: (214) 758-4793

 Determination Method: Client            Entered By:
 Processing Status:    Processed         Entry Date: 06-Nov-91
 Processing Message:   normal successful completion

                              Adjustments

    Deny Medi-Cal Eligibility                Release Medi-Cal Services
    Reprocess POE                            Share of cost clearance

 Form Ok Y/N:              Confidential Information          USER: SEIGEL_C
```

Figure 10.4: Eligibility Update Screen with Adjustments Displayed

- **Deny Medicaid Eligibility:** If a client has been given a Medicaid record incorrectly, choose this adjustment to deny eligibility based on the record's Medicaid number. No automatic determinations will be made based on the Medicaid or social security number, and any services that were billed (but not sent) to Medicaid on the number will be unposted and removed from Medicaid billing.
- **Share of Cost Clearance:** If you are using Network Services, use this adjustment to clear the client's monthly share of cost. You are prompted to enter the Reporting Unit number, service date, SOC procedure code, SOC case number, SOC applied amount, and total billed amount. You may also enter a comment.
- **Share of Cost Reversal:** If you are using Network Services, use this adjustment to reverse a Share of Cost Clearance adjustment that was entered in error. You are prompted to enter the same information sent with the Share of Cost Clearance.

4. Enter "Y" at the Form OK prompt to save the data.

Supervisor Authorization

To display the Lookup or Update Screen in Supervisor mode, press Gold-A.

Supervisor mode extends the Entry Date field to include the time of day the Medicaid eligibility record was entered.

Supervisor mode also lets you use Medicaid eligibility records that are in Secondary status. These records are not normally presented for viewing on the Medicaid Eligibility Maintenance screen.

Other Eligibility Information

In addition to the fields described above, the following fields are included on the Eligibility Update, Delete, and Lookup Screens:

- **Determination Method:** How the Eligibility Number was established. Options are: "System" (the computer program that matches clients against State files), "Client" (eligibility information from client was entered to system), "Both" (number was established both by System match and Client), "Transfer" (number was transferred from a previous month's eligibility record).
- **Processing Status:** The status of the Medicaid eligibility record in the billing system. Options are: "Pending" (the record is waiting to be processed by the posting system), "Processed" (the record has been successfully processed), "Denied" (the record was processed and then denied), "Superseded" (the record was entered and then superseded by a newer valid record with a higher priority), "Secondary" (when the record was entered, there was already a valid record with a higher priority), "Error" (one of two possible errors occurred, described below).
- **Entered By:** The name of the person or process that entered the record.
- **Entry Date:** The date the record was entered.
- **Processing Message:** Supplemental message which further explains status.

Error Messages

If a record is in Error status, you must correct the error and reprocess the record. The two possible errors are:

- **Client has another Medicaid number:** There are Medicaid records for the client with different numbers. One of the records must be Denied and the good record must be updated and reprocessed.
- **Another client has the same Medicaid number:** The record for one client must be Denied. Then the record for the other client must be reprocessed.

Insurance Policy Records

You often work with insurance policy records through the Financial Information screen, described in Chapter 9, which establishes a family account and responsible party, calculates liabilities, and also collects insurance information.

To work with insurance information only:

1. Choose FINANCIAL from the Main Menu.
2. Choose ELIGIBLE from the Financial Maintenance Menu.
3. Choose POLICY from the Eligibility Maintenance menu to display the Insurance Policy Maintenance Selection screen (Figure 10.5).

```
Insurance Policy Maintenance Selection

          Client Number:
          Policy Number:
          Company ID:
          Maintenance Type:

 ID   Insurance Company Name   Policy Number   Entered By   Policy Status

                    Confidential Information        USER: LOCHOW
```

Figure 10.5: Insurance Policy Maintenance Selection Screen

Entering a New Insurance Policy

To enter a new insurance policy.

1. Choose POLICY from the Eligibility Maintenance menu to display the Insurance Policy Maintenance Selection screen, shown above.
2. Enter Client Number, Company ID (optional), and "I" as Maintenance Type, and press Return, or simply press Gold-I, to display the Insurance Policy Insert screen (Figure 10.6).

```
Insurance Policy Insert

Client Number: 5000000067  Client Name:  JIM          TESTCASE
Company ID: 433            Company Name: PRUDENTIAL INSURANCE

Group Number:  30682/101                 Effective Date:  01/01/87
Policy Number: 058588962                 Expiration Date:   /  /

Insured Name:                            Insured Sex: M
Insured SSN:  000-00-0000                Relationship to Insured: SELF

    Employment Related                   Assignment Of Benefits
    Release Of Information               Information Complete

Continue: Y            Confidential Information        USER: LOCHOW
Successful insert.  Insert total = 1.
```

Figure 10.6: Insurance Policy Insert Screen

3. To identify the record, fill out the fields at the top of the screen:

- **Client Number:** Enter the Client Number.
- **Company ID:** If you know it, enter the Insurance Company ID number. Then Press The system displays the client name and insurance company name to the right of mbers.

Tip: You may press Gold-R key at any time to return to the initial Insurance Policy Maintenance Selection screen.

- **Company Name:** If you don't know the insurance Company ID, press Tab to bypass Company ID, and enter the Company Name or a partial name. The Insurance Company Selection screen (Figure 10.7) displays an alphabetical list of insurance companies beginning with the name of the company you typed (if it is included in the Insurance Company Master Relation). Move through the list of companies, type "X" next to one, and press Return. The system displays the Insurance Policy Insert screen with name and ID of the insurance company you selected in the top box of the screen.

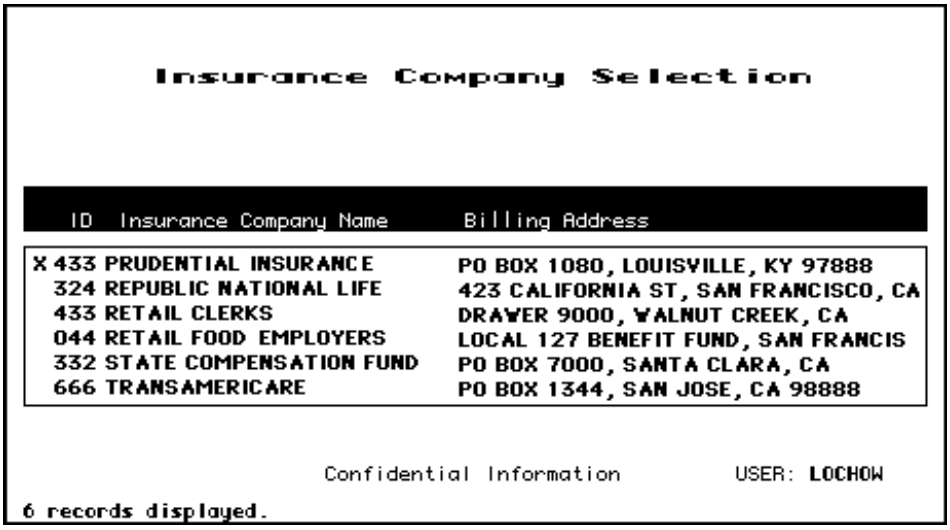


Figure 10.7: Insurance Company Selection Screen

Note: If you do not find the insurance company you are looking for, ask the Business Office to register the new company through the Insurance Company Maintenance screen.

4. After entering the Client number and Insurance Company ID, fill out the rest of the fields in the Insurance Policy Insert screen. Data is required in the Effective Date, Insured Sex, and Relationship to Insured fields:

- Group Number: Client's insurance group number.
- Policy Number: Client's insurance policy number.
- Effective Date: Date the client's insurance policy is effective. If you do not know, use the first service date that the new system began producing claims. Do not update an effective date to make it prior to the first service date.

- Expiration Date: Date the client's insurance policy expires. Do not enter a date in this space unless you are sure that the policy is no longer valid.
- Insured Name: Name of the insured person.
- Insured SSN: Social Security Number of the insured person.
- Insured Sex: Sex of the insured person.
- Relationship To Insured: Relationship of the client to insured person from the following choices: Self, Spouse, Child, Other.
- Employment Related: X indicates that the client's illness is related to his or her employment, so that this is a Worker's Compensation case. All users authorized to update policies may set or release this flag.
- Assignment of Benefits: X indicates that the insured has signed a statement assigning insurance benefits to your agency. Only users with Policy Flags authorization may set or release this flag.
- Release of Information: X indicates that the client has signed a statement agreeing to the release of medical information necessary to claim insurance benefits. Only users with Policy Flags authorization may set or release this flag.
- Information Complete: X indicates that the insurance policy is currently complete and ready for billing. Only users with Policy Flags authorization may set or release this flag.

5. When you are done, enter "Y" at the Form OK prompt to save the data.

If the Relationship to Insured is Self, the system validates the Insured SSN that you entered against the client's Social Security Number. For Medicare the Relationship to Insured is always Self, so the cursor bypasses the box with Insured Name, SSN, etc.

Maintaining Insurance Policy Records

To maintain insurance policy records:

1. Choose POLICY from the Eligibility Maintenance menu to display the Insurance Policy Maintenance Selection screen, shown above.
2. Use the fields at the top of the screen to search for the records you want to maintain. You may search by either Client Number or Policy Number, but not by both:

- **Client Number:** To display all the policies for a client, enter the Client Number here. Then press Return.
- **Policy Number:** To display just one policy, press Tab to bypass the Client Number, and then enter the Policy Number here and press Return.

- **Company ID:** If you are searching by Client Number, you may also enter the Insurance Company ID here to narrow the search to policies from that company.
- **Maintenance Type:** You may enter a maintenance type here: "L" for Lookup, "U" for Update, "D" for Delete, or "I" for Insert. You can also wait until after the search is done to enter a maintenance type.

3. Press Return. If you have not entered a maintenance type, the system displays a list of records that match the search criteria. (If the system finds one matching record and you entered a Maintenance type, it displays the record immediately in the maintenance screen).
4. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. To select the policies you want to maintain, type "L"(lookup), "U" (update), or "D" (delete) next to them (Figure 10.8).

Each record in the list includes one of the following as its Policy Status:

- **Active:** Effective date has passed and expiration date is in the future or missing.
- **Inactive:** Effective date is in the future or expiration date has passed.
- **Pending:** Policy has been entered but not posted.
- **Hold:** Policy is on hold due to lack of information.

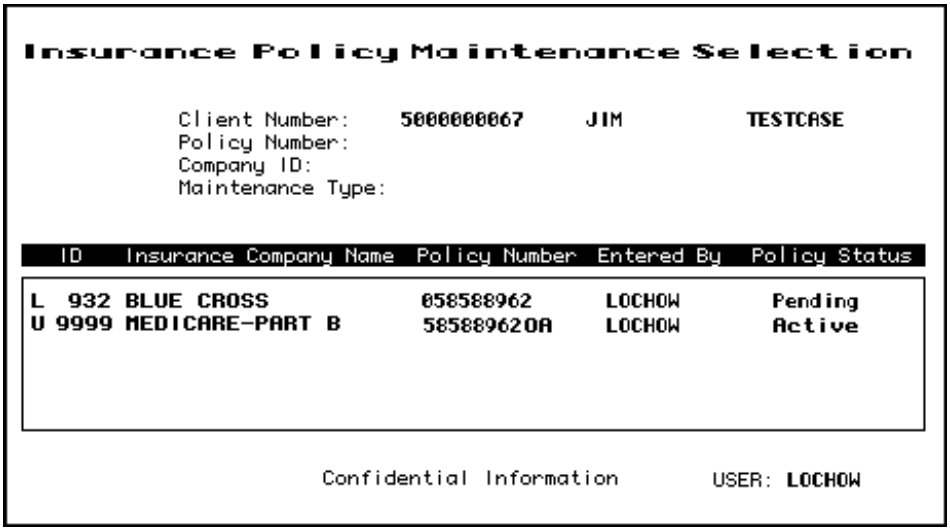


Figure 10.8: Insurance Policy Maintenance Screen

Insurance Policy Lookup

If you entered "L", the record is displayed in the Insurance Policy Lookup screen (Figure 10.9). You can view the record but not change the data. When you are

done, Enter “Y” at the Continue prompt to display the next record you selected for maintenance, or enter “N” to stop maintaining records.

In addition to policy specific information, this screen includes:

- **Entered By:** Name of the user who entered the policy.

```
                    Insurance Policy Lookup

Entered By: HAMLIN       Entered On: 06-Jun-91              Changed: 01-Oct-91
 Client Number:   1000140   Client Name:  HOLLY          HAMMERSTEIN
 Company ID: 1229           Company Name: BLUE CROSS/BLUE SHIELD-CENTRAL CERT
 Group Number:  3748238289                   Effective Date:  01/01/91
 Policy Number: 023403998                    Expiration Date:   /  /
 Insured Name: HILARY       HAMLIN           Insured Sex: F
 Insured SSN:  023-40-3998                   Relationship to Insured: SELF
 X Employment Related                     X Assignment Of Benefits
 X Release Of Information                 X Information Complete

   Continue:              Confidential Information          USER: SEIGEL_C
```

Figure 10.9: Insurance Policy Lookup Screen

- **Entered On:** Date the policy was first entered.
- **Changed:** Last date the policy was changed by a user or by a processing program.
- **Client Number:** Client number.
- **Client Name:** Client’s name.
- **Company ID:** Insurance company identification number from the Insurance Company Master relation.
- **Company Name:** Insurance company name.

Insurance Policy Delete

If you entered “D”, the record is displayed in the Insurance Policy Delete screen. Enter “Y” at the Delete OK prompt, and enter “Y” again at the confirm prompt to delete the record.

Delete insurance policies only when a policy was entered in error. You cannot delete a policy if insurance claims have been produced for a client.

If the client was covered by insurance but is no longer entitled, update the Expiration Date field instead of deleting the policy. Enter the current date as the Expiration Date, to prevent claims from being produced in the future. Do not enter an expiration date in the past.

Insurance Policy Update

Tip: If you entered an update and want to change it immediately, select the Pending policy to update instead of the Active policy. Updates to a Pending policy replace data immediately, instead of creating a new Pending record.

ered "U", the record is displayed in the Insurance Policy Update Screen, which has ame fields as the Lookup screen, described above. Change any fields that you want ›date. Press Return to go to the Form OK prompt, and enter "Y" to save the ges.

ı update an insurance policy, the system actually creates a new pending policy :d. A posting program is run regularly to consolidate existing policy records. ›nding on which fields are updated, the posting program will either: 1) collapse the :y records or 2) make the initial policy inactive by giving it an expiration date one ›rior to the effective date of the updated policy record.

Supervisor Authorization

A supervisor can press Gold-A to look at or update additional information about insurance policies, including the exact time the insurance policy was entered and:

- **Billing Precedence:** A value assigned to a policy to indicate the order it should be billed if a client has more than one insurance policy. The policy with the lowest number for billing precedence is billed first. Standard billing precedences are: Medicare = 40, Insurance = 50.

- **Aging Precedence:** A value assigned to a policy to indicate the order refunds should be made if more than one payor pays for the same service. The policy with the highest number for aging precedence is given a refund first. Standard aging precedences are: Insurance = 70, Medicare = 60.

- **Policy Flagword:** a code for the status of an insurance policy. This field may not be updated. Values are: Policy on hold = 1, Employment related = 8, Treatment plan ready = 1024, Assignment of benefits signed = 2048, Release of information signed = 4096, Policy information complete = 8192, Policy pending = 16384.

Note: Billing and Aging Precedences are set by the County, and values may be different from the ones described here. Contact your System Manager for more information.

Chapter 11
Claims

This chapter covers the Claims Maintenance Menu, which lets you work with data on Claims, Insurance Companies, and Employers.

Claims Records

Insurance, Medicare and Medicaid claims and patient bills produced by InSyst have matching internal claim records. The Claim Maintenance screen is used to:

- view when services were billed to and paid by third party payors.
- reopen claim forms that have been paid to enter a second payment.
- produce a listing of all services included on a claim form.
- request a Tracer claim.

Maintaining Claims

You cannot insert claim records, which are created automatically to match insurance, Medicare and Medicaid claims and patient bills. You can look up and update existing claims.

To maintain claims:

1. Choose FINANCIAL from the Main Menu.
2. Choose CLAIMS from the Financial Maintenance Menu.
3. Choose CLAIMS from the Claims Maintenance Menu to display the Claims Maintenance Selection screen (shown with data in Figure 11.1).
4. To identify the claims, enter data in the fields at the top of the screen. You may enter Client Number, Account Number, or Eligibility Number. Since these are is the identifying fields, you may enter only one of the three:

```
Insurance Claim Maintenance Selection

   Client Number:    5003583          JEAN          TESTCASE
   Account Number:
   Eligibility #:
   Service Range:    7/1992 - 05/1993

   Insurance      Medicare    X Ins/Medi       Client       Medicaid

                 Reporting          Submitted          Received       Claim
 Company          Unit    Mo/Yr  Amount    Date     Amount    Date   Status

 MEDICARE PART B 50001  10/92   $70.00 12-Nov-92   $25.77 28-Dec-92 Paid
 MEDICARE PART B 50181  01/93  $117.00 15-Feb-93    $0.00 09-Mar-93 Paid B
 MEDICARE PART B 50181  02/93  $258.00 17-Mar-93   $52.49 21-Apr-93 Paid
 MEDICARE PART B 50181  03/93  $333.00 09-Apr-93  $123.85 01-Jun-93 Paid
 MEDICARE PART B 50181  04/93  $187.00 14-May-93    $0.00           Sent
 MEDICARE PART B 50181  05/93  $211.00 07-Jun-93    $0.00           Sent

                        Confidential Information          USER: LEONLD
6 records displayed.
```

Figure 11.1: Claims Maintenance Selection Screen

- **Client Number:** Enter the Client Number (or skip this field and go to the Account Number field).
- **Account Number:** If you did not enter a Client Number, enter the Account Number for a Client Claim.
- **Eligibility Number:** Enter the Eligibility/Policy Number for an Insurance, Medicare, or Medicaid Claim.
- **Service Range:** Enter the month and year when the services occurred. Fill in both date fields to search for claims for more than one month.
- **Claim Type:** To indicate the claim type, enter “X” next to Insurance, Medicare, Ins/Medi, Client, or Medicaid. The default is Ins/Medi, which includes both insurance and Medicare claims.

3. Press Return to display a list of claim forms that match these criteria.

4. To select records to maintain, use the Tab key or the Arrow keys to move through the list. Next to records you want maintain, type “L” (lookup) or “U” (update). Press Return

Claims Lookup and Update

The system displays the records you selected in the Lookup and Update screens. These screens are the same, except you cannot alter data in the Lookup screen.

The top half of the screen has the following fields:

- **Client:** Both Client Number and client name.
- **Company:** ID and name of the insurance company or payor for which claim was prepared.
- **Eligibility:** Eligibility/Policy number on the claim.

- **Reporting Unit:** Number and name of the program where services on the claim were performed.
- **Month/Year:** Month and year of services on the claim.
- **Status:** Status of the claim: Sent (same as Submitted), Paid, or Other.
- **Total:** Total dollar amount claimed.
- **Printed:** Date the claim program that printed the claim was run.
- **Paid:** Total dollar amount received on the claim from the payor.
- **Received:** Date payment was received (the Date of Receipt entered in the Payment Entry screen).

This is the same data that was displayed in the list in the Insurance Maintenance Selection screen, with the addition of the name of the provider and more specific claim status.

You have a choice of displaying either lines, services, or payments in the detail area of the screen.

To display details for the claim:

1. When the screen is displayed, the cursor is in the box labeled Select Detail Display. Type "X" next to Lines, Services or Payments, and press Return.
2. Enter "Y" at the prompt to display the details (Figure 11.2). The cursor returns to the Select Detail Display box, so you can select another type of detail to view.

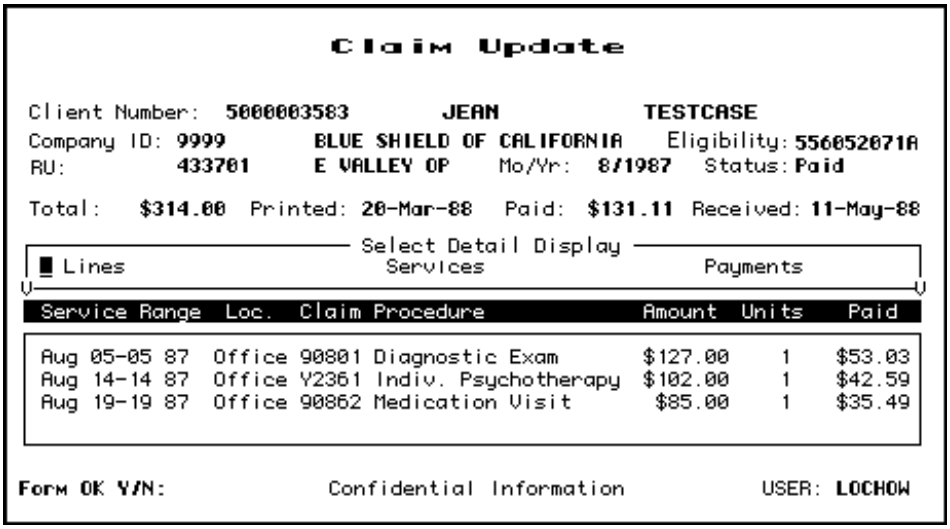


Figure 11.2: Claim Update Screen

3. Four claim lines can fit in the box. If there are more claim lines in the list, press Gold-M to page forward through them.

Lines

If you selected Lines as the Detail Display, the list includes:

- **Service Range:** Dates of the service presented on claim.
- **Location:** Where the service was performed.
- **Claim Procedure:** Procedure code and description for the claim line.
- **Amount:** Dollar amount billed for the claim line.
- **Units:** Total number of services billed for the claim line.
- **Paid:** Dollar amount paid for the claim line.
- **Denial Code:** If a denial code (A-M) was entered for the claim line, it is displayed here.

Services

If you selected Services as the Detail Display, the list includes:

- **Date:** Date the service was provided.
- **Procedure:** Service procedure code and description.
- **Amount:** Cost of the service.
- **HH:MM:** Length of the service.
- **Therapist:** Name of the person who provided the service.
- **Type:** Classification of the person who provided the service.
- **License:** License number of the person who provided the service.

Payments

If you selected Payments as the Detail Display, the list includes:

- **Received:** Date the payment for the claim was received.
- **Receipt #:** Number of receipt, as entered in the Payment Entry screen.
- **Approved:** For Medicare claims, the dollar amount approved for the claim.
- **Paid:** Dollar amount paid for the claim.
- **Status:** Status of the payment.
- **Posted Date:** Date the payment was processed by the system.

Entering Adjustments

To enter an adjustment to a claim form:

1. Display the claim in the Claim Update Screen, as described above, and press Gold-J.

2. The box at the bottom of the screen gives you the options Re-open Claim, Resubmit Long and Resubmit Tracer (Figure 11.3). Type “X” next to the adjustments you want to enter:

```
                    Claim Update

Client Number:  5000003583       JEAN            TESTCASE
Company ID: 9999       BLUE SHIELD OF CALIFORNIA    Eligibility: 556052071A
RU:         433701     E VALLEY OP    Mo/Yr:  8/1987   Status: Paid

Total:   $314.00  Printed: 20-Mar-88   Paid:  $131.11  Received: 11-May-88
                         Select Detail Display
  Lines                     Services                  Payments
 Service Range  Loc.  Claim Procedure            Amount  Units    Paid

 Aug 05-05 87  Office 90801 Diagnostic Exam      $127.00     1    $53.03
                              Adjustments
  X Re-open Claim Form                      Resubmit Long
    Resubmit Tracer

Form Ok Y/N:            Confidential Information            USER: LOCHOW
```

Figure 11.3: Claim Update Screen Adjustments Displayed

- **Re-open Claim:** When a payment has been entered for a claim through the Payment Entry screen and the payment processing program has processed the payment, the status of the claim changes to Paid. Then, the claim is no longer accessible through the Payment Entry screen. If you receive another payment on the claim, you can use this adjustment to re-open the claim so you can enter the second payment. This adjustment is effective immediately and is visible in the Adjustment Maintenance screen as a Posted adjustment. Only claims with status Paid may be re-opened. After being re-opened, a claim is in Submitted status again.

- **Resubmit Long:** This option lets you produce an itemized listing of all services on the claim by date of service, procedure code, description, name and license number of person providing service. You must inform your Supervisor when you use this option, because a report must run before the itemized forms are produced. This option may be used only for claims with the status Submitted, Resubmitted Long, or Resubmitted Tracer. This adjustment changes the claim status to Resubmit Long; after the report runs that produces the itemized statements, the status changes to Resubmitted Long.

- **Resubmit Tracer:** This option lets you request a tracer claim. A tracer is a replica of a previously submitted claim; it will be printed the next time claims are generated. This option may be used only for claims in status Submitted, Resubmitted Long, Resubmitted Tracer. This adjustment changes the claim status to Resubmit Tracer; after the next claim program runs, the status is changed to Resubmitted Tracer.

Insurance Company Records

The system must have information about an insurance company to produce a claim.

To work with insurance company records:

1. Choose FINANCIAL from the Main Menu.
2. Choose CLAIMS from the Financial Maintenance Menu.
3. Choose INS_CO from the Claims Maintenance Menu to display the Insurance Company Maintenance screen (Figure 11.4).

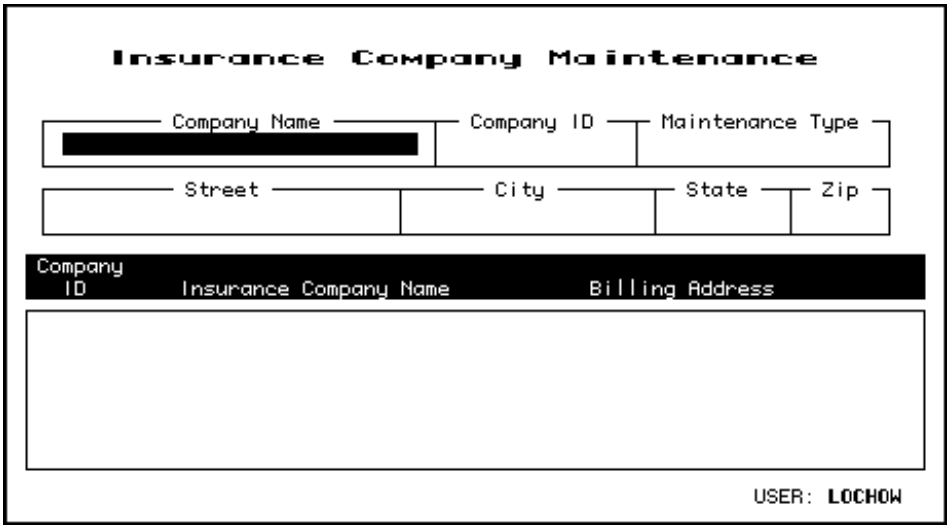


Figure 11.4: Insurance Company Maintenance Screen

Entering a New Insurance Company

Register a new insurance company only if you are sure the company is not already in the system.

To enter a new insurance company:

1. Choose INS_CO from the Claims Maintenance Menu to display the Insurance Company Maintenance Selection screen (shown above).
2. Enter “I” as Maintenance Type or press Gold-I. The system displays the Insurance Company Insert screen (Figure 11.5).

Note: If a new insurance company requires special forms, codes, billing and aging precedences, ask your supervisor about it rather than filling in this standard information.

```
                    Insurance Company Insert

     Name:
     Street One:                          Two:
     City:                                State:    Zip Code: 00000+0000
     Contact:                             Phone: (   )    -      Ext.:
                        Insurance Company Aliases

                  OP IH   Claim Form     OP IH  Proc Codes
                  X       HCFA-1500      X      CPT-4
                     X    IH UB-82          X   UB-82

                        Insurance Company Flags
                    Blue Cross            CHAMPUS

  Financial Class: 1                       Financial Priority: 0

Form Ok Y/N:                                          USER: SIEGEL_C
```

Figure 11.5: Insurance Company Insert Screen

3. Enter data in the following fields:

- **Name:** The name of the insurance company.
- **Street One, Two:** Two lines for the company's street address.
- City, State, Zip Code: Self-explanatory.
- **Contact:** Person at the insurance company to contact with questions, problems.
- **Phone, Extension:** Self-explanatory.
- **Insurance Company Aliases:** Up to five alternate names for the same company. For example, "EBC, Inc". may be an alias for Employee Benefit Claims. An alias is identified in lists of insurance companies by an asterisk (*) before the name.
- **Claim Form:** The type of form the insurance company requires for OP (Clinic) and IH (Inpatient Hospital) services. Select only one option for OP and one option for IH. These fields should NOT be modified after claims for a company have been created. If this becomes necessary, contact your system manager. When a company is initially registered, updates to Claim Form type can be made by a user with supervisor authorization only.
- **Procedure Code:** The type of procedure coding system the company requires for claims submission for OP (Clinic) and IH (Inpatient Hospital) services. Select only one option for OP and one option for IH. These fields should ***not*** be modified after claims for a company have been created. If this becomes necessary, contact your system manager. When a company is initially registered, procedure code types may only be updated by a user with supervisor authorization.
- **Insurance Company Flags:** Use these to designate an insurance company as: Blue Cross (any Blue Cross company), Champus (the recognized

Champus carrier), or HMO (any company that is a Health Maintenance Organization). Only a supervisor may update these fields. The Blue Cross and Champus flags are used in the claiming programs and for federal and state reporting. The HMO flag is used for federal and state reporting.

- **Financial Class:** Used to classify insurance companies into groups for reporting purposes.
- **Financial Priority:** Used to assign priority to groups of companies for reporting purposes.

4. Enter "Y" at the Form OK prompt to save your work. The system immediately registers the new insurance company and assigns it an Insurance Company ID number.

Maintaining Insurance Company Records

To maintain insurance company records:

1. Choose INS_CO from the Claims Maintenance Menu to display the Insurance Company Maintenance Selection screen (shown above).
2. Use the fields at the top of the screen to locate the insurance company:

- **Company ID:** If you know the company's identification number, Tab to Company ID and enter the number.
- **Company Name, Street, City, State, Zip:** If you do not know an insurance company's identification number, you may use the Insurance Company Maintenance screen to search for it by name, street, city, state or zip code. Use one or more of these to display a list of matching companies. This screen accepts wildcards in the Company Name field. Use an asterisk (*) to represent any possible combinations of characters. For example, to locate all insurance companies containing LIFE in their names, enter "*LIFE*" in Company Name field. In the Street, City and State fields, wildcards are assumed preceding and following the character(s) you enter, so you do not need to enter a "*". For example, to locate all companies with BOX in the (Street One) address, enter "BOX" in the Street field; for companies with 50 somewhere in the address, enter "50" in Street field.
- **Maintenance Type:** If you know the Company ID, you can also enter a Maintenance Type: "L" for Look-up, "U" for Update or "D" for Delete. When you press Return, the company record is displayed in the maintenance screen (rather than the list of records described below).

✎ **Note:** Before you insert a new insurance company, use these options to do a thorough search, to make sure you are not registering the same company (with the same address) more than once.

3. Press Return, and all companies that match the search criteria are listed (Figure 11.6).

```
                    Insurance Company Maintenance

 Company Name                    Company ID    Maintenance Type
 A

 Street                    City                 State    Zip

Company
  ID        Insurance Company Name              Billing Address

  1175 *A A A                        P.O. BOX 579570, MODESTO, CA 95357
  1403  A.A.A.T. PLAN ADMINISTRATOR   P.O. BOX 2710, RANCHA CORDOVA, CA 95747
L 1175 *AAA                          P.O. BOX 579570, MODESTO, CA 95357
  1251  AARP                         3200 E CARSON ST, LAKEWOOD, CA 90712
  1001  AARP CLAIMS UNIT             P.O. BOX 13999, PHILADELPHIA, PA 19187
  1187 *ADMAR CORP                   P O BOX 478, SANTA ANA, CA 92702

6 records displayed.                                          USER: SMITH
```

Figure 11.6: Insurance Company Maintenance Screen

4. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Select records for maintenance by typing “L” (look-up), “U” (update), or “D” (delete) next to them. Then press Return.

Insurance Company Lookup

If you typed “L” next to a record, it is displayed in the Insurance Company Lookup screen (Figure 11.7), and you can view the data but cannot change it.

```
                    Insurance Company Lookup

     Company ID: 1002
     Name:       AARP
     Street One: 3200 E CARSON STREET Two:
     City:       LAKEWOOD             State: CA Zip Code: 90712+0000
     Contact:                         Phone: (   )    -      Ext.:
 Last Changed        Insurance Company Aliases                Entered By
  09-Aug-88                                                   SMITH
                 |                                        |
                 V----------------------------------------V    Entered
                 | OP IH   Claim Form     OP IH  Proc Codes |   09-Aug-88
                 |  X      HCFA-1500      X      CPT-4      |
                 |     X   IH UB-82          X   UB-82     |
                 V----------------------------------------V
                 |        Insurance Company Flags           |
                 |  Blue Cross            CHAMPUS           |
                 V----------------------------------------V
 Financial Class: 0                      Financial Priority: 0


  Continue: Y                                          USER: SEIGEL_C
Press <Return> to continue.
```

Figure 11.7: Insurance Company Lookup Screen

In addition to the fields described above, in the section on Inserting a New Insurance Company, this screen includes:

- **Last Changed:** Date that information about the insurance company was last updated.
- **Entered By:** Name of the user who entered the insurance company in the system.
- **Entered:** Date the insurance company was first entered.

When you move the cursor around this screen, remember that, if the V's are flashing at the bottom of a scrolling area, you can use the Tab key or Down Arrow key to display more information. To avoid going through each field in a scrolling area, you can press Gold-Down Arrow to go immediately to the next scrolling area; you can also press Gold-Up Arrow to go to the preceding scrolled region.

When you are done with this screen, press Return to display the next company selected for maintenance.

Insurance Company Delete

If you typed "D" next to a record, it is displayed in the Insurance Company Delete screen. Enter "Y" at the Delete OK prompt and "Y" again at the confirm prompt to delete the company.

If insurance policies have been entered for this company, the company cannot be deleted, but it is marked as Expired and is no longer presented to non-supervisor users for maintenance.

If an insurance company is linked to an employer through the Employer Maintenance screen, the company cannot be deleted. To delete this company, you must first use the Employer Maintenance screen to delete it from all employers where it is attached.

Insurance Company Update

If you typed "U" next to a record, it is displayed in the Insurance Company Update screen.

This screen is like the Lookup screen, but you can change the Insurance company name, address, phone and contact person, and add or delete aliases. The only fields you may not change are Company ID, Entered By, Entered (date), and Last Changed.

Proc Codes (Procedure Code Type), and Claim Form may be changed by supervisors only. But these fields should not be changed after claims have been created for a company.

Companies with ID numbers over 9000 (system created companies) cannot be changed. Please contact UBH if you must change any information for system companies.

Enter "Y" at the Form OK prompt to save your changes.

Supervisor Authorization

Press Gold-A to display the screen in Supervisor mode (Figure 11.8), which includes these additional fields:

```
                Insurance Company Lookup
                       Supervisor
     Company ID: 1002
     Name:       AARP
     Street One: 3200 E CARSON STREET Two:
     City:       LAKEWOOD             State: CA Zip Code: 90712+0000
     Contact:                         Phone: (   )    -      Ext.:
 Last Changed     Insurance Company Aliases                Entered By
  09-Aug-88                                                SMITH

                  OP IH   Claim Form     OP IH  Proc Codes    Entered
                   X       HCFA-1500      X      CPT-4        09-Aug-88
                      X    IH UB-82          X   UB-82

                  Insurance Company Flags
                    Blue Cross             CHAMPUS
 Financial Class: 0                        Financial Priority: 0
 Auto Restatement Frequency: 120           Default Billing Precedence: 50
 Sole Source Collection: N                 Default Aging Precedence:   70
 Claim Aggregation Level: 1                Payor Source: 8
  Continue: Y                                          USER: SEIGEL_C
Press <Return> to continue.
```

Figure 11.8: Insurance Company Lookup Screen, Supervisor Mode

- **Sole Source Collection:** This field defaults to N. Enter "Y" if this is the only payor source to be billed, even if the client is insured by more than one payor.

- **Claim Aggregation Level:** Code 1 in this field means that like services are aggregated for billing on a single claim line. Code 2 means that each service is listed separately on claim forms.

- **Default Billing Precedence:** A value assigned to a company to indicate the order it should be billed if more than one payor is billed for a service. The payor with the lowest number for billing precedence is the first to be billed. When a new company is registered, billing precedence defaults to the value specified when InSyst was installed in your agency.

- **Default Aging Precedence:** A value assigned to a company to indicate the order of refunds if more than one payor reimburses for a service. The payor with the highest number for aging precedence is the first to be paid if there is a refund. When a new company is registered, aging precedence defaults to the value specified when InSyst was installed in your agency.

- **Payor Source:** A code used to classify payors. Insurance companies default to payor source 8. Medicare companies are payor source 4.

Supervisors can also view and reinstate expired companies. If you delete an insurance company that has policy records, it is not actually deleted. Instead, it is marked as Expired and is not accessible to most users.

Supervisors can view insurance companies with Expired status. They are displayed with a hyphen (-) before the company name.

If a company should not be expired, display it in the Insurance Company Update screen in supervisor mode. Enter "Y" in the Reinstate Company field at the top right of the screen.

Employer Records

To help identify potential payors, the FI screen lets users view a list of insurance plans offered by a client's employer. The Employer Maintenance screen lets you add major employers and the insurance plans they offer their employees. This screen also lets you view, update or delete employers.

To work with employer records:

1. Choose FINANCIAL from the Main Menu.
2. Choose CLAIMS from the Financial Maintenance Menu.
3. Choose EMPLOYER from the Claims Maintenance Menu to display the Employer Maintenance screen (Figure 11.9).

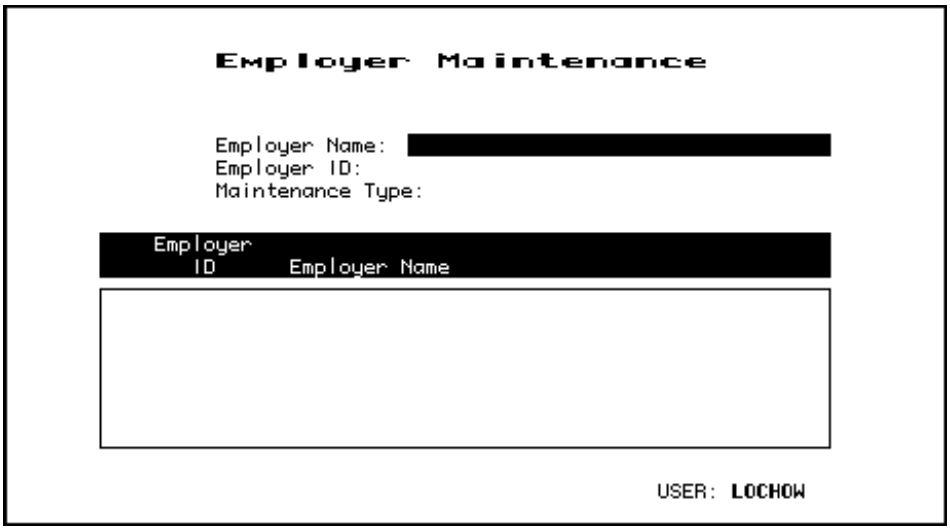


Figure 11.9: Employer Maintenance Screen

Entering a New Employer

Note: Before entering a new employer, use the methods described in the section below on Searching for an Employer to make sure that it has not already been entered. Only enter ***major*** employers in your area.

To enter a new employer:

1. Choose EMPLOYER from the Claims Maintenance Menu to display the Employer Maintenance screen, shown above.
2. Press Gold-I or enter "I" in the Maintenance Type field to display the Employer Insert Screen (Figure 11.10).

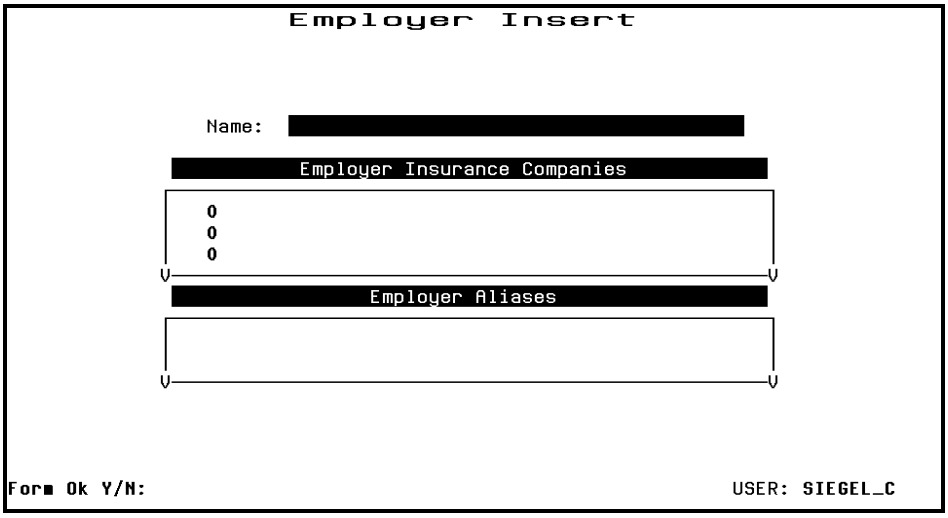


Figure 11.10: Employer Insert Screen

3. Enter the following information:

- **Employer Name:** Enter the Employer Name

Tip: Press Gold-Up arrow to go back up to the Employer Name field or the Employer Insurance Companies area.

- **ployer Insurance Companies:** Enter the Insurance Company ID numbers of up to panies. The system will display insurance company names after it validates the data ntire screen. You can find Insurance company ID numbers through the Insurance y Maintenance screen, covered earlier in this chapter.
- **ployer Alias:** Press Tab or Gold-Down Arrow to move to the Employer Aliases nter up to five employer aliases.

4. Press Return to move to the Form OK prompt, and enter "Y" to save the data. The system automatically assigns an Employer ID. The system also validates Insurance Company IDs. If they are valid, it displays the company names. If an ID is invalid, the cursor returns to that line so that you can correct it.

5 After validation is complete, the cursor return to the Employer Insurance Companies area of the screen, so you can review the insurance companies and aliases you entered in the scrolled areas of the screen. Press Return to restart the screen for the next entry.

Maintaining Employer Records

You also use the Employer Maintenance screen to search for employer records and select them for maintenance.

To maintain employer records:

1. Choose EMPLOYER from the Claims Maintenance Menu to display the Employer Maintenance screen, shown above.
2. Use the fields at the top of the screen to search for an employer. You search either by Employer Name or Employer ID, not by both:

- **Employer Name:** If you do not know the Employer ID, enter the Name of the Employer here. You may use a partial name or the wildcard character (*), which represents any combination of characters. For example, enter "Ame" to display all employer names beginning with those letters. Enter "*United*" to display all employers that have "United" anywhere in their name.).
- **Employer ID:** If you know the Employer ID, press Tab to skip the Name field, and enter the ID number here.
- **Maintenance Type:** If you entered Employer ID, you may enter "L" (lookup), "U" (update), or "D" (delete). When you press Return, the system will display the record in the maintenance screen, rather than displaying a list, as described below.

3. Press Return. Employers are listed alphabetically in the bottom portion of the screen, beginning with employers who match the search criteria. If you entered a name, and there is no exact match, the closest names are displayed. If you entered an Employer ID, and there is no match, the system displays the message: No records found.

Note: The list of Employer Names may include aliases, which have an asterisk (*) to their left. When you select an alias, the real name is displayed in the Employer Name field. For example, if you select "IBM", the Employer Name field will display International Business Machines.

4. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. To select records for Maintenance, type "L" (lookup), "U" (update), or "D" (delete) next to them (Figure 11.11). Then press Return.

Employer Lookup

If you entered "L", the record is displayed in the Employer Lookup screen. This screen looks like the Employer Update screen, shown below, but you can view the data, not update it.

In addition to the fields described earlier, this screen includes:

- **Entered:** The date the Employer was registered.

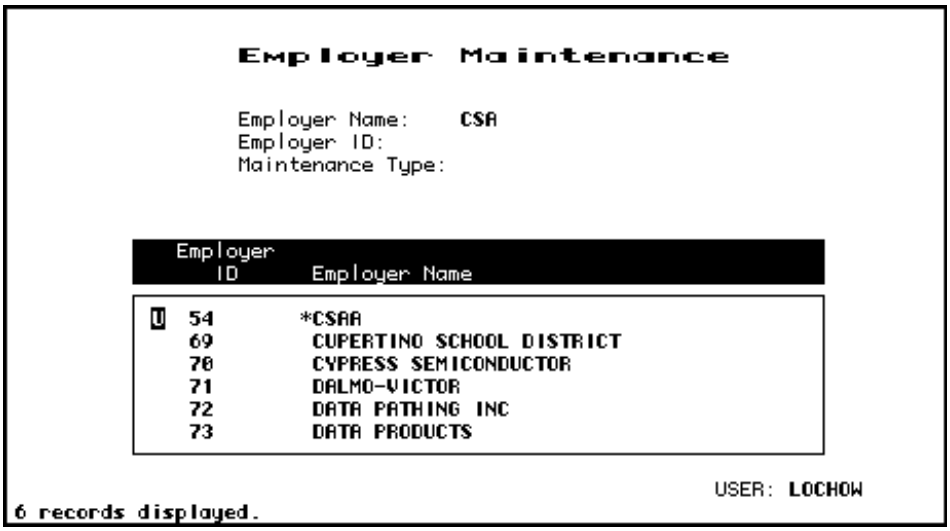


Figure 11.11: Employer Maintenance Screen, Selecting Records to Maintain

- **Entered By:** Name of the person who first registered the Employer in the computer system.
- **Last Changed:** The date the record was last changed.

When you are done, press Return to display the next record selected for maintenance.

Employer Delete

If you entered "D", the record is displayed in the Employer Delete screen, used to delete an entire Employer record.

Note: To delete an alias or an insurance company from an Employer record, use the Employer Update screen.

You can use the Tab, Gold-Up Arrow and Gold-Down Arrow keys to view the record. Press Return at any time to move to the Delete OK prompt. Enter "Y" here and "Y" again at the confirm prompt to delete the record.

Employer Update

If you entered "U", the record is displayed in the Employer Update screen (Figure 11.12). This screen is used to change employer name, add and delete insurance companies, and add and delete aliases:

- **Employer Name:** Edit the name if necessary. Press Tab to move to the Employer Insurance Companies area.

```
                    Employer Update

          Employer ID: 54
          Name: CALIFORNIA STATE AUTOMOBILE ASSOCIATION

                Employer Insurance Companies
        409    CSAA EMPLOYEE MEDICAL BENEFIT PLAN
        0
        0
                      Employer Aliases
                AAA
                CSAA

Entered: 20-Aug-87    Entered By: LEMON       Last Changed: 20-Aug-87
Form Ok Y/N:                                          USER: LOCHOW
```

Figure 11.12: Employer Update Screen

- **Employer Insurance Companies:** Use the Tab and Up and Down Arrow keys to move through the list. Blinking arrows on the lower corners mean there are more insurance companies to view. To delete an Insurance company, type “D” next to it. To add an insurance company, move to a line beginning with a zero (0). Enter an Insurance ID number (obtained through the Insurance Company Maintenance screen). There may be up to 10 insurance companies for an employer.

- **Employer Aliases:** Press Gold-Down Arrow to move to the Employer Aliases portion of the screen. Use the Tab and Up and Down Arrow keys to move through the list. Blinking arrows on the lower corners mean there are more aliases to view. To delete an alias, type “D” next to it. To add an alias, move to a blank line and enter it. There may be up to 5 aliases for an employer.

Press Return at any time to move to the Form OK prompt. Enter “Y” to validate and save the changes. If you entered a new Company ID that is valid, the company name will be displayed. If a new ID is invalid, the cursor will return to it. After correcting it, press Return to move to the Form OK prompt again.

After validation is complete, the cursor returns to the Employer Insurance Companies area of the screen, so the user can review new insurance companies and aliases in scrolled areas of the screen. Press Return to display the next record selected for maintenance.

Chapter 12
Revenue

This chapter covers the Revenue Maintenance Menu, which lets you enter and maintain payments.

Entering New Payments

Use the Payment Entry screen to enter client, Insurance and Medicare payments and denials (and, in some installations, also Medicaid payments) for claims generated by InSyst.

The most efficient way of entering payments is to sort them first by the payor categories mentioned above, then by receipt date.

Use the Payment Entry screen only for payments for claims produced by InSyst. Use the Old Insurance Payment Entry Screen, described later in this chapter, to enter payments for claims produced before you installed InSyst.

Note: Use the Payment Entry screen only for payments and denials you receive on paper. If your agency receives automated payment information from a payer, do not use this screen to enter these payments.

To enter payments:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose ENTER_PAY from the Revenue Maintenance Menu to display the first panel of the Payment Entry screen (Figure 12.1).
4. This screen lets you choose what type of payment you are entering. Enter “X” next to the type of payment you are entering, and then enter “Y” at the Form OK prompt.

```
                    Payment Entry

                 Medicaid Payments
                 Medicare Payments
                 Insurance Payments
                 Account Payments

 Form Ok Y/N:            Confidential Information          USER: SIEGEL_C
Select type of payments to enter.
```

Figure 12.1: Payment Entry Screen, panel 1

Entering Account Payments

If you choose Account Payments, the system displays the Account Payment Entry screen (Figure 12.2), which is used to enter account client payments.

```
                 Account Payment Entry

                 Reporting Unit:

 Client Number:                 Client Name:
 Account Number:                Account Name

 Last Billed Date:                  Last Billed Amount:

   Account Balance:                   RP Owes:

   Receipt Number:                    Date of Receipt:
   Amount of Payment:                 Payment Method:
   Target RU:

Form Ok Y/N:            Confidential Information          User: LOCHOW
```

Figure 12.2: Account Payment Entry Screen

To enter account client payments:

1. First, use the fields at the top of the screen to identify the client or account the payment was for. Enter either a Client Number or an Account Number, but not both:

- **Reporting Unit:** Enter the Reporting Unit number of the program that received the payment. Some users can only enter patient payments for one reporting unit. (The Reporting Unit number you enter is kept through the data entry session. To change it, press Gold-P.)
- **Client Number:** Enter a Client Number.
- **Client Name:** If you do not know a Client Number, enter the Client Name (last name, Tab, first name). Press Return to display an alphabetical list of clients. Type "X" next to a line to select it, and press Return to enter that client number (Figure 12.3).
- **Account Number:** Enter an Account Number.
- **Account Name:** If you do not know an Account Number, enter the name of the Responsible Party here, to display an alphabetical list of accounts under that name, and select an Account Name in the same way you select a Client Name.

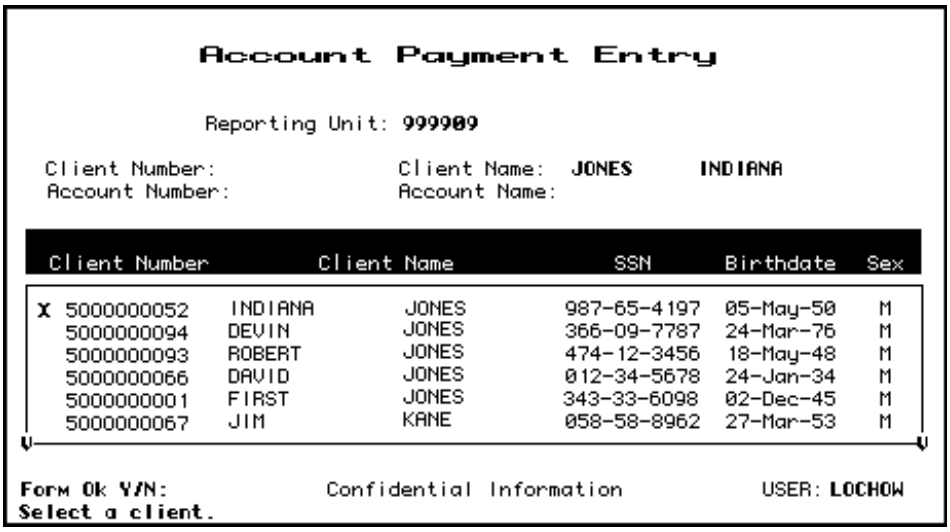


Figure 12.3: Account Payment Entry Screen, Looking Up a Client

2. After you enter the client or account, the system displays this summary information in the middle of the screen:

- **Last Billed Date:** The date a bill was last produced for the account.
- **Last Billed Amount:** The amount of the last bill produced for the account.
- **Account Balance:** The Account Balance (total charges for services provided on the account minus total payments to the account).
- **RP Owes:** The amount the Responsible Party owes on the account.

3. Enter the payment in the fields at the bottom of the screen (Figure 12.4):

```
                    Account Payment Entry

                Reporting Unit: 433901 DOWNTOWN MHC

Client Number:  5000000052     Client Name:  JONES          PHIL
Account Number: 1159799        Account Name: JONES          JOE

  Last Billed Date: 12-Sep-92        Last Billed Amount:    $32.00

    Account Balance:     $6728. 6      RP Owes:        $0.00

   Receipt Number:     123456          Date of Receipt: 06/22/93
   Amount of Payment:     25.00        Payment Method:  1
   Target RU:

Form Ok Y/N: Y          Confidential Information          User: LOCHOW
Payment entry in progress...
```

Figure 12.4: Patient Payment Entry Screen with Payment Information

- **Receipt Number:** (Required). Enter the payment receipt number.
- **Amount of Payment:** (Required). Enter the total amount paid. Do not enter the decimal point.
- **Target RU:** Enter the Reporting Unit to which this payment is to be credited. If no Reporting Unit is entered, the payment is applied to the oldest open receivable. If a Reporting Unit is entered, the payment is applied to the oldest open receivable for that program. If there is no open receivable for the program, the payment remains in Unapplied status.
- **Date of Receipt:** Enter the date the payment was received in the format MM/DD/YY. The default is today's date.
- **Payment Method:** Enter the code for the method of payment (2=Cash, 3=Check). The default is the last Payment Method Code entered.

4. Enter "Y" at the Form OK prompt to save the data. The cursor returns to the Client Number field to let you enter another payment for the same reporting unit. (To return to the Reporting Unit Number field, press Gold-P.)

Entering Insurance Payments

To enter insurance payments:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose ENTER_PAY from the Payment Entry Menu.
4. Choose Insurance Payments from the Payment Entry Screen, panel 1 (shown above) to display the Payment Entry Screen shown in Figure 12.5.

```
                    Payment Entry

Eligibility #:
Client Number:                    Client Name:
Service Range:  0/0    -   /

     Date of Receipt:   /  /          Receipt Number:

                                      Billed     Payment    Denial
 Service Range   Procedure  Quantity  Amount      Amount     Code

                                        .          .
                                        .          .
                                        .          .

                        Claim Total     .          .

 Form Ok Y/N:          Confidential Information          USER: SMITH
```

Figure 12.5: Payment Entry Screen

Note: The same screen is used in a slightly different form for Medicare Payments.

5. Use the fields at the top of the screen to locate unpaid claim forms. You must enter either an Eligibility Number or Client Number plus a service range:

- **Eligibility #:** If you want to display open claim records for an insurance policy, enter the Eligibility (policy) number here.

- Client Number: If you want to display records for a client, enter the client number here. (If you enter both Eligibility number and Client Number, the search is by Client Number).

- Client Name: If you do not know the Client Number, enter the client name (last name, tab, first name) here. After you press Return, the scrolling area lists matching clients alphabetically. Type “X” next to the selected client and press Return to enter that Client Number.

- **Service Range:** Enter the beginning month and year in the first date field. The second date field defaults to the same value, but you can change it to display unpaid claims for more than one month.

6. If you cannot find a claim by policy number, search for it by client number. Sometimes, a policy number may be billed with dashes (123-45-6789A) and returned on the EOB without dashes (123456789A). If you entered the policy number as billed, the system would not find the claim form.

7. The screen lists all open claim forms that match the criteria you entered. Select the claim forms you want to pay by entering “X” next to it. You may select more than one claim to pay.

Note: If there is only one claim in the system that matches the search criteria specified, the screen skips this claim form selection phase (step 6) and immediately presents the claim lines.

8. Press Return. The claims you selected are presented as they were billed to the insurance company. For each claim line, the screen displays the service date range, procedure code, quantity (number of services billed in the line), and dollar amount billed (Figure 12.6).

```
                          Payment Entry

Company ID:     9995                  Company Name: BLUE CROSS OF NORTHERN CAL
Eligibility #: 212704270A             RU:           INPT          50281
Client Number:    94556               Client Name:  WILLIAMS        STEPHANIE

     Date of Receipt:   02/12/88          Receipt Number:

                                          Billed      Payment     Denial
 Service Range   Procedure   Quantity     Amount      Amount      Code
 02/11-15/93       134          5        2385.00
 02/11-15/93       961          5         245.00
 02/11-11/93       300          1         102.00

 Review Pament:  N        Claim Total     2772.00

Form Ok Y/N:              Confidential Information          USER: BORDEN
Enter payment.
```

Figure 12.6: Payment Entry Screen with Data

9. Enter the following payment information:

- **Date of Receipt:** (Required) Enter the date the payment was received in MM/DD/YY format.
- **Receipt Number:** (Optional) This field defaults to previous number entered.
- **Claim Total:** (Required unless whole claim is denied) Enter the payment amount received for the entire claim.
- **Denial Code:** If the entire claim was denied, skip the Claim field and enter one of the codes listed in Table 12.1. The system will enter $0 in the Amount Paid field. (Do not enter a denial code for a claim if you expect to receive payment for it. For example, if a claim is denied initially because more information is needed, leave the claim open.)

Note: For Medicare, denied services with any code except W (Waiver of Liability) are billed in full to the client, subject to UMDAP restrictions.

Denial Code	Meaning
A	maximum insurance benefits paid
B	applied to deductible
C	policy does not cover services
D	primary carrier covers services
E	no pre-authorization
F	coverage canceled
G	no record of concurrent physician
H	patient received payment
I	patient not enrolled
J	duplicate bill
M	miscellaneous
W	waiver of liability

Table 12.1: Denial Codes

- **Payment Amount (claim line):** (Optional) Enter the amount paid for each claim line, if you have this information. The total you enter for claim lines must equal the payment amount you entered as Claim Total. (If you do not enter the Payment Amounts at the claim line level, the system prorates the total amount paid to claim lines in proportion to their billed amounts. If you enter partial payment to one claim line, the system distributes the balance to the other claim lines.)
- **Denial Code (claim line):** (Optional) Enter a denial code for the claim line, using the codes in Table 12.1. (If the full claim was denied, just enter the denial code at the Claim Total level. The system allocates $0 payment to all claim lines.)

10. If some services on a claim line were paid and others denied, you may enter both a payment and a denial code on a claim line.
11. When you are done, if you want to see how the system allocates the payment across services, Tab to the field Review Payment, and enter “Y”. (This step is optional.)
12. To save your data, enter “Y” at the Form OK prompt. If you have selected more than one claim to pay off, the next form is displayed.

After you enter a payment or a denial for a claim and it is posted, the claim lines close, and so they no longer appear on the screen. If a claim line is closed and you receive a second payment for the same services, reopen the claim line using the Insurance Claim Maintenance screen.

Entering Medicare Payments

To enter insurance payments:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose ENTER_PAY from the Payment Entry Menu.
4. Choose Medicare Payments from the Payment Entry Screen, panel 1 (shown above) to display the Payment Entry Screen shown in Figure 12.7.

```
                          Payment Entry

 Company ID:     9995              Company Name: MEDICARE SECONDARY-PART A
 Eligibility #: 212704540A         RU:           OPT          50281
 Client Number:     56945          Client Name:  WILSON        MARY

       Date of Receipt: 06/25/93          Receipt Number:

                                      Billed    Approved  Payment  Denial
 Service Range  Procedure  Quantity   Amount     Amount    Amount   Code

 02/11-15/93     Y2362        5       385.00       .         .
 02/11-15/93     Y2361        5       245.00       .         .
 02/11-11/93     90862        1       102.00       .         .

                      Claim Total     772.00       .         .
Review Payment: N
Form Ok Y/N:              Confidential Information          USER: SMITH
Enter payment.
```

Figure 12.7: Payment Entry Screen

5. You enter the same data in this screen as in the screen for insurance payment entry, described in the previous section, except that it has one additional field:

- **Approved Amount:** Enter the Approved Amount from the Explanation of Medicare Benefits. (Like the Payment Amount, the sum of the Approved Amount entered for each claim line must equal the total Approved Amount entered for the claim form.)

Entering Medicaid Payments

Some installations must also enter Medicaid payments.

To enter Medicaid payments:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose ENTER_PAY from the Payment Entry Menu.

4. Choose Medicare Payments from the Payment Entry Screen, panel 1 (shown above) to display the Payment Entry Screen for Medicaid payments. This screen is identical to the Payment Entry Screen for Medicare payments, covered above.

Payment Processing

When first entered, all payments are in To Audit status. Payment Audit Report I (PAR I) moves them to In Audit status and PAR II moves them to To Post status. Then, the Payment Posting Module applies payments to receivables and changes the status of the claim form from Submitted to Paid.

Supervisor Authorization

You may enter a Payment Amount which is greater than the Billed Amount only if you are a supervisor. Press Gold-A to activate this authorization and enter the payment. The amount that is greater than the Billed Amount will have Unapplied status.

Maintaining Payments

The previous section described how to enter payments. You can also view or delete payments.

To maintain payments:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose PAYMENTS from the Revenue Maintenance Menu to display the Payment Maintenance Selection screen.
4. To locate payment records, use the fields at the top of the screen to enter either a Client Number or Account Number, but not both (plus an optional Date Range and user name to narrow the search):

- **Client Number:** Enter a Client Number to display payments for the client.
- **Account Number:** Enter an account number to display payments for all clients on the account.
- **Receipt Range:** Enter the beginning and ending receipt dates for the payments you want.
- **Username:** Enter a name in this field if you only want to view payments entered by one user.

5. Press Return to display a list of matching records. Move the cursor through the list. (See the section on Moving Through Lists in Chapter 1.) Next to the records you want to maintain, type “L” (lookup) or “D” (delete), as shown in Figure 12.8. When you have selected all the records you want, press Return.

Note: Access to payments is strictly controlled. Some users will only be authorized to look up payments. Others will only be authorized to access client payments for one reporting unit.

```
                Payment Maintenance Selection

        Client Number:
        Account Number:   1000001          CHRISTMAS    FIELDING
        Receipt Range:  04/01/88 - 04/30/88
        Username:

  Receipt  Receipt                  Reporting
   Date    Number   Payor Source      Unit    Status    Amount   Username

 D 25-Apr-88 AB120   UMDAP Patient  RGH IP    To Audit   $20.00   BORDEN

                        Confidential Information         USER: BORDEN
1 record displayed.  Last page displayed.
```

Figure 12.8: Payment Maintenance Selection Screen

Payment Lookup

If you entered "L", the system displays the record in the Payment Lookup Screen which lets you view data but not change it. (This screen has the same fields as the Payment Deletion Screen, shown below in Figure 12.9.)

The screen includes the following data for each payment:

- **Insurance Company ID and name:** The identifying number and name of the payor.
- **Client Number and Name:** The number and name of the client.
- **Account Number:** The account number for the payment.
- **Receipt Date:** The Date of Receipt entered for the payment in the Payment Entry screen.
- **Receipt Number:** The receipt identification number.
- **Payment Method:** Options are: 2 = Cash, 3 = Check.
- **Status:** The status of the payment in the system. Options are: To Audit (payment has just been entered), In Audit (payment Audit Report I has been run), To Post (Payment Audit Report II has been run), Closed (payment posting program has been run, closing the payment and associated claim lines).
- **Reporting Unit:** For client payments, the program that received the payment. For Insurance and Medicare payments, the program that performed the services paid for.

- **Entered By:** The name of the person who entered the payment.
- **Amount:** The dollar amount of the payment for the claim form and in detailed format for the claim line.
- **Approved Amount:** For Medicare claims only, this is the amount Medicare approved (the reasonable charge) on the claim line or claim form.
- **Posted:** The date the payment was posted (processed by the payment processing program).
- **Date Payment Entered:** The date the payment was entered in the system.
- **Last Changed:** The date the payment was last changed by a user or by the posting system.

Press Return to display the next record selected for maintenance.

Payment Delete

If you entered "D", the system displays the record in the Payment Deletion Screen (Figure 12.9). Enter "Y" at the Delete OK prompt, and "Y" again at the confirm prompt to delete the payment.

```
                    Payment Deletion

          Account Number:  1000001   CHRISTMAS    FIELDING

Receipt Date: 25-Apr-88    Payment Method: 3         RU:        RGH IP
Receipt Number: AB120      Payment Status: To Audit  Entered By: BORDEN

   Amount     Denial   Status     Posted

   $20.00          To Audit

   $20.00                            Entered On:    25-Apr-88
                                     Last Changed:  25-Apr-88

Delete OK:            Confidential Information          USER: BORDEN
Okay to delete this record <Y/N>?
```

Figure 12.9: Payment Deletion Screen

How the system handles these deletions depends on the payment's status:

- Payments that have not been processed (whose status is To Audit, In Audit, or To Post) are deleted immediately. An adjustment is written (status = Posted) to serve as an audit trail.
- Payments that have been processed (whose status is Closed), and all payments entered through the Old Insurance Payment Entry screen, are not

deleted immediately. An adjustment is written, but does not take effect until the adjustment posting program runs successfully.

You can use the Adjustment Maintenance screen to monitor payment deletions.

Old Insurance Payments

The Old Payment Entry screen is typically used at start-up for a limited period of time. The purpose of this screen is to capture payments received after start-up date for claims that were generated by the previous information system.

Entering a payment through the Old Payment Entry screen creates claim form and receivable records that the payment can be attached to. The payment is applied to the account balance transferred from your old system to InSyst, in a Procedure 900 service record.

```
                    Old Payment Entry

          Insurance Company:
          Insurance Company Number:

   ID   Insurance Company Name        Billing Address

          Client Number:

   Service Date:        /  /              Receipt Number:
   Amount of Payment:       .             Date of Receipt:     /  /

Form Ok Y/N:            Confidential Information          USER: SMITH
```

Figure 12.10: Old Payment Entry Screen

To enter an old payment:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.
3. Choose OLD_PAY from the Revenue Maintenance Menu to display the Old Payment Entry Screen (Figure 12.10).
4. Enter data in the following fields:

- **Insurance Company:** If you do not know the company's identification number, enter its name or partial name here. Press Return to display a scrolled area with an alphabetical list of insurance companies. Press the Tab key to move through the list. Type "X" next to the correct company (Figure 12.11). Press Return.

Note: If you do not find the company you want to enter a payment for, notify your supervisor that a new company must be registered.

```
                    Old Payment Entry

          Insurance Company: MED
          Insurance Company Number:

    ID  Insurance Company Name         Billing Address

  680  MEDICAL INSURANCE ADMINISTRATO P. O.Box 619001 Pompano Beach, FL
  9997 MEDICARE PART A-BLUE CROSS     P.O.BOX 70000 VAN NUYS, CA 91470
X 9999 MEDICARE PART B-BLUE SHIELD    P.O.BOX 2006 CHICO, CA 95921
  9998 MEDICARE-RAILROAD RETIREES     THE TRAVELER'S SALT LAKE CITY, UT
  553  MEMORIAL HOSPITAL ASSOCIATION  P. O. BOX 2839 SAN FRANCISCO, CA

          Client Number:

  Service Date:        /  /              Receipt Number:
  Amount of Payment:       .             Date of Receipt:     /  /

Form Ok Y/N:            Confidential Information            USER: SMITH
Select an insurance company.
```

Figure 12.11: Old Payment Entry Screen with Companies Listed

- **Insurance Company Number:** If you know the company's identification number, skip the company name field and enter the number here. Press Return to display the company name.
- **Client Number:** Enter the Client Number.
- **Service Date:** Enter first date of service being paid for, in MM/DD/YY format. If the service date is after InSyst was installed, you cannot enter it in this screen; use the Payment Entry screen.
- **Amount of Payment:** Enter the dollar amount of the payment. Do not enter the decimal point, which is entered automatically.
- **Receipt Number:** Enter your agency receipt number for the payment.
- **Date of Receipt:** Enter the date payment was received in MM/DD/YY format. The default is today's date.

5. Enter "Y" at the Form OK prompt to save the data. After the screen validates the data, you must enter "Y" again to save it (Figure 12.12).

The cursor returns to the Client Number field, so you can enter another payment from the same insurance company. To enter a payment from a different insurance company, press Gold-R key restart the screen with the cursor in the Insurance Company field.

```
                    Old Payment Entry

          Insurance Company: MEDICARE PART B-BLUE SHIELD
          Insurance Company Number: 9999

   ID   Insurance Company Name          Billing Address

            Client Number:  7055529  GRUMPY          WILLIAM
   Service Date:       07/15/88              Receipt Number:    12345678
   Amount of Payment:     192.00             Date of Receipt:   12/16/88

Form Ok Y/N:            Confidential Information            USER: SMITH
Okay to enter payment?
```

Figure 12.12: Old Payment Entry Screen with Payment Information

Error Messages

If the service date of the old payment is not within an UMDAP year for the client's account, the system displays the message, "No UMDAP found for service date entered". To enter the payment, you must either change the service date so it is in an UMDAP period, or create a new UMDAP that covers the date.

The dollar amount entered for the old payment may not exceed the transferred account balance (900 service record) for the UMDAP period. If it does, the system displays the message, "Payment amount cannot be greater than $ <*Amount*>". To enter the old payment, you must use the Conversion Account Balance Increase Adjustment in the Account Maintenance Screen. This adjustment will create a transfer balance for the effective date you specify or add to an existing transfer balance. For more information, see the section on the Account Maintenance Screen in Chapter 9.

Check Maintenance Screen

Agencies that bill payors electronically may receive automated payment and denial information from the payor. InSyst can convert these into payment records, so they do not have to be entered as payments for individual client claims. However, you must enter the total dollar amounts of checks you get from the payors; the system matches the electronic payment information with the checks you enter.

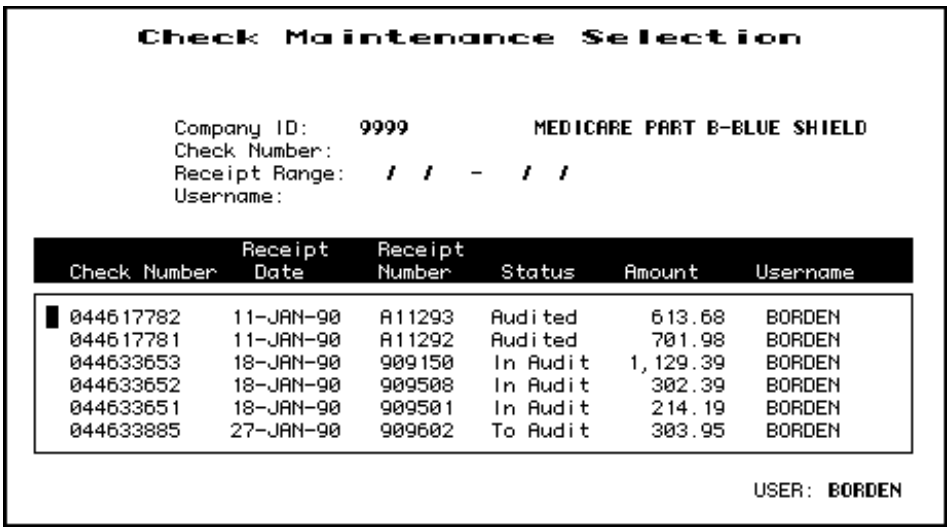
Any agency that gets Medicare or other third party payment information electronically (with the exception of Short-Doyle/Medi-Cal) must enter and track checks.

To work with check records:

1. Choose FINANCIAL from the Main Menu.
2. Choose REVENUE from the Financial Maintenance Menu.

3. Choose CHECKS from the Revenue Maintenance Menu to display the Check Maintenance Selection screen (Figure 12.13).

Note: Do not use the Check Entry screen to enter Medi-Cal checks. The automated Medi-Cal Explanation of Benefits writes checks in Audited status.



Check Maintenance Selection

Company ID: 9999 MEDICARE PART B-BLUE SHIELD
Check Number:
Receipt Range: / / - / /
Username:

Check Number	Receipt Date	Receipt Number	Status	Amount	Username
044617782	11-JAN-90	A11293	Audited	613.68	BORDEN
044617781	11-JAN-90	A11292	Audited	701.98	BORDEN
044633653	18-JAN-90	909150	In Audit	1,129.39	BORDEN
044633652	18-JAN-90	909508	In Audit	302.39	BORDEN
044633651	18-JAN-90	909501	In Audit	214.19	BORDEN
044633885	27-JAN-90	909602	To Audit	303.95	BORDEN

USER: BORDEN

Figure 12.13: Check Maintenance Selection Screen

Entering a New Check

To enter a new check:

1. Choose CHECKS from the Revenue Maintenance Menu to display the Check Maintenance Selection screen, shown above.
2. Press Gold-I (for Insert) to display the Check Entry screen (Figure 12.14).

Tip: For Blue Shield of California checks, use the Statement Number as the Check Number. This 9-digit number is printed directly above the dollar amount of the check, and is also displayed in the summary at the bottom of the EOMB.

following data:

pany ID: Enter the identification number of the insurance company that issued the d press Return. The screen displays the name of the insurance company.

k Number: Enter the check or statement number printed on the check. This data match the check with individual claim payments received electronically. Ask the ich number is included in electronic payments; this is the number to enter in this

```
                    Check Entry


          Company ID: 0

  Check Number:                          Receipt Date:     /  /
  Check Write Date:   /  /               Receipt Number:
  Amount of Check:        .


Form OK Y/N:                                          USER: SIEGEL_C
```

Figure 12.14: Check Entry Screen

- **Check Write Date:** Enter the date the insurance company issued the check.
- **Amount of Check:** Enter the gross dollar amount of the check.
- **Receipt Date:** Enter the date you received the check.
- **Receipt Number:** If your county issues a receipt number, enter it here.

4. Enter "Y" at the Form OK prompt to save the data.

Maintaining Checks

The Check Maintenance Selection screen lets you look at or delete checks that have been entered to the system.

To maintain checks:

1. Choose CHECKS from the Revenue Maintenance Menu to display the Check Maintenance Selection screen, shown above.
2. Use the fields at the top of the screen to search for checks:

- **Company ID:** To list checks from a particular insurance company, enter the insurance company identification number here.
- **Check Number:** To list one specific check, enter the check number here.
- **Receipt Range:** To list checks received within a specific time frame, enter the beginning and end dates in MM/DD/YY format here. If you do not enter an end date, it uses the same date entered as the beginning date.
- **Username:** To list checks entered by a specific user, enter the Username here.

Note: You may narrow your search by entering multiple criteria.

3. Press Return to display a list of all the checks that match the search. To select checks for maintenance, move the cursor through the list, and enter “L” (lookup) or “D” (delete) next to the checks you want to maintain. Then press Return.

Note: You cannot use this screen to update checks. If you enter “U” for Update, the screen will perform a Lookup.

Check Lookup

If you entered “L”, the system displays the record in the Check Lookup screen, which lets you view data but not alter it. This screen has the same fields as the Check Deletion screen, shown below. In addition to the data you added when you entered the check, described above, these screens contain the following fields:

- **Payment Amount:** The dollar amount of individual payments written against the check by the automated payment tape from the insurance company. Only checks with Audited status can have payments written to them.

Tip: Authorized users can also view time stamps and check status codes by pressing Gold-A.

red By: The Username of the person who entered the check.

red On: The date the check was entered.

k Status: The options are: To Audit, In Audit, Audited. When check is first has To Audit status. The Payment Audit Report (MHS172) moves it to In Audit e Payment Deposit Report (MHS173) moves it to Audited status.

you are done looking at the record, press Return to display the next record selected aintenance.

Check Delete

If you entered “D”, the system displays the record in the Check Deletion screen (Figure 12.15). Enter “Y” and then enter “Y” again at the confirm prompt to delete the check.

You can only delete checks with no processed Payment Amount, regardless of check status.

When you delete a check, the system writes a check deletion adjustment. If the check is in To Audit or In Audit status, the adjustment is written in Posted status and the erroneous check record is deleted immediately.

If the check is in Audited status, users must have special authorization to delete it. When it is deleted, the system writes an adjustment record that serves as an audit trail, which contains the date the original check was entered, the dollar amount entered, the date it was deleted, and the name of the person who deleted it.

```
                    Check Deletion

          Company ID: 9999    MEDICARE PART B-BLUE SHIELD

  Check Number:      04512345            Receipt Date:    04/27/90
  Check Write Date:  04/23/90            Receipt Number:  B11205
  Amount of Check:     1120.55

  Payment Amount:    0.00                Check Status: To Audit
  Entered By:        BORDEN
  Entered On:        27-APR-1990

Delete OK: ▌                                           USER: BORDEN
Record deletion ready.
```

Figure 12.15: Check Deletion Screen

Processed Claims with No Payment

Frequently, Medicare processes claims that result in no payment. For example, claims containing denied services only or services which applied to the client's deductible are reported on a statement without a check attached.

If zero payment statements from your carrier do not have a statement number or have a statement number of all zeros, they should not be entered to the system.

However, if the statements contain a unique statement number, they must be entered to the system through the Check Maintenance Screen with a dollar amount of zero.

Check with your carrier to determine whether claims resulting in zero payments are included in electronic payments they return to you.

Chapter 13
Service Authorization

Choose AUTHS from the Main Menu to display the Authorization Maintenance Menu. This menu lets you use the Utilization Control system, which tracks authorizations needed to bill Medicaid for services, and the Legal Status system which tracks authorizations needed to hold clients involuntarily.

Utilization Control

The Utilization Control system tracks treatment authorizations for a client, and matches services against these authorizations. The system identifies clients who are Medicaid eligible, and it automatically authorizes (or refuses to authorize) episodes and services in Medicaid certified programs. Unauthorized services are reported to staff for action and are not billed to Medicaid and other payors, protecting your agency from adverse lits.

Warning! It is very important to enter data and produce reports at the proper times when you use this system. This chapter includes a schedule of actions you must take when you use the utilization control system.

n episode is opened for a client in a program, the system creates the initial horization for that program. This intake period authorization lets you bill Medicaid ially.

e intake period, staff must enter coordination or service plans for the client—usually ough the Plan Approval Screen. This extends the authorization, so you can continue bill Medicaid.

e authorization is about to expire, the system notifies the primary staff person for the ent. Staff enters new treatment information to extend the authorization, so billing can ntinue.

Entering UC Plan Approval

Under the utilization control system, a Service or Coordination plan must be completed before the end of the intake period that is created automatically when a client is admitted to a program. The UC Approval screen lets you enter information about the plan for programs performing Mental Health Outpatient Traditional UR, Outpatient Drug Free, Methadone Maintenance, and Coordinated Services. It is not necessary to use this screen for Day Treatment, Case Management, Adult Residential, Crisis Residential, or Inpatient services.

To enter plan approval:

1. Choose AUTHS from the Main Menu
2. Choose APPROVAL from the Authorization Maintenance Menu to display the UC Approval screen (Figure 13.1).

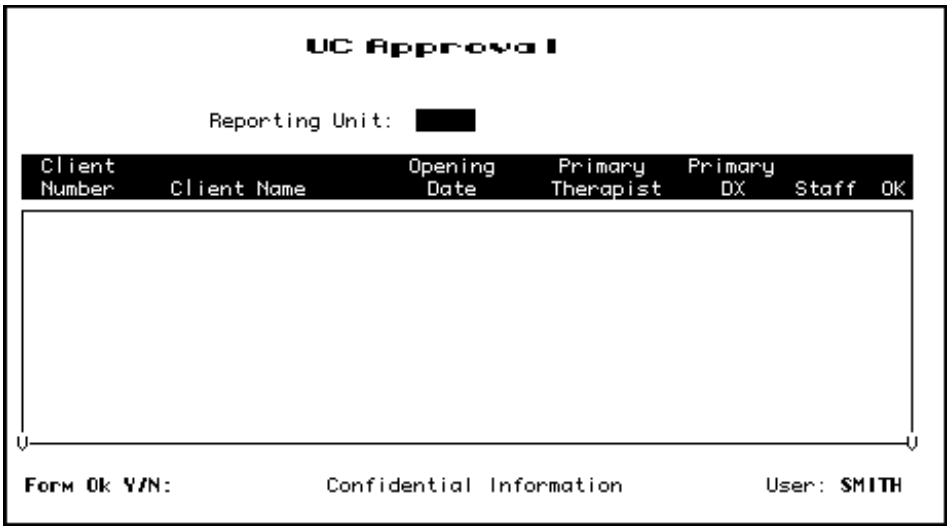


Figure 13.1: UC Approval Screen

3. Use the field at the top to identify the program:

- **Reporting Unit:** Enter the Reporting Unit number of a program using the Utilization Review system.

4. The system lists clients in this reporting unit who need approval in the scrolling area below, in alphabetical order. As you enter data, the records scroll up, so you can see more entries. You cannot move past a client without entering an action. This area can display only 39 clients; if there are more, you must enter the Reporting Unit number a second time to display the rest.

5. For each client, the list includes Client Number, Client Name, Opening Date at the program, Primary Staff, and Primary DX or First Dosing Date. You can only enter data in:

- **Primary DX:** The current Primary Diagnosis (Axis I or Axis II—whichever is primary sode record) is displayed. Enter a new diagnosis, or press Tab to accept this f you make an entry, it becomes the new Axis I or Axis II and Primary Diagnosis isode record.

Tip: To correct entries, press Shift/F18 or Control/H to back up through the fields.

: **Dosing Date:** For Methadone Maintenance Programs, the Primary DX field is y First Dosing Date. If the client has been referred to your program from another e Program, enter the First Dosing Date from the other program. The client's riods are based on this date.

- **Staff:** Enter the staff number of the staff person approving the client's treatment plan. (If you are going to skip this client, you need not enter a staff number.)

- **OK:** Enter "A" to approve, "D" to deny, or "S" to skip this record. Entering "D" terminates the client's initial authorization, and any visits are unauthorized until a UR Committee Action is entered.

6. After you have gone through the list, enter “Y” at the Form OK prompt to save the changes (Figure 13.2). If any entries are invalid, the system will display an error message and return the cursor to the field that you must correct.

```
                          UC Approval

                Reporting Unit:  99999   PSP Clinic

 Client                          Opening     Primary    Primary
 Number     Client Name           Date       Therapist    DX     Staff  OK

 500000079  GLASS, B            05-FEB-88    SMITH      300.00  99999  A
 500000016  HENDERSON, E        12-FEB-88    SMITH      V62.89         S
 500000064  KANE, C             09-FEB-88    SMITH      301.81  99999  A

Form Ok Y/N:            Confidential Information            User: SMITH
Validation of data in progress...
```

Figure 13.2: UC Approval Screen with Clients Listed

If You Do Not Enter Plan Approval

If the initial authorization expires before approval is entered, visits are unauthorized until Plan Approval or a new Authorization is entered.

If the problem is late data entry, you can still use the Plan Approval Screen to enter approval. If the problem is that the service or coordination plan was not approved, or not approved on time, enter “D” for Denied in the Plan Approval Screen. This status will not let the client be authorized until a UC Authorization is entered using the UC Entry Screen. If the client is to be seen even though there is no Medicaid approved service plan, use the UC Entry screen to enter an action for No Medical Necessity.

You can also enter a new UC Authorization Extension through the UC Entry Screen, described below, instead of entering Plan Approval through the Plan Approval Screen.

If the new UC Authorization Extension Effective Date is continuous with the Initial Authorization, then the Plan Approval assumed in the new UC Authorization is also applied to the Initial Authorization. The client will no longer appear on the Plan Approval screen.

If the new UC Authorization Extension Effective Date is not continuous with the Initial Authorization, the client will continue to appear on the Plan Approval Entry Screen. You must enter approval or “D” for Denied to remove the client from the screen.

Entering UC Authorizations

InSyst supports eleven types of Utilization Control authorizations, which are described in the section on Utilization Control Types later in this chapter.

To enter new utilization control authorizations:

1. Choose AUTHS from the Main Menu.
2. Choose MANAGEMENT from the Authorization Maintenance Menu to display the UC Maintenance Selection Screen (Figure 13.3).

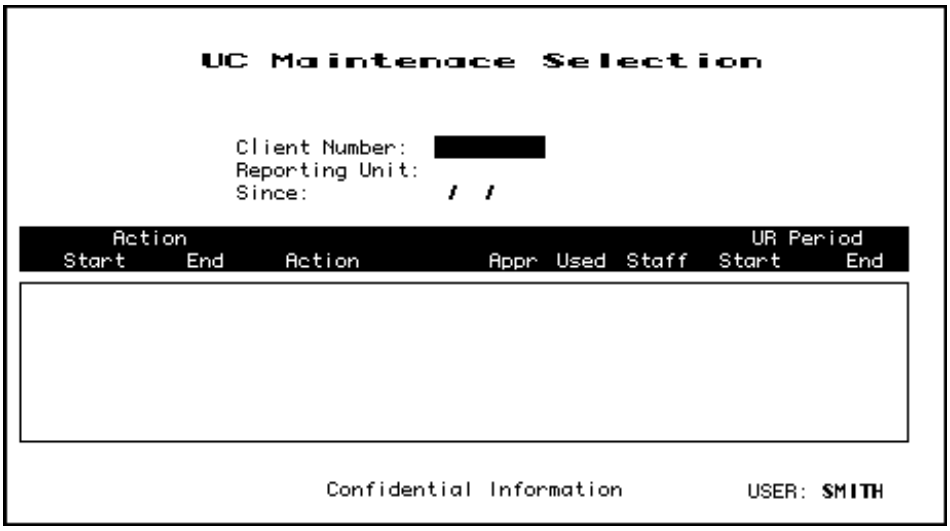


Figure 13.3: UC Maintenance Selection Screen

3. Press Gold-I to display the UR Entry Screen (Figure 13.4).
4. There are two different screens for Utilization Control Entry, one for community based programs, and one for inpatient programs. This initial screen just lets you enter the reporting unit, so the system can determine which type of program that RU is:

- **Reporting Unit:** Enter the Reporting Unit number for your program and press Return. The system checks to see that the program is authorized to use the Utilization Control Screen, and that you are authorized to use the screen.

```
                    UR Entry

            Reporting Unit:

Client:

Effective:    /  /

        Approved:        Authorized By:

                      UC  ACTION

                    Confidential Information          USER: SMITH
Enter a reporting unit.
```

Figure 13.4: Utilization Control Entry Screen (No Reporting Unit Entered)

Once it has checked this information, it changes the title of the screen to indicate the type of Utilization Control to be done.

UC Entry for Community Based Programs

If you enter the Reporting Unit number for a community based program, it displays the Coordinated Services UC Entry screen (Figure 13.5).

```
        Coordinated Services UC Entry

            Reporting Unit: 9999CS    PSP MHS

Client:   1000047   LONNIE        BANNON          Opened: 03-JUL-93
Effective:  07/08/93

        Approved:      Authorized By:

                     Select UC ACTION

    CSRV No Medical Necessity            CSRV SP Extension
    CSRV CSP Extension                   CSRV Retro Disallow

                    Confidential Information          USER: SMITH
Enter Action and supporting information.
```

Figure 13.5: UC Entry Screen for Community Based Programs

To enter new utilization control authorizations for Community Based Programs:

1. Display the UR Entry screen and enter the program's RU number, as described above.

2. Enter the following data, at the top of the screen:

- **Client:** Enter a Client Number.
- **Effective Date:** Enter the date the action will to begin, in the MM/DD/YY format. When you decide which date to enter, remember that this is the date the new authorization takes effect. (For the first UC Authorization for a new client in the program, it should be the Episode Opening Date.)

3. The Reporting Unit, Client, and Effective Date are validated. Then the screen displays the Client Name, and the Episode Opening Date (for the client's open episode in that reporting unit), and it displays types of action appropriate to the program and to the client in the Select UC Action box. Enter data in the following fields:

- **Approved:** Enter the number of visits, days, or months which this UC Authorization allocates. There is a limit on the number you may enter for each type of UC Authorization. For example, for a Mental Health Clinic Based UR Committee Extension, you can enter up to 48 visits for outpatient, up to 30 visits for day treatment intensive, up to 3 months for day treatment rehabilitative. For No Medical Necessity always skip the field or enter "0".
- **Authorized By:** Enter the Staff Number of the staff person approving the UC Authorization.
- **Select UC Action:** This box display actions appropriate for the Reporting Unit and Effective Date. Use the Tab or Arrow key to move through this scrolled region to the action you want, and enter "X" next to it. For an explanation of the authorizations for each type of Utilization Control, see the section on Utilization Control Types later in this chapter.

4. Press Return. The system validates the data and confirms the type of action chosen and the name and number of the staff person authorizing the action. If this is correct, enter "Y" at the Form OK prompt. The system tells you it is inserting the data (Figure 13.6) and makes you correct any errors.

5. Enter "Y" at the Continue prompt to return the cursor to the Client field, so you can enter a new record.

Supervisor Authorization

Some agencies perform Utilization Control only for Medicaid Eligible clients. Sometimes, a client may not be identified as Medicaid eligible before you open the client's episode in a Medicaid program, so the system will not create a Utilization Control Authorization, and you will need to establish one, by using the screen in supervisor mode.

```
Coordinated Services UC Entry

Reporting Unit: 9999CS    PSP MHS

Client:   1000016   LEON          LEVINSKI          Opened: 03-MAY-93

Effective:  05/01/94                Period Start: 01-MAY-94
Expiration: 30-APR-95               Period End:   30-APR-95

CSRV CSP Extension for 12 months, authorized by 99999 STORM.
                          UC ACTION

Form OK Y/N: Y          Confidential Information          USER: SMITH
Insert of data in progress...
```

Figure 13.6: UC Entry Screen, Adding Data

To use supervisor mode:

1. Display the Utilization Control Entry Screen, enter the Reporting Unit number, and press Gold-A to invoke Supervisor Authorization (Figure 13.7).

```
Coordinated Services UC Entry
Supervisor

Reporting Unit: 9999CS    PSP MHS

Client:   1000047   LONNIE        BANNON          Opened: 03-JUL-93
Effective:  07/08/93

Approved: 12      Authorized By: 99995
                        Select UC ACTION
   CSRV No Medical Necessity            CSRV SP Extension
   CSRV CSP Extension                   CSRV Retro Disallow
 X CSRV CSP Initial                     CSRV SP Initial

                     Confidential Information          USER: SMITH
Validation of data in progress...
```

Figure 13.7: UC Entry Screen, Supervisor Mode

2. In the example, CSP Initial is the selection for UC Action. Select this, and as effective date, enter one of these two choices:

- The date of Episode Opening: To enter this, you should have chart documentation and evidence of adherence to quality assurance standards from the date of Episode Opening.

- The date of establishment of Medicaid Eligibility: Using this as effective date will establish initial authorization. It will create a utilization control period based on the effective date, not the Episode Opening date.

Be sure to select dates that give the client has the correct annual period.

UC Entry for Inpatient Programs

After an episode is opened in an inpatient program, all services are unauthorized until a UR action is entered.

If you enter the Reporting Unit number for an inpatient program in the initial UR Entry screen, it displays Inpatient UC Entry Screen (shown with data in Figure 13.8). This screen is similar to the screen used to enter authorizations for Community Based programs. But for Inpatient programs, you must also fill out a second screen to enter the criteria you used to put the patient in the program.

```
                    Inpatient UC Entry

                 Reporting Unit: 99998 PSP ACUTE

 Client: 500000082   ZOOEY          GLASS            Opened: 16-JAN-88

 Effective:  01/20/88

Approved: ▇▇▇     Authorized By:           TAR Number:

                        Select UC ACTION
  No Medical Necessity                  Regular Extension
  Administrative Extension              Retroactive Extension
  Deferred Extension

                       Confidential Information          USER: SMITH
Enter Action and supporting information.
```

Figure 13.8: UC Entry Screen for Inpatient Programs with Data

To enter new utilization control authorizations for Community Based Programs:

1. Display the UR Entry screen and enter the program's RU number, as described above.

2. In the first screen, enter the following:

- **Client:** Enter a Client Number.
- **Effective Date:** Enter the date the action will to begin, in MM/DD/YY format. When you decide which date to enter, remember that this is the date the new authorization takes effect. (For the first UC Authorization for a new client in the program, it should be the Episode Opening Date.)

3. The Reporting Unit, Client, and Effective Date are validated. Then the screen displays the Client Name, and the Episode Opening Date (for the client's open episode in that reporting unit), and it displays types of action appropriate to the program and to the client in the Select UC Action box. Enter data in the following fields:

- **Approved:** Enter the number of visits, days, or months which this UC Authorization allocates. For Inpatient programs, both the Regular Extension and the Administrative Day Extensions are measured in days.
- **Authorized By:** Enter the number of the staff person approving the UC Authorization.
- **TAR Number:** Enter a Treatment Authorization Request Number if you are tracking authorizations by number. Entering a TAR allows you to compare authorizations to claims, and to track how many authorized claims are outstanding.
- **Select UC Action:** This box displays actions appropriate for the Reporting Unit, Client and Effective Date. Use the Tab or Arrow key to move through this scrolled region to the action you want, and enter "X" next to it. For an explanation of the authorizations for each type of Utilization Control, see the end of this chapter.

4. Press Return. The system validates the data (Figure 13.9), and confirms the type of action chosen and the name and number of the staff person authorizing the action.

```
                    Inpatient UC Entry

                 Reporting Unit: 99998 PSP ACUTE

 Client: 500000082   ZOOEY          GLASS          Opened: 16-JAN-88

 Effective:  01/20/88


 Approved:  5      Authorized By: 99999     TAR Number:  50-1234567890

 ┌──────────────────────────── Select UC ACTION ────────────────────────┐
 │ No Medical Necessity                    X Regular Extension          │
 │ Administrative Extension                  Retroactive Extension      │
 │ Deferred Extension                                                   │
 └──────────────────────────────────────────────────────────────────────┘

                       Confidential Information          USER: SMITH
Validation of data in progress...
```

Figure 13.9: UC Entry Screen, Adding Data

5. After validating the data in the first Inpatient UC Entry screen, the system displays a second screen that lets you select the criteria for the action (Figure 13.10). This screen will only display criteria appropriate for the UC Action you chose.

```
                    Inpatient UC Entry

                 Reporting Unit: 99998 PSP ACUTE

  Client: 500000082   ZOOEY          GLASS              Opened: 16-JAN-88

  Effective:  01/20/88                   Period Start: 20-JAN-88
  Expiration: 24-JAN-88                  Period End:   24-JAN-88
                                         TAR Number:  50-1234567890

      Regular Extension for 5 days, authorized by 99999 KOSINSKY.

                         Select ACTION CRITERIA
  X Danger To Self                        Danger To Others
    Gravely Disabled                      Serious Disordered Behaviour
    Planned Medical Evaluation            Medication Stabilization
    Special Treatment Plan

                       Confidential Information          USER: SMITH
Enter supporting Criteria for action.
```

Figure 13.10: UC Entry Screen, Action Criteria

- **Select ACTION CRITERIA:** Select the correct criteria for the action you have entered. Use the Tab key or Arrow keys to move from one choice to the next. Type "X" next to your selections. You may select as many as you wish.

6. Press Return. Then enter "Y" at the Form OK Prompt to save the data. If there are any errors, the system displays an error message and moves the cursor to the field, so you can correct them.
7. After the record has been saved, you can enter "Y" at the Continue Prompt to enter another record.

Maintaining UC Authorizations

You can only look up Utilization Control Authorizations. You cannot update or delete them.

To look up UC Authorizations:

1. Choose AUTHS from the Main Menu.
2. Choose MANAGEMENT from the Authorization Maintenance Menu to display the Utilization Control Maintenance Selection screen (Figure 13.11).

3. Use the fields at the top of the screen to search for records:

- **Client Number:** Enter a Client Number. You can press Return now to display all UC Authorizations for the client.
- **Reporting Unit:** Enter a Reporting Unit in addition to the client number, to display the UC Authorizations for that client in that program.
- **Since:** You can also narrow the search by entering a date here, to display only records after that date.

```
                    UC Maintenace Selection

                 Client Number:
                 Reporting Unit:
                 Since:          /  /

      Action                                                UR Period
  Start     End     Action          Appr  Used  Staff   Start     End

                        Confidential Information          USER: SMITH
```

Figure 13.11: UC Maintenance Selection Screen

4. Press Return to display a list of records that match the criteria. Those with the most recent Effective Dates are displayed first.
5. Use the Tab or Up and Down Arrow key to scroll through the list, and type "L" (for lookup) next to the records you want to view (Figure 13.12).

Note: How the records are displayed depends on which criteria you enter. If you enter a Client Number, the display includes Effective Date, Expiration Date, Type of Authorization, Number Approved, Number of Visits Used, RU Number, and Physician Number. If you enter a Client Number and a Reporting Unit number, the display includes Effective Date, Expiration Date, Type of Authorization, Number of Visits, Days or Months Approved, Number of Visits Used, Period Start Date and Period End Date.

```
                    UC Maintenace Selection

                 Client Number: 500000052  JERSEY        GLASS
                 Reporting Unit:    -
                 Since:          /  /

      Action
  Start     End     Action              Appr Used Staff   Provider

  01-JUN-90 30-NOV-90 OP Pre-Authorization 16    0 99999 PSP Clinic 99999
L 05-FEB-90 31-MAY-90 OP Extension          8    3 99999 PSP Clinic 99999
  12-JAN-90 04-FEB-90 OP Extension         16   10 99999 PSP Clinic 99999
  15-DEC-89 11-JAN-90 OP Initial            8    6 99999 PSP Clinic 99999

                        Confidential Information          USER: SMITH
 4 records displayed.  Last page displayed.
```

Figure 13.12: UC Maintenance Selection Screen, Selecting Records

The meaning of the number in the Appr column depends on the type of UC: it could be visits (outpatient), days (inpatient and day treatment intensive, and case management and day treatment initial), months (case management and day treatment rehabilitative), months (coordinated services). No Medical Necessity is always shown as 0. The Used column shows how many visits have been authorized by this action.

The screen displays up to six records at a time, and the list contains only 12 records in total. To list more than 12 records, press Gold-A before entering a Client Number, to request unlimited paging. Use Gold-Key sequences to move forward and back through the list of records (as described in Chapter 1).

UC Lookup

If you entered "L" next to a record, it is displayed in the UC Lookup screen (Figure 13.13). You cannot change the data. If there are services attached to the UC Authorization, you can view them by using the Tab and Arrow keys to scroll through the list of services. Because of space limitations, not all services can be displayed.

```
                          UC Look-up

Client: 500000052  JERSEY      GLASS    Reporting Unit: 99999 PSP Clinic

 Opening Date: 15-Dec-89   Physician: 99999 KOSINSKY        Primary DX
 Closing Date:   -   -     Clinician: 99996 SMITH             295.10
                         UR Committee Extension
 Period Start: 01-Dec-89   Effective:  05-Feb-89   Approved:    8
 Period End:   31-May-90   Expiration: 31-May-90   Used:        3

 Authorized By: 99999 KOSINSKY          Entered By: SMITH
 Last Changed:  20-FEB-90               Entered On: 20-FEB-90
                                        TAR Number:
 Date      Procedure  Therapist       Date      Procedure  Therapist
 12-FEB-90 INDIVIDUAL  SMITH          12-FEB-90 GROUP       SMITH
 05-FEB-90 INDIVIDUAL  SMITH

  Continue:              Confidential Information            USER: SMITH
```

Figure 13.13: UC Look-Up Screen

The screen includes:

- **Episode Information:** Opening Date, Closing Date, Clinician, Physician, Primary Diagnosis.
- **UC Authorization Information:** Authorization Type, Period Start Date, Period End Date, Effective Date, Expiration Date, Approved (Visits, Months or Days), Used Visits, Staff person authorizing the action, Data Entry Staff, System Entry Date, TAR Number (if collected). (The Period Start date is the beginning of a fixed period of time, based on the episode opening date. The Effective Date is the date that authorization began.)
- **Service Information:** Service Date, Procedure, Staff.

Press Return to display the next record you selected.

Supervisor Authorization

If you are authorized, you can press Gold-A to invoke supervisor authorization, which also displays this information:

- **Action Criteria:** The selected action criteria (for inpatients only).
- **FRC:** The established Financial Responsibility Code for the service.
- **UC Priority:** Each UC Authorization has a priority. Priorities govern which UC Authorizations can supersede or disable which action.
- **Episode Stamp:** The Episode Stamp of the Episode to which the UC Authorization is attached.

These fields are useful for Operations Staff. They can also help you determine why a visit is authorized or unauthorized, and to determine the sequence of data entry.

Utilization Control Types

There are eleven types of Utilization Control. Each of the types has several Authorizations. A program (Reporting Unit) can use only one type of Utilization Control. This section is a list of Utilization Control types and of the authorizations for each.

1. Utilization Control Authorizations for Coordinated Services (Rehab Option)

a) **CSRV Coordination Plan Initial:** When an Episode is opened in a Coordinated Services program designated as a Coordinating RU (see Operations Manual, Chapter 14, section on Utilization Control), the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This authorization is good for two months.

b) **CSRV Service Plan Initial:** When an Episode is opened in a program participating in Coordinated Services, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This authorization is good for one month or until the end of the intake period set by a Coordination Plan Initial Authorization (above), whichever is greater. If the client does not have a Coordination Plan Initial Authorization, this authorization is good for two months; but it cannot be extended until the client receives a Coordination Plan Initial Authorization.

c) **CSRV No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

d) **CSRV Coordination Plan Extension:** This can extend a coordination plan authorization for up to 12 months. It supersedes any earlier authorizations.

e) **CSRV Service Plan Extension:** This can extend a coordination plan authorization for up to 6 months. It supersedes any earlier authorizations.

f) **CSRV Authorization Reversal:** A UR Committee can remove authorization for a previously authorized visit. As the number of visits "approved" (*i.e.*, approved for disapproval), enter "1". This decision is made by the UR Committee.

2. Utilization Control Authorizations for Clinic Based Mental Health Outpatient

a) **OPT Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month with up to 15 visits. When you enter the Plan Approval in the Plan Approval Screen, it is extended to six months, up to 24 visits.

b) **OPT No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **OPT UR Committee Extension:** This extension can be used for up to 48 visits for Outpatient clients. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **OPT Interim Extension:** This extension can be used for up to 48 visits for Outpatient clients. The UR Committee must have evidence of ratification within 10 working days.

e) **OPT Plan Review Extension:** This extension is entered every six months for an outpatient client. It can be entered for up to 24 visits. You must enter it during the last month of a client's current period. Its effective date should be the first day of the month of the client's next six month UC Period. You cannot enter a Plan Review Extension if the client used more than 24 visits in the previous period.

f) **OPT PreAuthorization Extension:** This extension is an authorization for the client's ***next*** six month period. It can be up to 48 visits. You must enter it within 30 days of the end of the client's current six month period, and the Effective Date must be the first day (or later) of the month of a client's next six month period. It is authorized by the UR Committee.

g) **OPT Collateral Extension:** This extension is entered for Collateral Visits for children aged 17 or under. It must conform to the client's established six month period. It can be up to 48 visits. It is authorized by the UR Committee.

h) **OPT Retroactive Crisis Extension:** This extension is used to retroactively approve crisis visits (CRDC Mode 70) for a client. It is authorized by the UR Committee.

i) **OPT Authorization Reversal:** This extension is used to remove authorization for a previously authorized visit. The number of visits "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

3. Utilization Control Authorizations for Clinic Based Mental Health Intensive Day Treatment

a) **DTI Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month with up to15 visits.

b) **DTI No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **DTI UR Committee Extension:** This extension can be used for up to 30 visits for Intensive Day Treatment Programs. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **DTI Interim Extension:** This extension can be used for up to 30 visits for Intensive Day Treatment Programs. The UR Committee must have evidence of ratification within 10 working days.

e) **DTI Authorization Reversal:** This extension is used to remove authorization for a previously authorized visit. The number of visits "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

4. Utilization Control Extensions for Clinic Based Mental Health Rehabilitative Day Treatment

a) **DTR Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month with up to 15 visits.

b) **DTR No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0"

(or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **DTR UR Committee Extension:** This extension can be used for up to 3 months for Rehabilitative Day Treatment Programs. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **DTR Interim Extension:** This extension can be used for up to 3 months for Rehabilitative Day Treatment Programs. The UR Committee must have evidence of ratification within 10 working days.

e) **DTR Authorization Reversal:** This extension is used to remove authorization for a previously authorized visit. The number of visits "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

5. Utilization Control Authorizations for Mental Health Targeted Case Management

a) **CMG Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month.

b) **CMG No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **CMG UR Committee Extension:** This extension can be used for up to six months for Case Management Programs. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **CMG Interim Extension:** This extension can be used for up to six months for Case Management Programs. The UR Committee must have evidence of ratification within 10 working days.

e) **CMG Authorization Reversal:** This extension is used to remove authorization for a previously authorized visit. The number of visits "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

6. Utilization Control Authorizations for Mental Health Adult Residential

a) **RES Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month.

b) **RES No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **RES UR Committee Extension:** This extension can be used for up to six months. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **RES Interim Extension:** This extension can be used for up to six months. The UR Committee must have evidence of ratification within 10 working days.

e) **RES Authorization Reversal:** This extension is used to remove authorization for a previously authorized visit. The number of visits "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

7. Utilization Control Authorizations for Mental Health Crisis Residential

a) **CRES No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

b) **CRES UR Committee Extension:** This extension can be used for up to 14 days. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

c) **CRES Interim Extension:** This extension can be used for up to 14 days. The UR Committee must have evidence of ratification within 10 working days.

d) **CRES Authorization Reversal:** This extension is used to remove authorization for a previously authorized day. The number of days "approved" (*i.e.*, approved for disapproval) is entered as "1". This decision is made by the UR Committee.

8. Utilization Control Authorizations for Outpatient Drug Free Programs

a) **Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month and has an allocation of 5 visits. When Plan Approval is entered through the Plan Approval Screen, the system extends authorization to 3 months and 15 visits.

b) **No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **UR Committee Extension:** This extension can be used for up to 15 visits. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **Interim Extension:** This action is used when a clinician approves additional services (up to 15) within the current UR period. The UR Committee must have evidence of ratification of the extension within 10 working days.

e) **Physician Review Extension:** Enter a Physician Review Extension every three months for outpatient clients. It is good for 15 or fewer visits. You must enter it during the last 15 days of a client's current period. You cannot enter it if the client used more than 15 visits in the previous period. Its effective date should be the first day of the month of the client's next three month UR Period. The system can automatically create Physician Review extensions for clients who did not use more than 15 visits in the previous UR period, and report them through the UR Auto-Extend process.

f) **Retroactive Crisis Extension:** The UR committee may retroactively approve crisis visits beyond the regular fifteen visits.

g) **Retroactive Disallowance:** The UR Committee may retroactively change the status of a visit from authorized to unauthorized.

9. Utilization Control Authorizations for Methadone Maintenance Programs

a) **Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month and 5 visits. When Plan Approval is entered through the Plan Approval Screen, the system sets up four records: 1) initial authorization for 45 days, 2) a one year annual authorization, 3) treatment plan authorization for 90 days, 4) a treatment justify authorization for two years.

b) **Treatment Plan Extension:** Enter a Treatment Plan Extension every 90 days for Methadone Maintenance clients.

c) **UR Committee Annual Extension:** This Extension authorizes the client's next year of maintenance services. A maximum of two Annual Extensions (per client) can be granted. The effective date should be the anniversary of the client's admission date. It is approved by the UR Committee.

d) **Justification to Continue Treatment (Treatment Justify) Extension:** The UR committee uses this to authorize an additional year of maintenance service, after performing Maximum Stay Review. The effective date should be the date of the client's first dose in the county (which can be prior to the client's episode opening date for a transfer client).

e) **Retroactive Disallowance:** This action allows a single day authorization retroactively of a day previously not authorized.

f) **No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

10. Utilization Control Authorizations for Substance Abuse Day Treatment Programs

a) **Initial Authorization:** When an Episode is opened in this type of program, the system writes this Initial Authorization. You can also write it using the UC Entry Screen. This action is good for one month and has an allocation of 5 visits. When Plan Approval is entered through the Plan Approval Screen, the system extends authorization for 90 days.

b) **No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

c) **UR Committee Extension:** This extension can be 1-90 days. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations. For example, if an authorization already exists for 24 visits, and a new action is entered for 10 visits, any of the 24 visits that has not been used is lost.

d) **Interim Extension:** This extension can be 1-90 days. Its Effective Date is usually the meeting date of the UR Committee authorizing the extension. It supersedes any earlier authorizations.

e) **Retroactive Disallowance:** The UR Committee may remove authorization for a previously authorized visit if chart notes are missing or inadequate. The number of visits "approved" (that is, approved for disallowance) must be "1". Each service must be disallowed separately.

11. Utilization Control Authorizations for Mental Health Inpatient Programs

a) **No Medical Necessity:** No Medical Necessity is entered like any other type of authorization. Once it is entered, the client's visits are not billed to Medicaid. As the Effective Date, use the date approved by the Utilization Review Committee. As the number of visits approved, enter "0" (or skip the field). To remove a client from No Medical Necessity, you must enter a new UC Authorization.

b) **Regular Extension:** This extension can be up to 21 days. The Inpatient Coordinator or the UR Committee authorizes it when the client meets the criteria for Medical Necessity.

c) **Administrative Extension:** This extension can be up to 7 days. It is used when the client does not meet Medical Necessity, but is being continued in the inpatient unit based on criteria for Administrative status.

d) **Administrative Extension SD:** This extension can be up to 7 days. It is used when the client does not meet Medical Necessity, nor the criteria for Administrative status, but is being kept in the program based on Short/Doyle Administrative criteria.

e) **Retroactive Extension:** This extension can be up to 21 days. The UR Coordinator or the UR Committee use it to enter or change authorizations.

f) **Deferred Extension:** This extension can be up to 1 day.

Criteria for Inpatient Utilization Control Authorizations

For Inpatient Utilization Control, each authorization must be accompanied by one or more of the following criteria:

- **Regular Extensions and Retroactive Extensions:** Danger to Self, Danger to Others, Gravely Disabled, Serious Disordered Behavior, Planned Medical Evaluation, Medication Stabilization, Special Treatment Plan.
- **Administrative Extensions:** Awaiting Facility, Awaiting State Hospital.
- **Administrative Extensions SD (Short Doyle only):** Awaiting Residential Treatment, Awaiting Board and Care Home, Awaiting Medicaid, Awaiting Other Funds, Medical Complications, Special Behavior Problems, 180 Post Day Certification, Awaiting Legal Status Change, Awaiting Court Hearing, Held by Court Order, Awaiting Transfer to another Hospital.
- **No Medical Necessity:** No Medical Need, No Documentation.
- **Deferred Criteria:** Awaiting Discharge.

Utilization Control Schedule of Actions

Utilization control depends on timely data entry. This section lists the schedule of data entry and reports you must follow.

Schedule of UC Actions for Mental Health Service Programs

Mental Health Service programs must do the following:

- Open Episodes and enter services daily.
- Enter Plan Approval daily.
- Enter new authorizations promptly upon completion of Service Plans or Coordination Plans, or upon approval by traditional UR Committees.
- Distribute the Utilization Control Attention Needed Report weekly.
- Review the POE Processing Report regularly. Investigate the episode history of the clients on the report and, using the UC Action Entry Screen, establish a UC Authorization for each client.

Schedule of UC Actions for Inpatient Programs

Inpatient programs must do the following:

- Open Episodes and enter services daily.
- UR Coordinator enters Utilization Review Actions daily.
- UR Coordinator reviews Utilization Review Action Needed Report daily.
- UR Coordinator reviews and distributes the UR Committee Report weekly.
- UR Coordinator enters variance UR Actions based on UR Committee discussion.

Schedule of UC Actions for Outpatient Drug Free Providers

Outpatient Drug Free Providers must do the following:

- Open Episodes and enter services daily.
- Enter Physician Approval daily.
- Enter UR Actions promptly after each UR Committee meeting.
- UR Coordinator reviews and distributes the Utilization Review Report weekly.
- On the 16th of each month, UR Coordinator produces the Physician Review Log and Treatment Plan Update reports. As the Physician Treatment Plan Updates are returned, the UR Clerk checks the clients off the Log.
- Client's primary staff completes a Treatment Plan Update before the end of the clients' three month UR period. UR coordinator reviews and distributes the Treatment Plan Update forms. These clients receive automatic authorization of 15 visits for the next UR period unless removed from the automatic authorization process.
- Review the POE Processing Report regularly, and use the UR Action Entry Screen to establish a UR period for clients.

Schedule of UC Actions for Day Treatment Providers

Day Treatment Providers must do the following:

- Open Episodes and enter services daily.
- Enter UR Actions promptly after each UR Committee meeting.
- UR Coordinator reviews and distributes the Utilization Review Report weekly.
- Any service provider that does not do UR for all clients should review the POE Processing Report regularly. People found to be eligible for Medi-Cal should be added to UR tracking by entering an Initial Action.

Schedule of UC Actions for Methadone Maintenance Providers

Methadone Maintenance programs must do the following:

- Open Episodes daily, and enter services weekly.
- UR Coordinator enters Utilization Review Actions daily.
- UR Coordinator reviews Utilization Review Action Needed Report daily.
- UR Coordinator reviews and distributes the UR Committee Report weekly.
- UR Coordinator enter any variance UR Actions based on UR Committee discussion.

Legal Status Tracking

To protect the civil rights of people held for involuntary evaluation or treatment of mental disorders, the responsible agency must use a series of legal involuntary holds. Each involuntary hold includes criteria for holding the patient, an effective date, a termination date, and a set of evaluation and review procedures. The Legal Status Tracking system helps inpatient programs to comply with these laws. Data on new legal statuses, writs, release dates, etc. should be entered daily.

Basic Concepts

Before looking at the Legal Status screen, you should understand these basic concepts.

Legal Status

Your county's Operations Staff sets up the Legal Statuses used by your Legal Status Tracking System. Appendix G lists standard Legal Statuses, but yours may be different. Only designated programs can enter a Legal Status, though all mental health programs in the county can view them.

Normally, a client has only one Legal Status at a time, but a client may have two. For example, a client may be on conservatorship and also need to be re-hospitalized.

Initiating a status does not terminate a previous status, but only the most recent status appears on the Daily Legal Status Report.

Legal Events

Legal events are actions by either the client or the inpatient unit that affect the current Legal Status. For example, a patient may request a Writ of Habeas Corpus, or an agency may hold a certification review hearing.

For each Legal Status, the inpatient unit must enter and produce reports on certain legal events, such as required certification reviews. Your county's Operations Staff sets up your system so it includes the Legal Events that apply to each Legal Status. (The system can also include legal events that are not required by law, but that help the inpatient unit track and care for patients.) Appendix G lists standard Legal Events, but yours may be different.

Legal Episodes

Legal episodes are like mental health episodes, but they can include multiple providers.

For example, a client comes to Emergency Services on a 5150 (legal code for a 72 hour hold). It opens a mental health episode, provides service, and closes the mental health episode. The client is referred to the inpatient provider, who also opens an episode and gives service. The 5150 initiated at the Emergency Service is still in force. Subsequently, it will expire and the inpatient unit will initiate a new legal status. After a more lengthy stay, the inpatient provider may initiate a Temporary Conservatorship that is still in force when the client is released from the hospital. The client may move to another service that uses the Legal Tracking system, and then this new provider will track the Temporary Conservatorship.

In this example, one legal episode extended over mental health episodes at many providers. Legal Episodes end when there is no longer an active Legal Status. Legal Statuses end on their Expiration Date.

Legal Reports

There are three Legal Status reports:

- Daily Legal Status Report, MHS 191: Lists all clients open in the provider, and their current Legal Status, any associated Legal Event, and the date when action is needed.
- Quarterly Report of Involuntary Detentions, MHS 189: Summarizes legal holds initiated during the reporting period. It is a facsimile of the state reporting form.
- A Client Legal History Report, MHS 239: Reports a client's complete Legal Status history.

Entering New Legal Status Records

To enter a new Legal Status record:

1. Choose AUTHS from the Main Menu.
2. Choose LEGAL from the Authorization Maintenance Menu to display the Legal Status Maintenance Screen (Figure 13.14).

```
                    Legal Status Maintenance

          Client Number:
          Effective Date:    /  /
          Reporting Unit:

 Action          Effective  Expiration  Reporting Unit   Entered BY

                          Confidential Information          USER: SMITH
```

Figure 13.14: Legal Status Maintenance Screen

3. Press Gold-I to display the Legal Status Insert Screen (Figure 13.15), which you use to enter new Legal Statuses and associated Legal Events.

```
                    Legal Status Insert

Client Number:                Legal Status:    Reporting Unit:

Effective:  /  /

Criteria:   Danger to Others     Comment:
            Danger to Self       LPS Number:
            Gravely Disabled     In Custody:

                              Events

                 /  /                  /  /                /  /
                 /  /                  /  /                /  /

Form Ok Y/N:              Confidential Information          USER: SMITH
```

Figure 13.15: Legal Status Insert Screen

4. Fill out the fields at the top of the screen:

- **Client Number:** Enter a Client Number.
- **Legal Status:** Enter the Legal Status Code for this client. (Your county may use the codes in Appendix G or may use local codes set up by Operations Staff.)
- **Reporting Unit:** Enter a Reporting Unit number.

5. Enter "Y" at the Form OK prompt. The system validates the data and authorizations. Then you fill out the other fields:

- **Effective:** Enter the date the action begins. For most statuses, the Effective Date begins at 12:01:01 AM of the date you enter. But some Legal Statuses require you to enter the time when the action becomes effective, using a 24 hour clock (from 0:00 to 23:59). If this is necessary, this field will include a space to enter time.
- **Criteria:** All involuntary holds are based on at one or more of these criteria: Danger To Self, Danger To Others, Gravely Disabled. Type "X" next to one or more.
- **Comment:** Enter a comment of up to 30 characters (optional).
- **LPS Number:** Enter the LPS Number, or Court Case number, for this Legal Status (optional).
- **In Custody:** Enter "Y" if this client should be returned to the custody of a law enforcement agency upon discharge.
- **Events:** Enter Legal Events initially or as they occur. Events associated with the Legal Status you are entering are displayed. To enter an event, type the date when it occurred next to it. Your system may use the Legal Events listed in Appendix G, or may use Legal Events set up by your Operations Staff.

6. Enter "Y" at the Form OK prompt to save your entry. The system validates the data. If there is an error, it displays messages and moves the cursor to the field you must correct. After the record has been saved, the Expiration Date of the new Legal Status is displayed next to the Effective Date of the Status (Figure 13.16).
7. Enter "Y" at the Continue prompt if you want to add another record.

Maintaining Legal Status Records

To maintain Legal Status Records:

1. Choose AUTHS from the Main Menu.
2. Choose LEGAL from the Authorization Maintenance menu to display the Legal Status Maintenance Screen (Figure 13.17).

```
                    Legal Status Insert

EUGENE          HENDERSON      14 Day  1              PSP ACUTE
Client Number: 500000016       Legal Status: W52500   Reporting Unit:99998

 Effective: 06/18/88                Expiration: 07/01/88

 Criteria: X Danger to Others    Comment:
           X Danger to Self      LPS Number: 189999211
             Gravely Disabled    In Custody:

                              Events

 WRIT REQUEST    /  /    WRIT REVIEW     /  /    WRIT DROPPED     /  /
 WRIT RELEASE    /  /                    /  /                     /  /

Form Ok Y/N: Y          Confidential Information          USER: SMITH
```

Figure 13.16: Legal Status Insert Screen with Data

```
                    Legal Status Maintenance

          Client Number:
          Effective Date:    /  /
          Reporting Unit:

 Action          Effective  Expiration  Reporting Unit   Entered BY

                          Confidential Information          USER: SMITH
```

Figure 13.17: Legal Status Maintenance Screen

3. Use the fields at the top of the screen to search for the records you want to maintain. You must enter a client number, and you can use the other fields to narrow the search:

- **Client Number:** Enter a Client Number. You can press Return immediately to display all the Legal Status records for this client.
- **Effective Date:** Optionally, enter a date to display only records after that date.
- **Reporting Unit:** Optionally, enter a reporting unit number to display only records for the client in that program.

4. Press Return to display all the records that match these search criteria. Records with the most recent Effective Dates are listed first.

5. Move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Type “L” (lookup), “D” (delete), or “U” (update) next to the records you want to maintain (Figure 13.18).

```
                    Legal Status Maintenance

        Client Number: 500000016     EUGENE         HENDERSON
        Effective Date:     /  /
        Reporting Unit:   43301

 Action          Effective   Expiration  Reporting Unit    Entered BY
 U W52500 14 Day #1  3-DEC-88   16-DEC-88   4330-1 ACUTE INPAT  SMITH
   W51500 72 Hr Hold 1-DEC-88    4-DEC-88   4330-1 ACUTE INPAT  SMITH

                    Confidential Information          USER: SMITH
```

Figure 13.18: Legal Status Maintenance Screen, Selecting Records

Legal Status Lookup

If you enter “L” next to a record, it is displayed in the Legal Status Lookup screen (Figure 13.19). You can view the data but not change it. To view Legal Events, use the Tab or Arrow key to scroll through the Events list.

Press Return to display the next record you selected for maintenance.

```
                    Legal Status Lookup

 MARY            TEST            14 Day #1            PSP ACUTE
 Client Number: 500001440      Legal Status: W52500 Reporting Unit:99998

 Effective: 12/03/88                Expiration: 12/16/88

 Criteria:  X Danger to Others      Comment:
              Danger to Self        LPS Number:
              Gravely Disabled      In Custody:

                                Events

 Writ Request     12/03/88  Writ Review   12/10/88  Writ Dropped    /  /
 Writ Release       /  /                    /  /                    /  /

 Entered On: 22-Dec-88    Entered By: SMITH      Last Changed: 22-Dec-88

   Continue:              Confidential Information          USER: SMITH
```

Figure 13.19: Legal Status Lookup Screen

Legal Status Delete

If you enter “D” next to a record, it is displayed in the Legal Status Delete screen (Figure 13.20). Authorized users can enter “Y” at the Delete OK prompt and “Y” again at the confirm prompt to delete the record.

```
                    Legal Status Deletion

MARY            TEST            14 Day #1            PSP ACUTE
Client Number: 500001440        Legal Status: W52500 Reporting Unit:99998

Effective: 12/03/88                 Expiration: 12/16/88

Criteria:  X Danger to Others       Comment:
             Danger to Self         LPS Number:
             Gravely Disabled       In Custody:

                              Events

Writ Request    12/03/88  Writ Review   12/10/88  Writ Dropped   /  /
Writ Release      /  /                    /  /                   /  /

Entered On: 22-Dec-88    Entered By: SMITH     Last Changed: 22-Dec-88

Delete OK:              Confidential Information          USER: SMITH
Okay to delete this record?
```

Figure 13.20: Legal Status Deletion Screen

Legal Status Update: Entering Legal Events

If you enter “U” next to a record, it is displayed in the Legal Status Update screen (Figure 13.21).

```
                    Legal Status Update

EUGENE          HENDERSON       14 Day #1            PSP ACUTE
Client Number: 500000016        Legal Status: W52500 Reporting Unit:99998

Effective: 06/18/88                 Expiration: 07/01/88

Criteria: X Danger to Others     Comment:
          X Danger to Self       LPS Number: 189999211
            Gravely Disabled     In Custody:

                              Events

WRIT REQUEST  06/20/88  WRIT REVIEW   06/23/88  WRIT DROPPED   06/24/88
WRIT RELEASE    /  /                    /  /                    /  /

Entered On: 10-Dec-88    Entered By: SMITH     Last Changed: 10-Dec-88

Form Ok Y/N: Y          Confidential Information          USER: SMITH
Update of record in progress...
```

Figure 13.21: Legal Status Update Screen

You can edit any fields except the Client Number, Legal Status, and Reporting Unit. Tab through the fields and type new values.

Events associated with this Legal Status are displayed in the events box. To enter a new Legal Event, type the date when it occurred next to it. Your system may use the Legal Events listed in Appendix G, or may use Legal Events set up by your Operations Staff.

To delete a Legal Event, clear the date field for the Event.

Press Return to go to the Form OK prompt, and enter “Y” to save the changes.

Chapter 14
System Operations

Choose OPERATIONS from the Main Menu to display the Operations Maintenance Menu, which is used to control system operations by maintaining User Authorizations, Logon Notices, Dynamic Data Fields, and Staff Records.

User Authorizations

Tip: Do not confuse User Authorizations with User Accounts, which are needed to log into the system and are created by Operations Staff. For more information, see the Operations Manual, Chapter 13, section on Authorizing User Accounts.

ıorizations control access to the data screens. They are very flexible. You can ɔrize a staff person to access a screen for one use, or for all its uses.

To work with User Authorizations:

PERATIONS from the Main Menu.

2. Choose AUTHORIZE from the Operations Maintenance Menu to display the User Authorization Maintenance screen (Figure 14.1).

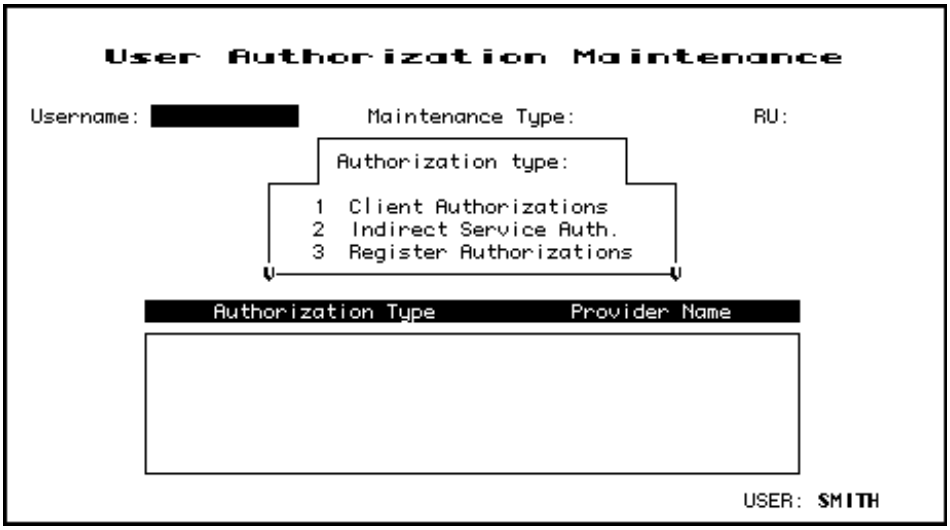


Figure 14.1: User Authorization Maintenance Screen

User Authorization Entry

To enter a new user authorization:

1. Choose AUTHORIZE from the Operations Maintenance Menu to display the User Authorization Maintenance screen, shown above.
2. Press Gold-I (for Insert) to display the Authorization Entry Screen (Figure 14.2).

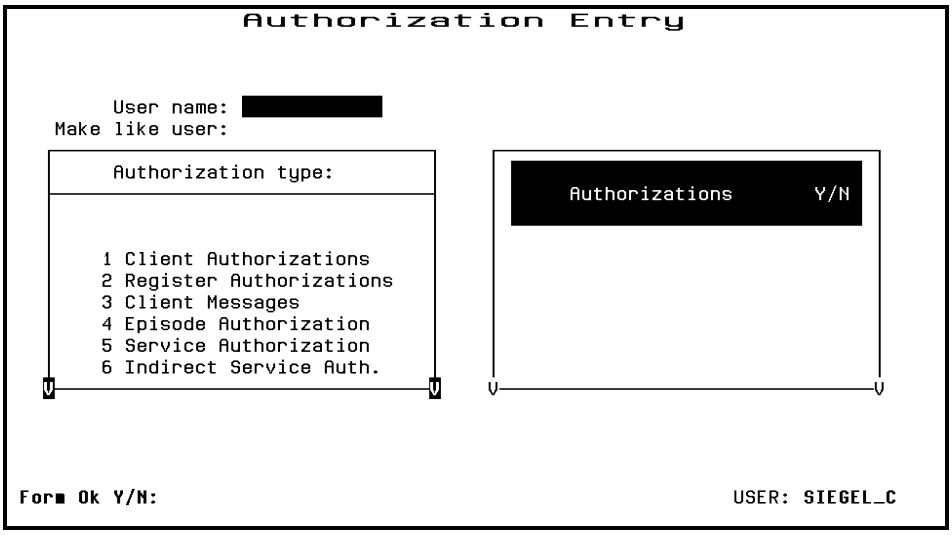


Figure 14.2: Authorization Entry Screen

3. Enter the following data:

- **User name:** Enter the Username of the staff person whose authorizations you are entering. This Username must already have a User Account assigned by Operations Staff.
- **Make like User:** Optionally, enter the username of a staff person whose authorizations you want to copy. This feature is useful for setting up authorizations for staff that perform similar functions.
- **Authorization type:** Enter the number for the Authorization Type you want to enter, or use the Tab key to move downward through the list of Authorization Types, type “X” next to the one you want, and press Return. You can enter only one Authorization Type at a time.
- **RU:** If it applies, enter the Reporting Unit Number for the program that you are authorizing the staff person for. Some authorizations are reporting unit specific, and others are global. If the Authorization Type you entered is global, this field is not displayed. To authorize a staff person for all programs, enter “******” in place of a Reporting Unit Number.

- **Authorizations:** For each Authorization Type there are a number of Authorizations that can be entered. For example, For the Authorization Type "Register", the Authorizations are: Decentralized, Centralized, and Supervisor. For the Authorization Type "Service", the Authorizations are Look-up, Entry, Update, Delete, Supervisor, and Late Entry. When you select an Authorization Type, the Authorizations for it are displayed in the Authorizations box to the right. Use the Tab or Arrow keys to scroll through the list, and enter "Y" next to the Authorizations you want to select (Figure 14.3).

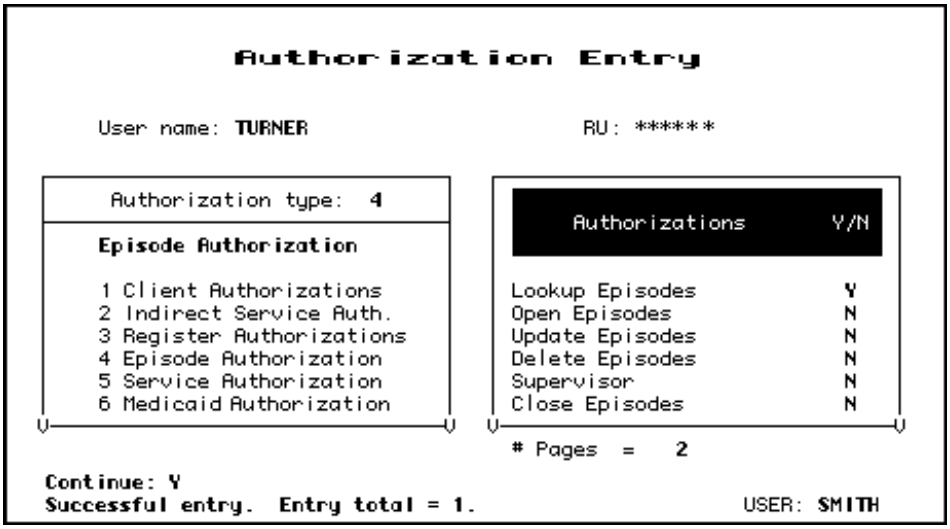


Figure 14.3: Authorization Entering Screen, Entering Data

- **# of Pages:** Some pages include scrolling areas, where the user can display more pages of records by pressing Gold-M. Enter a number in this field to specify how many pages of records the user can view. (The value displayed by default optimizes performance. Users who must view more records can override it by pressing Gold-A for unlimited paging.)

4. Enter "Y" at the Form OK prompt to save the changes. The system validates the data: if you entered a Username that already has authorizations, it displays the error message: "Database change would cause an illegal duplicate key".

Note: For all Authorization Types, the term Supervisor does not mean that the user must have a supervisory position. It just refers to additional authorizations within a screen.

The following Authorization Types are available:

- **Client Authorizations:** Lets user lookup, update and delete clients who are already registered in the system. There is individual authorization control for each of the following functions: Lookup Clients, Update Clients, Delete Clients, Supervisor, Change Client UR Status, Change Registration Status, Display Messages.

✎ **Note:** Supervisor authorization lets a user override some validations and could be necessary for some key staff. Change Client UR Status authorization could be given to key staff responsible for UR oversight.

- **Register Authorizations:** Controls Centralized or Decentralized Registration through the Registration Screen, and also controls the Registration Audit field on the Client Maintenance Update Screen. There is individual authorization control for each of the following functions: Register Decentralized, Register Centralized, Supervisor.

✎ **Note:** Authorize only the registration type used by your county: Decentralized or Centralized, but not both.

- **Client Messages:** Controls client message screens. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay, Supervisor Okay.

✎ **Note:** Delete authorization lets you delete only your own messages. Supervisor authorization lets you delete any message.

- **Episode Authorization:** Controls Episode Opening, Closing, and Maintenance Screens. There is individual authorization control for each of the following functions: Lookup Episodes, Open Episodes, Update Episodes, Delete Episodes, Supervisor, Close Episodes.

✎ **Note:** Supervisor authorization allows re-opening of closed episodes, and so it should be available to crisis program data entry staff and other key clinic data entry staff. It also allows the correction of opening and closing dates.

- **Service Authorization:** Controls Service Entry and Maintenance Screens. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay, Supervisor, Late Entry Okay, System Manager, Adjustment Okay.

✎ **Note:** Supervisor authorization lets a user override some screen validations. Whether Late Entry authorization is given to data entry staff depends on county policy on data entry deadlines. Adjustment Okay authorization allows deletion of a posted service.

- **Indirect Service Authorization:** Controls the Indirect Service Entry and Maintenance Screens. There is individual authorization control for each of the following functions: Lookup Okay, Entry Okay, Update Okay, Delete Okay, Supervisor, Late Entry Okay.

✎ **Note:** Late Entry authorization lets the user enter services after the data entry deadline.

- **Address Authorization:** Controls entry of client and account addresses. There is individual authorization control for each of the following functions: Lookup Client Addresses, Enter Client Addresses, Update Okay, Delete Okay, Supervisor, Lookup Account Addresses.
- **UC Authorization:** Controls use of the Utilization Control Entry Screens, Plan Approval Screen, and UC Status Screen. Also controls update of the Client UR Needed field on Client Maintenance Update Screen. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Supervisor , Physician Approval Screen, System Manager.

Note: Supervisor authorization allows entry of Initial Actions and is necessary for anyone entering UC Data. System Manager authorization should only be given to trained UR supervisory staff.

- **Legal Status Authorizations:** Controls use of the Legal Status Tracking Screen. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay.
- **M/C Authorizations:** Authorizes use of the POE Entry Screen. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay, Supervisor , Deny POE, Adjustments.

Note: Delete authorization lets the user delete an unprocessed POE only. Supervisor authorization adds informational displays. Deny POE authorization lets the user deny further Medicaid billing on a specific month's POE. Adjustments authorization lets the user access to the Adjustment portion of the screen and use the Adjustment Reprocess POE.

- **Insurance Policy Authorization:** Authorizes entry and updating of Insurance Policies. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay, Supervisor, Set Policy Flags

Note: Supervisor authorization lets the user display and update billing and aging precedence. Set Policy Flags authorization lets the user enter and update the Assignment of Benefits and Release of Information patient signature flags and the Information Complete flag.

- **PFI Authorization:** Controls use of PFI Screens. There is individual authorization control for each of the following functions: Update UMDAP, Update Account, Update Insurance, Delete Insurance, Update Account Flags, Update Insurance Flags, Summary Screen.
- **Account Authorization:** Controls use of Account Maintenance Screens. There is individual authorization control for each of the following functions: Lookup Okay, Update Okay, Supervisor, Account Supervisor, Allow Adjustments.

Note: Supervisor and Account Supervisor allows update of various account flags and patient statement message numbers.

- **Adjustment Authorization:** Controls use of the Adjustment screens. There is individual authorization control for each of the following functions: Lookup Okay, Delete Okay, Supervisor, System Manager.

Note: Supervisor displays additional technical information. System Manager accesses Adjustment Master records.

- **Payment Authorization:** Controls entry of Insurance and Patient Payments. There is individual authorization control for each of the following functions: Lookup Okay, Enter Patient Payments, Delete Okay, Supervisor, Enter Insurance/Medicare, Delete Audited Payments, Allow Adjustments

Note: Supervisor allows entry of payment amount greater than claim amount.

- **Check Maintenance:** Controls check maintenance. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Delete Okay, Supervisor, Delete Audited Checks, Allow Adjustments.
- **Past Year Payment Entry:** Controls entry of Insurance/Medicare payments for services rendered before InSyst was implemented. There is authorization control for the following function: Enter Old Payments.
- **Claim Maintenance Authorization:** There is individual authorization control for each of the following functions: Lookup Okay, Adjustments, Update Okay.
- **Insurance Company Authorization:** There is individual authorization control for each of the following functions: Lookup Okay, Entry Okay, Update Okay, Delete Okay, Supervisor.
- **Employer Authorizations:** There is individual authorization control for each of the following functions: Lookup Okay, Entry Okay, Update Okay, Delete Okay.
- **Payment Adjustments:** Lets user enter payment related adjustments. There is authorization control for the following function: Enter Adjustments.
- **UMDAP Adjustments:** Lets user enter various account adjustments. There is authorization control for the following function: Enter Adjustments
- **Full Pay Adjustments:** Lets user initiate or reverse full pay status of accounts. There is authorization control for the following function: Enter Adjustments.
- **Account Supervisor Adjustment:** There is authorization control for the following functions: Insert Okay.
- **POE Adjustments:** Controls adjustments to a client's Medicaid status.

There is authorization control for the following function: Enter Adjustments

Note: You must have Adjustments authorization in M/C Authorizations to be able to use this authorization. This authorization allows the user to Release Services (releases services to be billed to other sources when there is no Special Reason Code for late billing) and to Deny Medicaid Eligibility (deny any billing to Medicaid for the current month plus block further automated matches on this POE record's number).

- **Staff Authorization:** Controls use of the Staff entry and maintenance screens. There is authorization control for the following function: Lookup Okay, Insert Okay, Update Okay, Delete Okay, Allow Staff ID Entry.

Note: Allow Staff ID authorization lets the user specify the staff number to be assigned. This may be useful in the implementation phase of a system, but after that time it is generally better to have the computer assign the number.

- **User Authorizations:** There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay.
- **Bureau Notice Authorization:** There is individual authorization control for each of the following functions: Lookup Okay, Update Okay.
- **ACMS Notice Authorization:** There is individual authorization control for each of the following functions: Lookup Okay, Update Okay.
- **System Table Authorization:** There is authorization control for the following function: System Table Access.
- **Significant Other:** There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay.
- **Dynamic Field Authorization:** Controls creation and entry of dynamic fields. There is individual authorization control for each of the following functions: Lookup Okay, Insert Okay, Update Okay, Delete Okay, System Display.

Note: These authorizations are by reporting unit. You are prompted to enter the reporting unit number. The staff person must have one record for each reporting unit, or one record for all reporting units using "******" as the reporting unit number.

In addition to the authorizations above, there are special authorizations for adjustments in the fiscal screens, summarized in Table 14.1.

Adjustment Name	Authorization Screen Label	Database Name
301 NSF Check	Payment Adjustments	ADJ_GROUP1
302 Bad Check Charge		
310 Insurance Refund		
311 Patient Refund		
402 Write-off UMDAP Medi-Cal Liability	UMDAP Adjustments	ADJ_GROUP2
403 Therapeutic		
406 Bankruptcy		
410 Miscellaneous Adjust		
405 Initiate Full Pay	Full Pay Adjustments	ADJ_GROUP3
404 Reverse Full Pay		
303 Conv Acct Bal Increase	Account Supervisor Adj	ADJ_GROUP4
304 Misc Acct Bal Increase		
330 Misc Acct Bal Decrease		
331 Conv Acct Bal Decrease/Transfer Credit Adj		
602 Merge Clients		
620 Remove Clt from Acct		
621 Merge Account		
212 Re-try FRC	System Adjustments	ADJ_GROUP5
901 Adjust to UMDAP		
902 Adjust to Receivables		
903 Repost		
210 Disallow Medicaid	POE Adjustments	ADJ_GROUP6
610 Deny Medicaid		
611 Release Medicaid		

Table 14.1: Authorizations Needed for Fiscal Adjustments

User Authorization Maintenance

You can also use the User Authorization Screen to look up, update, and delete existing User Authorization records.

To maintain User Authorization records:

1. Choose AUTHORIZE from the Operations Maintenance Menu to display the User Authorization Screen, shown above.
2. Use the fields at the top of the screen to find the User's records:

- **Username:** You must enter the Username. If you press Return now, the screen will list all the Authorization Records for that User.
- **Maintenance Type:** Optionally, if you want to perform only one type of maintenance, you can enter "U" (update), "L" (lookup), or "D" (delete). When you press Return, the system will display the records in the screen that lets you do this type of maintenance, rather than listing them as described below.
- **Authorization Type:** Optionally, if you want to display the records for only one Authorization Type, enter it here, or press Tab to move through the list of Authorization types and type "X" next to it.

3. Press Return. The screen lists all the records that match the criteria you entered. To select records, use the Tab or Arrow keys to move through the list. Next to the records you want to maintain, type "U" (update), "L" (lookup), or "D" (delete), as shown in Figure 14.4.
4. When you have selected all the records you want, press Return.

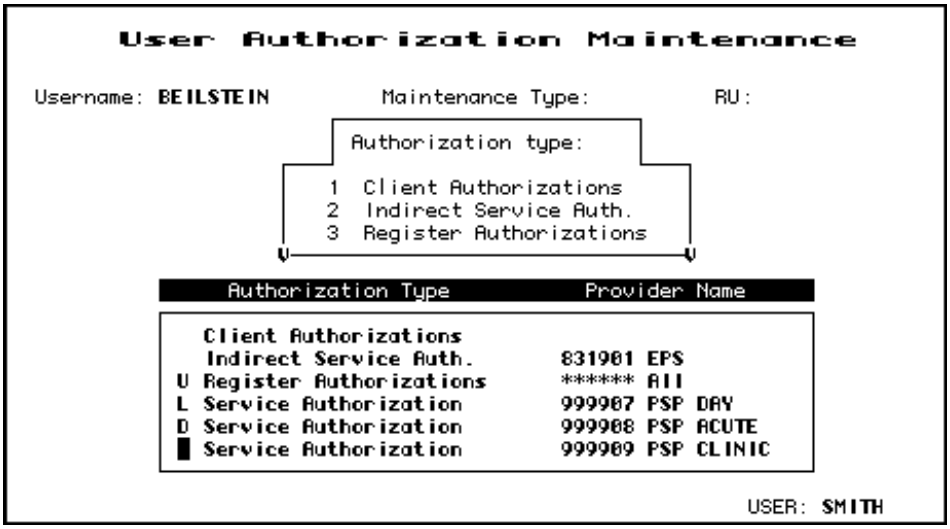


Figure 14.4: User Authorization Maintenance Screen, Selecting Records

Authorization Lookup

If you typed "L" next to a record, it is displayed in the Authorization Look-up screen (Figure 14.5). You can view the data but cannot change it. When you are done, press Return to display the next record selected for maintenance.

```
                    Authorization Look-up

User name: BEILSTEIN                          RU: 999907 PSP DAY

 Authorization type:  0                  Authorizations        Y/N
 Service Authorization

 1 Client Authorizations                 Lookups Okay          Y
 2 Indirect Service Auth.                Entry Okay            Y
 3 Register Authorizations               Updates Okay          Y
 4 Episode Authorization                 Deletes Okay          Y
 5 Service Authorization                 Supervisor            Y
 6 Medicaid Authorization                Late Entry Okay       Y
                                          # Pages  =   2
Continue: Y                                                USER: SMITH
Press <Return> to continue or <N><Return> to exit.
```

Figure 14.5: Authorization Look-up Screen

Authorization Delete

If you typed “D” next to a record, it is displayed in the Authorization Deletion screen (Figure 14.6). Enter “Y” at the prompt to delete the record.

```
                    Authorization Deletion

User name: BEILSTEIN                          RU: 999908 PSP ACUTE

 Authorization type:  5                  Authorizations        Y/N
 Service Authorization

 1 Client Authorizations                 Lookups Okay          Y
 2 Indirect Service Auth.                Entry Okay            Y
 3 Register Authorizations               Updates Okay          Y
 4 Episode Authorization                 Deletes Okay          Y
 5 Service Authorization                 Supervisor            Y
 6 Medicaid Authorization                Late Entry Okay       Y
                                          # Pages  =   2
Delete OK:                                                 USER: SMITH
Okay to delete this entry (Y/N)?
```

Figure 14.6: Authorization Deletion Screen

Authorization Update

If you typed “U” next to a record, it is displayed in the Authorization Update screen (Figure 14.7). You can change any of the data: for information on how to use these fields, see the section above on User Authorization Entry. Enter “Y” at the Form OK prompt to save the changes.

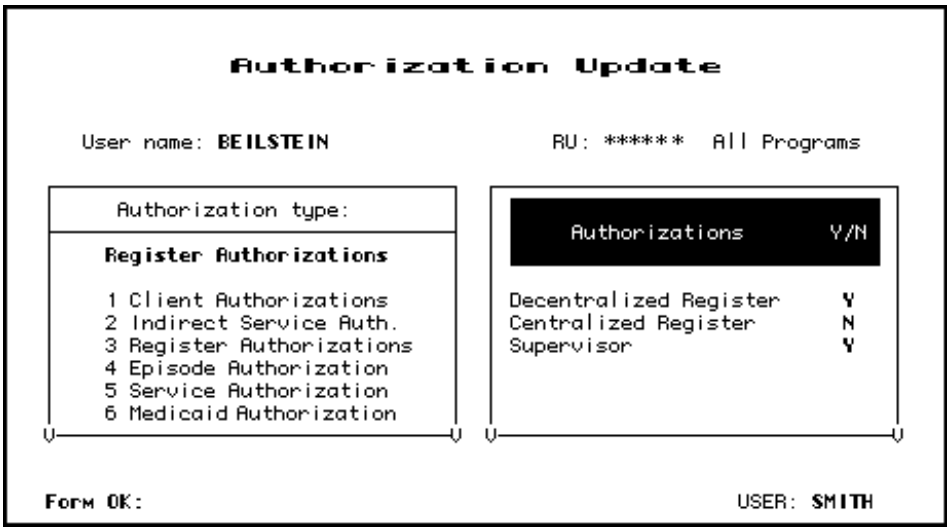


Figure 14.7: Authorization Update Screen

Logon Notices

Notices are the message displays that users see when first logging onto the computer system. There are two types of Notices:

- **Bureau (MHS) Notice:** Lets counties have notices that are specific to each Bureau or Application. Immediately after entering Username and Password, users who are ACMS captive receive a Bureau Logon Notice, based on their User Account. (Users who are not ACMS captive can see this notice by using the DCL procedure discussed later in this chapter.)
- **ACMS Logon Notice:** Occurs after the Bureau Logon Notice for ACMS captive users, and is seen by non-captive users when entering ACMS to use the screen applications.

To change logon notices:

1. Choose OPERATIONS from the Main Menu.
2. Choose A_NOTICE from the Operations Maintenance Menu to change the ACMS Logon Notice, or choose B_NOTICE from the Operations Maintenance Menu to change the Bureau (MHS) Logon Notice. Both work the same way: the system displays an edit screen with the current Logon Notice, or if there is no Logon Notice, displays the blank Logon Message Screen (Figure 14.8).
3. The first line in the message text box is highlighted. Each line in this box is like a field on one of the data entry screens. Enter the text for each line. Press the Tab or Down Arrow key to move to the next line. Use the following editing keys:

```
MHS
                                                  30-Jul-87
                Notice last changed by SMITH

New Title:                                        USER: SMITH
Enter changes to NOTICE or press <RETURN>.
```

Figure 14.8: Blank Logon Message Screen

- **Centering text:** To center text in the message text box or title areas, at the beginning of *each line* that you want centered, type ".C;" (a period, a "C", a semi-colon) (Figure 14.9).
- **Removing a line:** To remove a line, type ".B;" (period, "B", semi-colon) at the beginning of it; then press Return to erase the line. Or simply put the cursor on a line and press Control/J to erase it. Press Gold-B to erase all lines in the message text box.

4. When you have entered the entire message, press Tab to move to the New Title field at the bottom of the screen. Enter the message title.

```
MHS
This is an example of the Bureau specific LOGON notice.  You can
enter new text fo the LOGON notice simply by typing your text
on the 'highlighted' line.

This message will be seen by people as soon as they log onto the
computer.

When you are finished with your text, press the Return key.
                                                  03-Aug-87
                Notice last changed by SMITH

New Title: .C;This is a Test                      USER: SMITH
Enter changes to NOTICE or press <RETURN>.
```

Figure 14.9: Entering Logon Message Text

5. When you have completed your changes, press Return. The screen is re-displayed with your new text, and the beginning line of the message text box

is highlighted. A message is displayed at the bottom of the screen, “Enter changes to NOTICE or press <RETURN>”. If the message is correctly displayed, press Return; if it is not correct, re-enter your text.

6. When you are finished entering the text, press Return to display the Notice as it will actually appear (Figure 14.10). Enter “N” to continue editing it, or if it is correct, enter “Y” to save it.

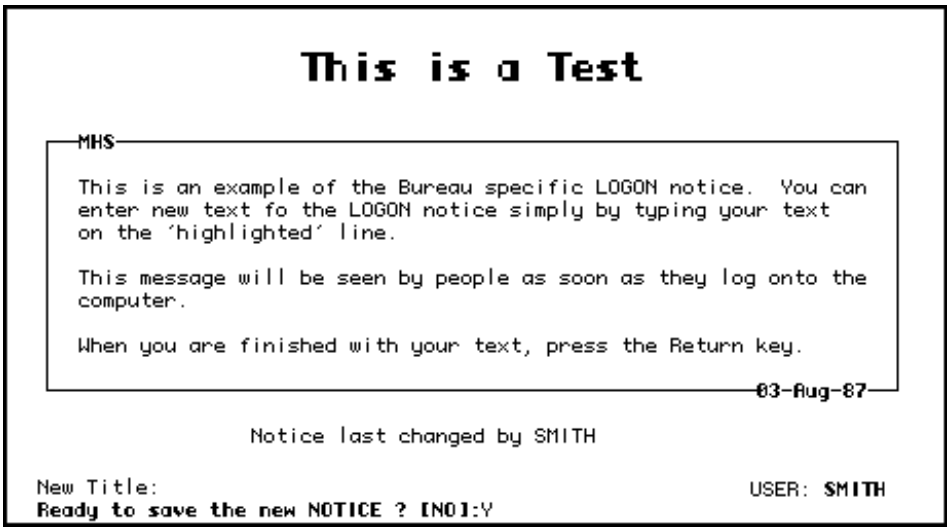


Figure 14.10: Saving the New Logon Message

Using DCL Commands to view the Bureau Logon Notice

If you are not an ACMS captive user, the Bureau Logon Notice is not displayed when you log on to your computer, but you can view it by using this DCL Command Procedure:

$ @GLOBAL_INSTALLED:DISPLAY_BUREAU_NOTICE MHS

Staff Records

The Staff Maintenance Screens let you enter, view, update, and delete information about your agency’s staff members.

To work with staff records:

1. Choose OPERATIONS from the Main Menu
2. Choose STAFF from the Operations Maintenance Menu to display the Staff Maintenance Selection screen (Figure 14.11).

```
Staff Maintenance Selection

Staff ID:
Maintenance Type:
Staff Name:

Staff
 ID            Staff Name

USER: SMITH
```

Figure 14.11: Staff Maintenance Selection Screen

Entering New Staff Records

To enter a new staff member:

1. Choose STAFF from the Operations Maintenance Menu to display the Staff Maintenance Selection screen, shown above.
2. Press Gold-I to display the Staff Insert Screen (Figure 14.12).

```
Staff Insert

Staff ID: 0

First:                Middle:        Last:

Sex:                  SSN: 000-00-0000        Start Date:   /  /
Ethnicity:            Birthdate:   /  /       End Date:     /  /

UPIN:                 GL Account:             Number:
Medicare PIN:         DEA Number:             Renewal:   /  /
Medicaid PIN:                                 State:
                          Language
English               Spanish                 Chinese Dialect
                          Staff Mask
Educator              Intern                  Medical Records
MFC Counselor         Nurse                   Occ Therapist
                      County Specific Data
Class:      Status: 0      Field One:         Field Two:

Form OK Y/N:                                  USER: SMITH
```

Figure 14.12: Staff Insert Screen

3. Tab through the fields on the screen. Move among the different scrolling boxes by using the Gold Key with the Up or Down Arrows. If a field is required, the system will not let you go further until you make an entry in it. Fill in the following information:

- **Staff ID:** This field is displayed if you are authorized to choose the Identification Number for a new staff person: enter a new staff number in it. If you are not authorized, the field is displayed after you have finished filling in the screen, with a staff number assigned by the system.
- **First Name, Middle Initial, Last Name:** Enter the first name, middle initial and last name of the new staff person. (Required)
- **Sex:** Enter the code for the staff person's sex: "F" (Female), "M" (Male), or "U" (Unknown). (Required)
- **Ethnicity:** Enter the code for the staff person's ethnicity. The codes are the same used for client ethnicity. They are listed in Appendix F.
- **SSN:** Enter the staff person's Social Security Number.
- **Birthdate:** Enter the staff person's birth date in the format MM/DD/YY.
- **Start Date:** Enter the date that the staff person began work in your agency. The staff person's number cannot be used on episodes or services with a date before the Start Date. (Required)
- **End Date:** This is filled in when the staff person leaves the agency. The staff person's number cannot be used on episodes or services that have a date after the End Date.
- **UPIN:** Enter the physician's Provider Identification Number (six digits) assigned by HCFA. This number may be needed for claiming services to Medicare.
- **Medicare PIN:** Enter the physician's provider identification number (nine digits) assigned by the Medicare carrier. This number may be needed for claiming services to Medicare.
- **Medicaid PIN:** Enter the physician's provider identification number (nine digits) assigned by the Medicaid carrier. This number may be needed for claiming services to Medicaid.
- **GL Account:** Enter the staff person's general ledger account number.
- **DEA Number:** Enter the physician's Drug Enforcement Agency Number. This authorizes the physician to prescribe controlled substances.
- **Number:** Enter the clinician's state license number.
- **Renewal:** Enter the renewal date for the license.
- **State:** Enter a two letter abbreviation for the state issuing the license.
- **Language:** Select all languages that this staff person speaks fluently. Press Tab to move through the options in this scrolling area, and type "X" to select them. You have the following options: English, Spanish, Chinese Dialect,

Japanese, Filipino Dialect, Vietnamese, Laotian, Cambodian, Sign Language, Other.

- **Staff Mask:** Select the staff person's discipline. You can select more than one discipline. You have the following options: Educator, Intern, Medical Records, MFC Counselor, Nurse, Occ Therapist, Pharmacist, Physician, Physician Assistant, Psych Tech, Psychiatrist, Psychologist, Rehab Counselor, Social Worker, Unlicensed Worker.
- **County Specific Data:** The following fields are for county defined use: Class, Status, Field One, Field Two.

4. Enter "Y" at the Form OK Prompt to save the changes. Then, enter "Y" at the Continue Prompt to enter another new staff record (Figure 14.13).

```
                          Staff  Insert

  Staff ID: 8138
 |   First: CARL            Middle:        Last: DUCK                |
 |Sex: M                  SSN: 201-01-1532        Start Date: 01/01/88|
 |Ethnicity:              Birthdate:   /  /       End Date:     /  /  |
 |UPIN:                   GL Account:             Number:  00A801033  |
 |Medicare PIN:           DEA Number:             Renewal:   /  /     |
 |Medicaid PIN:                                   State:   CA         |
 |                                 Language                           |
 |  Japanese               Filipino Dialect       Vietnamese          |
 |                                 Staff Mask                         |
 |  Psych Tech            X Psychiatrist          Psychologist        |
 |  Rehab Counselor         Social Worker         Unlicensed Worker   |
 |                            County Specific Data                    |
 |Class:      Status: 0      Field One:            Field Two:         |

  Continue: Y                                          USER: SMITH
  Successful insert.  Insert total = 1.
```

Figure 14.13: Staff Insert Screen, Adding Data

Maintaining Staff Records

To maintain staff records:

1. Choose STAFF from the Operations Maintenance Menu to display the Staff Maintenance Selection screen, shown above.

2. Use the fields at the top of the screen to find the staff member's record:

- **Staff ID:** If you know it, type in the Staff Number for the person whose record you want. Press Return to display that person's record in the screen.

- **Maintenance Type:** If you enter the staff number, you can also enter the Maintenance Type here. Enter "L" (lookup), "D" (delete) or "U" (update). Press Return to display the record in the maintenance screen, rather than displaying a list of records, as described below.

- **Staff Name:** If you do not know the Staff Number, enter a staff name, last name first. Press Return to display an alphabetical list of staff names in the screen, beginning with the one you entered.

3. Press Return. The screen displays a list of records that match the criteria you entered. To select records for maintenance, move through the list using the methods described in the section on Moving Through Lists in Chapter 1. Next to the records you want to maintain, type “L” (lookup), “D” (delete) or “U” (update), as shown in Figure 14.14. Then press Return.

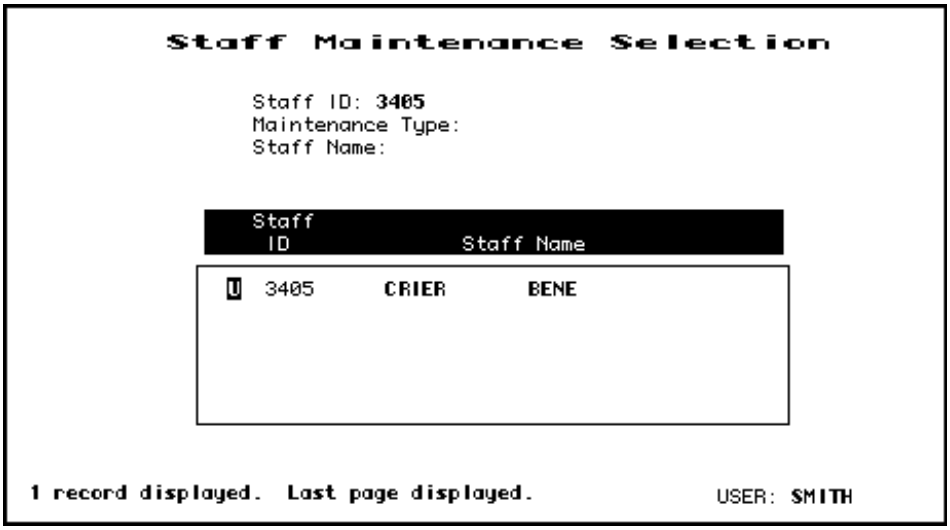


Figure 14.14: Staff Maintenance Selection Screen

Staff Lookup

If you entered “L” next to a record, it is displayed in the Staff Lookup Screen, which displays data but does not let you change it. (This screen has the same fields as the Staff Update screen shown below.)

Staff Delete

If you entered “D” next to a record, it is displayed in the Staff Delete Screen. (This screen has the same fields as the Staff Update screen, shown below.) If you are authorized to delete staff records, you can enter “Y” at the Delete OK prompt, and enter “Y” again at the Confirm prompt to delete the record.

You cannot delete a staff person who has ever given a service or been entered as the Primary Clinician for a client’s episode. Before allowing the deletion, the system checks to see if this staff is included in any episodes, services, client records or utilization review records.

To terminate a staff person who has provided services, use the Staff Update screen to enter an End Date.

Staff Update

If you entered "U" next to a record, it is displayed in the Staff Update Screen (Figure 14.15). Use the Tab and Gold-Arrow keys to move through the fields, and edit them. The fields are described above, in the section on Staff Entry. Enter "Y" at the Form OK prompt to save the changes.

You can change all of the fields except Staff Number.

```
                          Staff Update

Staff ID: 3405      Entered On: 17-Aug-88    Last Changed: 20-Dec-88
 First: BENE            Middle:        Last: CRIER
 Sex: M                 SSN: 460-55-2815       Start Date: 07/01/88
 Ethnicity: A           Birthdate: 12/01/25    End Date:     /  /
 UPIN:                  GL Account: 4634       Number: 828929770K
 Medicare PIN:          DEA Number:            Renewal:  07/01/94
 Medicaid PIN:                                 State:    CA
                              Language
 English                Spanish                Chinese Dialect
                              Staff Mask
 Psych Tech           X Psychiatrist           Psychologist
 Rehab Counselor        Social Worker          Unlicensed Worker
                        County Specific Data
 Class:      Status: 0    Field One:           Field Two:

Continue: Y                                     USER: SMITH
Successful update.  Update total = 1.
```

Figure 14.15: Staff Update Screen

Note: The Staff End Date is used for retiring a staff person. When someone leaves your organization fill in the End Date with their last day of work.

Dynamic Data Fields

The Dynamic Data Maintenance Screens let local agencies define new data fields, which are displayed on added pages following regular InSyst data collection screens. These screens are also used to set up the Field Data Section of the Electronic Client Information Screen (ECI), covered in Chapter 7.

You can define up to 90 fields for Clients, 90 fields for Episodes, and 90 fields for each ECI document type. Maximum field length is 20 characters. You can validate data at the Screen level for Client data and at the program level for Episode data. You can also create authorizations to control which users can access them, at both the Reporting Unit level and the Screen level.

This data is stored in the database in three special relations: Dynamic Clients Data, Dynamic Episodes Data and Document Type Data (by ECI Document Name). These relations can easily be linked to the regular database fields: for example, the relation containing special client data is indexed by Client Number, so it can be related to other Client data.

To work with Dynamic Data Fields:

1. Choose OPERATIONS from the Main Menu.
2. Choose FIELD_DD from the Operations Maintenance Menu to display the Dynamic Data Elements Selection Screen (shown with records displayed in Figure 14.16), which is used like other InSyst maintenance selection screens.

Dynamic Data Elements Selection

Dynamic Relation: **CLIENTS**
Field Name:
Field Number:

Field Name	Field Length	Screen Order	Effective Date	Expiration Date
HIST_SUICIDE	1	1	01-JUL-90	30-JUN-2050
HIST_VIOLENT	1	2	01-JUL-90	30-JUN-2050
CM_PROT_1	2	3	01-JUL-90	30-JUN-1991
CM_PROT_2	2	4	01-JUL-90	30-JUN-1991
CM_PROT_3	2	5	01-JUL-90	30-JUN-1991

USER: **WINSLOW**

Figure 14.16: Dynamic Data Elements Selection Screen

Creating New Dynamic Data Fields

To create a new Dynamic Data field:

1. Choose FIELD_DD from the Operations Maintenance Menu to display the Dynamic Data Elements Selection Screen (shown above).
2. Press Gold-I to display the first panel of the Dynamic Field Insert Screen (shown with data in Figure 14.17).

3. Enter data in the fields at the top of the screen to identify the Dynamic Field:

- **Dynamic Relation:** The name of the Relation for which you are defining additional data elements. You may define data fields for the CLIENTS relation, the EPISODES relation, or for any established ECI Document Type. (For ECI Documents you must use the exact name of the document type, not an abbreviation.)

- **Field Number:** Enter a number from 1 to 90, three digits with leading zeroes. This is the new fields' position in the database relation. There can be up to 90 dynamic data fields entered for the CLIENTS relation, 90 for the EPISODES relation, and 90 for each ECI document type. This field is important to staff who create reports with dynamic data fields: data can be queried either by Field Name or by Field Number, but Field Number may be more efficient.

```
                    Dynamic Field Insert

Dynamic Relation: CLIENTS                      Field Number:    2
Field Name:       HIST_VIOLENT
Field Length:     1                            DTR Edit String: X(3)
Screen Prompt:    History of Violent Behavior: Effective Date:  07/01/90
Screen Order:     2                            Expiration Date: 06/30/95
                              Field Attributes
  X Perform Validations     X Field is Required     X Alphabetic Entry
    Numeric Entry             Date Entry
V------------------------------------------------------------------------V

                              Field Validations
  Y,N

Continue: Y                                          USER: WINSLOW
```

Figure 14.17: Dynamic Field Insert Screen, Panel One

4. The system validates this entry and populates the screen for further data entry. Enter data in the following fields:

- **Field Name:** Enter the name for the new field. This will be the name of the new field in the database. The name must be all capital letters, have no spaces, and be no more than 30 characters. An example is: MY_NEW_FIELD
- **Field Length:** Enter the number of characters the field holds. The maximum is 20.
- **Screen Prompt:** Enter the label of the field to be displayed on the screen for users. The maximum length is 15 characters. It is a good idea to put a colon at the end of this prompt, to show the data entry person that data is entered next to this label.
- **Screen Order:** Enter a number from 1 to 90. This controls the order in which all of the fields are displayed on the data entry screens.
- **DTR Edit String:** Enter an Edit String that specifies how the field will be presented in a Datatrieve report. Datatrieve is a query language used for many of the standard reports, and it is used by local county staff who write reports. If the field is an alpha or alphanumeric field, the Edit String might be X(11); the X allows alphanumeric characters, and 11 is the field length. If the field is a numeric field, the Edit String might be 9999,9999.99 or ZZZZ.99. If the field is a date field, the recommended Edit String is X(8). For information on Edit Strings, see your DEC DTR Reference Manual.
- **Effective Date:** Enter the first date that the new field will be displayed on its screen.
- **Expiration Date:** Enter the last date for the new field to be displayed on its screen.

5. The Field Attributes and Field Validations areas let you control how data is entered in a field. To select attributes, enter “X” next to one or more of the following:

- **Perform Validations:** Select this and add Field Validations below to validate data. When data is entered in this field, it will have to match the Field Validations.
- **Field is Required:** Select this to require data to be entered in the field.
- **Alphabetic:** Select this to allow only alphabetic text to be entered in the field—that is, letters from A to Z, no numbers or other characters.
- **Numeric:** Select this to allow only numbers to be entered in the field.
- **Date:** Select this to allow only dates to be entered in the field. Entries must be in the format MM/DD/YY, and must be valid dates.
- **Field Validations:** If you selected Perform Validations, enter the validation you want to use. You can enter a range of numbers, such as “1-9” or “1-99”. Or you can enter a list of letters or words with commas between them, such as “Y,N” or “Red, Blue, White, Gold”.

6. Enter “Y” at the Continue prompt to display the second panel of the Dynamic Field Insert screen (shown with data in Figure 14.18). This panel lets you decide which screen to display this new field on. For example, a Client field could be displayed on the Client Registration Screen but not on the Client Maintenance Screen—and, for some reporting units, it might not be displayed at all.

```
                    Dynamic Field Insert

          Dynamic Relation: EPISODES
          Field Name:       DEPRESSION_SCALE
          Field Number:     22

     RU        Epi Open    Epi Close   One Shot     Epi Mnt
   ******         M           M           M           M
   999981         D           D           D           L

Form OK Y/N:              Confidential Information          USER: SIEGEL_C
Input required
```

Figure 14.18: Dynamic Data Insert Screen, Panel Two

7. The left column lets you list reporting units. The column headings to the right are abbreviations of screen names that can use this new field. (See Table

14.2 for explanations of these abbreviations.) Enter Update Level Codes for each reporting unit under each screen name.

- **Reporting Unit:** Enter reporting unit numbers to have those programs use the field, or enter "*******" to have all programs use the field. (If the dynamic relation is Client, you must enter "*******" for reporting unit, rather than a single reporting unit number, as these documents always apply to clients across all reporting units.)
- **Update Level Code:** Enter a code to control how the field is used for this reporting unit on this screen. The options are: D = Do not display the item and do not collect data, L = Display the item but do not collect data, M = Display the item and collect or modify data. (You should always use Code M for ECI Dynamic Data.)

Abbreviation	Screen Name
Rgstrtn	Client Registration Screen
Clt Maint	Client Maintenance Screen
Epi Open	Episode Opening Screen
Epi Close	Episode Closing Screen
OneShot	Episode OneShot Screen
Epi Mnt	Episode Maintenance Screen

Table 14.2 Abbreviations for Screen Names (does not apply to ECI Screens)

For example, in the sample shown above in Figure 14.18, the first line lets all reporting units to enter the data in this field on the Episode Opening, Closing, OneShot and Maintenance Screens: "******" indicates all reporting units, and "M" in all columns lets them collect and modify. The second line lets reporting unit 999901 see the field on the Episode Maintenance Screen, but not update it, and it does not let this reporting unit see the items on Episode Opening, Closing, or OneShot Screens. The second line exempts this reporting unit from the specifications on the first line.

Maintaining Dynamic Data Fields

To maintain Dynamic Data fields:

1. Choose FIELD_DD from the Operations Maintenance Menu to display the Dynamic Data Elements Selection Screen (shown above).
2. To search for Dynamic Data Fields in your system, enter search criteria in one of the fields in the top section of this screen:

- **Dynamic Relation:** Enter "CLIENTS", "EPISODES", or an ECI document type here to display a list of all Dynamic Data fields of that type.

- **Field Name:** Enter a field name here to find an individual field.
- **Field Number:** Enter a field number here to find an individual field.

3. Press Return to display a list of all the fields you entered. (Figure 14.19 is an example of Dynamic Data fields based on the clients relation). If there are too many records to display, press Gold-M to page forward through the list.

Dynamic Data Elements Selection

Dynamic Relation: **CLIENTS**
Field Name:
Field Number:

Field Name	Field Length	Screen Order	Effective Date	Expiration Date
HIST_SUICIDE	1	1	01-JUL-90	30-JUN-2050
HIST_VIOLENT	1	2	01-JUL-90	30-JUN-2050
CM_PROT_1	2	3	01-JUL-90	30-JUN-1991
CM_PROT_2	2	4	01-JUL-90	30-JUN-1991
CM_PROT_3	2	5	01-JUL-90	30-JUN-1991

USER: **WINSLOW**

Figure 14.19: Dynamic Data Elements Selection Screen

4. To select one of the fields for maintenance, enter “U” (update) or “L” (lookup) next to it. Press Return.

Note: Do not delete a dynamic data element once it has been used.

5. The system displays the Dynamic Data Update or Lookup screens, with the same fields as the Insert screen, described above, which you can use to edit or view the data.

Using Dynamic Data Fields

After you have defined your Dynamic Data Fields and set up authorizations to let reporting units use them, they are displayed on special screens that are subsequent pages to the standard InSyst screens, or in the Field Data Section of the ECI screen.

For example, if you define Dynamic Client fields and specify that it should be collected through the Client Registration screen, after your data entry staff finish the standard Client Registration, they will be presented with an additional screen with these Dynamic Data Fields (Figure 14.20). After filling out these fields, they enter “Y” at the Form OK prompt to save the changes.

```
Client Dynamic Data Field Insert
Client: GLASS          LES                          Number: 1000009

History of Suicide:    Y          History of Violence:    N
Case Mgmt Protocol 1:  25         Case Mgmt Protocol 2:   60

Form OK Y/N:           Confidential Information        USER: WINSLOW
```

Figure 14.20: Client Dynamic Data Field Insert Screen

Chapter 15
Utilities

Use the Utilities Menu to send and receive e-mail, manipulate files, manage the printer queue, and maintain your logon password.

E-Mail

Tip: To learn more about Mail, at the **MAIL>** prompt, enter "Help" or press the Help key. The system displays a list of topics. At the Topic Prompt, enter the subject you want information on.

ı log on or when you are working on the computer system, your terminal may ay a message such as, "You have 3 new Mail messages". This section covers the :s of sending, reading, and deleting Mail.

To use e-mail:

1. Choose UTILITIES from the Main Menu.
2. Choose MAIL from the Utilities Menu to display the prompt: "**MAIL>**".
3. At this prompt, enter the commands described below.

Reading Mail

To read mail:

1. Choose MAIL from the Utilities Menu.
2. Enter "Read" at the **MAIL>** prompt.

   If you have new messages, they are displayed in the order they were received. If you have no new messages, old messages are displayed in the order they were stored. If a message is too long to display on one screen, press Return to display the next screen of text.

To read only one message:

1. Enter "Directory" or "Dir" at the **MAIL>** prompt. The system displays a list of messages: each has a number and the author, date, and subject of the message.
2. Enter the Read command with the number of the message you want to read. For example, enter "Read 2" to read message number 2.

Sending Mail

To send mail:

1. Enter "Send" at the **MAIL>** prompt. The system prompts you for the recipient and the subject and then lets you type the text, as follows:
2. At the TO prompt, type the Username of the person the message is going to. To send a message to more than one user, list multiple Usernames separated by commas. If you give a name that is not a Username (which might mean that you have misspelled the Username) the system displays an error message.
3. At the SUBJ prompt, type a title for the message, which will be listed in the recipient's directory of Mail messages, and will help him/her to know what a message contains without reading the whole message.
4. The system displays the End Of File mark when you are using the editor. Type the message, and this line moves down to make room for what you type. The editor's advanced features are discussed at the end of this chapter, but you can just type an e-mail message without using these features.
5. When you finish your message, type Control/Z. Then enter the word "Exit" to send the message, or the word "Quit" to discard the message. In either case, you are returned to the **MAIL>** prompt.

Replying to a Message

To reply to a message:

1. Enter "Reply" at the **MAIL>** prompt.

2. The system displays the editor to let you send the message. Use this the same way you do to send a message, as described above. The only difference is that you do not need to enter a recipient or subject.

Forwarding a Message

To forward the message you are reading to someone else:

1. Enter "Forward" at the **MAIL>** prompt.

2. The system displays the TO and SUBJ prompts. Use them to enter the recipient and subject, in the same way you do to send a message, as described above.

The whole message is sent, including the Header information (FROM, TO, and SUBJ) on the message you received, and the new Header information that you entered at the TO and SUBJ prompts.

Deleting a Message

To prevent your mailbox from getting crowded, you should delete mail messages as soon as you know you will not need them again.

To delete a message while you are reading it:

1. Enter "Delete" at the **MAIL>** prompt.

To delete a message you are not reading:

1. Enter "Directory" or "Dir" at the **MAIL>** prompt. The system displays a list of messages: each has a number and the author, date, and subject of the message.
2. Enter the Delete command with the number of the message you want to delete. For example, enter "Delete 2" to delete message number 2.

To delete a group of messages

1. Use the Select command with the /BEFORE or /SINCE qualifier to define a group of messages to delete, as follows:

- **`MAIL> SELECT /BEFORE= <date>`** Selects those messages received before the date specified. Dates are specified like this: 2-FEB-85, 10-APR-85.)
- **`MAIL> SELECT /SINCE= <date>`** Selects those messages received since the specified date.

2. After selecting a group of messages, enter the command DELETE /ALL qualifier to delete them.

For example, the two commands:

```
MAIL> SELECT /BEFORE=2-APR-97
```

```
MAIL> DELETE /ALL
```

delete all messages in the Mail file which were received before April 2, 1997.

Customizing Your Mailbox

You may find these commands helpful:

- **MAIL> SET PERSONAL_NAME <*My Name*>** Includes your personal name in all mail messages.
- **MAIL> SET COPY_SELF SEND REPLY FORWARD** Sends yourself a copy of the e-mail you send.
- **MAIL> SET CC_PROMPT** Displays a prompt that lets you send a CC to someone else.
- **MAIL> SET QUEUE <*Printer Queue Name*>** Lets you print your mail. Messages can be printed at your local clinic printer.

Passwords

Warning! If you log on to the system after your Password has expired you will be prompted for a new Password. If you bypass these prompts, you will not be able to log on again and will need help from your county's computer Operations Staff.

ı log on to the computer system, you must enter your Username and your Password. words are vital to system security. Passwords expire every six (6) weeks. Two or days earlier, you will receiving warnings that your Password is about to expire.

To change your Password:

TILITIES from the Main Menu.

2. Choose PASSWORD from the Utilities Menu to display the Password Menu. This has only two options: Primary Password and Secondary Password.

have only one password, the Primary Password. If you choose, you can also create a Secondary Password.

To change your Primary Password:

1. Choose PASSWORD from the Utilities Menu.
2. Choose Primary Password from the Password Menu.
3. The system displays the prompt: **CHANGE PRIMARY LOGON PASSWORD Allow system to generate a password? <yes>:** If you enter "Yes" or press Return, the system will asks you for your old password and then displays a list of nonsense words. You can use one of these options as your password or ask the system to generate another list of words. If you enter "No", the system lets you enter your own new password later.
4. The system displays the prompt: **Old Password:** Enter your current Password.
5. The system displays the prompt: **New Password:** Enter your new password.

6. The system displays the prompt: **`Verification:`** Re-type your new password. If this is not the same as the new password you entered originally, the system displays the message "password verification error", and returns you to the previous menu. To change your password, you must start again.

Passwords that you type are not displayed on the screen. After you change your password successfully, you are returned to the previous menu with no message.

To exit, type Control/Z at any time.

The Secondary Password

If you choose Secondary Password, the screen displays prompts that are the same as the ones you use to change your Primary Password (discussed above).

The only difference is that, if you do not have an old Secondary Password, you just press Return at the prompt for Old password.

When you log on, the Secondary Password is entered immediately after the Primary Password. The computer displays the prompts:

```
USERNAME:
(enter your Username as usual)
PASSWORD:
(enter your Password as usual)
PASSWORD:
(enter your Secondary Password)
```

The File List Utility

Each user has a directory. File List lets you create, change, copy, and print files in your directory.

To use the File List Utility:

1. Choose UTILITIES from the Main Menu
2. Choose FILES from the Utilities Menu to display the File List screen (Figure 15.1).
3. Enter the commands described below on the Selection line to work with files.

Note: Press F19 to clear the Selection line.

```
                    File List

Selection:

PLEASE SPECIFY FILES TO LIST                    USER: BORDEN
```

Figure 15.1: File List Screen

Listing Files

Tip: If you are authorized, you can also enter the name of another directory to list its files.

ır part of a file name on the Selection line and press Return to display a list of hing files (Figure 15.2). Up to six files are displayed at a time; use Gold key ences to page through the rest of the files, as you do with other lists. Press Gold-R paint the screen without files listed.

```
                    File List

Selection: SYS$SYSROOT:[SMITH]*.*;*

  FILE NAME/TYPE/VERSION                          CREATED-DATE      USED
  ACCOUNT_CREATION.DOC;20                       14-MAY-1987 10:24     15
_ ACCOUNT_DOCUMENT.TXT;1                         4-MAY-1987 09:21     14
_ ACCOUNT_MODIFICATION.DOC;1                    20-MAY-1987 15:02      4
_ ACCOUNT_REMOVAL.DOC;1                         14-MAY-1987 15:17      4
_ ACMS.TXT;2                                    11-JUN-1987 10:38     10
_ ALPHA_CASELOAD.43262_LIS;1                    24-APR-1987 17:21      8

                                                          USER: SMITH
Choice: B:browse C:copy D:delete E:edit L:list P:print R:rename S:submit ?:
```

Figure 15.2: File List Screen, Displaying Files

A file name has three parts separated by standard punctuation: for example, in the file name "SERVICE.RPT;3" SERVICE is the file name, RPT is the file type and 3 is the version number.

If you enter the entire name of a file on the Selection line, only it will be listed.

If you leave out any of these parts, the system substitutes the asterisk (*) wildcard for it. The asterisk represents any character or group of characters. You can also include the asterisk. For example, if you enter “SERVICE.;” or if you enter “SERVICE.*;*”, the list will include all files with the name SERVICE, whatever their extension or version number.

If you press Return without entering anything, the system substitutes the asterisk (*) for all parts of the file name, and so it lists all files.

Tip: Enter “.;0” to display the most current version of all files. Zero requests the most recent version number, and the system assumes asterisks for the parts of the name that you left blank.

Listing Groups of Files by Name

es based on their name, use the asterisk (*) with other characters. For example, to ll files that begin with C, enter “C*” on the selection line.

ly best to use a combination of partial file name and wildcard, to narrow down the ch. For example, enter “COUNTY.*;*” to display all files named COUNTY, or “*.TXT;*” to display all files with file type TXT.

Listing Groups of Files by Date

You can list a group of files based on the date they were created. To list of all your files created before a date, enter a command such as “/BEFORE=24-APR-1989” (Figure 15.3). Entering “/SINCE=24-APR-1989” will list all files created since that date.

You can also use the date qualifiers “YESTERDAY”, “TODAY” and “TOMORROW”. For example, to list all files since yesterday, enter the command: “/SINCE=YESTERDAY”.

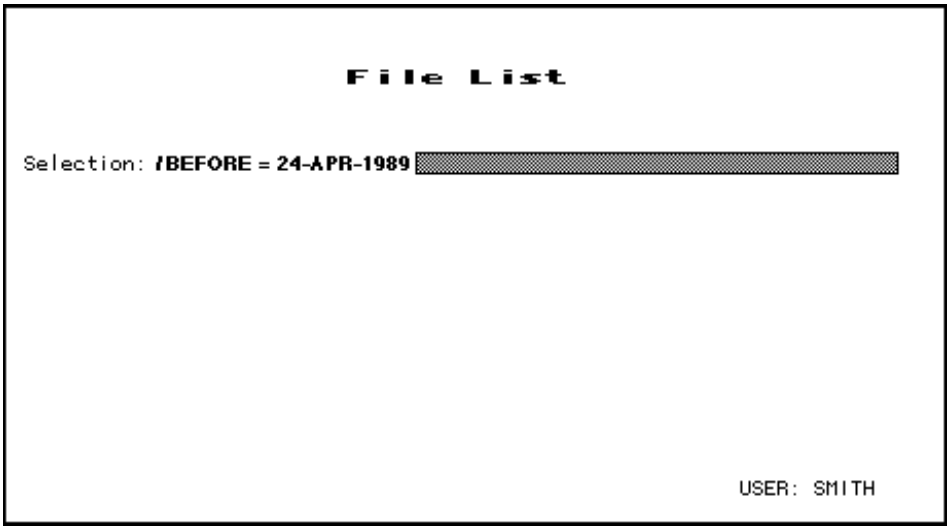


Figure 15.3: File List Screen, Listing Files by Date

Performing Actions On Files

Tip: While using the File List Utility, you can also press Gold-V to display the Command prompt and enter VMS operating system commands. This is only recommended for advanced users.

Once you have displayed a list of files, you can perform actions on them by typing the first letter of the action next to the file name (Figure 15.4) and pressing Return.

Press the PF2 key to list available actions at the bottom of the screen.

You can request actions on up to 36 actions at once. Move through the list of files using the methods described in the section on Moving Through Lists in Chapter 1. If you select multiple actions, you can press Control/Z at any time to stop the process and return to the field list File List screen.

```
                              File List

Selection: SYS$SYSROOT:[SMITH]*.*;*

   FILE NAME/TYPE/VERSION                          CREATED-DATE      USED
_  EDTINI.EDT;4                                  4-DEC-1985 13:57      1
B  EVE_SAMPLE.TMP;1                             16-JUN-1987 13:30      3
_  FDUJNL.JOU;1                                  6-JAN-1987 10:53      1
_  FLISTINI.INIT;5                              21-MAY-1987 15:11      1
_  FLIST_INI.INIT;1                              2-JUN-1986 09:51      1
_  IMAGE_BACKUP.DOC;14                          21-MAY-1987 16:11      6

                                                          USER: SMITH
EVE_SAMPLE.TMP;1, browse? [Yes]:
```

Figure 15.4: File List Screen, Selecting a File to Browse

Note: To preserve memory, the File List Utility gives you 60 seconds to react at prompts. Then it returns to the File List screen and displays the message: Waited too long for response. You can recall selections that have not been processed by pressing Return.

B: Browse

B lets you browse (view) the contents of a selected file. After you enter “Y” at the confirm prompt, the contents of the file is displayed (Figure 15.5).

```
                    File List / Browse
This is a sample file.  The editor, or word processing program,
that you are in has quite a few features, though not as many as a
commercial micro- computer word processing program.

For help on how to use some of the features, press the HELP key.
Pressing the PF2 key will also provide assistance.  The HELP key
gives general keyboard and command information.  The PF2 key
gives information more related to the keypad. If you wish to see
a complete list of possible commands, press the DO key, and at
the "Command" prompt, type the word "help" and press the Return
key.  This will display all commands.  Use the "Next Screen" or
"Previous Screen" key to move through the Help files.

The number keypad cannot be used for numbers.  Each of the number
keys is a command. The number keys also work in conjunction with
the GOLD key to provide more commands.  The small editing keypad
between the main keypad and the number keypad can also be used.

The DO key is used to enter a specific command.  CONTROL-Z to exit.
P  SYS$SYSROOT:[SMITH]EVE_SAMPLE.TMP;1

First page displayed                                  USER: SMITH
```

Figure 15.5: Files Utility

If you are browsing a file longer than one page, press Return display the next page, or use l key sequences to page through the file.

Tip: To remind you of the options for the second function, press PF2 to display the help line with all the options.

ing at your file, you may perform a second function by typing a letter command at lashing cursor next to the complete file name at the bottom left of the screen.

d-E to go the next selected file without performing a second function on the file rowsed.

C: Copy

C lets you copy the selected file. After you enter “Y” at the confirm prompt, the system displays the prompt: Copy to. Enter a new name for the file.

If you press Return without typing a new name, the file is copied with the same name and type, but a version number one greater than the current version.

To cancel the copy, press the Tab key at the Copy to prompt to go to your next selected file without copying this one.

D: Delete

D lets you delete the file from your directory. Enter “Y” at the confirm prompt to discard the file permanently.

E: Edit

E lets you edit a file. Enter “Y” at the confirm prompt to display the file in the standard text editor, described later in this chapter. Press Control/Z to end your editing session.

Editing creates a new version of the file, with the same file name and type as the old, and a version number one greater. Delete older versions you no longer need.

L: List

L lets you list the content of a subdirectory, which most users do not have. Enter it next to a subdirectory name, and then enter "Y" at the confirm prompt. The system displays a prompt saying: List selection. You can enter new selection criteria to determine which files in the subdirectory are displayed, or just press Return to display the subdirectory using the same selection criteria that are already in effect.

P: Print

P lets you print a file. After you enter "Y" at the confirm prompt, the file is sent to your print queue. For special printer features, see the section on Print Command Setup later in this chapter.

The system tells you when the print job begins and is finished.

R: Rename

R lets you rename a file. After you enter "Y" at the confirm prompt, the system displays the prompt: Rename to. Enter the new name for the file here.

Press Tab at the Rename to prompt to cancel the renaming and go on to the next selected file.

S: Submit

S lets you submit jobs to run in batch mode. It is only used with command files.

The system displays the prompt: Parameters. If the job requires parameters, enter them here, separated by commas. If there are none, press Return.

The system tells you when the batch job begins and is finished.

?: Msg

? displays the last operation and associated message. For example, if you requested actions to be performed on several files, and some failed, you can recall the message explaining why the action failed. Type "?" next to a file and press Return and the reason for failure is displayed at the bottom of the screen.

After the Actions are Finished

After all file actions you selected are done, the system returns you to the File List screen. Each file you selected will have "+" next to it if the action succeeded, or "-" next to it if the action failed (Figure 15.6).

```
                    File List

Selection: SYS$SYSROOT:[BORDEN]*.*;*

   FILE NAME/TYPE/VERSION                    CREATED-DATE      USED
_  LOGIN.COM;2                              1-Apr-1986 17:56     6
-  MAIL.MAI;1                               1-Mar-1985 09:03    75
+  MY_EDT_STARTUP.EDT;1                     2-Apr-1986 14:54     1
+  NEW_SCREENS.LST;2                        3-Apr-1986 11:09     2
+  NOPFI.LTR;9                              3-Apr-1986 08:58     6
_  PFI.COM;3                               14-Feb-1986 13:27     1

                                                   USER: BORDEN
```

Figure 15.6: File List Screen, Successful and Failed Actions

Actions can fail if you do not make an entry during the 60 second time limit for acting on a prompt or if you press Control/Z to stop processing in the middle of a list of actions. Actions will also fail if you specify an action that is not appropriate for a file, for example, if you try to browse a file that is not a text file.

Press Gold-E to leave the File List screen and return to the previous menu.

Examples for Using File List:

The most common and frequent uses of the File List Utility are to look at a file or print a file. You may also use File List in conjunction with the Mail Utility to send a file to another user through electronic mail. Some step-by-step examples of how to use File List are given below.

Example A: Look At and Print A File

Someone tells you that they have put a file named SERVICE.RPT in your directory for you to look at:

1. Choose FILES from the Utilities Menu.
2. Enter “SERVICE.RPT” on the Selection line. The screen lists all versions of this report.
3. Type “B” next to the latest version of the file, which may be SERVICE.RPT;3, and press Return.
4. The screen displays the prompt: “SERVICE.RPT;3, browse? [Yes]”. Press Return.
5. The text of SERVICE.RPT;3 is displayed on the screen for you to read. Press Return to see additional pages. Press Gold-E to go back to the menu.

6. To print the file, enter “P” where the cursor is flashing at the bottom of the screen next to the complete directory and file name.
7. The screen displays the prompt: “SERVICE.RPT;3, print? [Yes]”. Press Return. Your report is printed at your assigned printer, and then you are automatically returned to the File List screen.

Example B: To Find and Print a Files

1. Choose FILES from the Utilities Menu.
2. When the File List screen appears, press Return to list all of your files. Press Gold-M to page through the list if more than 6 files are in your directory.
3. Press the Tab or Up and Down Arrow keys to move the cursor next the file you want to print.
4. Type “P” and press Return to print the file at your assigned printer.
5. Press Gold-E to return to the Utilities menu.

The Command Prompt

While using the File List Utility, you can press Gold-V to use the Command prompt. This prompt lets you enter VMS commands, which are often useful when you are printing files.

Print Command Setup

When you type “P” next to a file name as described above, one single spaced hard copy will be printed as soon as possible.

To use other print options:

1. Press Gold-V to display the Command? Prompt.
2. Enter “SET PRINT” (or just “SET P”) to display the Print Command Setup screen (Figure 15.7).
3. Use the Tab key or the Shift/F17(Next) and Shift/F18(Last) keys to move among these fields:

- **Number of Copies:** Enter a number up to 255 to specify how many copies you want to print. The default is one.

```
                    Print Command Setup

                  Number of Copies: 1
                Print Double Spaced: N
        Hold in queue until released: N
   Notify with message when completed: Y
                        Queue name: $F
                 Non-standard form:
    Don't print until after date/time:
              Special printer setup:
            Special characteristics:
                                                USER: BORDEN
Specify print parameters
```

Figure 15.7: Print Command Setup Screen

- **Print Double Spaced:** Enter "Y" (rather than the default N) to print a double-spaced copy.
- **Hold in queue until released:** Enter "Y" (rather than the default N) to postpone printing until the system manager releases the print job.
- **Notify with message when completed:** Enter "N" if you do not want the message that is usually displayed when the file has been printed.
- **Queue name:** Enter the queue where your documents will be printed. The default value is your standard printer.
- **Non-standard form:** Enter a special form you are using to print the file. For example, to print insurance claims special forms must be used on the printer. The default is plain 8 ½" by11" paper.
- **Don't print until after date/time:** Enter a date and/or time to delay printing of a file. You may use the qualifiers YESTERDAY, TODAY and TOMORROW in this space. The format for specifying relative day and time is qualifier+time. For example, if you want a report to start printing after 7:00 p.m. on the same day, type "TODAY+19:00".
- **Special printer setup:** The default is "draft" (draft quality print, 80 spaces across). You may also enter "letter" (letter quality print, 80 spaces across) or "condense" (draft quality small print, 132 spaces across).
- **Special characteristics:** The feature is currently non-operational.

4. Press Return to use the print specifications you entered.

These print specifications stay in effect while you are logged in. If you do not specify any new print options, press Gold-E to return to the File List.

File List Selection Defaults

As mentioned earlier, you can specify the files to select using the file name (or partial name), wild cards, and/or dates. As an alternative to specifying date selection criteria on the command line, you can use the File List Selection Defaults screen.

To set file list defaults:

1. Press Gold-V to call up the Command prompt at the bottom of your screen.
2. Type "SET SELECTION" (which may be abbreviated to "SET SE") and press Return. The system displays the File List Selection Defaults screen shown in Figure 15.8.

```
                File List Selection Defaults

Select files Backed-up  _
             Created    X
             Expired    _
             Modified   _

             before date: ____________________________________

             since  date: ____________________________________


                                                   USER: BORDEN
Specify select parameters
```

Figure 15.8: File List Selection Defaults Screen

When you select files based on date (whether actual date or qualified date, i.e., yesterday, today, tomorrow) the system assumes you mean the date the file was ***created***. However, there are other options. As you first access this screen, there will be an "X" in the space to the right of Created indicating that this is the default selection. If you wish to change this, use the Shift/F19 key sequence to clear this field, then use the Tab key or Shift/F17 (Next) and Shift/F18 (Previous) key sequences to move among the possible options. Type "X" next to the new choice you want installed.

You may select files based on the date they were: Created, Backed-up, Expired, or Modified. Only one option can be marked with "X". Backed-up is the last date that your file was backed up to tape. Created means the date that the file was first written. Expired (not operational at this time) is the date the file is automatically deleted. Modified is the last date changes were made to the file.

Use the Before Date and Since Date fields to select files based on date and/or time, in the format DD-MMM-YYYY:HH:MM. For example, to select all files backed-up since 17-MAR-1986 at 6 p.m., clear the "X" adjacent to Created and type "X" next to Backed up. Enter "17-MAR-1986:18:00" in the space after Since Date, and press Return to install

the new features and return to your file list. See the section entitled Specifying Dates and Times below for a detailed description of how to enter dates and times.

You may also use YESTERDAY, TODAY, or TOMORROW in the Before Date and Since Date fields. To select all files created before yesterday, type "X" next to Created, type "YESTERDAY" in the Before Date field, and press Return.

Remember that if you install new features through the File List Selection Defaults screen, you must press Return to activate the new features and return to your list of files. If you don't install any new features, press Gold-E to return to your list of files.

Printer and Queue Management

Your county Operations Staff gives a name to the printer attached to your terminal, such as PQ_CHILDRENS, or SONOMA. The ***queue*** refers to the waiting line for the printer. If there are no items to be printed, the queue is empty. When you print an item, it is sent to your printer queue.

The Printer and Queue Management menu lets you manage print jobs.

Show Queue

To view the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose SHOW from the Printer and Queue Management Menu to display the Show Queue Screen.
4. Use the field at the top to identify the queue:

- **Queue Name:** Enter the name of a print queue, or press Return to select your print queue. The screen lists all the jobs waiting in your queue to be printed, in the order that they will be printed. (Figure 15.9).

5. After viewing the Queue, press Return to go back to the Printer and Queue Management Menu.

The statuses of jobs in the queue are:

- **Pending:** a job waiting to be printed.
- **Holding:** a job put on hold, or delayed. In some cases, a time can be associated with this status, *e.g.* "holding until 15-Jun-1987 02:00".
- **Printing:** a job now printing.
- **Paused:** a job delayed in the midst of printing.
- **Aborted:** a job deleted in the midst of printing.

```
                    Queues  Utility

                       Show  Queue

                 Queue Name: PQ_SUNSET
Terminal queue PRINT_TXA0, stopped, on TXA0:, mounted form DEFAULT,
/BASE_PRIORITY=4/DEFAULT=(FEED,FORM=DEFAULT)/LIBRARY=SYSDEVCTL_LA100
Lowercase/RETAIN=ERROR/SCHEDULE=(NOSIZE)/SEPARATE=(RESET=RESET_CONDENSE)

 Jobname                 Username     Entry Status

  ACCOUNT_DOCUMENT       SMITH         1642 Pending
_ ACMS                   SMITH         1643 Pending
_ DATABASE_OSCAR         SMITH         1644 Pending
_ DX_REPORT              SMITH         1645 Pending
_
_

                                                  USER: SMITH
```

Figure 15.9: Show Queue Screen

Start Printer Queue

Use Start Printer Queue to print everything that waiting to be printed is printed, in the order that it is listed. If there is nothing to be printed, the printer readies itself.

To start the printer queue:

1. Choose UTILITIES from the Main Menu.
2. Choose PRINTER from the Utility Menu.
3. Choose START from the Printer and Queue Management Menu to display the Start Printer Queue screen (Figure 15.10). It has the following fields:

```
                    Queues  Utility

                  Start Printer Queue


              Queue name:  ________________________

             Printer Type: ________________________

             Form Mounted: ________________________

         Characteristics:  ________________________


                                                  USER: SMITH
```

Figure 15.10: Start Printer Queue Screen

- **Queue Name:** To start your printer, enter its name here, or just press Return to accept the default printer.
- **Form Mounted:** This is not currently implemented. The only forms in use are standard 8 ½ by 11 sheets of paper.
- **Characteristics:** This is not currently implemented. Your printer will print as designated by the document.

4. After you have indicated which printer you are using, the system displays the message shown in Figure 15.11. Make sure the paper is properly aligned. Then type "C" to Continue, "S" to Stop printing, or "R" to retry the page.

```
                    Queues  Utility
                 Start Printer Queue

            Queue name:   PQ_SUNSET
           Printer Type:  DEC
           Form Mounted:  DEFAULT
        Characteristics:  ________________________

 Stop, Retry, Continue ?:                          USER: SMITH
 Check that the first print line is correct.
```

Figure 15.11: Start Printer Queue Screen Asks for Confirmation

The system continues printing all jobs on the queue.

To stop the printer:

1. Press the Spacebar key. Do not press Spacebar more than once. Do not turn off your printer. If several people are using the computer system, it can take a couple of minutes to stop printing.
2. After you have stopped the printer, the system displays a message asking what it should do with the current print job. You must choose one of the options within 30 seconds, or the system will continue printing the current job. You have the following options:

- **Delay:** Moves the current job to the end of the queue. The next job begins printing. When the delayed job starts printing again, it begins on the page it was printing when the Delay command was given.
- **Delete:** Deletes the current job without it being completed. The job is removed from the printer queue. The next job begins printing.
- **Restart:** Restarts the current job at the beginning.

- **Stop:** Stops the printer. When you start the printer again, the job continues printing.
- **Wait:** Stops the printer temporarily.
- **Continue:** Continues printing the current job to continue printing where it left off.

Restarting Stopped Print Jobs

If you use the Stop Command while printing a file, the printer is stopped and you are returned to the menu.

To continue printing that job:

1. Choose START from the Printer and Queue Management Menu.
2. Use the Start Printer Queue screen to start the printer, as described above.
3. The system displays the prompt: Stop before next entry. Press Return to accept the default "N" to print all jobs on the queue, or enter "Y" to print only this job and stop again.
4. The system displays the prompt: Continue printing this entry. Press Return to continue the job.

Example for Using the Printer Screens

Here is an example of how to use the printer utilities to manage print jobs.

1. Choose SHOW from the Printer and Queue Management Menu to display the Show Queue Screen, and press Return. The screen lists 4 items in your queue: ALPHA_CASELOAD, ABSENCE_OF_SERVICE, DAILY_AUDIT, and MORNING_REPORT. You want to print only the MORNING_REPORT. Press Return to go back to the menu.
2. Choose Start from the Printer and Queue Management Menu. Press Return to start your printer. Enter "C" at the prompt: Choice: Stop, Retry, Continue.
3. When the system displays a message saying the print job has started, press the Space Bar to interrupt printing.
4. When the system displays a list of options, enter the command "Delay". The job ALPHA_CASELOAD stops when the printer finishes the page.
5. When the system says the next job has started, repeat steps 3 and 4.
6. When the system says the next job has started, repeat steps 3 and 4.
7. Because you delayed the first three jobs, moving them to the end of the queue, the printer prints the fourth job, MORNING_REPORT.

When you return to your printer later, you deal with the print jobs you delayed:

1. Choose SHOW from the Printer and Queue Management Menu to display the Show Queue Screen, and press Return. The screen lists the 3 remaining items in your queue: ALPHA_CASELOAD, ABSENCE_OF_SERVICE, and

DAILY_AUDIT, with a message next to each saying it has been paused. You decide to delete the first job, ALPHA_CASELOAD, and print the two remaining jobs.

2. Choose Start from the Printer and Queue Management Menu. Press Return to start your printer. Enter "C" at the prompt: Choice: Stop, Retry, Continue.
3. When the system displays a message saying the print job has started, press the Space Bar to interrupt printing.
4. When the system displays a list of options, enter the command "Delete". The system deletes the job ALPHA_CASELOAD.
5. Enter "C" at the prompt: Choice: Stop, Retry, Continue. The system prints the next job.
6. When this job is done, enter "C" at the prompt again to print the next job.

The Text Editor

The EVE text editor is used for Client Messages (covered in Chapter 7), the text sections of ECI documents (covered in Chapter 7) , and e-mail (covered in this Chapter). Often, the text you enter is so simple that you can just type it in, but the techniques in this section may sometimes be helpful.

The Basics

As you already know, you can use the Arrow keys to move the cursor. Then insert characters where the cursor is by typing them, or erase characters by backspacing over them.

You can also move through a document, by pressing these keys:

- Next Page: Moves the cursor down through the document 25 lines, the size of a screen page.
- Previous Page: Moves the cursor up through the document approximately 25 lines, the size of a screen page.

Find

Use the Find key to search for a word, group of words, or group of letters in the text. For example, if you press the Find key and enter the letters "and" the cursor will move to next occurrence of these letters in the text.

Selecting Text

To select a block or range of text to copy, move, or change:

1. Move the cursor to the beginning or end of the text.
2. Press the Select key.

3. Use the Arrow keys to move the cursor to the opposite end of the text. As you do this, the text is highlighted.
4. When you have highlighted all the text that you want, press the Select key again to select it.

Copying Text

To copy text:

1. Select it, as described above.
2. Move the cursor to another place in the document.
3. Press the Insert Here key.

The text remains in the original location, and is also placed in the new location.

Moving text

To move text:

1. Highlight it as if you were going to select it, as described above.
2. Instead of pressing the Select Key a second time after it is highlighted, press the Remove key. The text is removed from its original location.
3. Move the cursor to another place in the document and press Return.

The text is placed in the new location.

Splitting the Screen

While editing a file, you can press PF4 to split the screen into two parts. Your document will be displayed in two windows. Then you can press PF4 to move the cursor between windows.

You can use the two windows to display different parts of a file at the same time. This can be useful if you are working on a long file.

You can also work on two different files at the same time. First, press PF4 to split the screen. Next, press the Do key. At the Command prompt, type the command "Include File <*Filename*>". This file is displayed in the lower window, and you can edit it. You can use the methods described above to copy of move text from one file to the other.

Insert/Overstrike

The normal mode for the Text Editor is Insert Mode, that is, when you type, the letters are inserted onto the line. Press the PF2 key to change to Overstrike Mode. Now, when you type, the letters replace letters already on the line.

Do

When you press the Do key, the cursor moves to the bottom of the screen to the Command prompt. If you do not have a Do Key on your keyboard, the sequence Gold-7 on the keypad works the same way.

Some of the commands you can enter at the command prompt are:

- Find: Finds the word or characters you specify.
- Include File: Includes an entire file where the cursor is located.
- Write: Writes the current document to a file.
- Delete: Deletes the selected text.
- Quit: Quits the editing session without saving changes.
- Exit: Ends the editing session and saves changes.
- Select: Selects text in the same manner as the Select key.
- Other Window: Moves the cursor to the other window.
- One: Changes two windows into one window.
- Help: Provides help for all editing commands and keys.

Chapter 16
The Tools Menu

You can use InSyst's menus to access other software that you use. For example, if your agency has purchased a word processing system or general accounting system and installed it on your computer, you can, if you are authorized, access that software through the InSyst Menus.

To use the Tools Menu:

1. Choose TOOLS from the Main Menu (or choose UTILITIES from the Main Menu and then choose TOOLS from the Utilities Menu).

The system displays the Integrated Products menu, which lists other programs that you can access from within InSyst. Figure 16.1 shows one possible Integrated Products Menu.

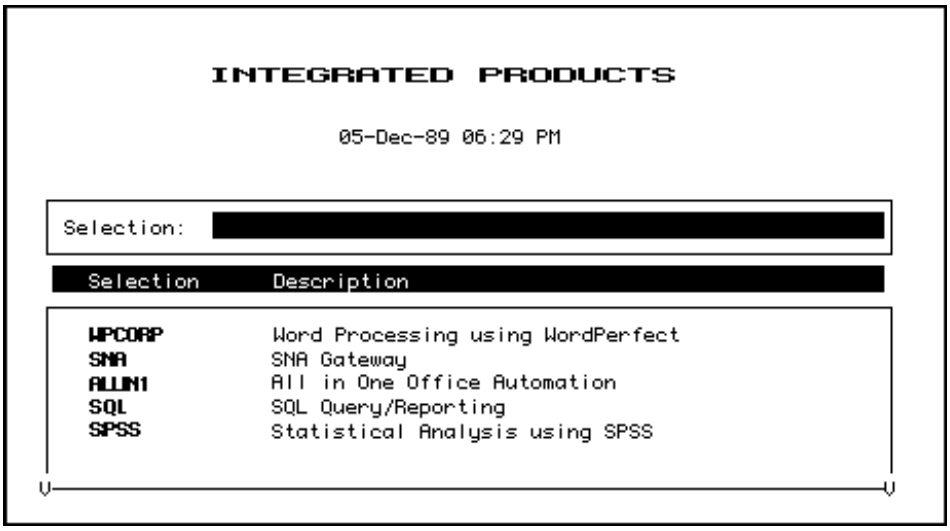


Figure 16.1: One Possible Integrated Products Menu

WordPerfect™ is a word processing program that can be purchased from Corel Corporation; SNA™ (System Network Architecture) is a network communications product that can be purchased from IBM; All in One™ is a office management product that can be purchased from Digital Equipment Corporation.

Chapter 17
The Report Menu

InSyst includes many standard reports, which are described in the Reports Manual. This chapter of the User Manual describes how to run a report.

When you run a report, it may ask you for the name of a printer, or it might automatically be sent to the printer of the appropriate reporting unit. In addition, the report's output is stored in a file with the extension LIS; the Reports Manual includes the output file names for all reports, which you can print at a later time. Chapter 15 of this User Manual has instructions on how to print a file.

To run a report:

1. Choose REPORTS from the Main Menu.
2. Choose one of the submenu options of the Report Menu (Figure 17.1). As you can see, this menu lets you choose submenus with reports that are used for different purposes.

```
                    Report Menu

Selection:

   Selection      Description

   ACCOUNT        Account Reports
   CASELOAD       Caseload Reports
   CLINICAL       Clinical Reports
   INSURANCE      Insurance Reports
   OPERATIONS     Special Reports For Operations
   REVENUE        Revenue Reports
   SERVICE        Service Reports
```

Figure 17.1: A Typical Report Menu

3. Choose the report from the submenu.

Your local Operations Staff controls how these submenus are organized, and you should ask them which menus you should have and where specific reports are.

The standard InSyst package includes these submenus for reports:

- **Caseload Reports:** contains reports on the management of the workload at the clinic level: staff caseload reports, clinic caseload reports, productivity reports, etc.
- **Account Reports:** contains reports on client accounts: creating accounts, listing accounts, reporting on the status of accounts, etc.
- **Revenue Reports:** contains reports on payments, receivables, outstanding receivables for the organization.
- **Medicaid Claim Reports:** contains the Medicaid Claim reports.
- **Clinical Reports:** contains reports relating to client clinical history and other clinical support reports.
- **DDP1 Reports:** contains reports for the DDP program, which are spread over two menu entries.
- **DDP2 Reports:** contains reports for the DDP program, which are spread over two menu entries.
- **Methadone Reports:** contains dosing and label reports for Detox and Methadone Maintenance programs.
- **Program Support Reports:** contains operational reports that support the on-going activities of programs.
- **Insurance Reports:** contains reports on client and system insurance information

- **Operations Reports:** contains reports on the computer system, the progress of data entry, and other operations reports.
- **Utilization Control Reports:** contains reports on Utilization Control, Legal Status Tracking, Inpatient Administrative Reports, and Utilization Review.
- **Service Reports:** contains staff productivity, service audit and program productivity reports.

Your Operations Staff can change this default system of reports menus.

Running Reports

Once you select a report from one of the Reports Menu, you may be prompted for information needed to produce the report. First the system will ask you questions about when the report will be created, or where the report will be printed. After that, it will ask you questions that control the content of the report, such as client number, reporting unit number, or date range that it will report on. Some reports need no information, others need several pieces of information.

The following example (Figure 17.2) shows the dialogue similar to what you may see on the screen when you produce a report. The symbol <RETURN> means that pressing Return will accept the default answer to the question.

```
Report Generation
REPORT_PSP118
This report may only be run in “BATCH” mode
Specify when the report generation should start up:
time      = hold until specified date/time (DD-MMM-YYYY:HH:MM)
<RETURN>  = start up immediately
?
Specify print destination
NOPRINT     = do not print report (save as disk file)
queue name  = name of printer queue (e.g.. COMMON)
<RETURN>    = print on the default printer: pq_myprinter
?
Specify number of copies
number      = number of times to print this report
<RETURN>    = 1 copy
?
Specify print setup/form
examples:
CONDENSE  = print 132 columns on 80 column paper
  DRAFT     = print in normal ‘FAST’ mode
  LETTER    = print in slower ‘LETTER QUALITY’ mode
<RETURN>  = print using the default
?
Send mail notification when report has completed?:
YES/NO      = send mail/do not send mail
<RETURN>    = do not send mail
?
Parameters selected:
Send to batch (release terminal)
,start report generation immediately
```

```
,use printer:  CHANATE
,print 1 copy of report
,default printer form/setup
,no mail notification
OK to continue? <Y/N> Y
Enter Case Number for Episode History Report
? 10000015
Submitting report REPORT_PSP118 to run in batch mode on REPORT_MHS$BATCH
Job REPORT_PSP118   SMITH (queue REPORT_MHS$BATCH, entry 1) started on
REPORT_MHS$BATCH
  Jobname         Username     Entry  Blocks  Status
  -------         --------     -----  ------  ------
  REPORT_PSP118   SMITH
                  SP_SNMHS_RPT     1          Executing
On batch queue REPORT_MHS$BATCH
***************************** all done ******************************
press <RETURN> to return to Menu
```

Figure 17.2: Sample Report Dialogue

Note: You can terminate your report request at any time by typing Control/Z. The report dialogue will terminate itself if you do not respond after a short time.

After you finished the dialog, the system displays all the options you have chosen and displays the prompt: OK to continue. Enter "Y" to produce the report, or if an option is incorrect, enter "N" to use the dialog again.

Report Dialog Questions

This section explains some questions the system may ask you. Which questions are displayed depends on the report and your level of authorization. Here is an explanation of some questions commonly used in dialogs.

Specify when the report generation should start up:

Enter a date and time, such as 19-SEP-1997:18 (September 19th at 6:00 PM), or just a time, such as 19 (today at 7:00 PM).

Some reports can be run at any time during the day. Some reports that use system resources heavily, can only be run in the evening or weekends. If you try to run a report immediately, the system may display a message with the times you can run the report.

Allow report to automatically resubmit itself?:

Some reports can be resubmitted by authorized users (usually Operations Staff). If you select this option, the report will automatically run again at a fixed time: one day later, or one week or one month later.

Allow report to automatically resubmit itself?:

YES/NO = resubmit/do not resubmit

<RETURN> = do not resubmit

?

Automatically distribute reports to program printers?:

Some reports are automatically sent to the correct printer for each reporting unit. Instead of the printer section of the dialogue show above, the dialog might say:

Automatically distribute reports to program printers?:

YES/NO = distribute reports/do not distribute reports

<RETURN> = distribute reports

?

If you select this option, the system will send the needed version of the report to the printer for each reporting unit.

Specify print destination

Enter a printer name. If the report is set up to print at the printer assigned to the person requesting it, this printer's name will be displayed as the default. If the report is set up to print at a specific printer, this question is not asked.

Specify number of copies

Enter a number to print more than one copy of the report.

Specify print setup/form

Specify whether the report is to be printed in Draft, Letter, Condensed type, or on some specialized paper form. Usually, you should accept the default.

Send mail notification when report has completed?:

Enter Yes to have the system send you e-mail message when the report is completed and ready for printing. Because you generally are only notified of mail messages when you log on, this option may not be effective for most users.

Enter the Reporting Unit Number for your program

Enter the six digit reporting unit number for your program, or enter "*" for all reporting units.

Enter a starting date for the report

For service and productivity reports, you enter a date range. At this prompt, enter the first day of the range.

Enter an ending date for the report

For service and productivity reports, you enter a date range. At this prompt, enter the last day of the range.

Enter a client number

For client oriented reports, enter the client number.

Enter an account number

For fiscal reports, enter the account number for the client.

Appendix A
Special Key Sequences

The Gold key sequences, Control key combinations, and Special Function keys used in InSyst are listed below.

Gold Key Sequences

The Gold Key is the PF1 Key on Digital Equipment Corporation terminals, and is the NumLock key on PCs. Other keys may be used on other terminals.

To use Gold Key sequences, press the Gold Key, release it, then press the next key. For example, if the instructions say you should press Gold-E, it means you should press the Gold key, release it, and then press "E" and release it.

Gold Key sequences used in InSyst are:

- **Gold-A:** gives you additional functions in entry and maintenance screens, such as Supervisor Mode and Late Entry Mode.
- **Gold-B:** makes the screen page back one page, to display records in a list that cannot fit on a single screen.
- **Gold-C:** moves the cursor to the Client Number field on some screens.
- **Gold-D:** makes the screen page forward two pages, to display records in a list that cannot fit on a single screen.
- **Gold-E:** exits from the current screen and returns to the menu, without saving data entered in the screen, or returns to the previous menu.
- **Gold-F:** displays a template of the VT320 Function Keys, F5-F12, and lets you use the Function Keys to run the command shown on the template.
- **Gold-H:** moves the cursor to its home position on the current screen, the field on the screen where data entry began. In addition, Gold-H re-displays the last Error Message or Informational Messages, which disappeared from the screen when a key was been pressed.
- **Gold-I:** inserts a new record when you are using the Maintenance Selection screens.

- **Gold-J:** lets you view the Adjustments available in the current screen.
- **Gold-L:** requests Terminal Lock, discussed in Appendix B.
- **Gold-M:** makes the screen page forward one page, to display records in a list that cannot fit on a single screen.
- **Gold-P:** moves the cursor to the Reporting Unit field. This function is not always available.
- **Gold-R:** restarts the screen, with no values entered. This is useful if you made mistakes in data entry.
- **Gold-S:** leaves the current data entry or maintenance screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use.
- **Gold-U:** makes the screen page back two pages, to display records in a list that cannot fit on a single screen.
- **Gold-V:** invokes the VMS Command? prompt when you are using the Files Section of the Utilities Screens.

Control Key Combinations

To use Control Key combinations, continue holding down the Ctrl Key while you press the next key in the sequence. For example, if the instructions say to press Control/W, you should press the Ctrl Key, keep holding it down while you press “W”, and then release both.

Control Key combinations used in InSyst are:

- **Control/H:** moves the cursor back one field.
- **Control/J:** clears a field.
- **Control/R:** restarts the screen with no data entered (like Gold-R).
- **Control/W:** repaints or refreshes the screen. Use it if the screen display has been disturbed.
- **Control/Z:** ends an editing session in the Mail, Files, and Client Message utilities.

Function Keys

The Function Keys across the top of the VT320 Keyboard are labeled F1-F20. Instead of F15 and F16, two keys are labeled Help and Do.

These Special Function Keys are used with the Shift key. Hold down the Shift key and press the Special Function key to perform the function.

Special Function Key Combinations are represented as Shift/F6.

Function Key combinations used in InSyst are:

- **Shift/F6:** leaves the current maintenance screen, and saves the data entered. This sequence retains the current Client and Reporting Unit, so it automatically displays it in the next screen you use. (This combination works like Gold-S.)
- **Shift/F7:** restarts the current screen with no data entered, like Gold-R.
- **Shift/F8:** locks the screen, as described in Appendix B, like Gold-L.
- **Shift/F11:** makes the screen page forward one page, to display records in a list that cannot fit on a single screen, like Gold-M.
- **Shift/F12:** makes the screen page forward two pages, to display records in a list that cannot fit on a single screen, like Gold-D.
- **Shift/F13:** makes the screen page backward one page, to display records in a list that cannot fit on a single screen, like Gold-B.
- **Shift/F14:** makes the screen page backward two pages, to display records in a list that cannot fit on a single screen, like Gold-U.
- **Shift/F17:** moves the cursor to the next field, like the Tab key.
- **Shift/F18:** moves the cursor back one field, like Control/H.
- **Shift/F19:** clears the current field, like Control/J.
- **Shift/F20:** exits from the current screen and returns to the menu, without saving data entered in the screen, like Gold-E.
- **Help:** displays help on the current field at any time. Press Help a second time for help on the current screen. You do not need to press the Shift Key to use the Help Key.

Appendix B
Client Data Codes

This Appendix lists Standard InSyst codes for the Client Registration and Maintenance Screens. The codes can be altered by local county Operations Staff to conform with local mental health policies and procedures, so you should check with your Operations Staff to make sure these are the codes you should use.

Sex

F = Female

M = Male

U = Unknown

Education

Type in the number indicating the highest grade completed. If the highest grade is greater than 20, type “20”. Enter “12” if the client has completed high school. Enter “99” for unknown.

Physical Disability

00 = None

01 = Blindness or severe visual impairment

02 = Deaf or severe hearing impairment

04 = Speech impairment

08 = Physical impairment - Mobility related

16 = Developmental disability (i.e., epilepsy, cerebral palsy, mental retardation, etc.)

32 = Other physical impairment or disease not listed above (i.e., loss of upper limbs, diabetes, hypertension, cancer, drug addiction, alcoholism, etc.)

99 = Unknown

Note: Add the number codes for all of the client's physical disabilities, and enter the total in this two-digit field.

Examples: A person who is deaf would be coded 02. A person who is deaf with a speech impairment would be coded 06 (02+04=06). A person who is blind, in a wheelchair and has diabetes would be coded 41 (01+08+32=41).

Preferred Language

A = English

B = Spanish

C = Chinese Dialect

D = Japanese

E = Filipino Dialect

F = Vietnamese

G = Laotian

H = Cambodian

I = Sign Language

J = Other

Ethnicity

Mental Health

A = White
B = Black
C = Native American
D = Mexican American/Chicano
E = Latin American
F = Other Spanish
G = Chinese
H = Vietnamese
I = Laotian
J = Cambodian
K = Japanese
L = Filipino
M = Other Asian
N = Other Non White
O = Unknown
P = Other Southeast Asian

Substance Abuse

A = White
B = Black
C = Native American
D = Alaskan Native
E = Other Southeast Asian
F = Cambodian
G = Chinese
H = Filipino
I = Guamanian
J = Hawaiian
K = Japanese
L = Korean
M = Laotian
N = Samoan
O = Vietnamese
P = Other Asian
Q = Other non-white

Hispanic Origin

Mental Health

1 = Hispanic
2 = Not Hispanic
3 = Unknown

Substance Abuse

1 = Not Hispanic
2 = Mexican/Mexican-American
3 = Cuban
4 = Puerto Rican
5 = Other Hispanic/Latino

Marital Status

1 = Never married
2 = Now married/remarried/living together
3 = Widowed
4 = Divorced/dissolved/annulled
5 = Separated

9 = Unknown

Other Factors

These are InSyst's standard codes. You may have other standards specific for your site.

0 = None

1 = Substance Abuse

2 = Developmental Disability

3 = Substance Abuse & DD

4 = Physical Health

5 = Substance Abuse and Physical

6 = DD & Physical Health

7 = SA, DD, & Physical Health

Service Group

No InSyst standard codes are supplied for this data item. If you are required to collect the data item, your systems manager will provide you a list of codes.

Appendix C
Episode Data Entry Codes

This Appendix lists Standard InSyst codes for the Episode Opening, Closing, Maintenance, and One Shot Screens. The codes can be altered by local county Operations Staff to conform with local mental health policies and procedures, so you should check with your Operations Staff to make sure these are the codes you should use.

Living Situation

01 = Lives alone in house/apartment

02 = Lives with immediate family

03 = Lives with extended family (relatives)

04 = Lives with non-related persons, except foster care

05 = Foster family home (for children)

06 = Single room (hotel, motel, rooming house)

07 = Group quarters (dorm, barracks, migrant camp, long-term shelter)

08 = Group home

09 = CRTS long-term or transitional housing (Crisis Residential Treatment Services)

10 = Satellite housing

11 = Alternatives to hospitalization, 6 beds or less

12 = Alternatives to hospitalization, 7 beds or more

20 = Small Board & Care home (6 beds or less)

21 = Large Board & Care home (7 beds or more)

31 = State Hospital

32 = VA Hospital

33 = SNF/ICF/IMD, for Psychiatric reasons

34 = SNF/ICF/Nursing home, for physical health reasons

35 = General hospital

40 = Drug Abuse facility

41 = Alcohol Abuse Facility

42 = Justice Related

50 = Temporary Arrangement

51 = Homeless, no identifiable county residence

52 = Homeless, in transit

99 = Unknown

Source Of Income

0 = Not Collected

1 = None

2 = Earned through Employment

4 = Retirement

5 = General or Public Assistance

6 = Other (*e.g.*, V.A. Benefits, Rent, Interest, Dividends, Child Support, Alimony)

7 = Unknown

Type Of Employment

0 = Not Collected

1 = Executive, Administrative, Managerial

2 = Production, Inspection, Repair, Craft, Handlers

3 = Sales, Service

4 = Farming, Forestry, Fishing

5 = Unemployed

Legal

Mental Health Legal Codes

W60000 = Voluntary

W51500 = 72 Hour Hold

W55850 = 72 Hour Hold for Minor

W52500 = First 14 Day Hold

W52600 = Second 14 Day Hold

W52700 = Thirty Day Extension for Grave Disability

W53000 = 180 Day Post Certification

W53520 = Temporary Conservatorship

W53521 = Temporary Conservatorship Extension

W53550 = Permanent Conservatorship

W53551 = Permanent Conservatorship Extension

P10260 = Not Guilty by Reason of Insanity

P13680 = Incompetent To Stand Trial

Substance Abuse Legal Codes

1 = Not Applicable

2 = Under Parole Supervision by CDC

3 = On Parole, Other Jurisdiction

4 = On Probation

5 = Admitted under Diversion from Court

6 = Incarcerated

Axis III Diagnostic

Axis III takes ICD 9 Codes.

Referral Codes

Referral Codes—Source and Destination—can be any program Reporting Unit number in your system. In addition there are number of generic codes. These codes to be used only when there is no specific mental health reporting unit, or when there is no specific local agency code.

Mental Health Referral Codes

01 = Self

02 = Family

03 = Friends

04 = Employer

05 = Other

06 = County Resident

10 = State Hospital (MH)

11 = State Hospital (DD)

12 = Other Psychiatric Hospital

13 = Psychiatric SNF

14 = Alternative to Hospitalization

15 = CRTS Program

20 = Acute Day Treatment
21 = Habilitative Day Tx
30 = Emergency Psychiatric
31 = Suicide & Crisis
32 = Outpatient Clinic
33 = Private Mental Health Practice
17 = Jail
37 = Case Management
38 = Homeless Program
40 = Medical Inpatient
41 = Medical Outpatient
42 = Convalescent Hospital
43 = Department Social Service
44 = Criminal Justice
45 = Drug Abuse Program
46 = Alcohol Abuse Program
47 = School/College
48 = Vocational Rehabilitation Program
49 = Veterans Administration
50 = Clergy or Religious Organization
51 = Other Human Service

Substance Abuse Referral Codes

01 = Federal/State Criminal Justice
02 = Local/County Criminal Justice
03 = Self
04 = Family/Friend
05 = Employers
06 = School/College
07 = Medical
08 = Social Services
09 = Community Agency
10 = Mental Health
11 = Public Guardian
12 = Public Health Nursing
13 = Residential Care Facility

14 = Drug Residential

15 = Drug Outpatient

16 = Alcohol Residential/Outpatient

17 = Telephone Directory

18 = Brochure/Flyer/Newspaper

19 = Other

20 = Transfer Out Client

Employment Status

Mental Health Employment Status Codes

01 = Competitive job market, 35 hours or more per week

02 = Competitive job market, less than 20 hours per week

03 = Competitive job market, 20 to 35 hours per week

04 = Full-time homemaking responsibility

05 = Rehabilitative work, 35 hours or more per week

06 = Rehabilitative work, less than 20 hours per week

07 = Rehabilitative work, 20 to 35 hours per week

08 = School, full-time

09 = Job training, full-time

10 = Part-time school/job training

11 = Volunteer work

12 = Unemployed, actively seeking work

13 = Unemployed, not actively seeking work

14 = Retired

15 = Not in the labor force

16 = Unknown

Substance Abuse Employment Status Codes

01 = Unemployed, not seeking

02 = Unemployed, seeking

03 = Part time

04 = Full time

05 = Homemaker, seeking

06 = Homemaker, not seeking

07 = Part-time student

08 = Full-time student

09 = Employed student

10 = Disabled/unemployed

Legal Consent

This field is normally used to indicate the type of authorization given to treat a minor.

1 = Parent

2 = Juvenile Court, W&I Code, Sec. 300 (Dependent of the Court)

3 = Juvenile Court, W&I Code, Sec. 601 (Ward-Status Offender)

4 = Juvenile Court, W&I Code, Sec. 602 (Ward-Juvenile Offender)

5 = Legal Guardian

6 = Adoption Agency

7 = LPS Conservator

8 = Emancipated Minor

9 = Other

0 = Unknown

Reason for Discharge

Mental Health Reason for Discharge Codes

1 = Mutual Agreement/Treatment Goals Reached

2 = Mutual Agreement/Treatment Goals Partially Reached

3 = Mutual Agreement/Treatment Goals Not Reached

4 = Client Withdrew: AWOL, AMA, Treatment Partially Completed

5 = Client Withdrew: AWOL, AMA No Improvement

6 = Client Died

7 = Client Moved Out of Service Area

8 = Client Discharged/Program Unilateral Decision

9 = Client Incarcerated

10 = Discharge/Administrative Reasons

11 = Other

Substance Abuse Reason for Discharge Codes

1 = Completed Program

2 = Left with Satisfactory Progress

3 = Left without Satisfactory Progress

4 = Terminated: Fee

5 = Terminated: Non-comply

6 = Terminated: Admin

7 = Terminated: No Treatment

8 = Terminated: Jail

9 = Referred/Transfer Out

Appendix D
Service Entry Codes

This Appendix lists Standard InSyst codes for the Direct and Indirect Service Screens. The codes can be altered by local county Operations Staff to conform with local mental health policies and procedures, so you should check with your Operations Staff to make sure these are the codes you should use.

Service Location

1 = Office

2 = Field

3 = Phone

4 = Home

5 = Satellite School

6 = Satellite Clinic

Recipient (Indirect Services)

A Recipient Code can be a Reporting Unit number in your system or an Agency Code. You can use the generic codes listed here only when there is no mental health reporting unit or local agency code.

Mental Health Recipient Codes

01 = Self

02 = Family

03 = Friends

04 = Employer

05 = Other

06 = County Resident

10 = State Hospital (MH)

11 = State Hospital (DD)

12 = Other Psychiatric Hospital

13 = Psychiatric SNF/IMD

14 = Alternative to Hospitalization

15 = CRTS Program

17 = Jail

20 = Acute Day Treatment

21 = Habilitative Day Tx

30 = Emergency Psychiatric

31 = Suicide/Crisis

32 = Outpatient Clinic

33 = Private Mental Health Practice

37 = Case Management

38 = Homeless Program

40 = Medical Inpatient

41 = Medical Outpatient

42 = Convalescent Hospital

43 = Department Social Service

44 = Criminal Justice

45 = Drug Abuse Program

46 = Alcohol Abuse Program

47 = School/College

48 = Vocational Rehabilitation Program

49 = Veterans Administration

50 = Clergy/Religious Organization

51 = Other Human Service

Substance Abuse Recipient Codes

01 = Fed/State Criminal Justice

02 = Local/County Criminal Justice

03 = Self

04 = Family/Friend

05 = Employers

06 = School/College

07 = Medical

08 = Social Services

09 = Community Agency

10 = Mental Health

11 = Public Guardian

12 = Public Health Nursing

13 = Residential Care Facility

14 = Drug Residential

15 = Drug Outpatient

16 = Alcohol Residential/Outpatient

17 = Telephone Directory

18 = Brochure/Flyer/Newspaper

19 = Other

20 = Transfer Out Client

Appendix E
Staff Data Codes

This Appendix lists Standard InSyst codes for the Staff Maintenance Screens. The codes can be altered by local county Operations Staff to conform with local mental health policies and procedures, so you should check with your Operations Staff to make sure these are the codes you should use.

Sex

F = Female

M = Male

U = Unknown

Ethnicity

A = White

B = Black

C = Native American

D = Mexican American/Chicano

E = Latin American

F = Other Spanish

G = Chinese

H = Vietnamese

I = Laotian

J = Cambodian

K = Japanese

L = Filipino

M = Other Asian

N = Other non-white

O = Unknown

Appendix F
Legal Status Codes

This Appendix lists Standard InSyst codes for the Legal Status Tracking Screens. The codes can be altered by local county Operations Staff to conform with local mental health policies and procedures, so you should check with your Operations Staff to make sure these are the codes you should use.

Legal Statuses

W60000 = Voluntary

W51500 = 72 Hour Hold

W52500 = First 14 Day Hold

W52600 = Second 14 Day Hold

W52700 = 30 Day Intensive Treatment

W53000 = 180 Day Post Certification

W53520 = Temporary Conservatorship

W53521 = Temporary Conservatorship Extension

W53550 = Permanent Conservatorship

W53551 = Permanent Conservatorship Extension

W55850 = 72 Hour Hold for Minors

P10260 = Not Guilty by Reason of Insanity

P13680 = Incompetent To Stand Trial

P13700 = Incompetent To Stand Trial

P13720 = Incompetent To Stand Trial

Legal Events

Writ Request Date

Writ Review Date

Writ Dropped Date

Writ Release Date

Judicial Review Date

Released By Order Date

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T/Con File Date

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