

MOHSAIC SC

Service Coordination Assessment (SCA)

GUIDE

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HIPAA DISCLAIMER

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- This training guide is to be located in a secure (locked) area, not available to the general public.

PROCEDURES & TIPS

MOHSAIC SC SYSTEM VS. WEB MOHSAIC SC SYSTEM

- The two (2) systems are now one; all data entry will be stored in the same Database.
- Both applications will be used; the MOHSAIC SC (triangle icon) and the portions of MOHSAIC SC that are accessible through an Internet page.
 - MOHSAIC SC (triangle icon) will not change; information will continue to be documented in the current system: Demographics (address, responsible party, alternate contacts, etc.); Financial; Medical; Forms; Eligibility/Enrollment; Closure; Service Plans and Progress Notes.
 - Accessing the Web MOHSAIC SC system (via an Internet page) will allow the Service Coordination Assessment (SCA) information to be electronically completed and stored with the MOHSAIC SC (triangle icon) data entry.

SCA SECTIONS

- The SCA will load the necessary sections according to the participant's program enrollment; not all SCA sections are appropriate for every SHCN program. The following sections will load for all participants, regardless of SHCN program enrollment:
 - Participant Miscellaneous
 - Health Care Team
 - Insurance (Medical/Dental/Vision)
 - Military
 - Medical Home
 - Health/Medical
 - Mobility
 - Activities of Daily Living (ADL)/Transportation
 - Dietary Concerns (age/development appropriate)
 - Emotional
 - Social/Environmental
 - Cognitive Concerns (age/development appropriate)
 - Educational/Vocational
 - Family Functioning
 - Cultural/Belief System
 - Current Treatments/Therapies/Services and Needed Referrals
 - Safety
 - Participant/Family Statement

SCA SECTIONS (CONTINUED)

- The following SCA sections will load based on the program enrollment of the participant, the:
 - Level of Independent Living & Community Participation section will load **only if** a participant is enrolled in the AHI program.
 - Quality Assurance section will load **only if** a participant has been continuously enrolled for a six (6) month period.
 - Youth Transitions section will load **only if** a participant's age is thirteen (13) to twenty-one (21) at the time of the assessment.
- SCA sections may be more expansive than previous Assessment version.
- SHCN Program Managers developed all areas of the SCA with all SHCN programs in mind.
- Remember, the SCA loads only the sections that pertain to a participant, based on their program enrollment; so all sections that display in the SCA should be reviewed with a participant/family.
 - Use your professional judgment; if a specific section is not applicable, no entry is required.
 - An example would be when dealing with an infant and the question concerns transportation. If transportation is an issue for the infant's responsible party, then the area should be addressed.
 - Choose the most appropriate selections in each section.
 - There are very few 'N/A' selections to indicate a section was reviewed with the participant/family but they have no existing issue. However, if you feel strongly about documenting when a discussion is held, use the comment areas to indicate a question was addressed but was not applicable.

NAVIGATION

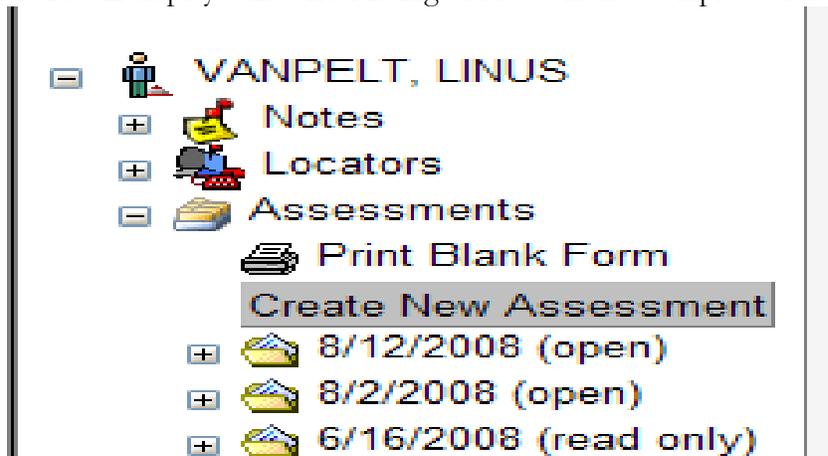
- The SCA allows a user to either use the mouse or tab key to move throughout the Assessment.
Examples:
 1. If the focus is on the 'save' button, the user can use the 'enter' key to save the entry just the same as using the mouse to select the 'save' button.
 2. Or if the focus is on the 'save' button the user can use the 'space bar' to save the entry.
 - The 'focus' allows a user to follow the cursor when 'tabbing' through the Assessment. The focus is the dotted rectangle around a specific field.

PRE-POPULATED AREAS

- The 'initial' Assessment in the SCA will not have any pre-populated information.
 - There will be no data converted from the current database (CAT).
- All subsequent Assessment s will be pre-populated with entry from the previous Assessment s for the Health Care Team and the Health History fields only.
 - SC responsibility will be to appropriately edit both fields each time an SCA is entered.

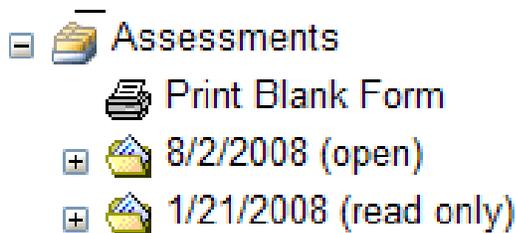
MULTIPLE ASSESSMENT DISPLAY

- Each participant record will display a historical listing of Assessments completed for a participant.
 - If an 'open' Assessment exists, but an additional Assessment is needed (due to transitional changes) contact your Training Coordinator so additional Assessment can be opened.
- Each participant record will display a historical listing of Assessments completed for a participant.



OPEN VS. READ ONLY

- An 'Open' Assessment is viewable by any user but only the author of the SCA can complete entry.
- An 'Open' Assessment will automatically change to a 'Read Only' status after sixty (60) days; at which time no user will be able to do any entry.
 - Both functions are similar to the current Progress Note functionality in the MOHSAIC SC system (triangle icon).



SCA DISPLAY – PARTY ID

- When an Assessment loads, the header for each page will display the participant name, DCN, DOB and Party ID. (When problems are encountered in the SCA, the Party ID will be critical in terms of identification for ITSD.)

DCN: 63045528 Participant Name: VANPELT, LINUS DOB: 1/1/2001 Party ID: 1112786901

FIELDS AND FUNCTIONS

- The SCA has no spell check functionality.
- Users can copy/paste into the various fields from any electronic document:
 - Current SCA entry
 - Previous SCA entry
 - Word documents
 - Any field out of MOHSAIC SC, including Progress Notes
- Additionally some word changes were made throughout the SCA.

Example:

- 'Concerns' are now referred to as 'Un-Met Needs'. (There is no change in criterion, if it was a concern is it now an un-met need.)
- Check-box fields allow multiple selections to be made.

Information Sources

- | | |
|--|---|
| <input checked="" type="checkbox"/> Caregiver | <input type="checkbox"/> Foster Parent |
| <input type="checkbox"/> Parent | <input checked="" type="checkbox"/> Participant |
| <input checked="" type="checkbox"/> Medical Record | <input type="checkbox"/> Other |

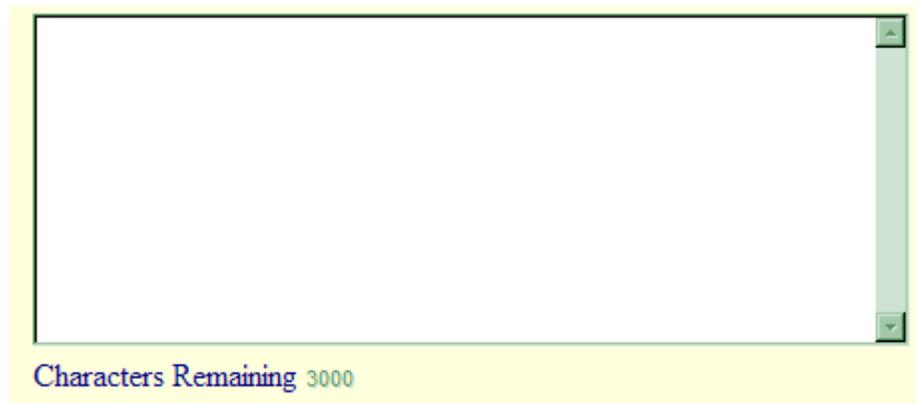
- Radio button fields can be left blank, but once the user makes an initial choice in either field the user cannot return both fields to blank.

Yes No

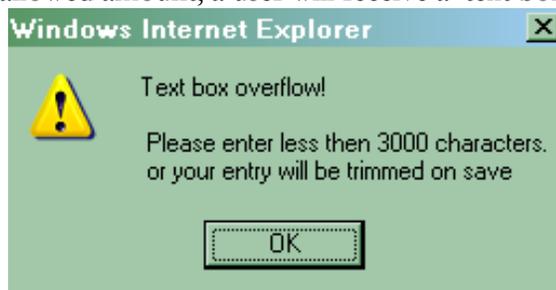
- One-line comment fields allow 255 characters to be stored. After the entry exceeds 255 characters a user will no longer be able to do more entry in the field.



- Larger comment fields allow 3000 characters to be entered. A counter is provided at the lower right of each large comment field.



- After entry exceeds an allowed amount, a user will receive a 'text box overflow' message.



HELP TIPS

- Throughout the SCA, a brief description/definition displays when a user ‘floats’ their mouse over a header or question.

Examples:

1

Transportation (participant/family appropriate)
Identify the transportation resources of the participant.
 Do you have a driver's license?
 Do you have resources to provide own transportation?
 Do you rely on other transportation services?
 Do you have other transportation services?

2

Have you ever served in the military?
Identify if the participant has ever served in the armed services.

3

Individuals with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.
1. The participant has a usual source for medical care:
Determines if a participant has a source for both preventive and routine medical care when they are ill. of medical care when sick?

SAVE CONFIRMATION

- When a section is ‘saved’ the section header will contain the word ‘SAVED’ immediately following the section header title.

PARTICIPANT MISCELLANEOUS SAVED

- A ‘Record Saved’ status (in red font) will also display at the bottom of the section page, immediately above the ‘save’ button.

Record Saved

SAVE PARTICIPANT MISCELLANEOUS

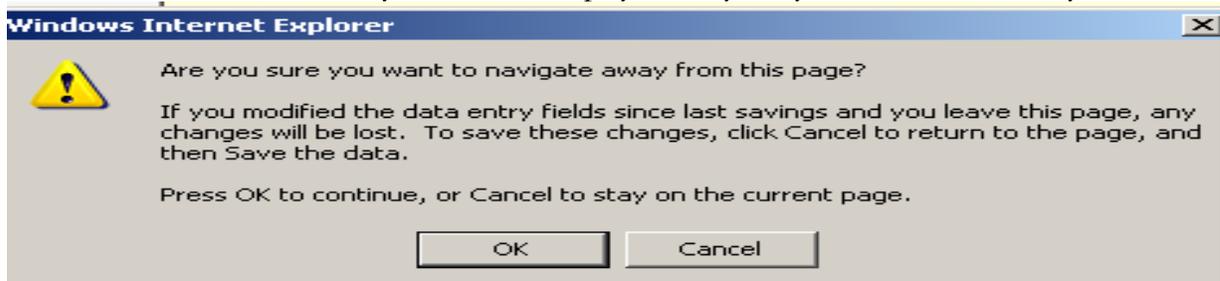
- The ‘Save’ function is only available to the ‘owner’ of the SCA; all other users will have inquiry or view only functionality.

NAVIGATION WARNING SCREEN

- When a user displays a section of the SCA but then selects another section to display, the system will display a warning to notify a user that any changes made will not be saved unless the ‘save’ button is selected.

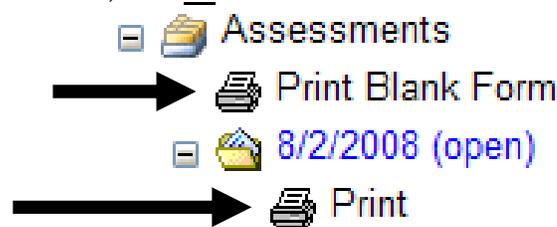
Example:

- User opens/displays the Mobility section of the SCA but then selects the Safety section from the ‘tree’.
- Before the system will display the Safety section, a ‘navigational’ warning reminds a user that the ‘Save’ button has not been selected.
- If entry was made on the Mobility section, a user is allowed to select the ‘cancel’ button so the user can select the ‘save’ button to save the entry.
- If a user selects ‘ok’, the Safety section will display and any entry made on the Mobility section is lost.



BLANK TEMPLATE PRINT VS. REPORT TEMPLATE PRINT

- There are two (2) areas where a blank template can be printed:
 - Under the Assessment area of the 'tree' for any enrolled participant.
 - From the MOHSAIC Web Report area (not functional in version 1.0).
- A blank template printed from the participant's Assessment area will include only the applicable sections of the SCA based on participant enrollment. (This applies to both print options – 'Print Blank Form' or 'Print' under an actual Assessment date.)



- A blank template printed from the MOHSAIC Web Report area will include all sections of the SCA, regardless of the participant's enrollment.
 - Service Coordinators using this option need to remember that ALL sections of the SCA are included in the printed version but not all sections are applicable to a participant.

NOTE: Since Version 1.0 of the SCA will not contain the SHCN Report area; until it is accessible to users the following link can be used to obtain a blank template with all SCA sections:

https://webapp01.dhss.mo.gov/scassessment/SCA_FORMS/scassessment.pdf

Example:

- The Level of Independent Living & Community Participation section will be included but would not be applicable to participants enrolled in CSHCN, HCY, or PDW Programs.

DOCUMENTATION

- All SCA entries require documentation in MOHSAIC SC Progress Notes:
 - Be brief, a simple statement about when (specific date) the Assessment was conducted.
 - Include a statement about actions taken to assist a participant/family in meeting the needs they identified in the Un-met Need areas of the SCA.

LOGIN

The following links connect to the various web pages:

▪ **PROD**

1. The following URL is for the **PROD** version of the SCA; entry in this area is **the legal record** of a specific participant:

<https://webapp01.dhss.mo.gov/mohsaic>

2. Enter the Username and Password for the **PROD** system:

Username

This is the same USERID used to access the MOHSAIC SC system (triangle icon) - first five letters of your last name and the first initial of your first name.

Password

This is the same Password used to access MOHSAIC SC system (triangle icon).

▪ **TEST**

1. The following URL is for the **TEST** version of the SCA; entry in this area is not the legal record of a specific participant:

<http://testapp/mohsaic/>

2. Enter the Username and Password for the **TEST** system:

Username

SHCN01

Password

DOHSTU1

- Select 'login' button. (If you do not wish to continue, select 'cancel' and you will exit the system.)

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Login

1. Enter Login Information 2. Select Agency

- Read the disclaimer
- Check *Change Password* to change passwords
- Enter the login information
- Click Login to proceed.

Login Information	
Username	<input type="text"/>
Password	<input type="password"/>
	<input type="checkbox"/> Change Password
Instance	<input type="text" value="DEVO"/>

Disclaimer
Notice: You are about to gain access to the MOHSAIC system. By proceeding, you are agreeing to keep confidential all information made available to you through this application. Any unauthorized access, use and/or disclosure of information may result in a loss of access privileges, an action for civil damages, an action for criminal charges, and/or disciplinary action including but not limited to suspension or dismissal.

Login Cancel

Web MOHSAIC page displays

1. Username displays in upper right portion of the screen (in this screen shot the username is shcn01.)
2. Signout Link
 - Select this link to log out of the system
3. Agency name display
 - This is dependent on the role assignment of the user. (In this example the user is DOH-CENTRAL OFFICE.)
4. DHSS Menu items
 - Home
 - Service Coordination



5. Service Coordination Menu
 - This is the area SHCN users will work in to access the SCA. It has three areas (more to come as SHCN transitions MOHSAIC SC into the web-based system).
 - Home
 - AssessmentAdministrative



6. To access the Service Coordination Assessment area:
 - Select 'Service Coordination' menu
 - Select 'Assessment' menu

SEARCH

1. Search options are by Name, DCN, or Social Security Number
2. Search Type options are Like, Soundex, or Both:
 - o Like – exactly as criteria is typed
 - o Soundex – searches as criteria would be pronounced
 - o Both – exactly as typed and by pronunciation
3. Select 'Search' button after entry has been completed in one of the search options.

Tip: Less is more when conducting name searches; a lesser amount of information results in more party returns.

[SHOW INSTRUCTIONS](#)

Search Person

Client

Name Search

LAST NAME: *	<input type="text"/>	FIRST NAME: *	<input type="text"/>
MIDDLE NAME:	<input type="text"/>	SUFFIX:	<input type="text"/> <input type="text"/>
DATE OF BIRTH:	<input type="text"/>	GENDER:	<input type="text"/>
ETHNICITY:	<input type="text"/>	ROLE:	<input type="text"/>
SEARCH TYPE:	<input checked="" type="radio"/> LIKE <input type="radio"/> SOUNDEX <input type="radio"/> BOTH		
RACE:	<input type="checkbox"/> WHITE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> UNKNOWN <input type="checkbox"/> PACIFIC ISLANDER		

DCN Search

SSN Search

DCN:	<input type="text"/>	SSN:	<input type="text"/>
------	----------------------	------	----------------------

[SEARCH](#) | [REGISTER AS MEDICAL CLIENT](#) | [REGISTER AS NON-MEDICAL CLIENT](#) | [MODIFY SEARCH](#) | [CANCEL](#)

SEARCH RESULTS

1. Both the MOHSAIC and the DSS search results display.
 - o MOHSAIC search result icon
 - o DSS search result icon



SEARCH RESULTS (CONTINUED)

2. Both (MOHSAIC and DSS) search results constitute one record (example #1).
 - If a record does not have both search results displayed (example #2), the user should verify the participant is actively enrolled in a program in the MOHSAIC SC system (triangle icon).

Search Results - Found 2 rows

1						
	NAME	DOB	GENDER	DCN	SSN	ROLE
1	 JENSEN, MIKE	8/2/1993	MALE	56898730		MEDICAL CLIENT
	 WHITE THOMAS	9/08/1941	MALE	56898730		
	SELECT					
2	 WHITE THOMAS	9/08/1941	MALE	56898730		
	SELECT					

3. To access the Assessment area for the participant, choose the [SELECT](#) link under the appropriate record.
4. If a participant is not found the user can conduct a new search by selecting the 'Modify Search' option.
 - The user is returned to the previous search screen to conduct a new search.



5. If a user does not wish to continue beyond this screen, select the Cancel button.
 - The user will be returned to the Service Coordination Menu.

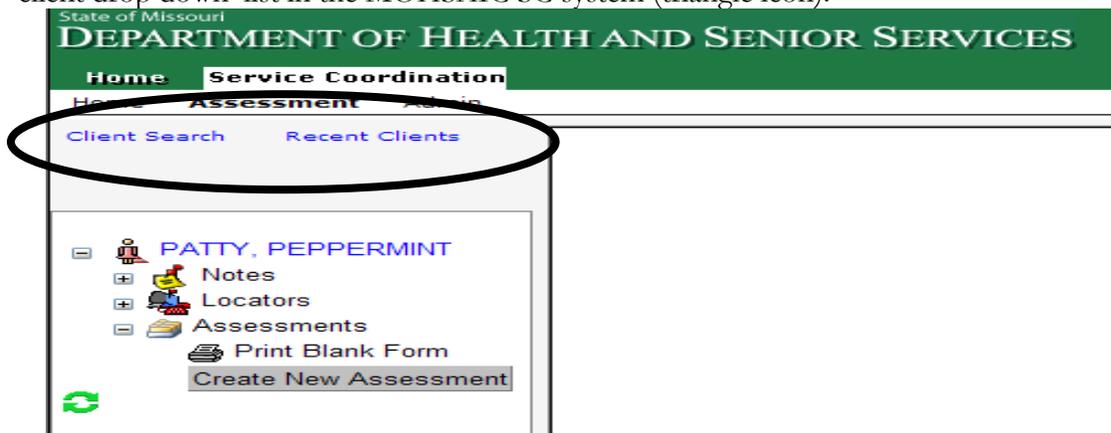


6. **DO NOT USE** the Register as Medical Client or Register as Non-Medical Client links.
 - These links will be functional when MOHSAIC SC is fully transitioned into the web-based system.



CLIENT SEARCH OR RECENT CLIENTS LINKS

- When either link is selected the system will return to the Search screen.
 - In the future, the Recent Clients link will display a list of participants a user has viewed, similar to the 'client drop down' list in the MOHSAIC SC system (triangle icon).



OTHER AREAS ON THE TREE

- There are two areas in the Tree that are not for SHCN use. No entry should be completed in either area. Both sections are used by other DHSS agencies.
 - Notes
 - Locators

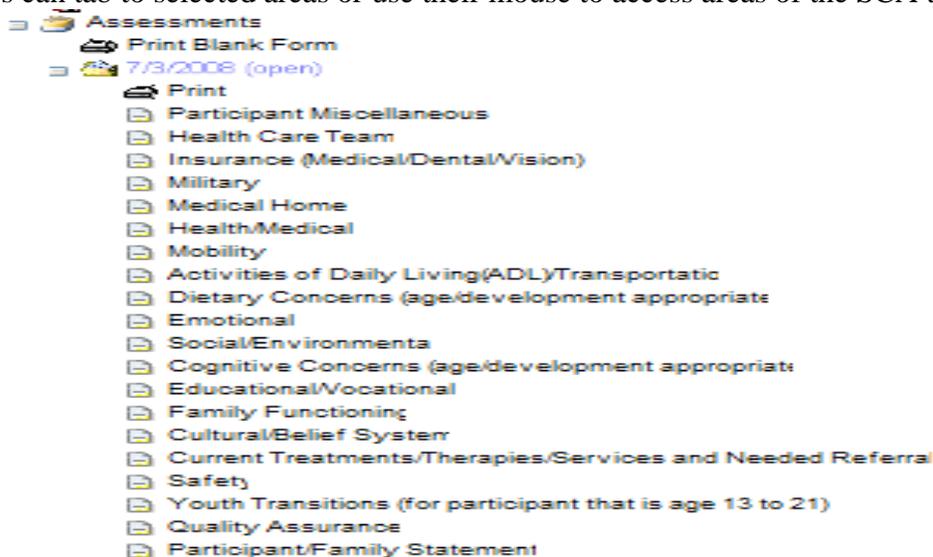


PARTICIPANT

1. The 'tree' view of the participant area loads
2. Select the + sign and the 'tree view' expands.

The screenshot shows the MOHSNIC web application interface. At the top, it says 'State of Missouri DEPARTMENT OF HEALTH AND SENIOR SERVICES'. The user is logged in as 'shcn01' with the agency 'DOH-CENTRAL OFFICE'. The main navigation bar includes 'Home', 'Service Coordination', 'Assessment', and 'Admin'. The left sidebar shows a tree view for 'VANPELT, LINUS' with expandable sections for 'Notes', 'Locators', and 'Assessments'. The 'Assessments' section is expanded, showing options for 'Print Blank Form' and three assessment entries with dates: '8/12/2008 (open)', '8/2/2008 (open)', and '6/16/2008 (read only)'. The main content area displays a large graphic that says 'WELCOME TO MOHSNIC Service Coordination Assessment' with a green pyramid logo.

3. When the Assessment 'tree view' expands, the printing option for a blank template and any existing Assessments are displayed. When an Assessment is expanded, all applicable sections of the Assessment are displayed.
 - A user can access any section of an open Assessment and complete entry in any section.
 - The order of the sections in the 'tree' will not require entry to be conducted according to sectional order.
 - Users can tab to selected areas or use their mouse to access areas of the SCA to conduct entry.



PARTICIPANT – DEMOGRAPHIC PAGE

1. Select the participant name and the View Basic Demographic Information screen displays.
2. Participants Name, Date of Birth and DCN (Client Number) are displayed.

Home
Reports
Service Coordination

Home
Assessment
Admin

Client Search Recent Clients

JENSEN, MIKE

View Basic Demographic Information Required fields are denoted by *

PREFIX	LAST NAME*	FIRST NAME*	MIDDLE NAME	SUFFIX
<input type="text"/>	<input type="text" value="JENSEN"/>	<input type="text" value="MIKE"/>	<input type="text"/>	<input type="text"/>

NAME TYPE OTHER NAMES

PRINCIPAL

OTHER

SEX*	DATE OF BIRTH*
<input type="text" value="MALE"/>	<input type="text" value="8/2/1993"/>

CLIENT NUMBER
56898730

PRIMARY LANGUAGE * ENGLISH

OTHER

SECONDARY LANGUAGE ENGLISH

OTHER

Reads Primary Language

Writes Primary Language

Race *

<input checked="" type="checkbox"/> WHITE	<input type="checkbox"/> ASIAN
<input type="checkbox"/> BLACK	<input type="checkbox"/> AMERICAN INDIAN
<input type="checkbox"/> UNKNOWN	<input type="checkbox"/> PACIFIC ISLANDER

COUNTRY OF BIRTH

Ethnicity *

Employment

EMPLOYED

OCCUPATION	BEGIN DATE	END DATE
INSERT NEW OCCUPATION		

Optional Demographic Information

SSN

SSN VERIFIED

MARITAL STATUS

HOUSING INFORMATION

LIVING ARRANGEMENT

YEARS EDUCATION(0..17)

DEGREE

HIGHEST LEVEL OF EDUCATION

CURRENT EDUCATION STATUS

SPECIAL ASSISTANCE

Reason	Type
<input type="text"/>	<input type="text"/>

[EDIT](#)

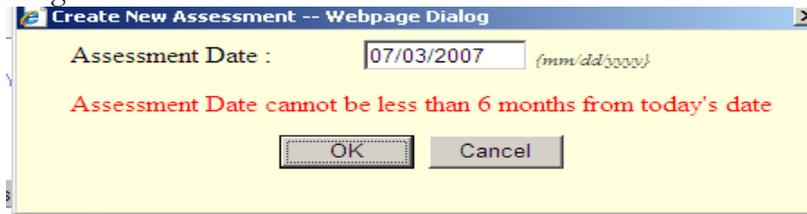
SERVICE COORDINATION ASSESSMENT (SCA) SECTIONS

PARTICIPANT - ASSESSMENT AREA

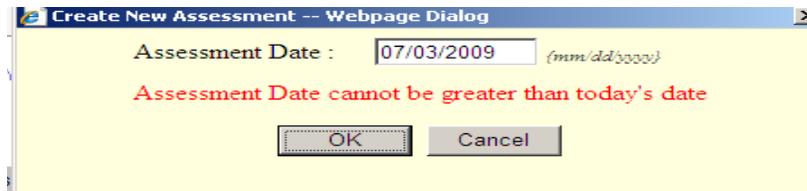
1. Select the + for the Assessment area to load.



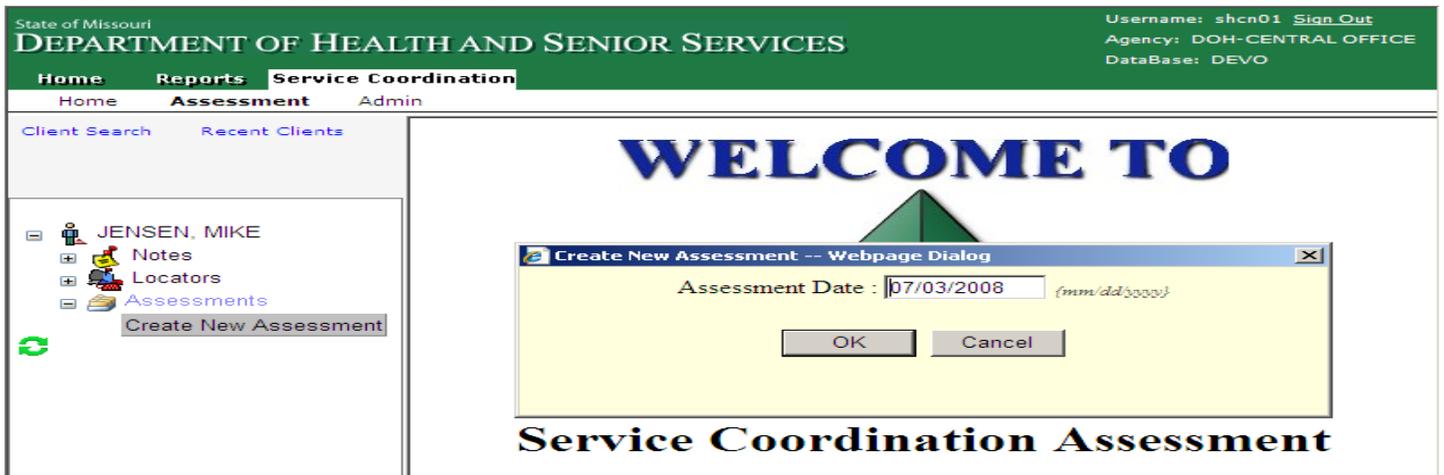
2. Select the 'Create New Assessment' button to display the Assessment Date entry screen.
3. Enter the date the Assessment was conducted in MM/DD/YYYY format.
 - o The system will not allow an Assessment to be created if it was conducted more than six (6) months ago. Contact your Training Coordinator.



- o The system will not allow an Assessment to be created if the date of the Assessment is conducted in the future.



4. Select 'OK' to create an Assessment.



PARTICIPANT - ASSESSMENT CREATED

1. The appropriate areas of the Service Coordination Assessment will load based on the participants program enrollment, age, or enrollment dates. Those sections are:
 - o Level of Independent Living and Community Participation will only load for an enrolled Adult Head Injury (AHI) Program participant.
 - o Youth Transitions will only load for participants age thirteen (13) to twenty-one (21).
 - o Quality Assurance will only load if a participant has been continuously enrolled in a program for more than six (6) months.
2. To complete entry, select the section name.

- ≡  **Assessments**
-  **Print Blank Form**
- ≡  **7/3/2008 (open)**
-  **Print**
-  **Participant Miscellaneous**
-  **Health Care Team**
-  **Insurance (Medical/Dental/Vision)**
-  **Military**
-  **Medical Home**
-  **Health/Medical**
-  **Mobility**
-  **Activities of Daily Living(ADL)Transportatic**
-  **Dietary Concerns (age/development appropriate)**
-  **Emotional**
-  **Social/Environmenta**
-  **Cognitive Concerns (age/development appropriate)**
-  **Educational/Vocational**
-  **Family Functioning**
-  **Cultural/Belief System**
-  **Current Treatments/Therapies/Services and Needed Referral**
-  **Safety**
-  **Youth Transitions (for participant that is age 13 to 21)**
-  **Quality Assurance**
-  **Participant/Family Statement**

PARTICIPANT MISCELLANEOUS

This section collects data about:

- 1) Income sources
 - 2) If a participant has a diagnosis of Perinatal Substance Abuse (PSA)
 - 3) Who provided the information for the Service Coordination Assessment
 - 4) Area for Comments
1. Income Sources:
- o Amount received from Supplemental Security Income (SSI) if SSI is received.
 - o Amount received from Social Security Disability Insurance (SSDI) if SSDI is received.
 - o Amount received from a Trust Fund if a Trust Fund was established as a result of a disability or injury.
 - o Amount received from Other sources of income if income is received from Employment or participant/family members are employed.

- 2. PSA
 - o Indicate if the participant has a diagnosis of Perinatal Substance Abuse (PSA).
- 3. Information Source
 - o Make the appropriate selection(s) to record who provided the information for the Service Coordination Assessment, i.e., Caregiver, Foster Parent, Parent, Participant, Medical Record or Other source.
- 4. Comments
 - o Free text area to document remarks or concerns about any of the Participant Miscellaneous areas.
- 5. Save Participant Miscellaneous button:
 - o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page.

DCN: 56898730 Participant Name: JENSEN, MIKE DOB: 8/2/1993

PARTICIPANT MISCELLANEOUS

Income

SSI

SSDI

Trust Fund

Employment

Other

Perinatal Substance Abuse (PSA)

Yes No

Information Sources

Caregiver Foster Parent

Parent Participant

Medical Record Other

Comments Regarding Participant Miscellaneous

Characters Remaining 3000

SAVE PARTICIPANT MISCELLANEOUS

HEALTH CARE TEAM

This section collects data about:

- o Health Care Team
- o Medical and Dental care accessed in the past twelve (12) months
- o Area for Comments

DCN: 56898730 Participant Name: JENSEN, MIKE DOB: 8/2/1993

HEALTH CARE TEAM

DELETE	EDIT	Provider Type/Specialty	Name	Address	City	State	Zip	Phone Number	Last Visit	Next Visit
------------------------	----------------------	---	----------------------	-------------------------	----------------------	-----------------------	---------------------	------------------------------	----------------------------	----------------------------

[ADD NEW CARE PROVIDER](#)

In the past twelve (12) months have you seen a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well child/person checkup?

In the past twelve (12) months have you seen a dental provider (for example: dentist, orthodontist, oral surgeon, or any other dental specialist)?

In the past twelve (12) months, have you accessed the Elks dental unit?

Comments Regarding Health Care Team

Characters Remaining 3000

[SAVE HEALTH CARE TEAM](#)

1. Health Care Team grid identifies all members of the health care team

- o Health Care Team grid displays each entry

DCN: 14468674 Participant Name: ABERNATHY, AISHA R DOB: 8/9/1983

Delete	Edit	FISHERMAN	LONG JOHN SILVER	123 WATERWAY	OCEAN SPRAY	MO	63755	(654) 987-9879	NEVER HAVE
Delete	Edit	ENT	DR ENT	STREET	CITY	MO	ASDFASDF	(573) 751-6240	ASDFAS
Delete	Edit	CLEFT LIP/PALATE	DR JAWS - 2ND ENTRY AFTER FIX	ADDY	CITY	MO	ASDFASDF	0 -	

[ADD NEW CARE PROVIDER](#)

- To Delete or Edit an existing entry select the appropriate link.
- If a user selects the Edit link, an Edit window will display with the current information displayed and the user will be allowed to edit the displayed entry.

HEALTH CARE TEAM -- Webpage Dialog

Edit Health Care Provider

Type/Specialty

Name

Address

City

State

Zip (numeric only)

Phone (ten digits numbers only)

Last Visit

Next Visit

- If a user selects the Delete option a confirmation screen will display.

Windows Internet Explorer

Are you sure you want to delete LONG JOHN SILVER record?

- To Add New Care Provider, select the appropriate link

HEALTH CARE TEAM -- Webpage Dialog

New Health Care Provider

Type/Specialty

Name

Address

City

State

Zip (numeric only)

Phone (ten digits numbers only)

Last Visit

Next Visit

2. Identifies if a participant has had access to medical/dental care within the past twelve (12) months. The data is reported in the application for the Title V Maternal Child Health Block Grant.
 - Make a selection in the check box in any of the three (3) areas to indicate if the participant did that activity.
 - In the past twelve (12) months, have you seen a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well child/person checkup?
 - In the past twelve (12) months, have you seen a dental provider (for example: dentist, orthodontist, oral surgeon, or any other dental specialist)?
 - In the past twelve (12) months, have you accessed the Elks dental unit?
3. Comments
 - Free text area to document remarks or concerns about any of the Participant Miscellaneous areas.
4. Save Participant Miscellaneous button:
 - Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

The screenshot shows a web form with a yellow background. At the top, there are three checkboxes with the following text:

- In the past twelve (12) months have you seen a doctor, nurse, or other health care professional for preventive medical care such as a physical exam or well child/person checkup?
- In the past twelve (12) months have you seen a dental provider (for example: dentist, orthodontist, oral surgeon, or any other dental specialist)?
- In the past twelve (12) months, have you accessed the Elks dental unit?

Below these is a text area with the label "Comments Regarding Health Care Team". The text area is empty and has a vertical scrollbar on the right side. Below the text area, it says "Characters Remaining 3000". At the bottom of the form is a button labeled "SAVE HEALTH CARE TEAM".

INSURANCE (MEDICAL/DENTAL/VISION)

1. Insurance Medical/Dental/Vision identifies all third party coverage for a participant.

INSURANCE MEDICAL/DENTAL/VISION

Medical Insurance (Check all that apply)

MO HealthNet (Medicaid)

Medicare

Private Insurance

Other

None

1. Does your insurance plan offer benefits and services that meet your needs? Never Sometimes Usually Always

2. Do you consider the cost reasonable? Never Sometimes Usually Always

3. Does the plan allow you to see the providers you need? Never Sometimes Usually Always

4. Were you covered by health insurance during all of the last 12 months? Yes No

(Those with answers of "Usually" or "Always" to 1-3 and "Yes" to question 4 are considered to have adequate insurance)

Insurance Criteria NOT met

Dental Insurance (Check all that apply)

MO HealthNet (Medicaid)

Private Insurance

Other

None

Vision Insurance (Check all that apply)

MO HealthNet (Medicaid)

Private Insurance

Other

None

Comments Regarding Insurance

Characters Remaining 2987

SAVE INSURANCE MEDICAL/DENTAL/VISION

2. The Medical Insurance (check all that apply) section states all medical coverage options, including free text areas for the name, coverage dates, etc., of the Private (medical) Insurance coverage or sources of third party coverage not listed.

Medical Insurance (Check all that apply)

MO HealthNet (Medicaid)

Medicare

Private Insurance

Other

None

- 3. The next section determines if a participant's medical insurance coverage met their needs, was reasonably priced, had adequate providers, and provided coverage during the last twelve (12) months.

1. Does your insurance plan offer benefits and services that meet your needs?	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always
2. Do you consider the cost reasonable?	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always
3. Does the plan allow you to see the providers you need?	<input type="radio"/> Never <input type="radio"/> Sometimes <input type="radio"/> Usually <input type="radio"/> Always
4. Were you covered by health insurance during all of the last 12 months?	<input type="radio"/> Yes <input type="radio"/> No

- o This area automatically calculates the Insurance Criteria after entry has been completed in all four (4) areas. If the Insurance Criteria has been met, the system notification changes to indicate the criteria were met.

Insurance Criteria NOT met

or

Insurance Criteria met

- 4. Dental Insurance (check all that apply) section states all dental coverage options of the participant, including free text areas for the name, coverage dates, etc., of the Private (dental) Insurance coverage or sources of third party dental coverage already not listed.

Dental Insurance (Check all that apply)

MO HealthNet (Medicaid)

Private Insurance

Other

None

- 5. Vision Insurance (check all that apply) section states all vision coverage options of the participant, including free text areas for the name, coverage dates, etc., of the Private (vision) Insurance coverage or sources of third party vision coverage already not listed.

Vision Insurance (Check all that apply)

MO HealthNet (Medicaid)

Private Insurance

Other

None

- 6. Comments
 - o Free text area to document remarks or concerns about any of the Insurance Medical/Dental/Vision areas.
- 7. Save Insurance Medical/Dental/Vision button:
 - o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page.

Comments Regarding Insurance

Characters Remaining 2987

SAVE INSURANCE MEDICAL/DENTAL/VISION

MILITARY

1. Military identifies if the participant or anyone in the participant's family (mother or father) has served in order to provide the participant/family with contact information for Missouri Veteran's Commission.
2. If the participant or a family member (mother or father) has served in the armed forces, indicate if the Missouri Veteran's Commission information given to the participant/family.
3. The toll free number and website information are also displayed for reference.
4. Comments
 - o Free text area to document remarks or concerns about any of the Insurance Medical/Dental/Vision areas.
5. Save Military button:
 - o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page.

MILITARY

Have you ever served in the military?

Has anyone in your family ever served in the military?

If yes to either of the above questions, was Missouri Veteran's Commission contact information provided?

Yes No N/A

phone: 1-866-VET-INFO (1-866-838-4636)

web: <http://www.mvc.dps.mo.gov>

[Comments Regarding Military](#)

Characters Remaining 3000

SAVE MILITARY

MEDICAL HOME

- 1. Medical Home tool determines if a participant is receiving coordinated, ongoing, comprehensive care within a medical home as defined by Special Health Care Needs.
- 2. Questions 1-5 determine if the participant has a source for both preventive and routine medical care; participant consulted a physician or specialist; participant’s health care providers share information among themselves; participant’s principal physician spends adequate time with them; and participant’s community based services are easy to use.

MEDICAL HOME

Individuals with special health care needs will receive coordinated, ongoing, comprehensive care within a medical home.

1. The participant has a usual source for medical care:

- A. Does the participant have a usual source of medical care when sick?
- B. Does the participant have a usual source for preventive health care?

2. Physician or a specialist visit in the past year.

- The participant has seen a physician or a specialist within the past year.

3. Effective service coordination is provided:

- A. Do the participant’s health care providers share information with each other?
- B. Do the participant’s health care providers and other non-medical professionals share information with each other? (e.g., educators, child care providers, therapists, vocational rehab, other agencies)

4. The participant receives family-centered care. Does the physician who sees the participant most:

- A. Spend enough time with the participant during visits?
- B. Listen carefully?
- C. Consider the participant’s/family’s values and customs?
- D. Provide needed information?
- E. Make the participant/family feel like a partner?

5. Community-based services are organized so that they are easy for the participant/family to use:

- A. Does the participant/family know whom to call when services are needed?
- B. Can the participant get referrals when they are needed?
- C. Does the participant receive most services in his/her local community?
- D. Does the participant have adequate health insurance to pay for needed services?
- E. Can the participant access language or mobility accommodations needed for provision of services? (e.g., language interpreter is available, office is wheelchair accessible)

Medical Home criteria are met if: questions 1A, 1B and 2 are answered "Yes"; And questions 3,4 and 5 have at least a total of five "Yes" responses WITH at least one "Yes" response in each question 3, 4 and 5.

- o Area automatically calculates when Medical Home criteria are met. Indicates if educational material concerning a Medical Home was given if the criteria are not met. When the Medical Home criteria were met, the system notification changes to indicate the criteria were met.

If Medical Home criteria are not met, was educational material provided? Yes No or Medical Home criteria are met

- 13. Comments
 - o Free text area to document remarks or concerns about any of the Insurance Medical/Dental/Vision areas.
- 14. Save Medical Home button:
 - o Must be selected to save any entry
 - o Displays ‘record saved’ confirmation in title bar and at the bottom of the page.

Comments Regarding Medical Home

Characters Remaining 3000

SAVE MEDICAL HOME

HEALTH/MEDICAL

1. Health/Medical identifies existing participant health issues in general categories.
2. The Current Health Status section identifies various categories of health/medical concerns.
 - o Identify under 'other' any Communication issues, i.e., devices, verbal/non-verbal, sign language, etc.
3. A Comment area is provided to document information regarding the Current Health Status of a participant.

HEALTH MEDICAL

Current Health Status

- Alcoholism/Substance Abuse
- Anemia, Autoimmune Deficiency, Blood Disorders
- Arthritis and Other Joint Limitations or Injuries
- Bowel/Bladder Problems
- Cancer, Leukemia, or Tumor
- Dental Problems
- Developmental Delay
- Diabetes, Nutritional Disorders
- Digestive Disorders (requires gastrostomy tube, short gut syndrome)
- Effects of Brain injury (Traumatic Brain Injury (TBI); Transient Ischemic Attack (TIA); Memory Loss; Anoxia)
- Hearing Impairment (Hard of Hearing (HOH); Deafness)
- Heart Trouble (Angina, Congenital Defect, Congestive Heart Failure (CHF); Myocardial Infarction (MI))
- Hypertension/Renal Disease
- Mental Impairment, Mental Retardation (MR), Cognitive Impairment, Behavioral Illness
- Respiratory Problems (Cystic Fibrosis, Asthma, Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Dysplasia)
- Skin Problems (Decubitus Ulcer, Lesions, Rashes)
- Surgery with Residual Effects (Shunt, Drainage, Amputation, Paralysis Pain, Fatigue)
- Seizure Disorders
- Visual Impairment
- Other

Comments Regarding Health Status

Characters Remaining 3000

4. The Traumatic Brain Injury area identifies the date and cause of the injury. Also if the participant was on a motorcycle at the time of the accident and if they were using a helmet.

Traumatic Brain Injury

Date of TBI

Cause of TBI Assault Fall MVA Other

If Motor Vehicle Accident (MVA), was participant on a motorcycle?

If yes, was participant wearing a helmet?

5. The Health History section is to record relevant health issues the participant has had in the past.

Health History

Characters Remaining 3000

6. The Last Hospitalization section records the last time a participant was admitted and the reason for that hospital admission.
7. A question identifies if any barriers exist in making or keeping medical or dental appointments for the participant.

Last Hospitalization (Date/Place):

Reason for Last Hospitalization

Characters Remaining 3000

Do you have any barriers to making or keeping medical/dental appointments?

8. The Medication section records the highest level of functioning in the participant's ability to take their own medication(s) or the level of assistance needed to dispense their own medication(s).

Medication (choose the most appropriate selection)

Participant takes no medications and/or only occasional medications as needed.

Participant takes prescription medications and/or medications as needed on a regular basis.

Participant needs supervision taking medications and/or needs medications set up on a regular basis.

Participant has complex drug regimen requiring high number of medications, varying times, special instructions and/or total assistance to take medications.

Do you have any barriers to obtaining or taking your medications (e.g., affordability, access, supervision, complex regimen)?

9. A Comment area is provided to document information regarding a participant's ability to take or dispense Medications or the level of assistance needed with Medications.

Comments Regarding Medication

Characters Remaining 3000

10. The Health/Medical Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Health/Medical Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

11. The Health/Medical Goal(s) section documents information regarding any goals identified by the participant/family.

Health/Medical Un-Met Needs/Goals/Plans

Goal(s)

Characters Remaining 3000

12. The Health/Medical Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Health/Medical Un-Met Needs/Goals/Plans

Plan(s)

Characters Remaining 3000

SAVE HEALTH MEDICAL

13. Save Health/Medical Home button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page

MOBILITY

1. Mobility identifies the mobility level of the participant.
2. The Mobility section records the highest level of mobility for the participant.
3. A Comment area is provided to document information regarding the participant's Mobility.

MOBILITY

Mobility (choose the most appropriate selection)

Participant does not need any human assistance with mobility.

Participant needs assistance transferring to a wheelchair, getting out of a chair, or cannot climb stairs without assistance.

Participant requires assistance for all ambulation.

Participant is totally dependent on others.

Comments Regarding Mobility

Characters Remaining 3000

4. The Assistive Devices record all equipment needed to assist the participant in their mobility.
5. A question identifies if the participant suffer any barriers in obtaining or using Assistive Devices.
6. A Comment area is provided to document information regarding the Assistive Devices area.

Assistive Devices

Braces Orthotics Prosthetics Walker/Cane Wheelchair

Other

Do you have any barriers in obtaining or using Assistive Devices?

Yes No

Comments Regarding Assistive Devices

Characters Remaining 3000

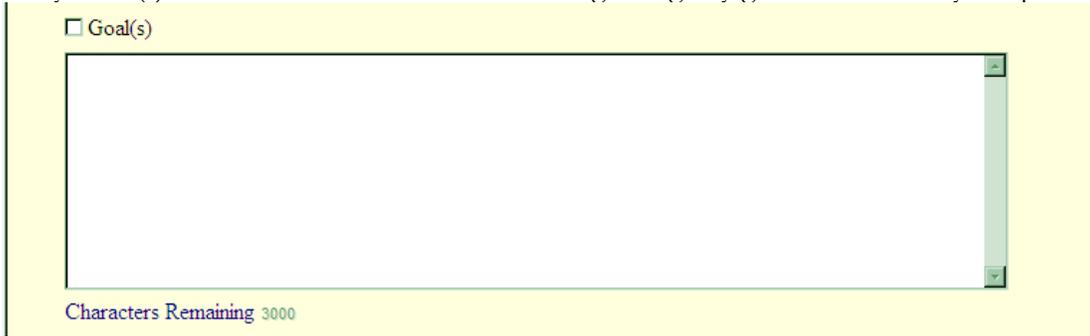
7. The Mobility Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Mobility Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

8. The Mobility Goal(s) section documents information regarding any goals identified by the participant/family.



9. The Mobility Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.



10. Save Mobility button:

- Must be selected to save any entry
- Displays 'record saved' confirmation in title bar and at the bottom of the page

ACTIVITIES OF DAILY LIVING (ADL)/TRANSPORTATION

1. Activities of Daily Living (ADL)/Transportation identifies the level of independence of a participant.
2. The ADL section records the highest level of independence for a participant.
3. The Assistance Necessary section records the specific areas of need, age and developmentally appropriate, for a participant.

ACTIVITIES OF DAILY LIVING (ADL)/Transportation

Activities of Daily Living (ADL) – Feeding, Dressing, Toileting, Personal Hygiene, Food Preparation and Household Tasks (choose the most appropriate selection)

Participant is independent in ADL's.

Participant requires minimal or occasional assistance with ADL's.

Participant requires daily assistance with ADL's and/or is incontinent of bladder or bowel fifty percent of the time.

Participant requires total assistance with ADL's.

Assistance Necessary (as age/development appropriate)

<input type="checkbox"/> Feeding	<input type="checkbox"/> Personal Hygiene
<input type="checkbox"/> Dressing	<input type="checkbox"/> Food Preparation
<input type="checkbox"/> Toileting	<input type="checkbox"/> Household Tasks

4. The Transportation section records a participant's ability to transport them self or obtain transport services.

Transportation (participant/family appropriate)

Can you drive yourself?

Do you have a driver's license?

Do you have resources to provide own transportation?

Do you rely on other transportation services?

Do you have other transportation services?

5. A Comment area is provided to document information regarding the participant's ADL and Transportation issues.

Comments Regarding Activities of Daily Living/Transportation

Characters Remaining 3000

6. The ADL and Transportation Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Activities of Daily Living/Transportation Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

7. The ADL and Transportation Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

8. The ADL and Transportation Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE THE ACTIVITIES OF DAILY LIVING/TRANSPORTATION

9. Save ADL and Transportation button:
- o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page

DIETARY CONCERNS (AGE/DEVELOPMENT APPROPRIATE)

1. Dietary Concerns identifies the participant’s nutritional level and their ability to prepare meals.
2. The Dietary section records a participant’s nutritional diet and their ability level in the preparation of a meal.
3. The Concerns section records specific areas of nutritional need or existing issues.

DIETARY CONCERNS (as age/development appropriate)

Dietary (choose best statement that applies)

- Participant is on regular diet, can prepare own meals, and does not need assistance eating.
- Participant requires 50% of meals to be prepared by others and needs encouragement or minimal supervision to eat.
- Participant requires all meals to be prepared by others, needs to be fed by someone, or is on calculated diet for unstable condition.
- Participant is unable to eat and requires tube feeding or parenteral fluids.

Concerns

- Eating Non-Food Items
- Eating too Fast
- Food Allergy
- Forget Having Eaten
- Other

- Gagging/Choking
- Nutritional Supplements
- Prefer Not to Eat

- Special Diet
- Vitamins
- Vomiting/Reflux

Concerns

4. A Comment area is provided to document information regarding the participant’s Dietary issues.

Comments Regarding Dietary Concerns

Characters Remaining 3000

5. The Dietary Concerns Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Dietary Concerns Un-Met Needs/Goals/Plans

- Un-Met Needs

Characters Remaining 3000

6. The Dietary Concerns Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

7. The Dietary Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE DIETARY CONCERNS

8. Save Dietary Concerns button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

EMOTIONAL

1. Emotional section identifies the participant's present emotion and relevant information about neglect or abuse, how, by whom or if there have been problems of past neglect or abuse.
2. The Current Emotional Status section records the emotional state of a participant.
3. A Comment area is provided to document information regarding the participant's emotional state.

EMOTIONAL

Current Emotional Status

Feeling Overly Anxious/Nervous

Acting Out (yelling at people, hitting, avoiding others because you get angry when around them, etc.)

Feeling Depressed

Hurting Yourself/Thoughts or Attempts at Suicide

Self-Preservation/Victimization

Feeling Neglected or Abused

How and by whom?

Has this been a problem for you in the past

Comments Regarding Emotional

Characters Remaining 3000

4. The Emotional Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Emotional Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

5. The Emotional Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

6. The Emotional Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE EMOTIONAL

7. Save Emotional button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

SOCIAL/ENVIRONMENTAL

1. Social History section records activities a participant has participated in prior to an illness/injury.

SOCIAL/ENVIRONMENTAL
Social History (Identify things participant enjoyed/participated in, prior to injury or illness)
Characters Remaining 3000

2. This section identifies other social behaviors or any barriers that prohibit community participation in social activities.

Social Inactivity
 Social Phobia
 Socially Inappropriate Behavior
 No Other Social Issues

Are there any barriers keeping the participant from getting out into the community or participating in activities they enjoy?

3. A Comment area is provided to document information regarding the participant's Social issues.

Comments Regarding Social Issues
Characters Remaining 3000

4. The Home Environment section records a participant's living arrangement, community situations, and household cleanliness. Also determines the number of person in the household and which are caregivers.

Home Environment
 Own/Rent
 Lives with someone else
 Stable living conditions
 Safe home/neighborhood
 Sanitary environment
 Free of bugs/rodents
 Pets
Number of persons living in household
Number of persons in household that are caregivers

5. A Comment area is provided to document information regarding the participant's Home Environment.

Comments Regarding Home Environment

Characters Remaining 3000

This screenshot shows a text input field for 'Comments Regarding Home Environment'. The field is empty and has a vertical scrollbar on the right side. Below the field, the text 'Characters Remaining 3000' is displayed.

6. A Comment area is provided to document information regarding the participant's Social/Environmental.

Comments Regarding Social/Environmental

Characters Remaining 3000

This screenshot shows a text input field for 'Comments Regarding Social/Environmental'. The field is empty and has a vertical scrollbar on the right side. Below the field, the text 'Characters Remaining 3000' is displayed.

7. The Social/Environmental Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Social/Environmental Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

This screenshot shows a form section titled 'Social/Environmental Un-Met Needs/Goals/Plans'. It includes a checkbox labeled 'Un-Met Needs' which is currently unchecked. Below the checkbox is a text input field with a vertical scrollbar. At the bottom of the section, the text 'Characters Remaining 3000' is displayed.

8. The Social/Environmental Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

This screenshot shows a form section for 'Goal(s)'. It includes a checkbox labeled 'Goal(s)' which is currently unchecked. Below the checkbox is a text input field with a vertical scrollbar. At the bottom of the section, the text 'Characters Remaining 3000' is displayed.

9. The Social/Environmental Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE SOCIAL/ENVIRONMENTAL

This screenshot shows a form section for 'Plan(s)'. It includes a checkbox labeled 'Plan(s)' which is currently unchecked. Below the checkbox is a text input field with a vertical scrollbar. At the bottom of the section, the text 'Characters Remaining 3000' is displayed. Below the text is a green button labeled 'SAVE SOCIAL/ENVIRONMENTAL'.

10. Save Social/Environmental button:

- Must be selected to save any entry
- Displays 'record saved' confirmation in title bar and at the bottom of the page.

COGNITIVE CONCERNS (AGE/DEVELOPMENT APPROPRIATE)

1. The Concerns Regarding section identifies areas a participant may have concerns regarding their abilities to properly respond to urgent situations, recall, decision-making, orderliness, or attentiveness.

COGNITIVE CONCERNS (as age/development appropriate)

Concerns Regarding

- Emergency Response (recognize the need for and seek help)
- Supervision (ability to remain in assigned area)
- Memory - Short Term
- Memory - Long Term
- Judgment (ability to use good judgment in simple, familiar situations)
- Planning/Organizing (ability to plan and organize daily life activities)
- Attention/Focus (ability to attend to task at hand)

2. A Comment area is provided to document information regarding the participant’s Cognitive Concerns.

Comments Regarding Cognitive Concerns

Characters Remaining 3000

3. The Cognitive Concerns Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Cognitive Concerns Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

4. The Cognitive Concerns Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

5. The Cognitive Concerns Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE COGNITIVE CONCERNS

6. Save Cognitive Concerns button:
 - o Must be selected to save any entry
 - o Displays ‘record saved’ confirmation in title bar and at the bottom of the page.

EDUCATIONAL/VOCATIONAL

1. Educational/Vocational section identifies:
 - o The highest level of education,
 - o If a participant has a 504 Health Plan (individual with disabilities have equal access to education; they can access an education) or an Individualized Education Program (IEP) that is a written document concerned with actually providing educational services.
2. The Currently Receiving section identifies if a participant is involved in Special Education services or Parents as Teachers (PAT) services. Also describe what type of assistance (if any) is required for the participant to be involved.

EDUCATIONAL/VOCATIONAL

What is highest level of education completed?

Currently Has

504 Health Plan
 IEP

Currently Receiving

Special Education
 Parents as Teachers (PAT)

Type of Assistance, if Required

3. The Currently Attending section records participants' educational involvement.

Currently Attending

Day Care

Preschool

Early Childhood Education

First Steps

Head Start

State School

Grade School

High School

Technical School

College

4. The Current Vocational Level records the participant's employment level, including an area for a description of the type of work the participant performs.

Current Vocational Level

In School/Training Sporadic/Casual Employment
 Independent Competitive Employment Supported Employment
 No Employment Volunteer
 Sheltered Workshop

Type of Work

Characters Remaining 3000

5. The Longest Job Held/Previous Type of Employment/Work records a participant's employment history.

Longest Job Held/Previous Type of Employment/Work

Characters Remaining 3000

6. This section determines if the participant currently has any legal restrictions imposed on them.

Are you currently restricted in any way?

Do you have a current court case pending?

Are you currently restricted in any way?

Is there a legal restriction on Traveling and/or Work?

Is there a legal restriction regarding Probation/Parole?

7. A Comment area is provided to document information regarding the participant's Educational/Vocational.

Comments Regarding Educational/Vocational

Characters Remaining 3000

Educational/Vocational Un-Met Needs/Goals/Plans

8. The Educational/Vocational Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Educational/Vocational Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

9. The Educational/Vocational

10. Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

11. The Educational/Vocational Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

The screenshot shows a web form with a yellow background. At the top left, there is a label "Plan(s)" with a small square icon to its left. Below this is a large, empty text input area. At the bottom left of the input area, the text "Characters Remaining 3000" is displayed. At the bottom center of the form, there is a green button with the text "SAVE EDUCATIONAL/VOCATIONAL" in white capital letters.

12. Save Educational/Vocational button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

FAMILY FUNCTIONING

1. The Family Functioning section records the participant's guardianship and if a participant has encountered any legal problems or concerns about a legal matter.

FAMILY FUNCTIONING

Custody or Other Legal Issues

Characters Remaining 3000

2. The Risk Factors section records a participant's risk factors in substance abuse, emotional or family issues, or threat of abuse/neglect.
3. Family Support Available reports the level of support available to the participant and the ability level of that support system.

Risk Factors

Alcohol/Drug use

Emotional Issues

Family Instability

Family Lacks Support System

Family Lacks Transportation

Potential Abuse

Potential Neglect

Family Support Available

Family Appears Functional and Realistically Supportive of Participant

Family Has Accommodated for Important Roles and Responsibilities Regarding Participant

Family Requires Information/Education About Participant Needs

Outside Family Support is Available

4. A Comment area is provided to document information regarding the participant's Family Functioning.

Comments Regarding Family Functioning

Characters Remaining 3000

5. The Family Functioning Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Family Functioning Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

6. The Family Functioning Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

7. The Family Functioning Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE FAMILY FUNCTIONING

8. Save Family Functioning button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

CULTURAL/BELIEF SYSTEM

1. The Cultural/Belief System identifies if a participant has any ethnic beliefs, inclinations or customs that are might impact their health services.
2. A Comment area is provided to document information regarding the participant's Cultural/Belief System.

CULTURAL BELIEF SYSTEM

Do you have any cultural beliefs, preference or practices that we need to be aware of related to the health services?

[Comments Regarding Cultural/Belief System](#)

Characters Remaining 3000

3. The Cultural/Belief System Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Cultural/Belief System Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

4. The Cultural/Belief System Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

5. The Cultural/Belief System Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE CULTURAL BELIEF SYSTEM

6. Save Cultural/Belief System button:
 - o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page.

CURRENT TREATMENTS/THERAPIES/SERVICES AND NEEDED REFERRALS

1. Current Treatments section identifies if the participant is getting a specific type of care or should be referred for additional dental, medical or other medical services.
2. A Comment area is provided to document information regarding the participant's Treatments.

CURRENT TREATMENTS/THERAPIES/SERVICES and NEEDED REFFERALS

Treatments

Dental Receiving Need Referral

Elks Dental Unit Receiving Need Referral

Physician Receiving Need Referral

Other Receiving Need Referral

Comments Regarding Treatments

Characters Remaining 3000

3. Therapies section indicates if the participant is receiving therapy or needs a referral for therapy.
4. A Comment area is provided to document information regarding the participant's Therapies.

Therapies

Occupational Receiving Need Referral

Physical Receiving Need Referral

Speech Receiving Need Referral

Other Receiving Need Referral

Comments Regarding Therapies

5. Services section indicates if the participant is receiving services in the community or needs a referral for community services.
6. A Comment area is provided to document information regarding the participant's Services.

Characters Remaining 3000

Services

Community Agency Receiving Need Referral

Other Receiving Need Referral

Comments Regarding Services

Characters Remaining 3000

- 7. Indicates if the participant is receiving services from the Department of Elementary and Secondary Education (DESE) or needs a referral.
- 8. A Comment area is provided to document information regarding the participant's DESE services.

Department of Elementary and Secondary Education (DESE) Programs

First Steps (FS) Receiving Need Referral

Parents as Teachers (PAT) Receiving Need Referral

Vocational Rehabilitation Receiving Need Referral

Other Receiving Need Referral

Comments Regarding DESE

Characters Remaining 3000

- 9. Indicates if the participant is receiving services from the Department of Health and Senior Services (DHSS) or needs a referral.
- 10. A Comment area is provided to document information regarding the participant's DHSS services.

Department of Health and Senior Services (DHSS) Programs

Adult Head Injury Program Receiving Need Referral

Children with Special Health Care Needs Program Receiving Need Referral

Healthy Children and Youth Program Receiving Need Referral

Physical Disabilities Waiver Program Receiving Need Referral

Home and Community Based Services Receiving Need Referral

Women, Infant and Children (WIC) Program Receiving Need Referral

Other Receiving Need Referral

Comments Regarding DHSS

Characters Remaining 3000

- 11. Indicates if the participant is receiving services from the Department of Mental Health (DMH) or needs a referral.
- 12. A Comment area is provided to document information regarding the participant's DMH services

Department of Mental Health (DMH) Programs

Receiving Need Referral

Comments Regarding DMH

Characters Remaining 3000

- 13. Indicates if the participant is receiving services from the Department of Public Safety (DPS) or needs a referral.
- 14. A Comment area is provided to document information regarding the participant's DPS services.

Department of Public Safety (DPS)

Missouri Veterans Commission (MVC), Benefits Specialist Receiving Need Referral

Other Receiving Need Referral

Comments Regarding DPS

Characters Remaining 3000

- 15. Indicates if the participant is receiving services from the Department of Social Services (DSS) or needs a referral.
- 16. A Comment area is provided to document information regarding the participant's DSS services.

Department of Social Services (DSS) Programs

Receiving Need Referral

Comments Regarding DSS

Characters Remaining 3000

- 17. Indicates if the participant is receiving services from Other Resources (March of Dimes, Temporary Assistance (AFDC), Section VIII, etc.) or needs a referral.
- 18. A Comment area is provided to document information regarding Other Resources available to the participant.

Other Resources, i.e., March of Dimes, Temporary Assistance (AFDC), Section VIII, etc

Receiving Need Referral

Comments Regarding Other Resources

Characters Remaining 3000

- 19. Indicates if the participant is receiving services an Other State Agency Programs or needs a referral.
- 20. A Comment area is provided to document information regarding the participant's Other State Agency involvement.

Other State Agency

Receiving Need Referral

Comments Regarding Other State Agency

Characters Remaining 3000

- 21. Indicates if the participant is receiving services from the Social Security Administration or needs a referral.

22. A Comment area is provided to document information regarding the participant's involvement with the Social Security Administration.

Social Security Administration

Supplemental Security Income (SSI) Receiving Need Referral

Social Security Disabilities Insurance (SSDI) Receiving Need Referral

Other Receiving Need Referral

Comments Regarding Social Security Administration

Characters Remaining 3000

23. Independent Living Center indicates if the participant is receiving services or needs a referral for those services.

24. A Comment area is provided to document information regarding Independent Living Center.

Independent Living Center

Receiving Need Referral

Comments Regarding Independent Living Center

Characters Remaining 3000

25. A Comment area is provided to document information regarding the participant's Current Treatments/Therapies/Services and Needed Referrals.

Comments Regarding Current Treatment/Therapies/Services and Referral Needs

Characters Remaining 3000

26. The Current Treatments/Therapies/Services and Needed Referrals Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

The screenshot shows a yellow background with the title "Current Treatment/Therapies/Services and Needed Referrals Un-Met Needs/Goals/Plans" in blue. Below the title is a checkbox labeled "Un-Met Needs". Underneath is a large, empty text area with a vertical scrollbar on the right. At the bottom of the text area, it says "Characters Remaining 3000".

27. The Current Treatments/Therapies/Services and Needed Referrals Goal(s) section documents information regarding any goals identified by the participant/family.

The screenshot shows a yellow background with the title "Current Treatment/Therapies/Services and Needed Referrals Goal(s)" in blue. Below the title is a checkbox labeled "Goal(s)". Underneath is a large, empty text area with a vertical scrollbar on the right. At the bottom of the text area, it says "Characters Remaining 3000".

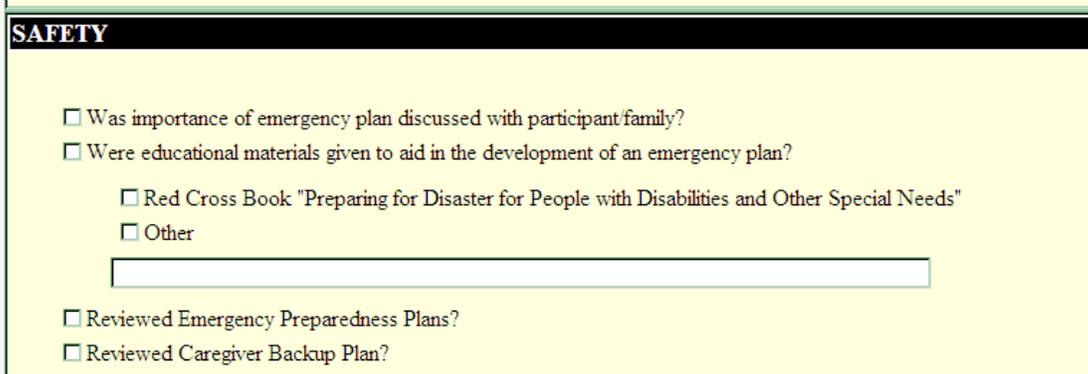
28. The Current Treatments/Therapies/Services and Needed Referrals Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

The screenshot shows a yellow background with the title "Current Treatment/Therapies/Services and Needed Referrals Plan(s)" in blue. Below the title is a checkbox labeled "Plan(s)". Underneath is a large, empty text area with a vertical scrollbar on the right. At the bottom of the text area, it says "Characters Remaining 3000". Below the text area is a green button labeled "SAVE CURRENT TREATMENTS/THERAPIES/SERVICES/REFERRAL".

29. Save Current Treatments/Therapies/Services and Needed Referrals button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

SAFETY

1. The first section in the Safety section identifies:
 - If a participant understands the significance of an emergency plan;
 - If emergency educational material was distributed; and
 - If the plan was reviewed/left with the participant caregiver.



SAFETY

Was importance of emergency plan discussed with participant family?

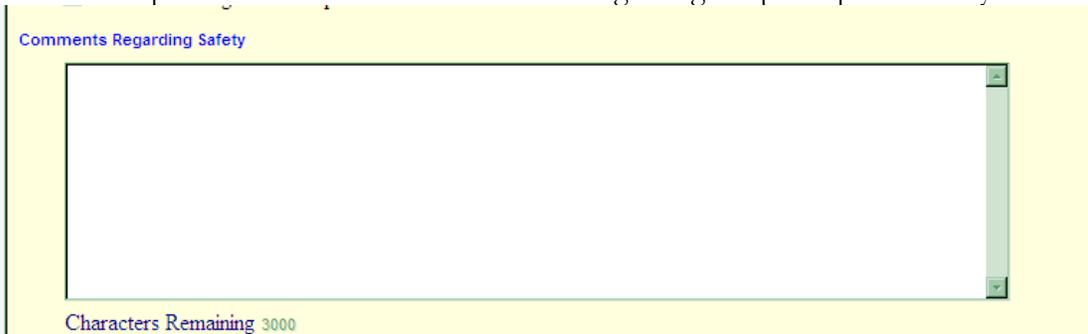
Were educational materials given to aid in the development of an emergency plan?

- Red Cross Book "Preparing for Disaster for People with Disabilities and Other Special Needs"
- Other

Reviewed Emergency Preparedness Plans?

Reviewed Caregiver Backup Plan?

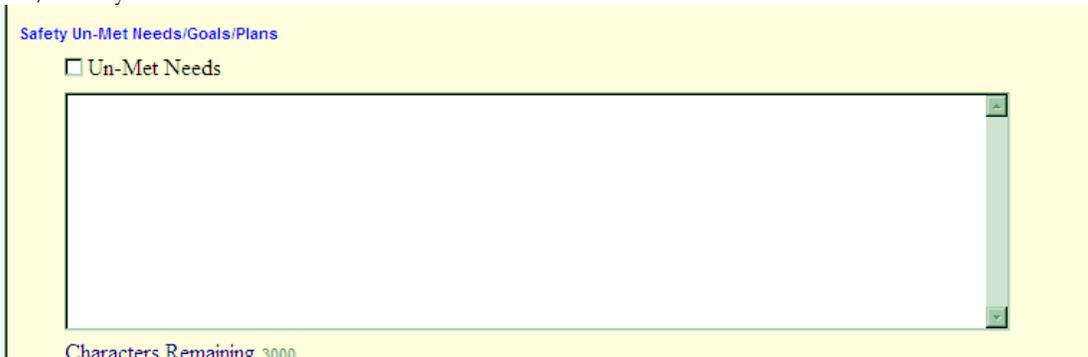
2. A Comment area is provided to document information regarding the participant's Safety issues.



Comments Regarding Safety

Characters Remaining 3000

3. The Safety Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

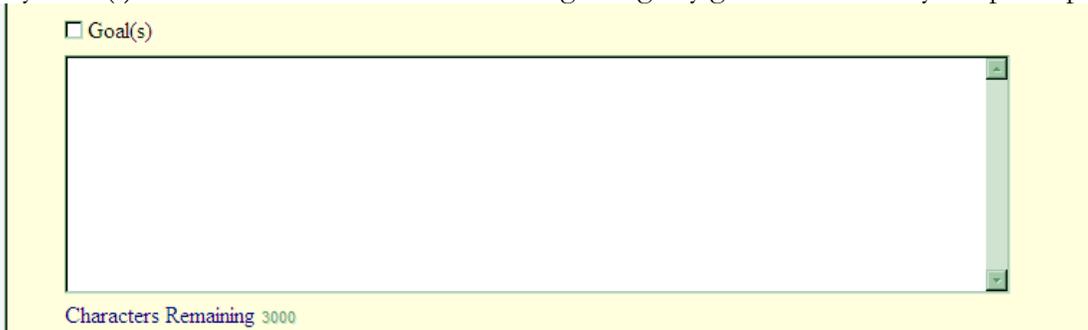


Safety Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

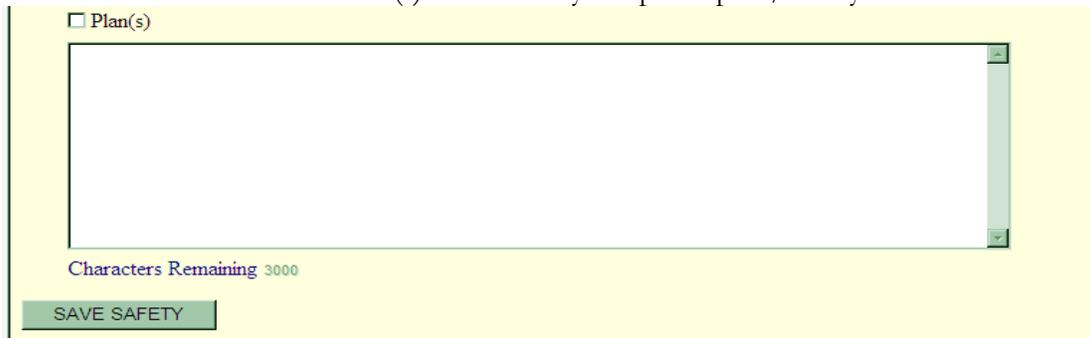
4. The Safety Goal(s) section documents information regarding any goals identified by the participant/family.



Goal(s)

Characters Remaining 3000

5. The Safety Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.



The screenshot shows a web form with a yellow background. At the top left, there is a label Plan(s). Below this is a large, empty text area with a vertical scrollbar on the right side. Underneath the text area, the text "Characters Remaining 3000" is displayed in a blue font. At the bottom left of the form, there is a green button with the text "SAVE SAFETY" in white capital letters.

6. Save Safety button:
- Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

LEVEL OF INDEPENDENT LIVING AND COMMUNITY PARTICIPATION (AHI ONLY)

1. The Current Independent Living Level section records the living level of the participant.
2. The Current Community Participation Level section records the participant's level of community participation.

LEVEL OF INDEPENDENT LIVING & COMMUNITY PARTICIPATION (loads for AHI only)

Current Independent Living Level

Group Home/Supervised Living Independent with External Supports

Independent with Natural Supports Fully Independent

Current Community Participation Level

Primarily Dependent on Specialized Supports Integrated With Special External Supports

Integrated With Natural Supports Fully Integrated

3. A Comment area is provided to document information regarding the participant's Level of Independent Living and Community Participation.

Comments Regarding Level of Independent Living and Community Participation

Characters Remaining 3000

4. The Level of Independent Living and Community Participation Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Level of Independent Living and Community Participation Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

5. The Level of Independent Living and Community Participation Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

6. The Level of Independent Living and Community Participation Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE LEVEL OF INDEPENDENT LIVING & COMMUNITY PARTICIPATION

7. Save Level of Independent Living and Community Participation button:
 - Must be selected to save any entry
 - Displays 'record saved' confirmation in title bar and at the bottom of the page.

YOUTH TRANSITIONS (PARTICIPANTS THIRTEEN (13) TO TWENTY-ONE (21) YEARS OF AGE)

1. Youth Transitions section identifies if the participant:
 - Has discussed a shift from pediatric medical care to adult medical care
 - Made plans to deal with the changes in medical care
 - Identified if a participant has had any career training

YOUTH TRANSITIONS (for participant that is 13 to 21 years of age)

- Have doctors or other health care providers talked to the family/participant about how the participant's health care needs might change when the participant becomes an adult?
- Has a plan for addressing these changing needs been developed with the doctor or other health care providers?
- Have doctors or other health care providers discussed having the participant eventually see a doctor who treats adults?
- Has the participant received any vocational or career training to help him/her prepare for a job when he/she becomes an adult?

2. A Comment area is provided to document information regarding the participant's Youth Transitions.

Comments Regarding Youth Transitions

Characters Remaining 3000

3. The Youth Transitions Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Youth Transitions Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

4. The Youth Transitions Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

5. The Youth Transitions Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE YOUTH TRANSITIONS

6. Save Youth Transitions button:

- Must be selected to save any entry
- Displays 'record saved' confirmation in title bar and at the bottom of the page.

QUALITY ASSURANCE (ALL PARTICIPANTS ACTIVELY ENROLLED FOR MORE THE SIX (6) MONTHS)

1. Quality Assurance section records:
 - The participant’s satisfaction with the general health services the participant received.
 - The participant’s satisfaction with the in-home provider agencies the participant used.
 - The participant’s satisfaction with the SHCN services the participant received.
 - Whether or not a participant felt their involvement with SHCN or the services provided by/through SHCN increased their level of independence, community involvement or other options available to them.
 - The participant’s satisfaction when collaborating with SHCN in decision-making.
 - The participant’s satisfaction in determining if services were planned in a way that made them beneficial.
2. A Comment area is provided to document information regarding the participant’s Quality Assurance.

QUALITY ASSURANCE (only loads when participant has a previous assessment - not very first assessment)

1.) How satisfied are you with the general health services you have received? (For example: physicians, hospitals, therapists, etc.)
 Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

2.) How satisfied are you with the in-home provider agency services you have received?
 Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

3.) How satisfied are you with the SHCN services you have received?
 Very Satisfied Somewhat Satisfied Somewhat Dissatisfied Very Dissatisfied

4.) Do you feel your quality of life has improved as a result of SHCN service coordination and services? (For example: increased access to resources, increased level of independence, or increased community involvement)
 A Great Deal Some Very Little Not At All

5.) Do you feel like a partner with your SHCN Service Coordinator in making decisions regarding your services?
 Always Usually Sometimes Never

6.) Are the services organized in a way that makes them easy to use?
 Always Usually Sometime Never

Comments Regarding Quality Assurance

Characters Remaining 3000

SAVE QUALITY ASSURANCE

3. Save Quality Assurance button:
 - Must be selected to save any entry
 - Displays ‘record saved’ confirmation in title bar and at the bottom of the page.

PARTICIPANT/FAMILY STATEMENT

1. A Comment area is provided to capture the Participant/Family Statement.

PARTICIPANT/FAMILY STATEMENT

Comments

Characters Remaining 3000

2. The Participant/Family Statement Un-Met Needs section documents information regarding any un-met needs identified by the participant/family.

Participant/Family Statement Un-Met Needs/Goals/Plans

Un-Met Needs

Characters Remaining 3000

3. The Participant/Family Statement Goal(s) section documents information regarding any goals identified by the participant/family.

Goal(s)

Characters Remaining 3000

4. The Participant/Family Statement Plan(s) section documents information regarding any plan(s) identified by the Service Coordinator to address the Un-Met Needs and Goal(s) identified by the participant/family.

Plan(s)

Characters Remaining 3000

SAVE PARTICIPANT/FAMILY STATEMENT

5. Save Participant/Family Statement button:
 - o Must be selected to save any entry
 - o Displays 'record saved' confirmation in title bar and at the bottom of the page.