Participant Management

Guide

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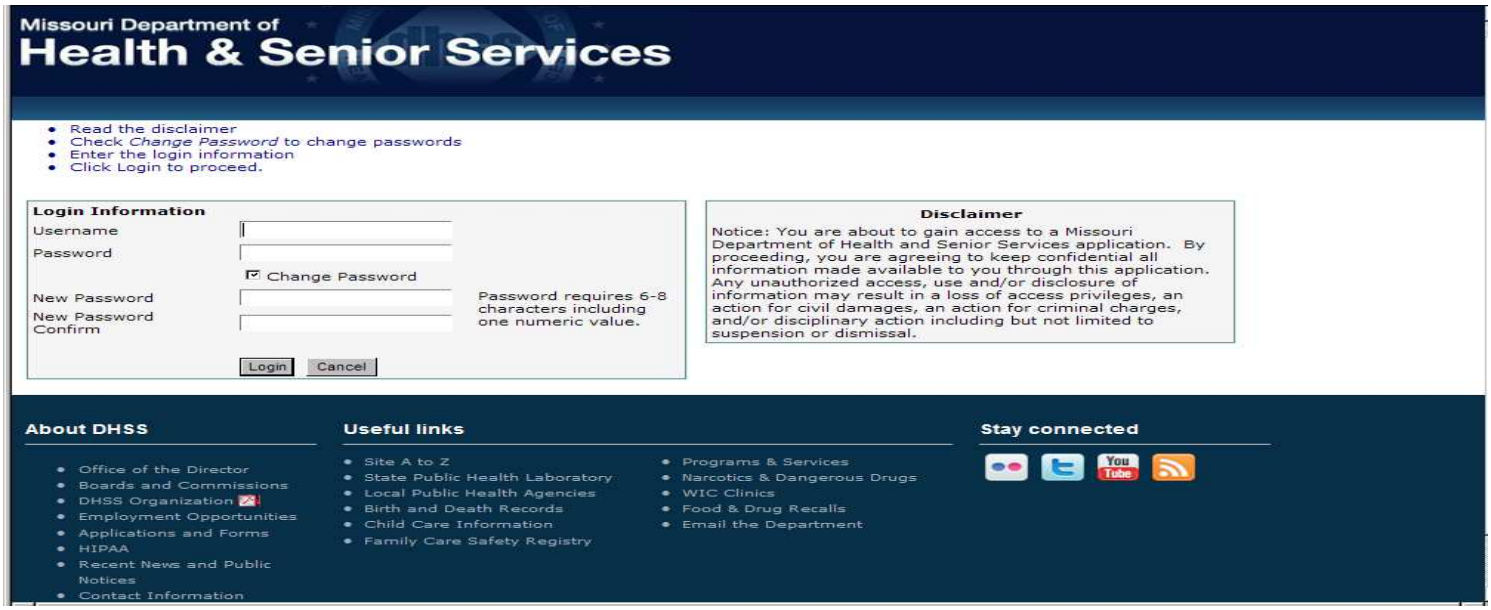
- This guide is to be located in a secure (locked) area, not available to the general public.

Some screen shots used throughout the guide are reflections of available options; screens may appear differently when specific information is displayed concerning a specific party.

MOHSAIC Web Application Login

NAME (USER ID)	First five (5) letters of the last name and the first initial of the user's first name
PASSWORD	• Six (6) to eight (8) alpha characters and contains at least one (1) numeric ✓ Best practice is alpha then numeric order vs. numeric first; the system reacts better • Password cannot be the same one that was used previously unless it is altered by at least one digit. • Users are required to change password every forty-five days. • If you don't use the system, you lose access to the system. User must log in at least once a month. (If user loses access, contact SHS to re-activate a user.)
NEW PASSWORD	The system will automatically prompt a user to change password, approximately every forty-five (45) days.
NEW PASSWORD CONFIRM	The system will automatically require you to enter the new password again, for verification.
CHANGE PASSWORD FIELD	A user can change a password at any time by selecting this field and completing the entry for a new password.
CANCEL BUTTON	Closes the application.



MOHSAIC Web (Service Coordination) Application URL

A link to the MOHSAIC Web application is posted on the Training Resource webpage or a user should type either of the following URL addresses in the URL field of the Internet Browser window:

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

https://webapp02.dhss.mo.gov/mohsaic

The URL should be saved as a 'shortcut to the desktop or as a 'favorite'.

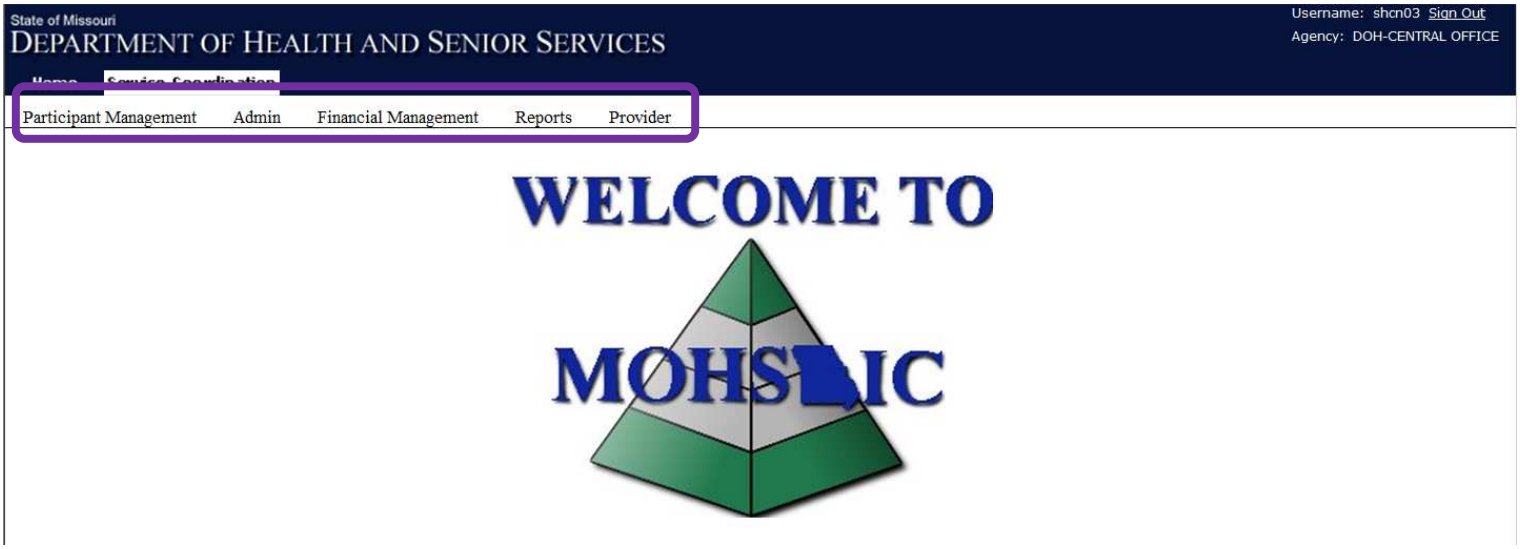
Both URLs access the server (equipment) that provides access to the MOHSAIC Service Coordination application for SHS users.

- There is one additional server (webapp03), SHS users may be directed to by ITSD staff but if you experience difficulties redirect to webapp01 or webapp02. If issues persist, contact SHS Central Office staff.

Select the Service Coordination link to display submenu links.

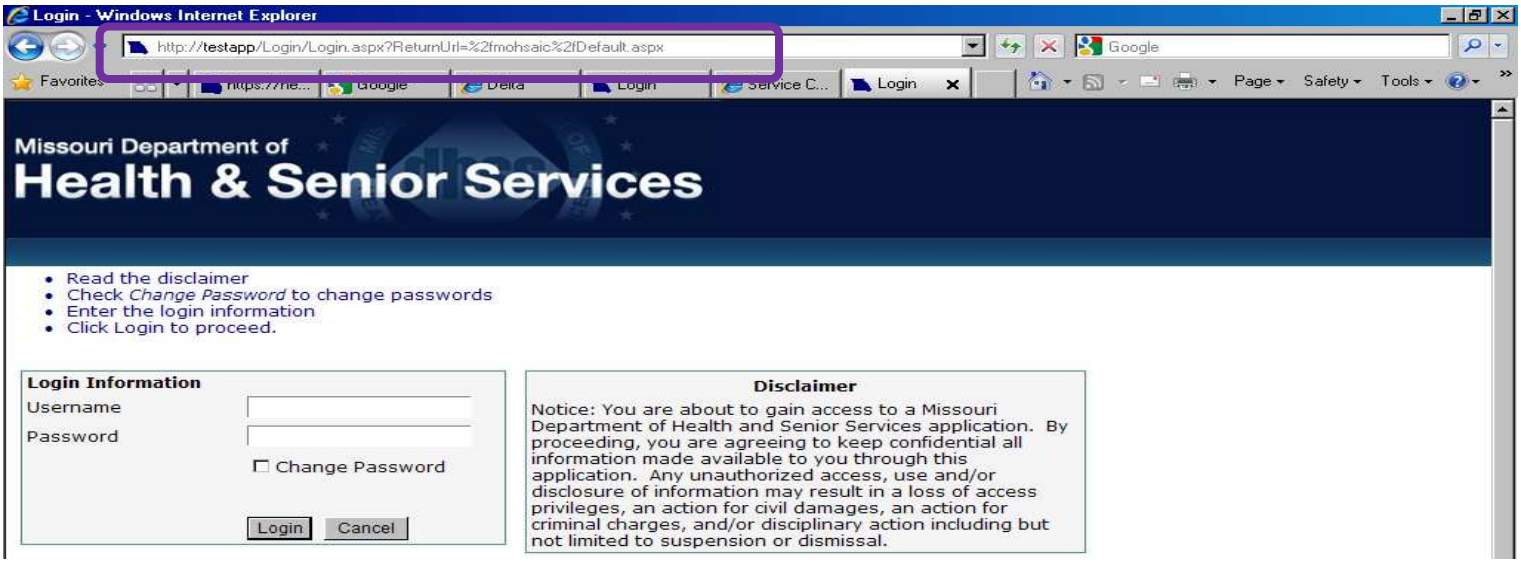
Select the Participant Management link to access the MOHSAIC Tree. Other links accessible are:

- Admin link to access ICD9 Lookup and ICD10 Lookup window, HCPCS/CPT Lookup window, etc.
- Financial Management link to access information about CYSHCN Paid Service and ABI Paid Service claim and warrant information.
- Reports link (coming in 2012)
- Provider link to access information about CYSHCN or ABI providers.



MOHSAIC WEB (SERVICE COORDINATION) APPLICATION URL FOR TESTING

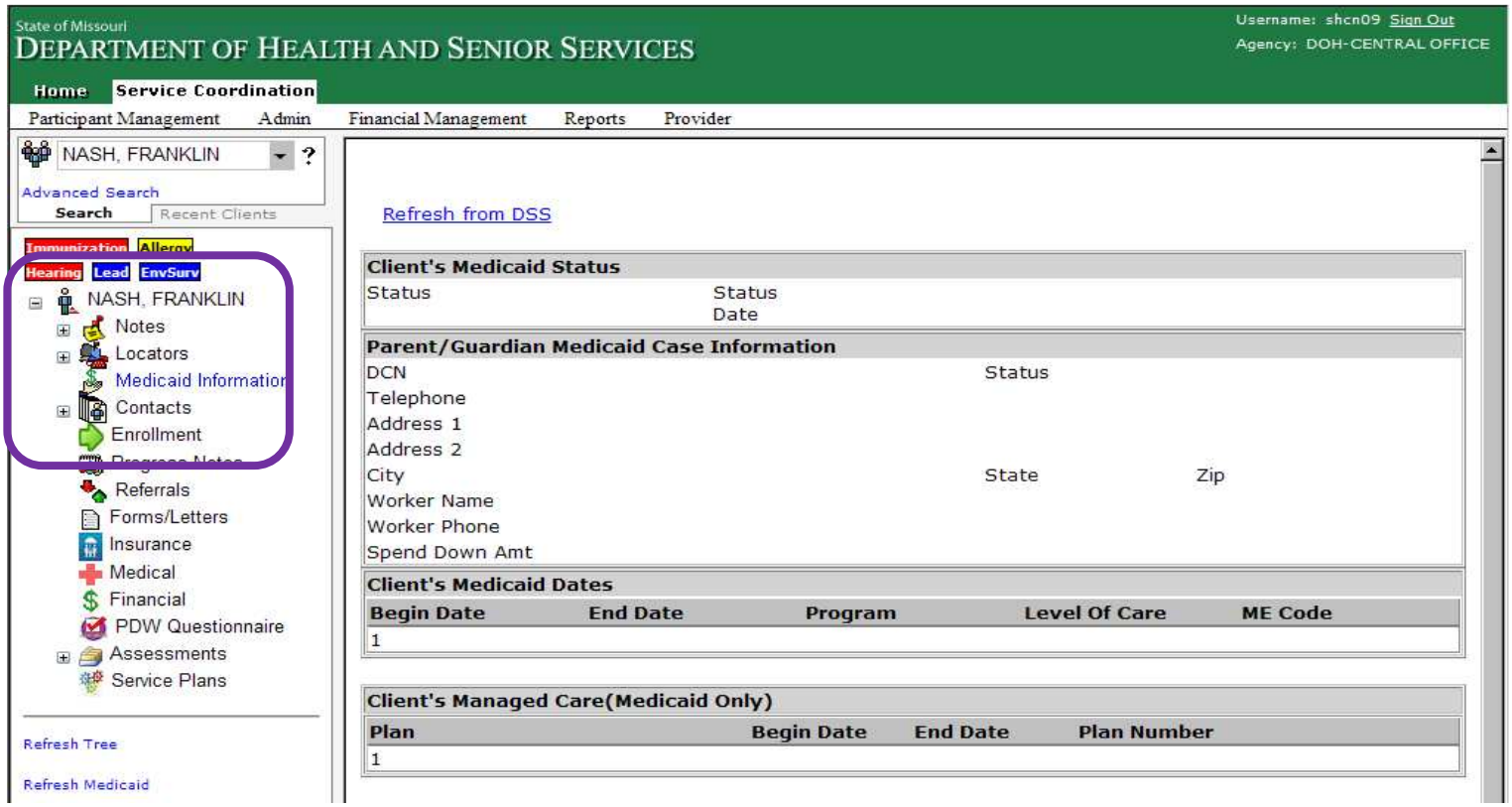
The MOHSAIC Web TEST application can be accessed when a user types http://testapp/mohsaic/ in the URL address field of the Internet Browser window. Users should contact SHS Central Office for password information. The screen looks exactly the same as the 'real' version (referred to a 'production' by ITSD).



PARTICIPANT MANAGEMENT SUB-MENU

Common Components

MOHSIAC Web is still a shared data system. The Common Components Unit in ITSD (CCIT) retains 'ownership' of the 'tree' and those 'common' areas not specific to SHS can't be governed by SHS, i.e., basic demographics, notes, locators, MO HealthNet (Medicaid) information, contacts. Those areas are areas SHS uses, but does not control in terms of 'change'.

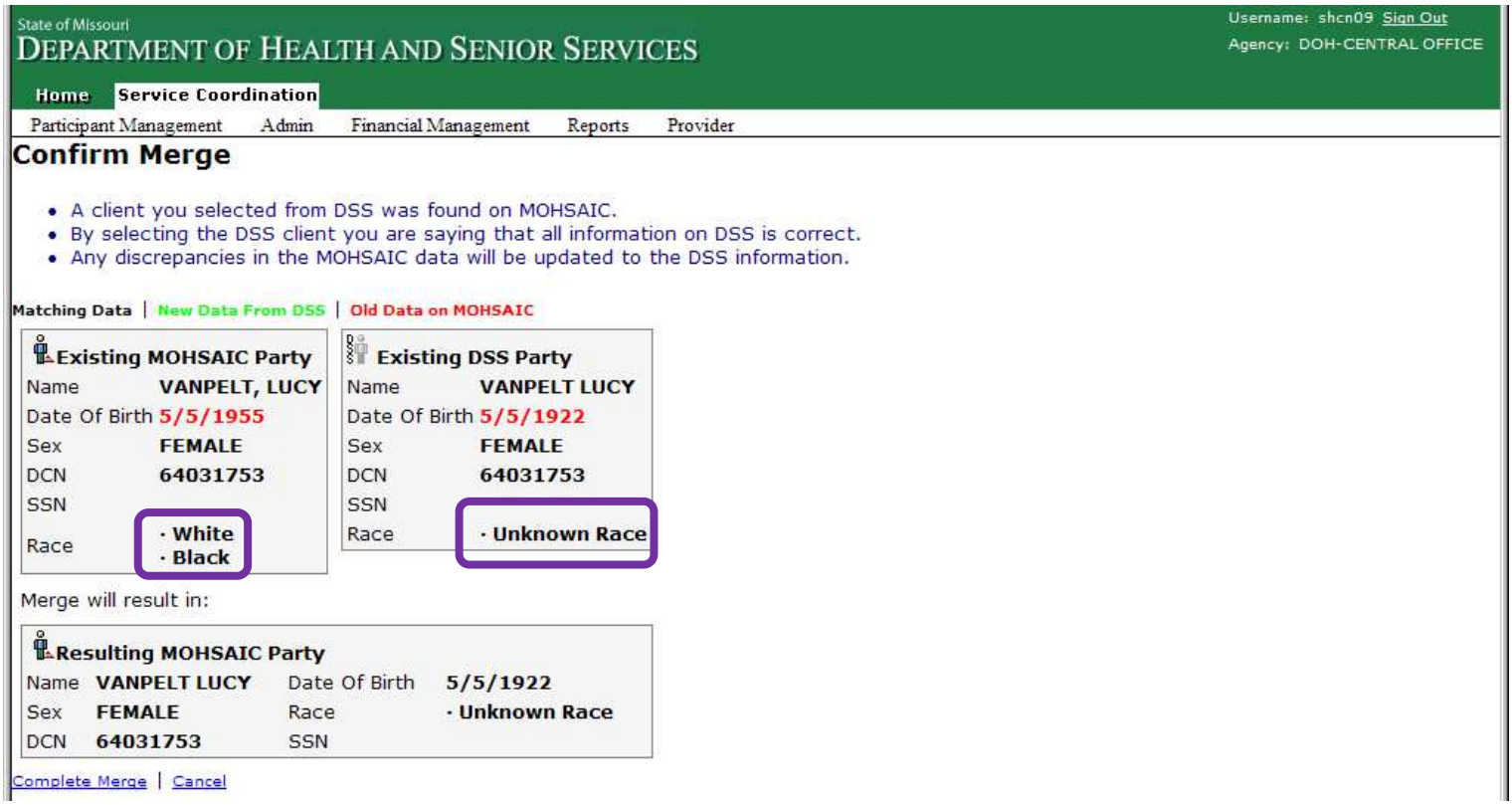


Confirm Merge

A Confirm Merge screen will display if the information DSS has on a party record is different from the information DHSS (MOHSAIC) has on a party record, i.e., name, race, etc. The screen function is to provide a user with an opportunity to change the MOHSAIC system entry to match the DSS system.

- If a suggested change is correct and a user agrees with the DSS results, select the Complete Merge link.
  - ✓ If there is any doubt that the suggested change is correct, then do not select the Complete Merge link.
- If a suggested change is not correct and a user does not agree with the DSS results select the Cancel link. The party record from MOHSAIC will load, without changing the DSS party record.
- The Confirmation Merge screen will continue to load until the DHSS and DSS records match.
  - ✓ Example: **if a** user knows the Race **information entered in the MOHSAIC system is correct and accurate** (vs. the DSS system information) **do not select the Complete Merge link**.

(Only an Advanced Search screen may have an end result of a Confirm Merge, because a 'combo' search result is only a MOHSIAC system search. Theoretically, if the party exists in MOHSAIC the DSS search was already conducted in order for a DCN to be connected to a party. If the information displayed in the Confirm Merge screen is not what the MOHSAIC record should be changed to, select the Cancel link.)



Email Notifications of Program Closures

The system will automatically issue email notifications to the associated Service Coordinator for all (including automated) program closures occur. The Program Manager will be notified, if the associated Service Coordinator email notification fails.

- CYSHCN Service Coordinators, HCY Service Coordinators, and MFAW Service Coordinators must update service plan end dates to coincide with the program closure date and notify the provider.
- ABI Service Coordinators must contact the provider to modify the prior authorizations to coincide with the program closure.

Entry Deletes

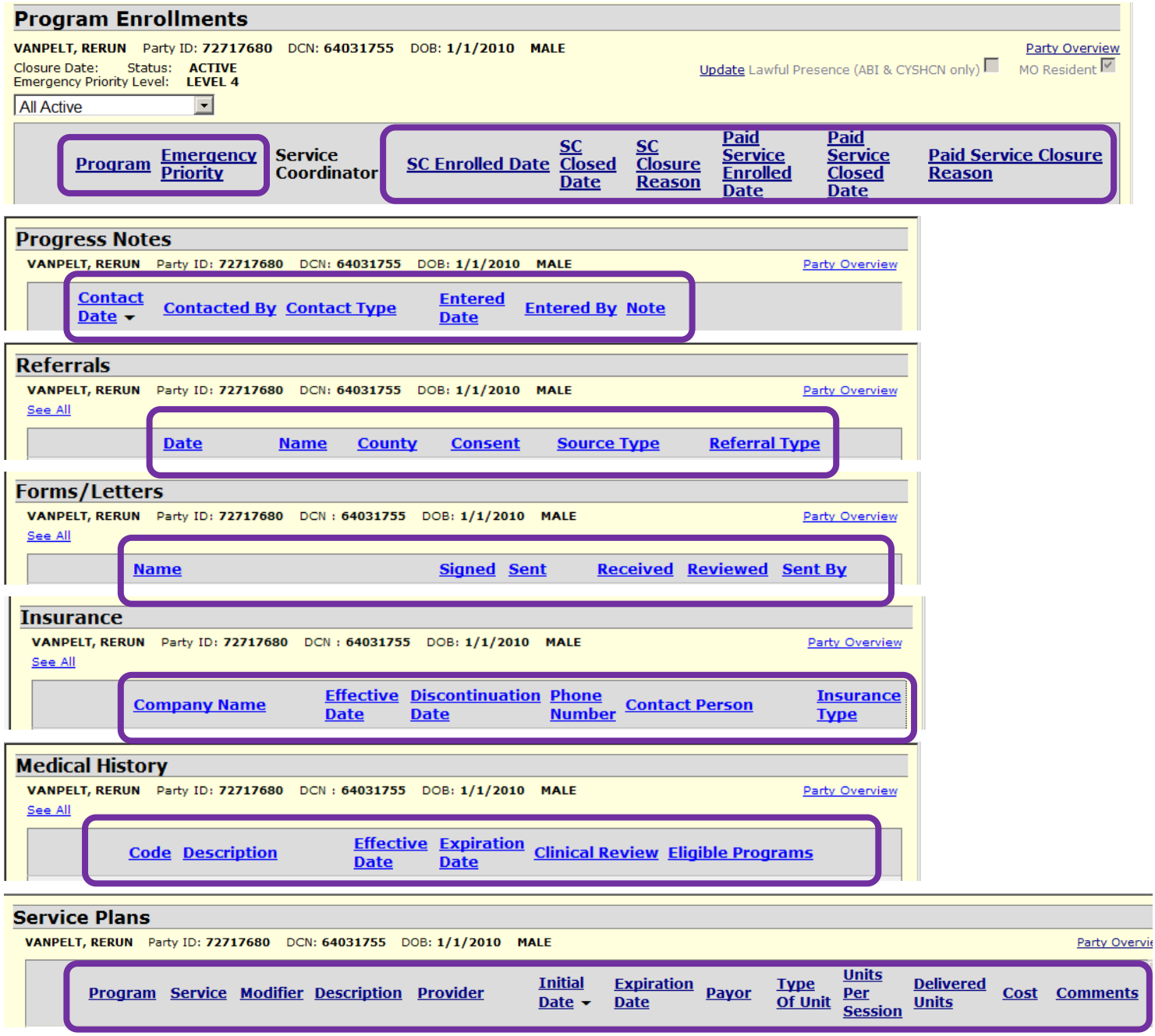
An author of entry on the Enrollment, Referrals, Forms/Letters, and Medical screens will be able to delete entry. The system will display a Delete link for a forty eight (48) hour period. The first twenty-four (24) hour period is midnight to midnight on the day the entry is created. The second twenty-four (24) hour period is midnight to midnight the day after the entry is created.

Example - Entry completed on the Tuesday, March 6th, the Delete link will display on the 6th from midnight to midnight. The Delete link will continue to be displayed on Wednesday, March 7th from midnight to midnight. The Delete link will disappear a second after midnight on Thursday, March 8th.

If the entry is not deleted within this timeframe the entry cannot be deleted by the author. Training Coordinators or Program Managers must be contacted for deletions after this timeframe.

Header Row

Select any title (in blue font) in the header of a screen and the screen will be sorted (ascending or descending) by the selected header. The Header Row sort function is available on all screens, except Financial, MFAW Questionnaire and Assessments.



Party Overview Link

The Party Overview link is available on most Participant Management screens. The Party Overview link is located on the upper right hand corner of the medical, insurance, enrollment, service plans, and MO HealthNet information screens.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: shcn09 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Service Coordination

Participant Management | Admin | Financial Management | Reports | Provider

VAN PELT, LUCY ?

Advanced Search

Search | Recent Clients

Insurance

VANPELT, LUCY Party ID: **72715861** DCN : **64031753** DOB: **5/5/1955** **FEMALE**

See All

Party Overview

Party Overview Link

The Party Overview link will allow a user to have a broad view of a party in one screen.

VANPELT, RERUN Party ID: **72717680** DCN: **64031755** DOB: **1/1/2010** **MALE**

SSN:

Status: **SCClient**

Emergency Priority: **LEVEL 4**

Last Assessment Date: **12/11/2011**

RoleAccountID: **72717682**

Contact Information

Telephone Number: **(573) 581-8001**

Email: **LUCYVANPELT@SNOOPY.COM**

Address:

Medical

0114	LIMITED CARDIOVASCULAR
045	ACUTE POLIOMYELITIS
381	NONSUPPURATIVE OTITIS MEDIA AND EUSTACHIAN TUBE DISORDERS
493	ASTHMA
749	CLEFT PALATE AND CLEFT LIP

Insurance

MERCY HEALTH PLAN	Since 07/01/2011	HEALTH
COMBINED INSURANCE CO OF AM	Since 05/15/2010	HEALTH
VISIONS PROPERTIES INC.	Since 10/09/2008	VISION

Enrollments

CYSHCN	SC Dates: 03/19/2012 -	Paid Dates: 03/19/2012 - 04/01/2012
HCY	SC Dates: 02/27/2012 - 03/15/2012	Paid Dates: 02/27/2012 - 05/19/1999

Service Plans

CYSHCN	97762	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES	03/19/2012	07/01/2012
CYSHCN	0017	OCCUPATIONAL THERAPY	03/19/2012	06/30/2012
CYSHCN	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	03/19/2012	06/30/2012
CYSHCN	97110	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY	03/19/2012	06/30/2012

MO HealthNet

Print Grid Link

A Print Grid link is available on most Participant Management screens; it allows all the screen information to be previewed and printed.

Print Grid Link View

A Print Grid link will display the summary page in a PDF format; here are two (2) examples:

- Print Grid link for Form/Letters screen.

Run Date: 11/18/2011

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

Name	Signed	Sent	Received	Sent By
CC-1 ENROLLMENT INFORMATION	YES	10/01/2011	10/01/2011	TEST, SHCN NINE
ACKNOWLEDGEMENT/NOTICE OF PRIVACY POLICIES	YES	08/01/2011	08/31/2011	TEST, SHCN NINE
(HIPAA)AUTHORIZATION FOR DISCLOSURE OF CONSUMER/MED/HEALTH INFO	YES	07/01/2011	07/01/2011	TEST, SHCN NINE
CC-1 ENROLLMENT INFORMATION	YES	07/01/2011	07/01/2011	TEST, SHCN NINE
HOME VISIT LETTER	NO	06/30/2011		TEST, SHCN NINE
CYSHCN SCREENER FORM	NO	06/15/2011		TEST, SHCN NINE
APPLICATION ENROLLMENT LETTER	YES	06/15/2011	06/30/2011	TEST, SHCN NINE

- Print Grid link for Progress Notes.

Progress Notes Report

Run Date: 11/17/2011

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

Contact Date	Contacted By	Contact Type	Entered Date	Entered By
10/28/2011 12:55:00 AM	TEST, SHCN NINE	SHCN RECORD MANAGEMENT	10/28/2011 12:56:25 PM	TEST, SHCN NINE
Notes: FILLER TO TEST				
11/15/2011 9:19:00 AM	BONILLA, DENISE	SHCN PARTICIPANT CONTACT	11/17/2011 3:23:47 PM	TEST, SC ONE
Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE THE LITTLE ONE STOPS TO SUCK HIS THUMB AND THEY ALL GO MARCHING DOWN TO THE GROUND TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM!				
11/16/2011 3:23:00 PM	BROWN, KAY	SHCN PARTICIPANT VISIT	11/17/2011 3:24:23 PM	TEST, SC ONE
Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE THE LITTLE ONE STOPS TO SUCK HIS THUMB AND THEY ALL GO MARCHING DOWN TO THE GROUND TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM! THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH				
08/15/2011 3:24:00 PM	MCCLOUD, NANCY SUE	SHCN RECORD MANAGEMENT	11/17/2011 3:26:53 PM	TEST, SC ONE
Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE THE RAIN, BOOM! BOOM! BOOM!				
07/01/2011 1:28:00 PM	MCCLOUD, NANCY SUE	SHCN LAWFUL PRESENCE	11/17/2011 3:28:39 PM	TEST, SC ONE
Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH				
10/29/2011 1:29:00 PM	BONILLA, DENISE	SHCN MO HEALTHNET	11/17/2011 3:29:30 PM	TEST, SC ONE
Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE THE LITTLE ONE STOPS TO SUCK HIS THUMB AND THEY ALL GO MARCHING DOWN TO THE GROUND TO GET OUT OF THE RAIN, BOOM! BOOM! BOOM!				

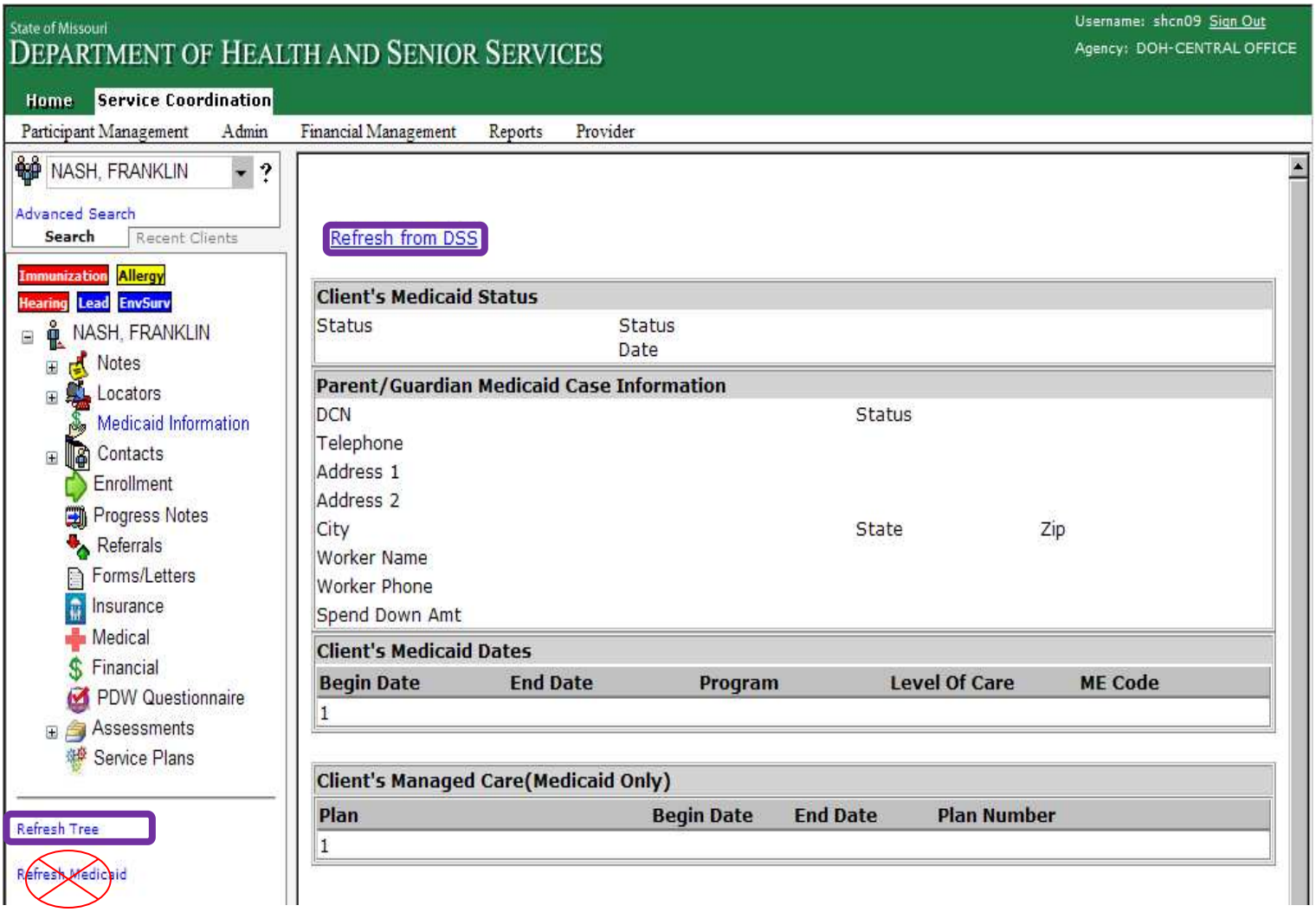
Page 1 of 1

Recent Clients

The Recent Clients link is not available to SHS users.

Refresh Links

- Refresh Tree link is used to reset the tree information displayed after corrections, i.e., service coordination assessment date correction.
- Refresh from DSS link at the top of the Medicaid Information (MO HealthNet) screen will update MHN data from DSS. (DO NOT use the Refresh Medicaid link from the Tree.)



Plus/Minus

The 'Tree' displays a plus (+) sign next to sections that will expand if selected. After a section expands, the symbol changes to a minus (-) sign.

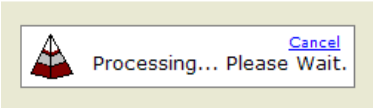
If the party name does not fully display in the allotted space (the name is too long to fully be displayed) enlarge the left side of the screen:

- Select the divider bar between the screens
- Expand the left side (hold the left mouse key and drag to the right)

The plus (+) sign can now be selected to expand the 'Tree'.

Processing...Please Wait

Most Participant Management screen functions will display a 'Processing... Please Wait' notice that includes a Cancel link to end a command.



'Stop' Function

After a command is given to the system there are two (2) options that can be used to end the command:

- Select the red X (Stop (Esc) link, next to the Address Bar of the Internet Window, to end a command.

Screen Access

Participant Management screen access is limited until a Service Coordination enrollment is completed for any SHS program. The following screens are accessible for entry prior to a Service Coordination enrollment:

- Enrollment screen
- Progress Notes
- Forms/Letters screen
- Assessment

After a Service Coordination enrollment is complete, the remaining Participant Management screens are accessible for any SHS program, except for the Service Plan screen (See the Service Plans section of this guide).

After a Paid Service enrollment is completed, for any SHS program, the Service Plan screen is accessible for any SHS program.

Screen Error Messages

Add/edit screens will display error messages, in red font, that detail what is wrong or missing from the entry before the entry can be 'saved'. A user must fix the entry, before the system will allow the entry to be saved.

If a date field entry is in error, a red asterisk will display next to the date field. The date entry may be in error if the entry is not formatted appropriately, i.e., mm/dd/yyyy, or if the date is prior to the participant's date of birth.

See All/Hide Inactive Link

A See All/Hide Inactive link is available on most Participant Management screens and allows a user to view all the entries or to view only those entries that are active (approximately those with dates within the last eighteen (18) months).

- Select the See All link to view all entries; active and discontinued.

- Select the Hide Inactive to view active entries, only.

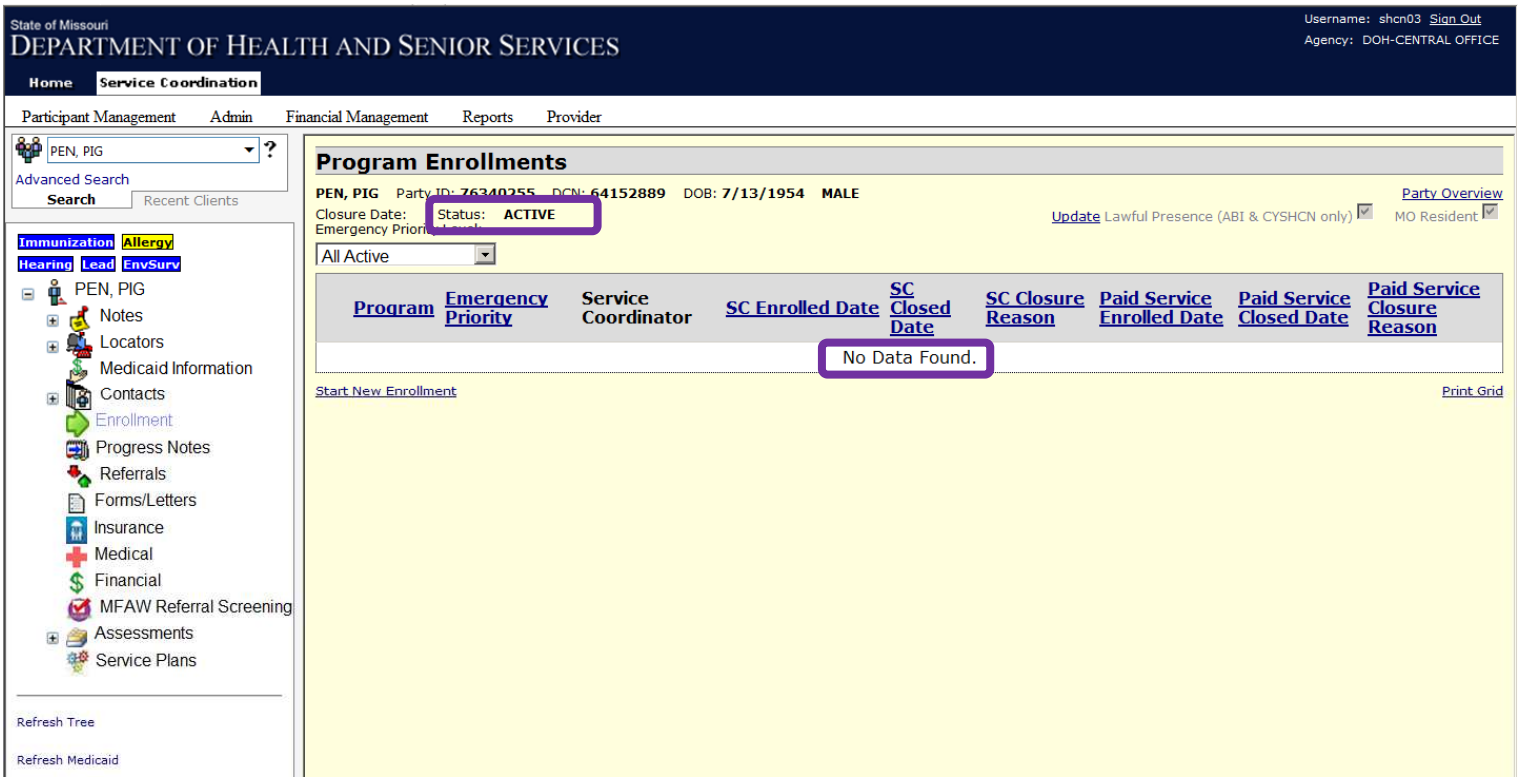
Spell Check

There is no spell check functionality.

Static Header - 'Status' field

The Status field on the static header of the Enrollment **SHOULD BE IGNORED**; it has no validity in terms of SHS program enrollment. The field indicates the status of the party and their association to SHS in the database.

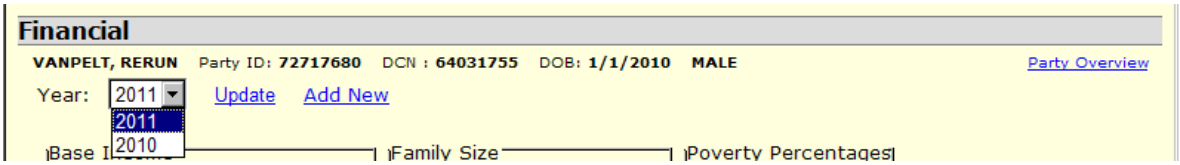
- The screen shot illustrates there is no active program enrollment (No Data Found) but the Status field states 'Active'.
- This occurs when a program enrollment is closed and entry was completed in the Enrollment screen, but a Progress Note entry was entered after the closure entry in the Enrollment screen.
- The completion of Progress Note entry after program closure will change the Status field from Inactive (when the closure entry was completed) to Active (because the Progress Note entry was completed after a program closure).

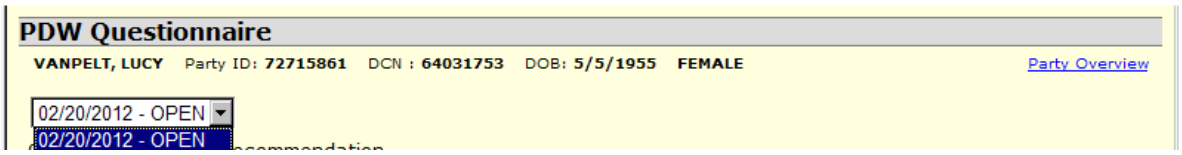


View Prior History

The Financial and MFAW Questionnaire screens allow users to view prior history:

- Financial screen: select the Year field drop down arrow and select the year you wish to view.
- MFAW Questionnaire screen: select the program enrollment period drop down arrow and the enrollment period you wish to view.





Search - Advanced Search Link

This search option conducts both a MOHSAIC system search and a DSS system search, simultaneously. Users should always verify search results are a match (name, date of birth, etc.) to the party being searched before making selections.

The system operates on the philosophy of 'less is more' and vice versa; the more information entered will narrow the search results displayed.

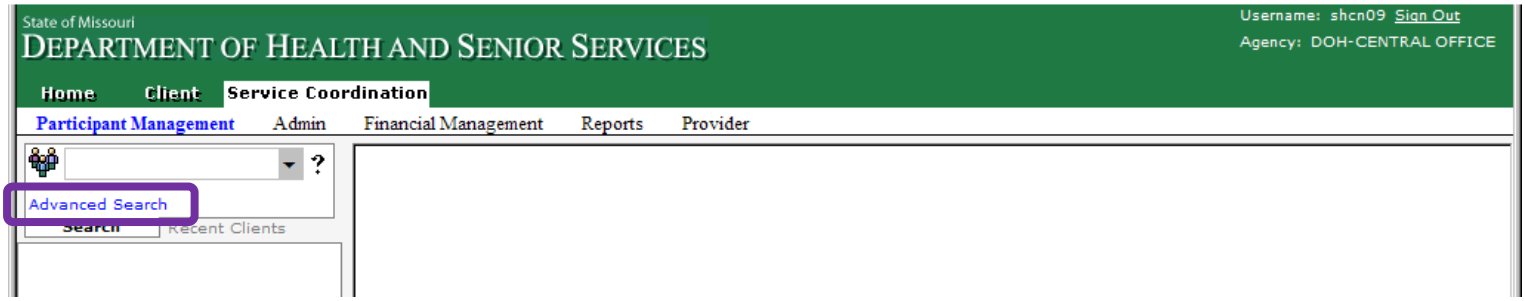
Example is Charlie Brown

- The name given by the party was Charlie, but the legal name is Charles.
- If a search using the first name field is entered as 'Charl', and both names exist in MOHSAIC or DSS, the system will return both records, i.e., Charlie Brown and Charles Brown.

Registration of a party requires a search using last name, first name (no middle initial/name), **date of birth, gender, ethnicity, and race** (ALL of these fields, no exceptions, will result in comprehensive search results). Be specific and be exhaustive in searches to avoid duplication of party records.

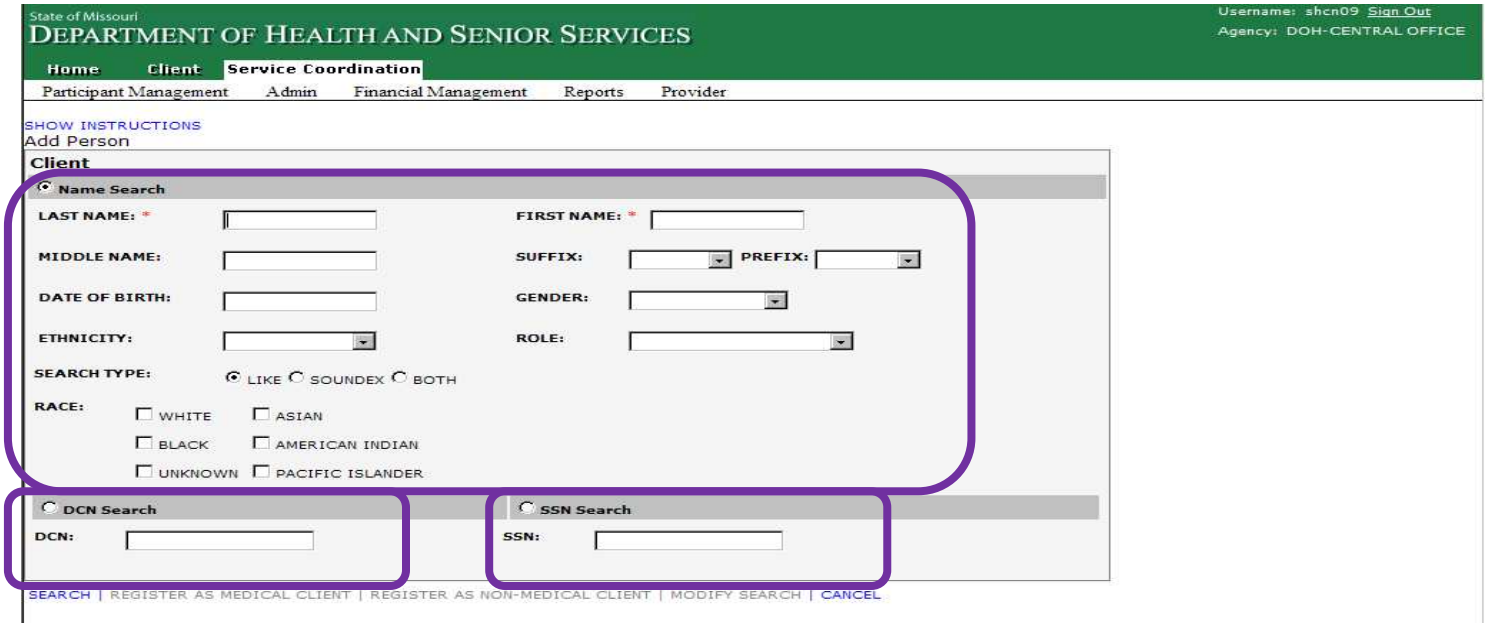
Participants age ninety (90) days or younger, **should not be assigned a DCN by SHS staff**.

- If an Advanced Search does not display a DCN continue to conduct an Advanced Search until a DCN is assigned or the participant is over the age of ninety (90) days.
- The MOHSAIC system implemented this rule to allow for the completion of DCN assignments (the DHSS Vital Records/DSS process).
- When a DCN is not available (within the fourteen (14) day MOHSIC program enrollment timeframe) CO staff will complete a Service Coordination enrollment when a DCN is located.



Search - Advanced Search Link (continued)

There are three (3) Advanced search options and one 'radio' button must be selected to tell the system how to conduct the requested search.



Search - Advanced Search Link – Name Search

- **Last Name** – required field; less = more (the least amount of entry returns more results)
- **First Name** – required field; less = more (the least amount of entry returns more results)
- Middle Name - **never** entered; field entry will void the search results
- Suffix – optional field
- Prefix – optional field
- **Date of Birth** – required field
- **Gender** – required field
- **Ethnicity** – required field
- **Role** – required field
- **Search type** – required field
  - ✓ Like – exactly as criteria is typed
  - ✓ Soundex – searches as criteria would be pronounced
  - ✓ **Both** – exactly as typed and by pronunciation
- **Race** – required field
- DCN (Department Client Number) Search Option:
  - ✓ Enter the parties eight (8) digit DCN.
- SSN (Social Security Number) Search Option:
- Enter the parties nine (9) digit SSN.

Search - Advanced Search Link – Select Link

- If a Search result displays a record that matches (name, date of birth, etc.) the party, use the Select link under the record that matches the party. This will load the 'MOHSAIC medical client record' in the 'Tree'.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Username: shcn09 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Client | Service Coordination
Participant Management | Admin | Financial Management | Reports | Provider

SHOW INSTRUCTIONS
Add Person
Client
Name Search

LAST NAME: *	VANPELT	FIRST NAME: *	LUCY
MIDDLE NAME:		SUFFIX:	PREFIX:
DATE OF BIRTH:	5/5/1922	GENDER:	FEMALE
ETHNICITY:	UNKNOWN	ROLE:	
SEARCH TYPE:	LIKE SOUNDEX BOTH		
RACE:	UNKNOWN		
DCN Search		SSN Search	
DCN:		SSN:	

SEARCH | REGISTER AS MEDICAL CLIENT | REGISTER AS NON-MEDICAL CLIENT | MODIFY SEARCH | CANCEL

Results:
Click select to choose the person from the grid.
Search Results - Found 1 rows

1

	PARTYID	NAME	DOB	GENDER	DCN	SSN	ROLE
	72715861	VAN PELT, LUCY VANPELT, LUCY	5/5/1922	FEMALE	64031753		MEDICAL CLIENT
		VANPELT LUCY	5/05/1922	FEMALE	64031753		

SELECT

1

Done | Local intranet | 90%

Search - Advanced Search Link – Register as a Medical Client Link

If a record is **not** found that matches (name, date of birth, etc.), use the Register as a Medical Client link if the party is to become a SHS participant. The Register as Non-Medical Client link will assign a DCN and create a 'MOHSAIC medical client record'.

- **NOTE for newborn parties**, the Vital Record/Department of Social Service process of assigning a DCN can take up to ninety (90) days. Before an SHS user assigns a DCN for a party the party should be at least ninety (90) days old. CYSHCN Contract Staff must contact the CYSHCN Program Manager to obtain approval for DCN assignment

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Username: shcn09 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Client | Service Coordination
Participant Management | Admin | Financial Management | Reports | Provider

SHOW INSTRUCTIONS
Add Person
Client
Name Search

LAST NAME: *	COGBURN	FIRST NAME: *	ROOSTER
MIDDLE NAME:		SUFFIX:	PREFIX:
DATE OF BIRTH:	3/6/1913	GENDER:	MALE
ETHNICITY:	UNKNOWN	ROLE:	
SEARCH TYPE:	LIKE SOUNDEX BOTH		
RACE:	UNKNOWN		
DCN Search		SSN Search	
DCN:		SSN:	

SEARCH | REGISTER AS MEDICAL CLIENT | REGISTER AS NON-MEDICAL CLIENT | MODIFY SEARCH | CANCEL

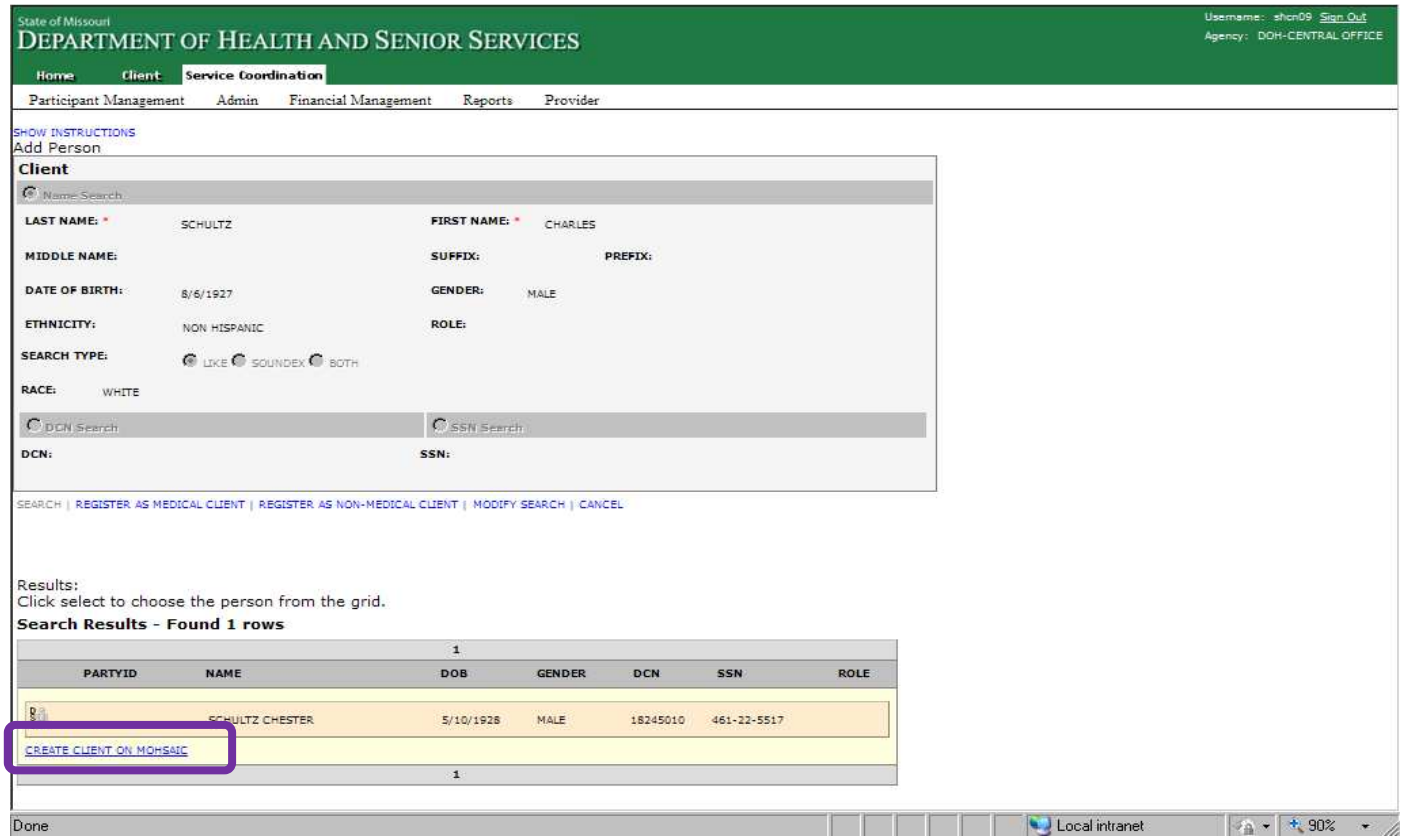
No results found matching search criteria.

Additional information is required to add the client in the system. Please modify your search with additional data and search again. If no one is found then add your client to the system.

Search - Advanced Search Link – Create Client on MOHSAIC Link

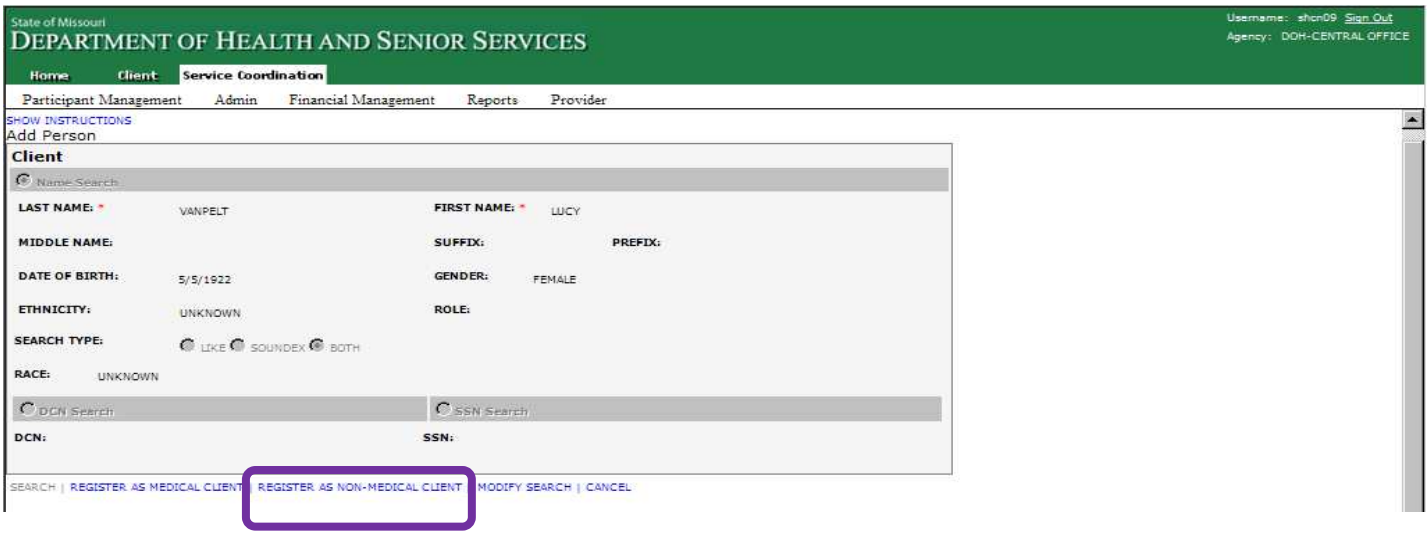
Use the Create Client on MOHSAIC link if a record is found that matches (name, date of birth, etc.) a DSS record.

- This link will use the DSS DCN and create a MOHSAIC medical client record or load an existing MOHSAIC medical client record (it will not cause a duplicate DCN situation).



Search - Advanced Search Link – Register as Non-Medical Client Link

- If no search result is found that matches the party search (name, date of birth, etc.), use the Register as Non-Medical Client link. This link will create a MOHSAIC record, without assigning a DCN.
- A Non-Medical Client record signifies a Responsible Party or Alternate Contact record.
- **Be careful not to make any entry in Participant Management screens while in a Responsible Party or Alternate Contact record**, i.e., Enrollment, Progress Notes, Referrals, Forms/Letters, Insurance, Medical, Financial, Questionnaire, Assessments, or Service Plans. Again, entry into any Participant Management screen will cause the system to create a medical client record.

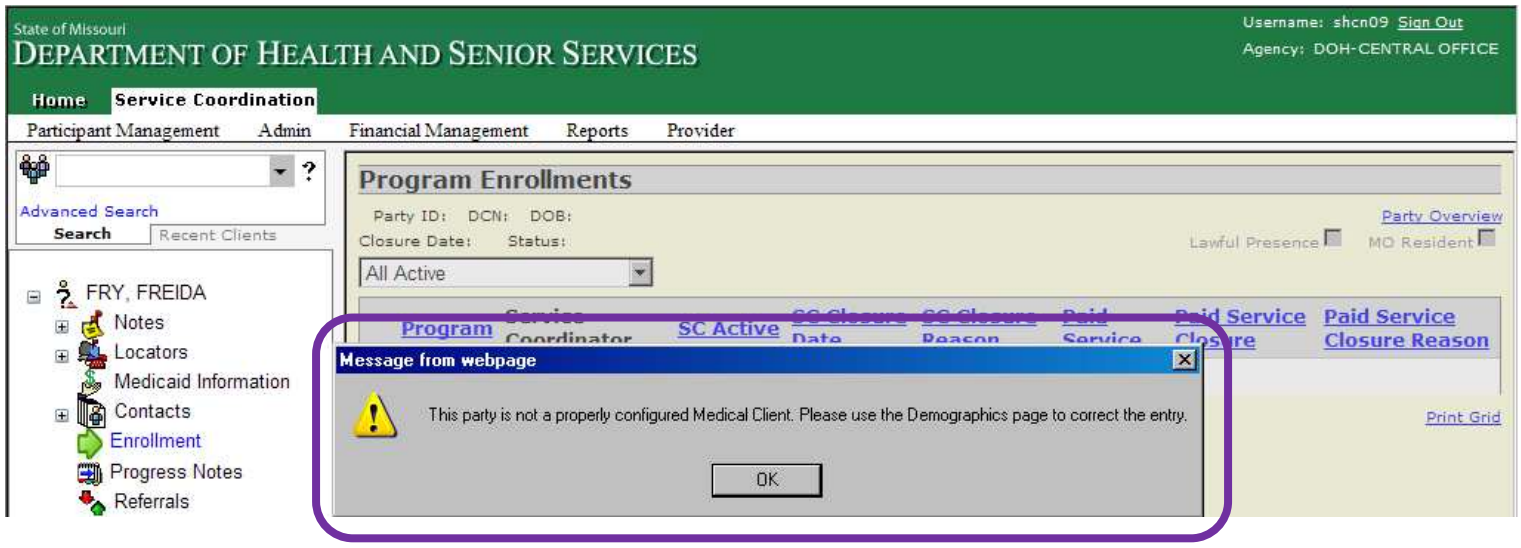


Register as Non-Medical Client Link – Participant Record without a DCN

If a party search did not contain all search requirements (name, date of birth, gender, ethnicity and race) a record is created without a DCN. If a participant record is created without a DCN:

- A notice (Not a Medical Client) is displayed at the top of every Participant Management screen.
- The icon next to the participant name is a '?' vs. the normal symbols (male/blue suit or female/pink dress).
- No entry is allowed in any Participant Management screen (except Assessment).

When a user attempts to access a Participant Management screen, the system will display a notice that explains the party record was not completed correctly.



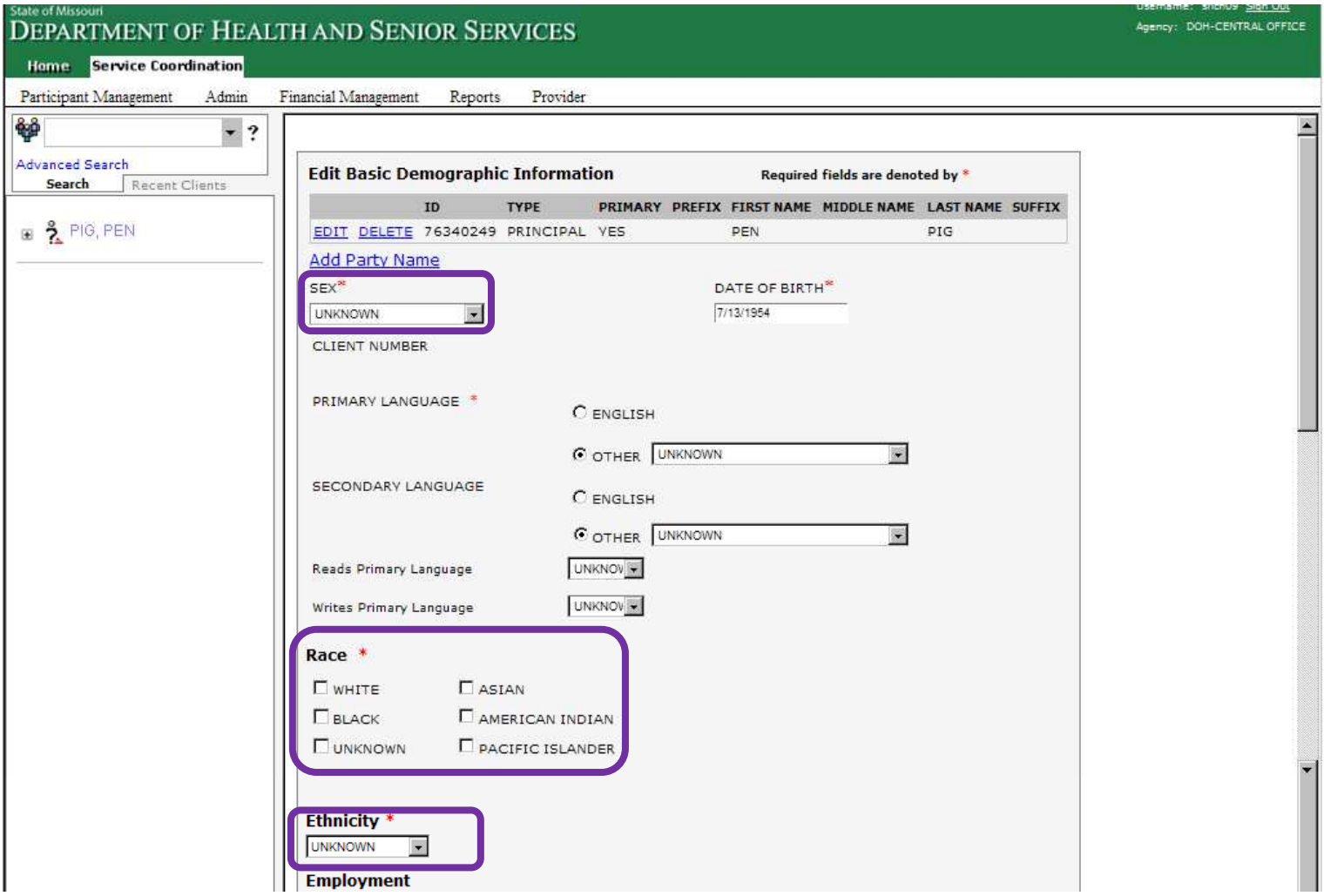
Not a Medical Client Participant Record

After a user selects the 'Ok' button, the Participant Management screen displays with the 'Not a Medical Client' notice and a user is unable to complete any entry on any Participant Management screens (except Assessment).

Not a Medical Client Participant Record – Edit Basic Demographic Information screen

To obtain a DCN for this participant record, a user must:

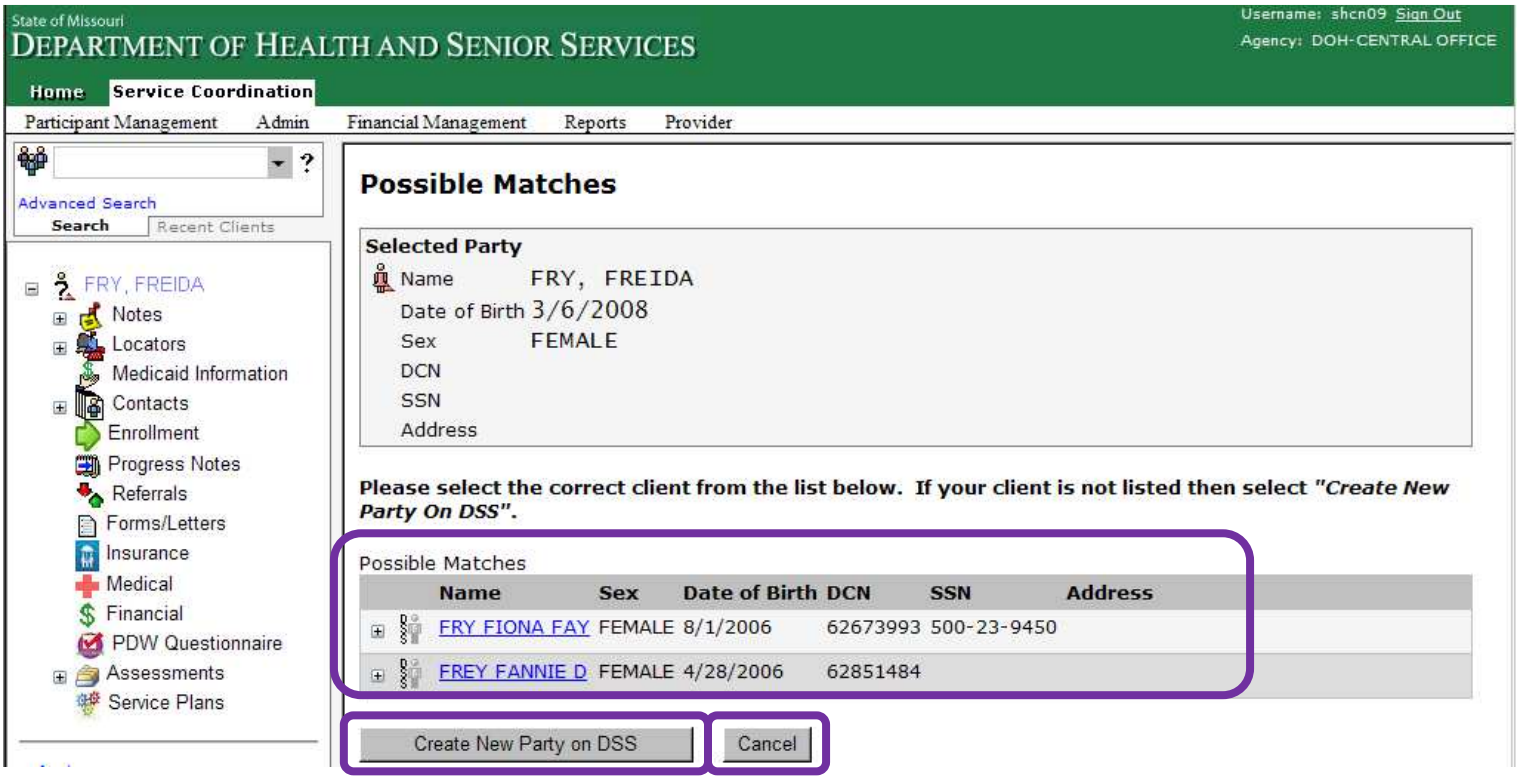
- Select the name of the participant to display the demographics page.
- Scroll to the bottom of the Demographics page and select the Edit link to access the screen so entry can be completed.
- Complete the gender (sex) field, race field and ethnicity field entry.
- Scroll to the bottom of the Demographics page and select the Save link.



Possible Matches screen

The system will display a Possible Matches screen that will list party names, with DCN, that already exist in the MOHSAIC system.

- If there is a match, select the name that matches.
- If there is no match, select the 'Create New Party on DSS' button.

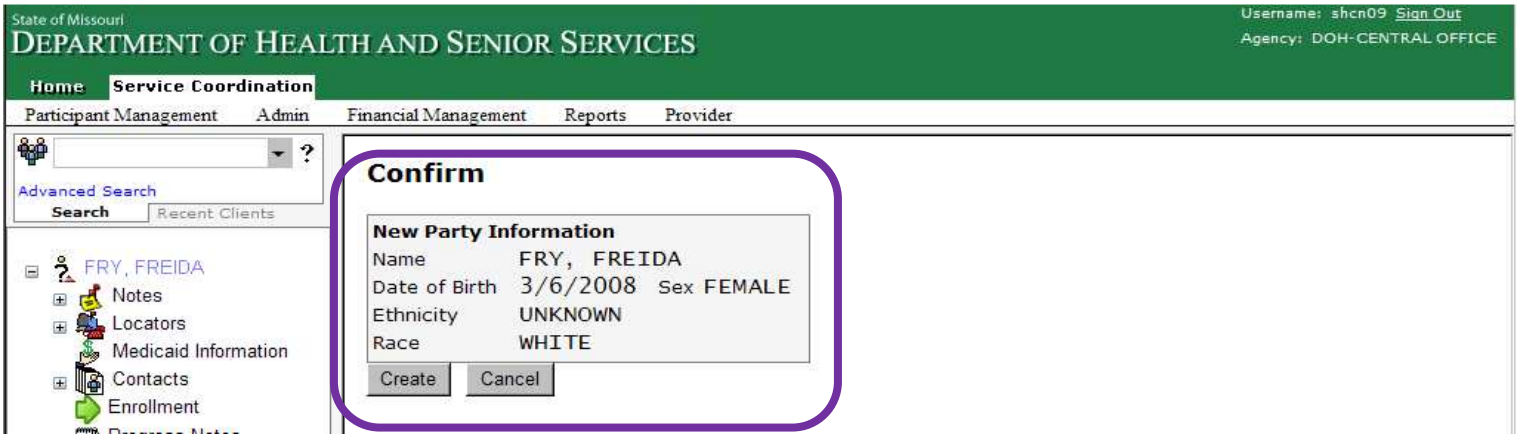


Confirm screen

If a user selected the 'Create New Party on DSS' button, the system displays a Confirm screen. The Confirm screen will list the party name, date of birth, gender (sex), Ethnicity and Race information.

A user should review everything to determine if this party matches the information they have for their participant.

- If the information is a match, select the 'Create' button.
  - The system will display normally, i.e., the correct icon in the 'Tree', the notice (Not a Medical Client) no longer displays on Participant Management screens and entry in Participant Management screens can be completed.
- If there is no match, select the 'Cancel' button.



Register as Non-Medical Client Link selected in error – Get DCN Button

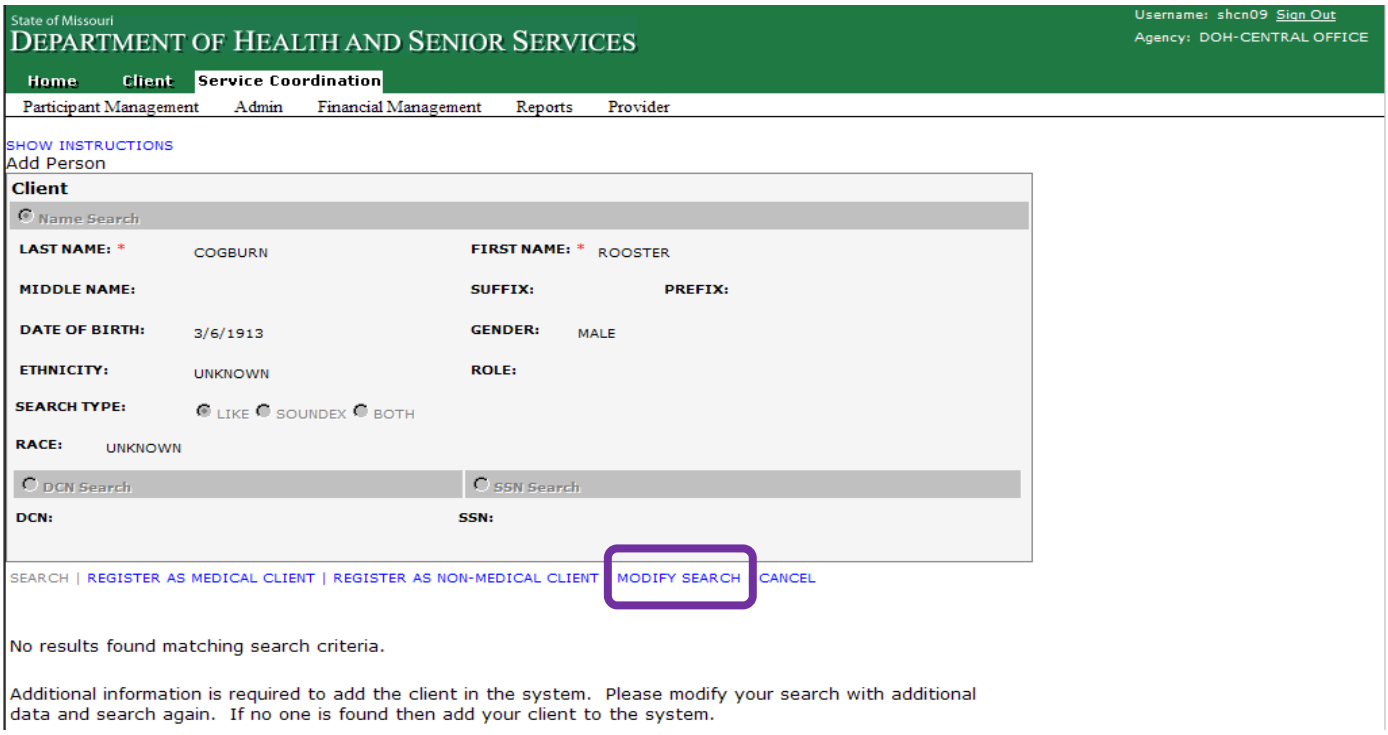
If a party search contained all search requirements (name, date of birth, gender, ethnicity and race) but a user selected the incorrect link (Register as Non-Medical Client vs. Register as Medical Client) the participant's demographic page will display a 'Get DCN' button. Select the 'Get DCN' button to obtain a DCN.

The system will:

- Assign a DCN to the participant record.
- Entry can be completed in all Participant Management screens.
- The notice (Not a Medical Client) disappears.

Search - Advanced Search Link - Modify Search Link

- If an additional search is needed, select the Modify Search link and enter new criteria to be searched.

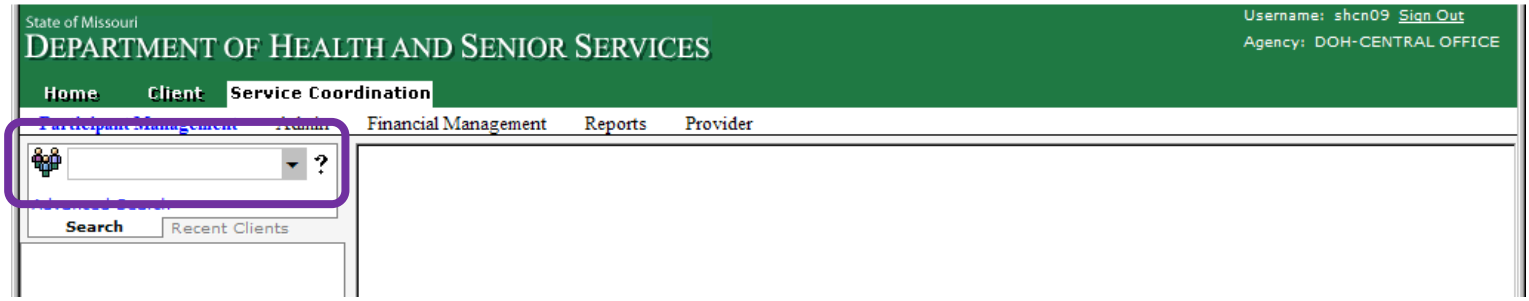


Search - Web Combo

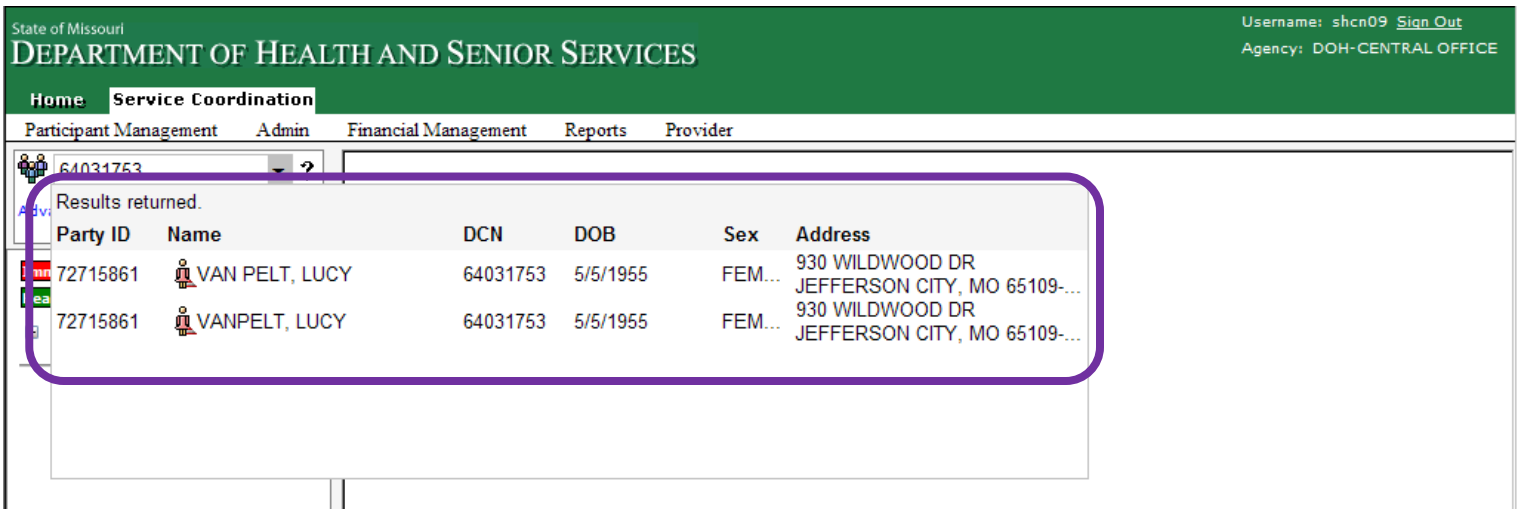
- This search option conducts **only a MOHSAIC system search**; it does not connect to DSS.
- A party must be a 'MOHSAIC medical client record' to have any search results returned.
- Users should always verify search results are a match (name, date of birth, etc.) to the party being searched before making any selections.

Search - Web Combo Box

To use this search, type the DCN or party name in the field. The system will automatically search once entry ceases. DO NOT select the enter key, move the mouse or click the mouse. If need be, lift your hands away from the keyboard and mouse so the system can perform a search. If you select the enter key or move the mouse the search result will post 'null' and a new search will need to be conducted.

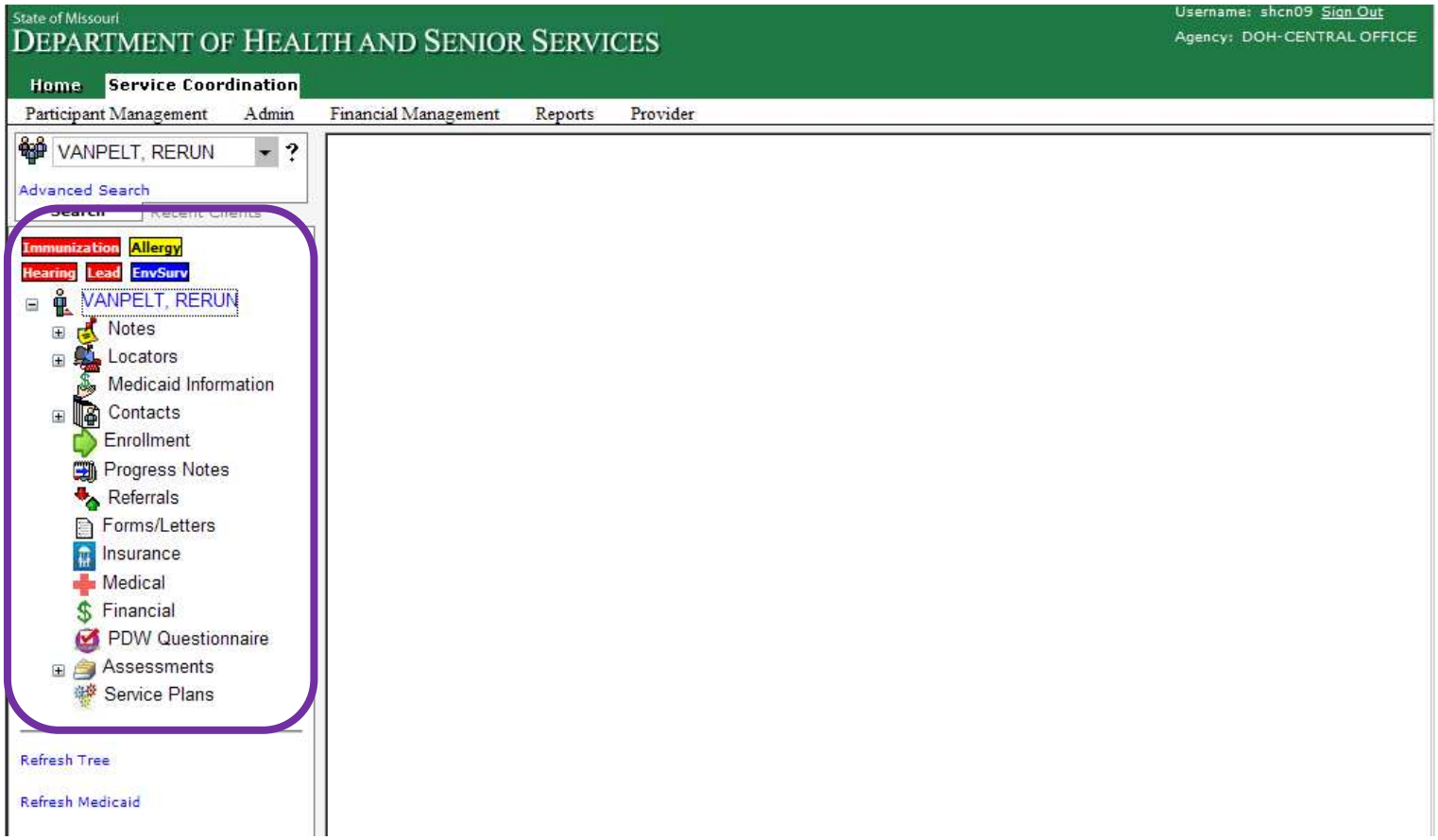


Search results display in a drop down window. If there are multiple entries, all entries should have the same info in all fields, except the name column if a party has had a name change.



MOHSAIC Tree

The left side of the screen is referred to as the 'Tree'; to access any section, select the section from the 'Tree'.



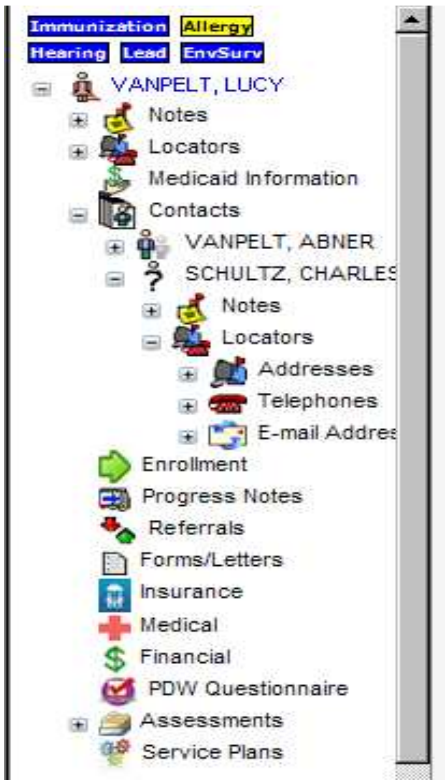
Icons

Each section of the Tree is identified by an icon.

The system uses a male or female icon to depict the gender of the name displayed.

If the gender is unknown, the '?' symbol is used.

Other common objects are used to depict the object of the specific section, i.e., mailbox for Addresses, phone for Telephones, etc.



Locators

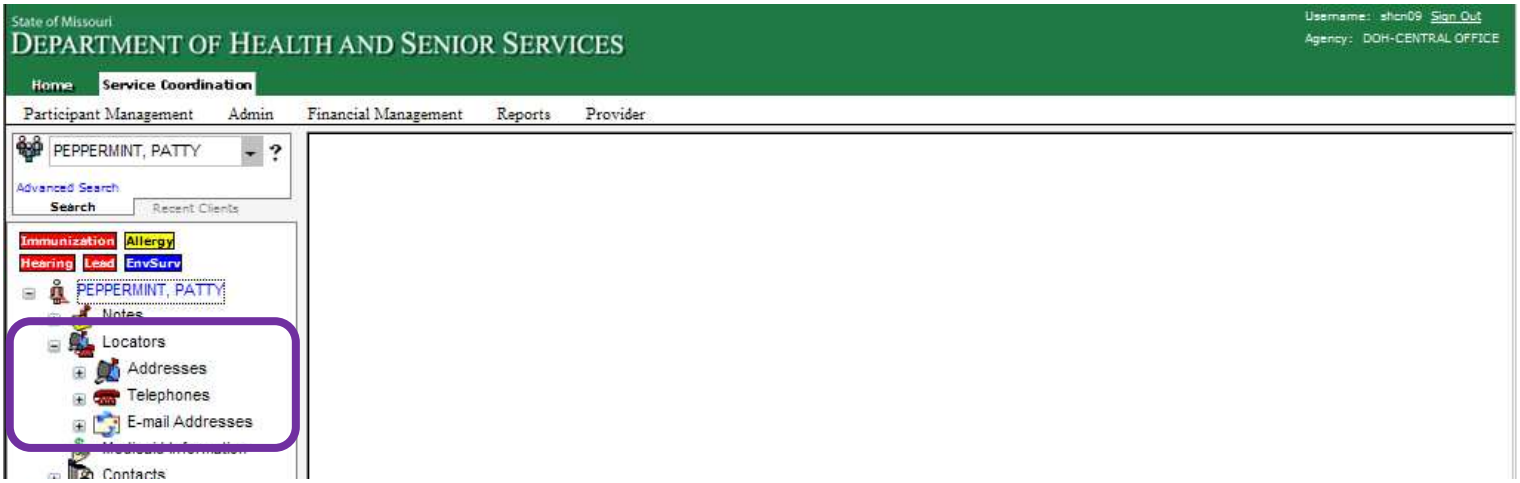
This section records Address, Phone, and Email information.

A separate record must be created to record information for each party; a Participant, a participant's Responsible Party and a participant's Alternate Contact.

The Locator section (Address, Phone and Email) of the:

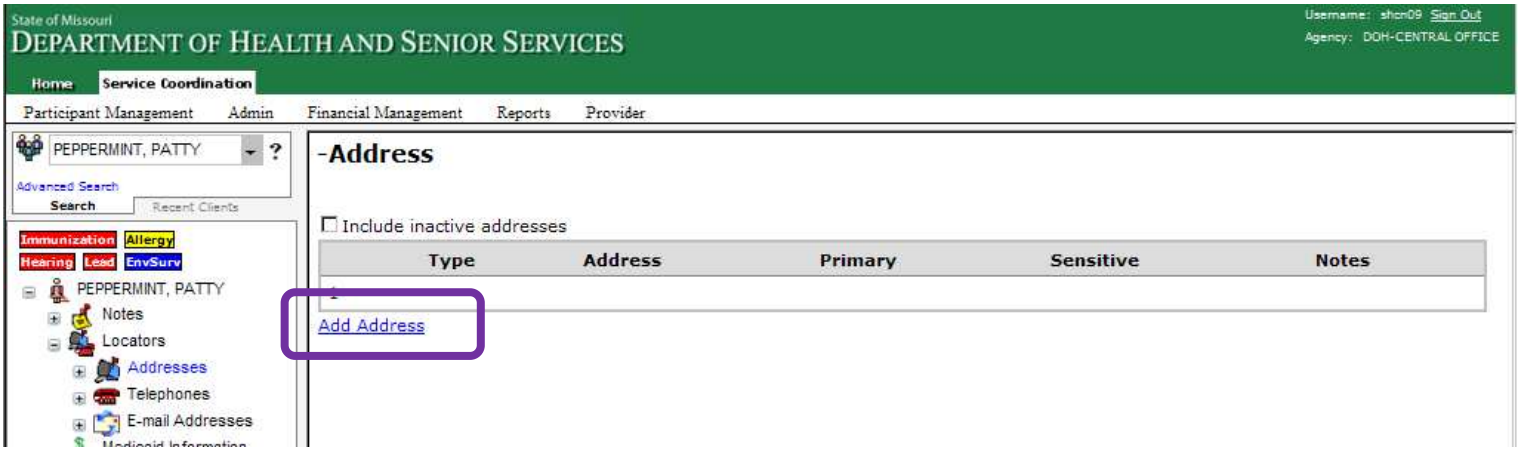
- SHS participant record captures only the SHS participant's information.
- Responsible Party record captures only the Responsible Party's information.
- Alternate Contact record captures only the Alternate Contact's information.

The Locator information for a Responsible Party and an Alternate contact will display in the MOHSIAC Tree under the Contacts section of the SHS Participant record.



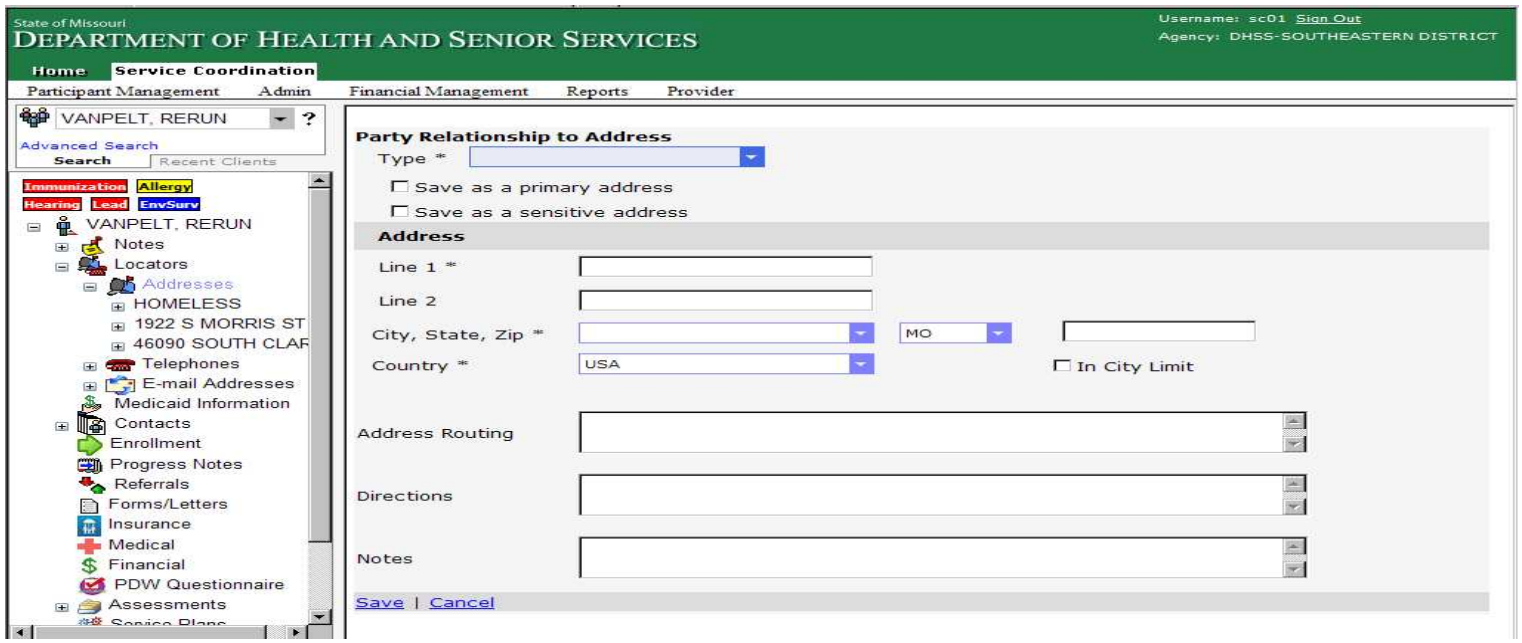
Locators – Addresses – Add Address Link

Select the Add Address link to enter a party's address.



Locators – Addresses Entry (including Homeless Address Entry)

A participant record must have an address entry. The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Address entry screen will display the Add Address link.



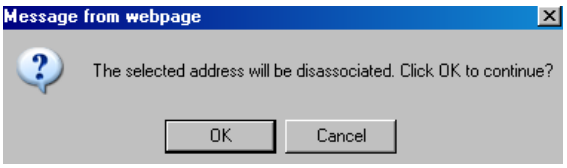
Locators – Addresses Entry (including Homeless Address Entry) - continued

Field	Action
Type	Select the option 'mailing'.
Save As…	• Select the Save as a Primary Address box. ✓ The sensitive address box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.
Line 1 **(Line 2)**	• Complete Line 1 (and Line 2 if necessary) field with the street (rural route) address information. • If a participant is Homeless, enter 'homeless' in the field.
City, State, Zip	The City field will automatically display town names to select from (as entry is being typed). The State field is defaulted to MO. Enter at least the five (5) digit Zip code, but the field will accommodate the additional four (4) digits, if known. ✓ If an entry is recognized by the US Postal Service, the completed address field will display to be selected. ✓ If an address entry is not recognized by the US Postal Service, the system will display options.
Country	The field defaults to USA; if another country is applicable, select/enter the correct one.
In City Limits	A user can signify the participant address is within the city limits.
Address Routing	Not applicable
Directions	Used to record physical instructions on how to navigate to the associated address.
Notes	Used to record information about a physical address, i.e., use the side entrance, basement

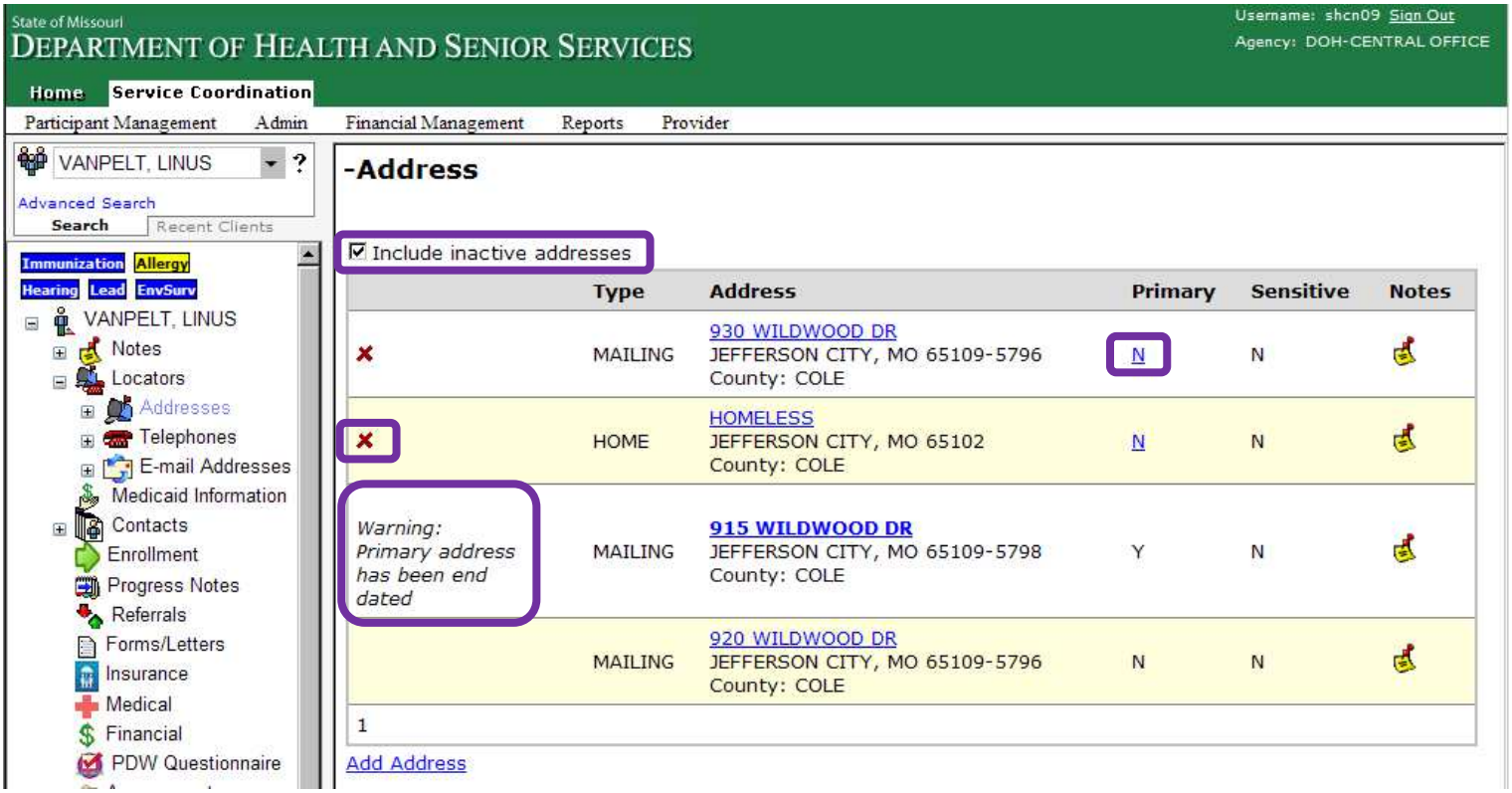
	apartment, beware of animals, etc.

Locators – Address Screen Display – Disassociation or Primary Indicator

- All active addresses display when the Addresses link is selected.
- If a user wishes to disassociate an address, select the X link (displayed in red font).
- If an address, designated as 'primary' is disassociated, the system will display a warning notice.



  - ✓ A warning continues to display until another address (from the existing entry or new entry) is designated a 'primary'.
  - ✓ To designate another address (that is already entered on the record) as the primary address, select the N link (under the Primary column) on the line of the address already entered. The system will automatically change that address entry to be the 'primary' address.
- If a user wishes to see historical address associations, select the 'Include inactive addresses' checkbox.

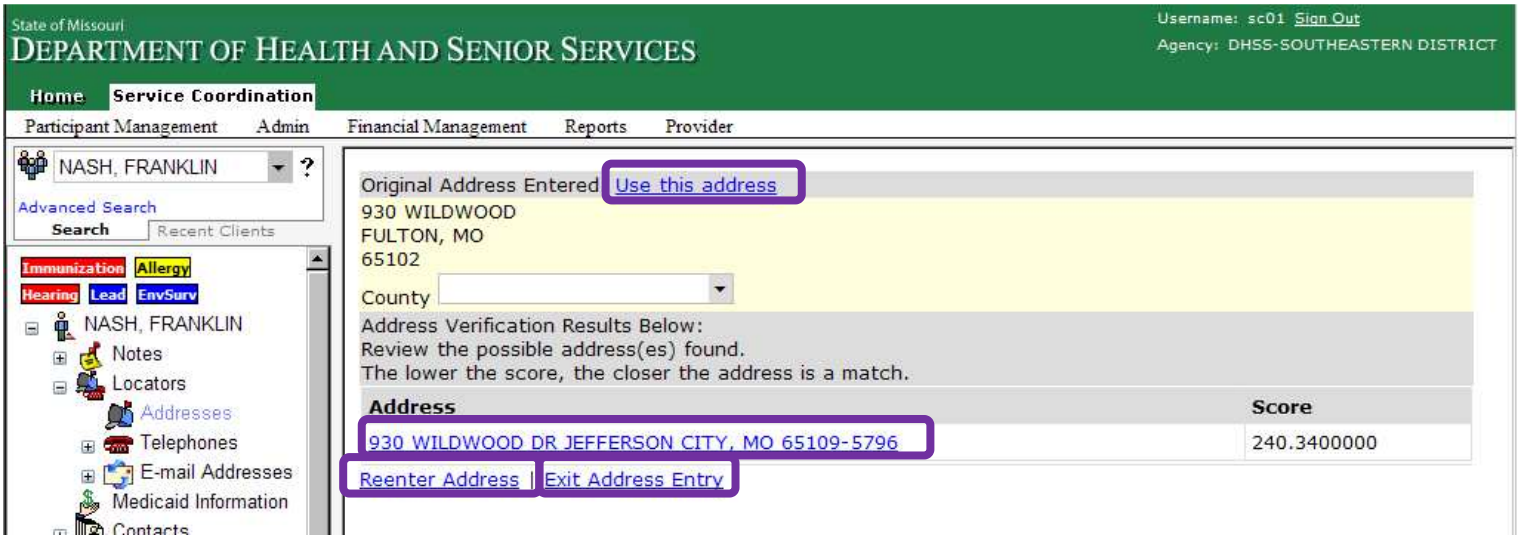


Locators – Address Entry or Address Entry Not Recognized by System

If an address entry is not recognized by the US Postal Service, the MOHSAIC system will display options:

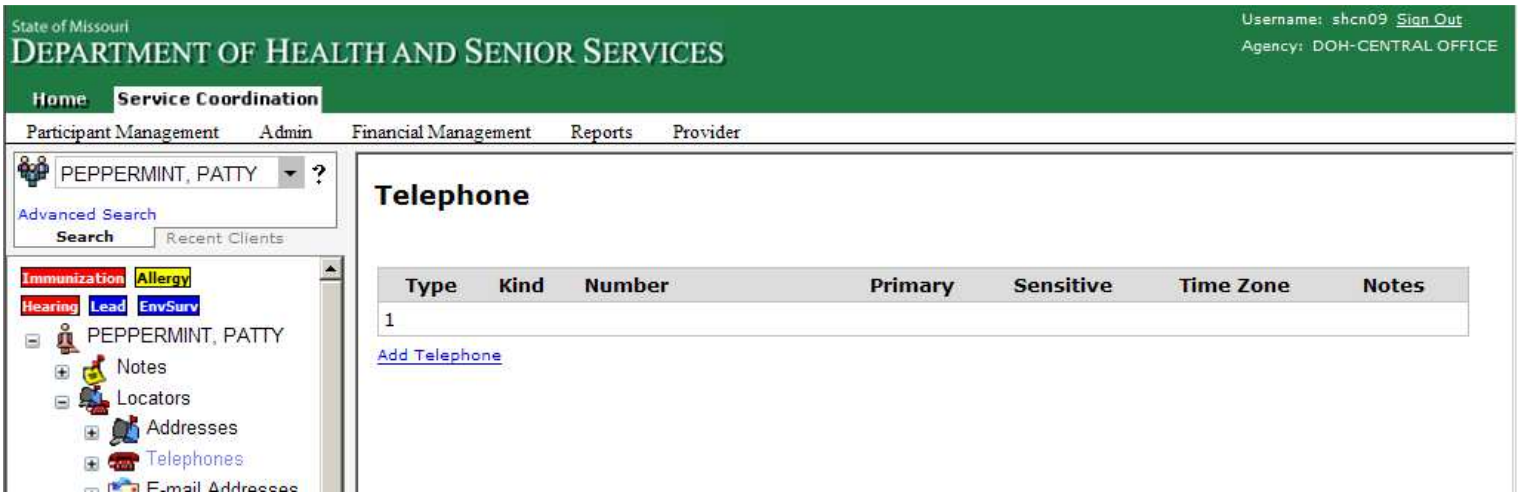
- Use this Address link; allows a user to select the address that was entered on the Party Relationship to Address screen.
  - ✓ Select this link for address entry of a homeless party.
- The US Postal Service address as known to the US Postal Service.
- Or two (2) additional links; Reenter Address and Exit Address Entry:
  - ✓ Reenter Address link allows the user to type the information into the Address entry screen again.
  - ✓ Exit Address Entry link allows the user to leave the Address entry screen without any address entry being completed.

(The MOHSAIC system uses another application (SAGENT) that has the ability to determine if an address entry is an actual address known to the USPS.)



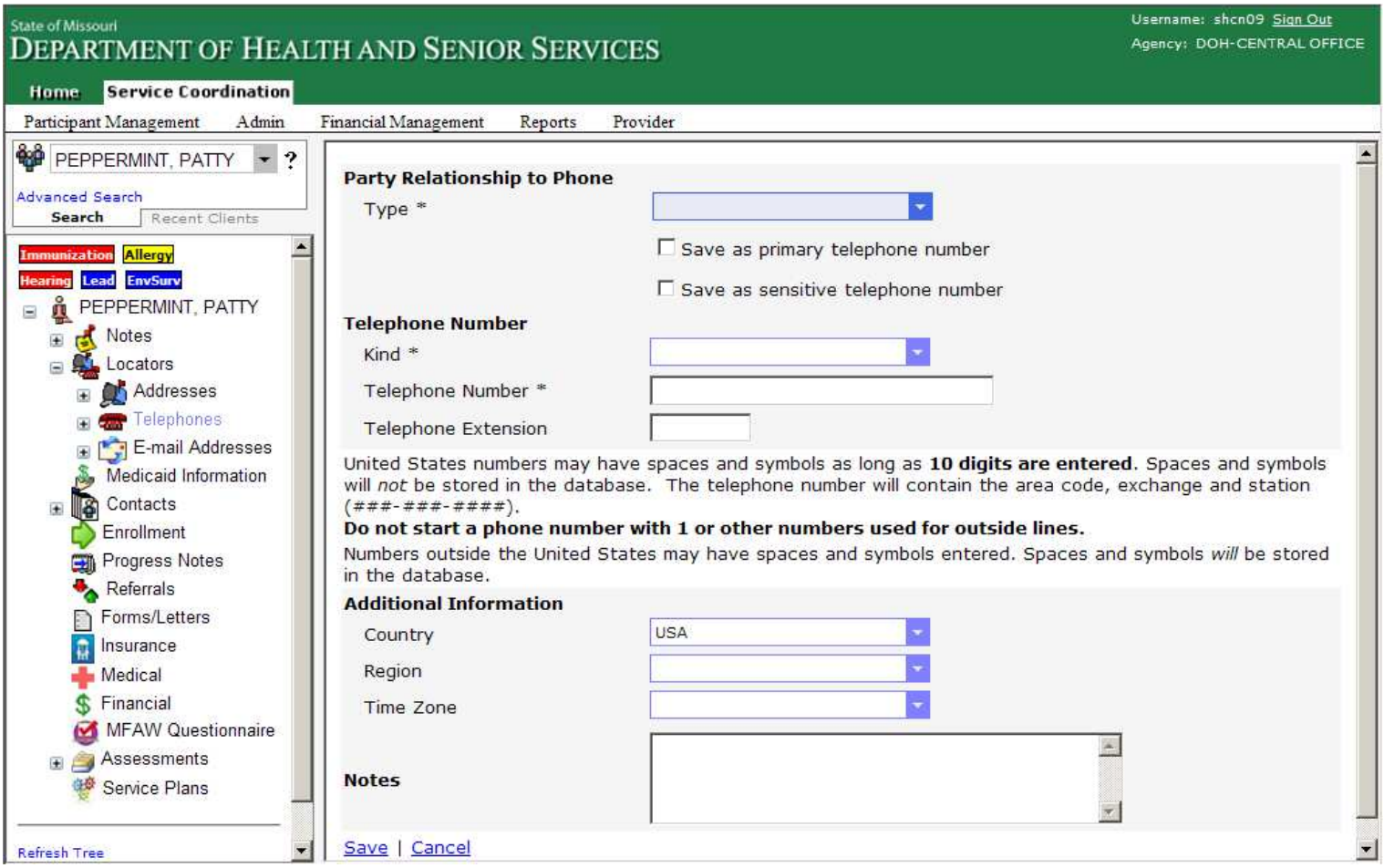
Locators – Telephones– Add Telephone Link

The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Telephones entry screen will display the Add Telephone link. Select the Add Telephone link to enter a party's telephone number.



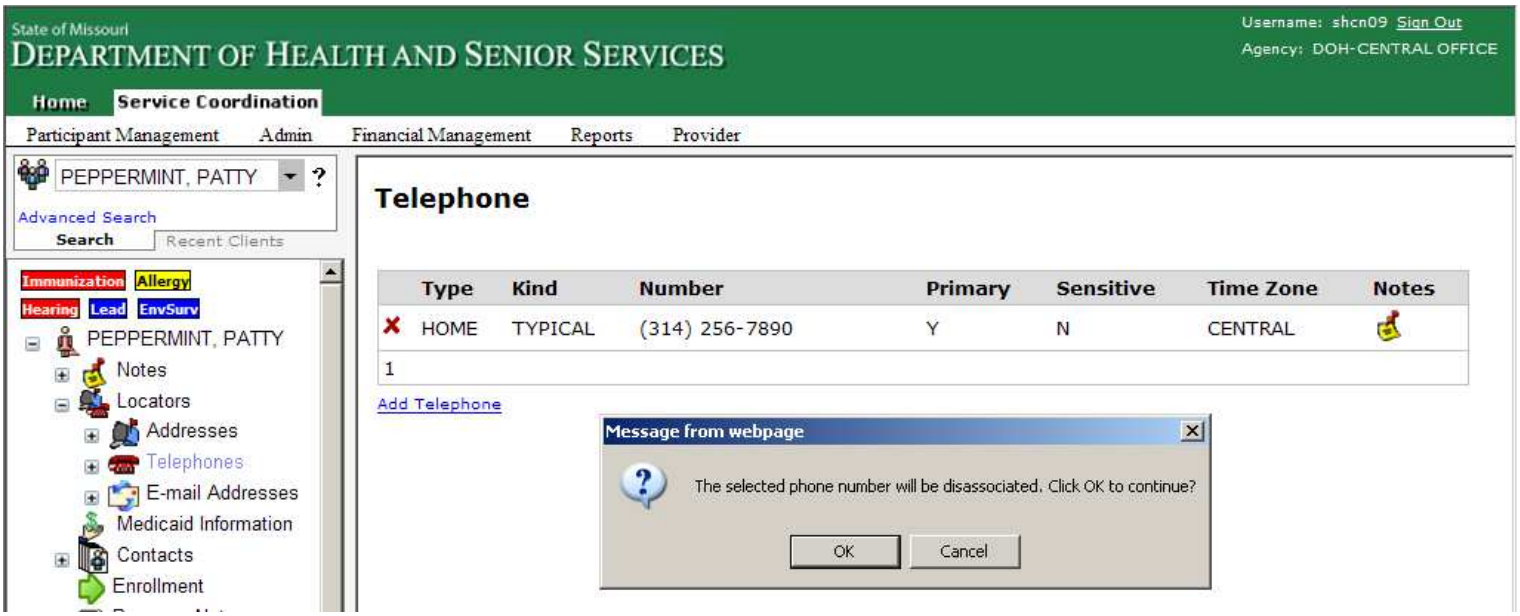
Locators – Telephone Entry

Field	Action
Save As…	• Select the Save as a Primary Telephone Number box. ✓ The sensitive Telephone Number box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.
Type	Select the appropriate category, i.e., business, home, message, work, unknown, etc.
Kind	Select the appropriate option.
Telephone Number	Enter the area code, exchange, and station number (314-256-7890) using dashes to separate the three (3) sections of the phone number.
Telephone Extension	If appropriate, enter the extension number.
Country	The field defaults to USA; if another country is applicable, select/enter the correct one.
Region	A user can signify the phone number within regions (1-10).
Time Zone	Select the appropriate time zone, i.e. Central.
Notes	Free text for comments concerning the Telephone.



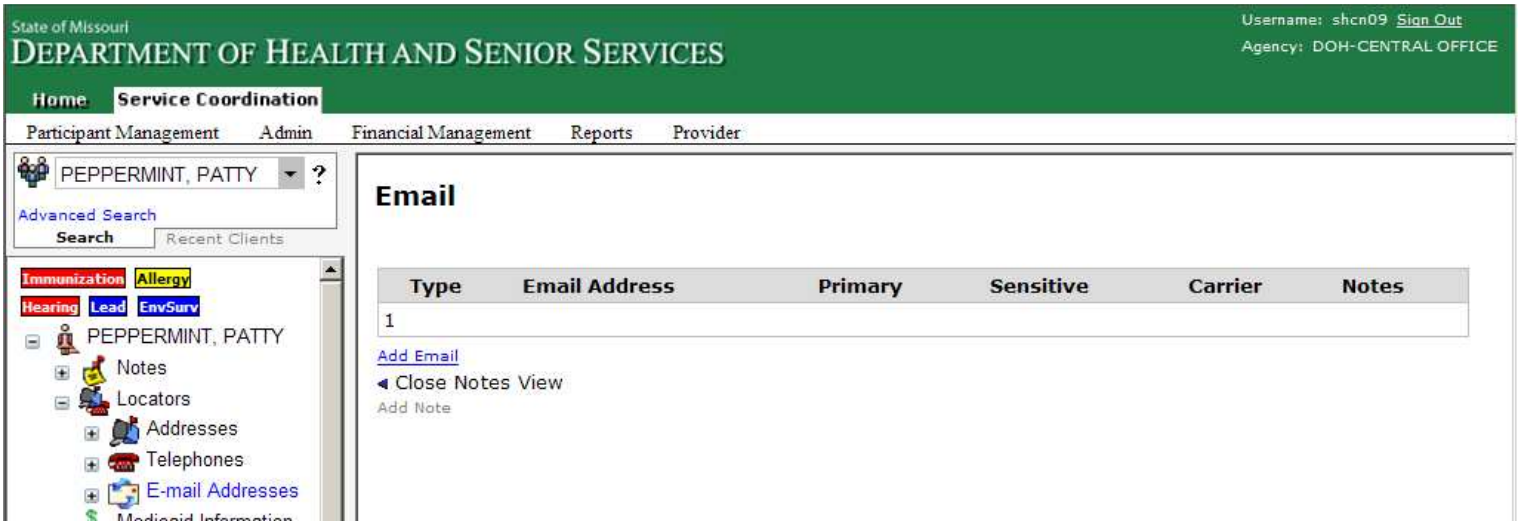
Locators – Telephones Entry

- All active telephone entries will display when the Telephones link is selected.
- If a user wishes to disassociate a telephone number, select the X link (displayed in red font).
- If a telephone number, designated as 'primary' is disassociated, the system will display a warning notice.



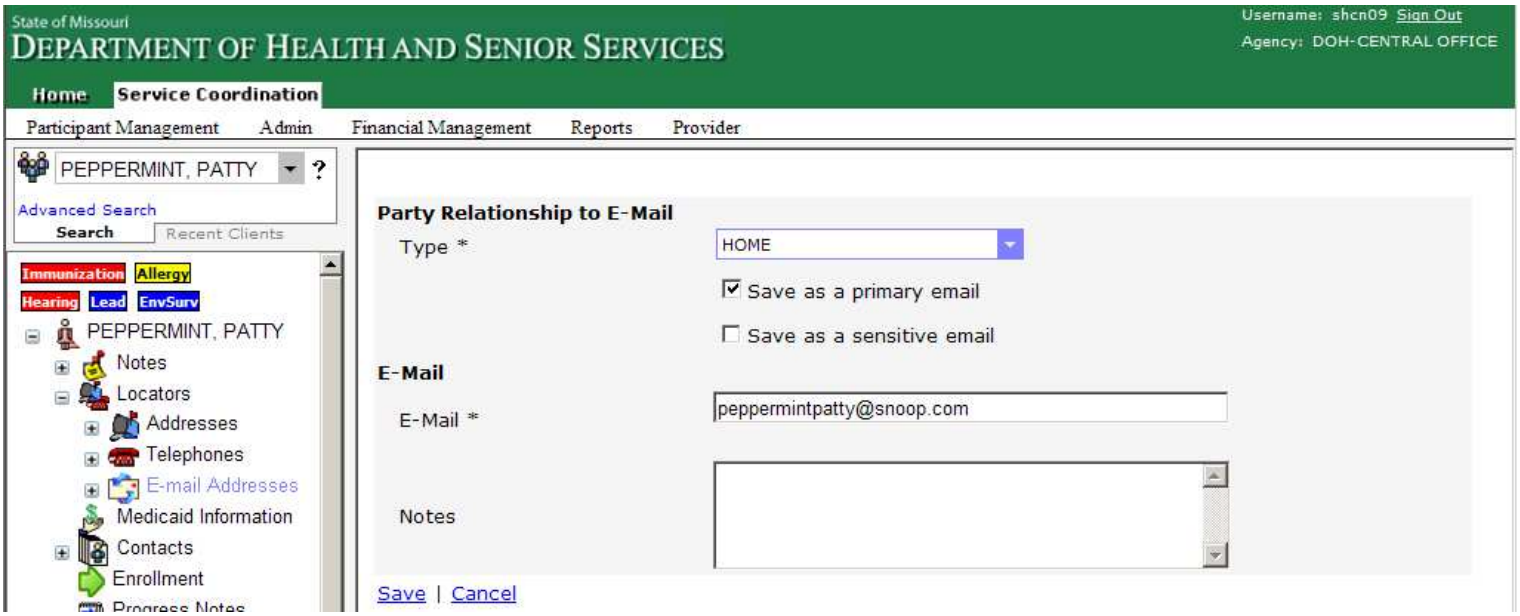
Locators – Email Address – Add Email Address Link

The Locator section in the 'Tree' (under a participant name) has sections for the Address, Telephone and E-mail entry. The Email Address entry screen will display the Add Email link. Select the Add Email link to enter a party's Email Address.



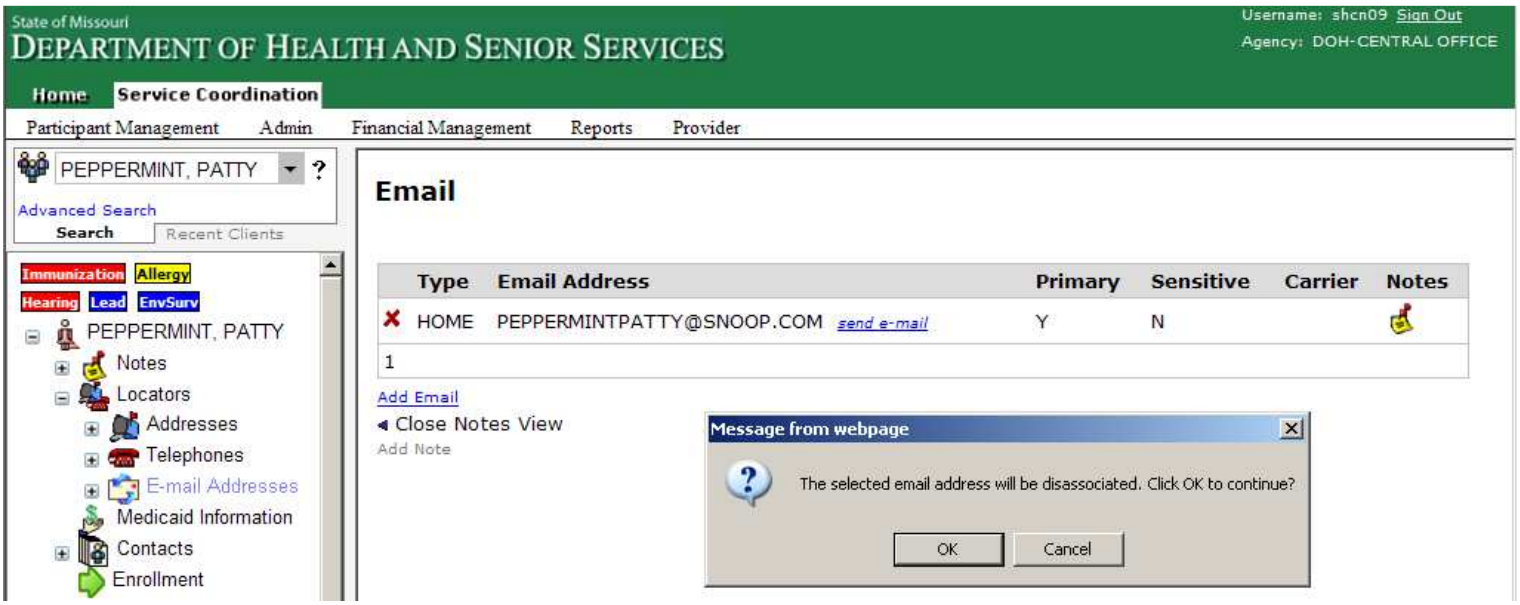
Locators – Email Address Entry

Field	Action
Type	Select the appropriate option, i.e. Home, Business, Message, Unknown, Work.
Save As…	• Select the Save as a Primary Email box. ✓ The sensitive Email box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.
E-Mail	Enter the Email Address.
Notes	Free text for comments concerning the Email Address.



Locators – Email Address Entry

- All active Email Address entries will display when the Telephones link is selected.
- If a user wishes to disassociate an Email Address, select the X link (displayed in red font).
- If an Email Address, designated as 'primary' is disassociated, the system will display a warning notice.



Contacts

Select the Contacts link under the participant's name to enter Responsible Party information and Alternate Contact information. The Contacts section captures demographic information for a participants' Responsible Party and the participant's Alternate Contact.

If a participant is their own guardian, Responsible Party entry will be the participant's name.

The system will also use the Locators entry (completed under the participant's record) vs. allowing users to complete the Locators sections (address, phone and email) under the Contact record.

Contacts – Add Responsible Party Link

Select the Add Responsible Party link to enter the name of a participants' Responsible Party.

- Address, Phone, and Email (Locators) information for a participants' Responsible Party is entered separately, in the Responsible Party record (not the participant's record).
- When the (Locators) entry is completed in the Responsible Party record, the participant's record will display the Contacts entry from the Responsible Party records.

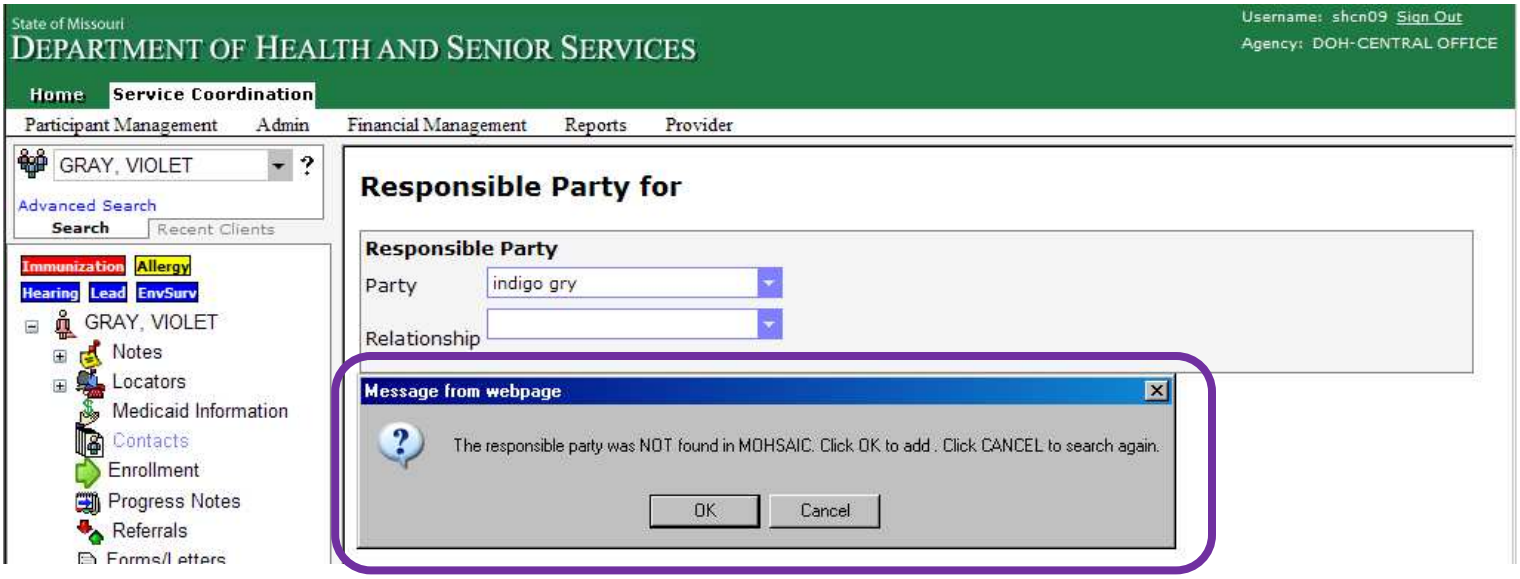
Contacts – Add Responsible Party Field

- Type the name of the Responsible Party in the Party field. The system will automatically conduct a name search.
- If the name is already in the system, the name will display in a drop down list, so it can be selected.
- If there are multiple names in the drop down list (i.e., spelled differently) select the most appropriate option.
- If the name is not in the system, an Advanced Search must be conducted. (This will allow a user to enter a name into the system.)

Contacts – Add Responsible Party – Party Not Found

When a Responsible Party or Alternate Contact name is not in the system a window will display to allow the user to add the name.

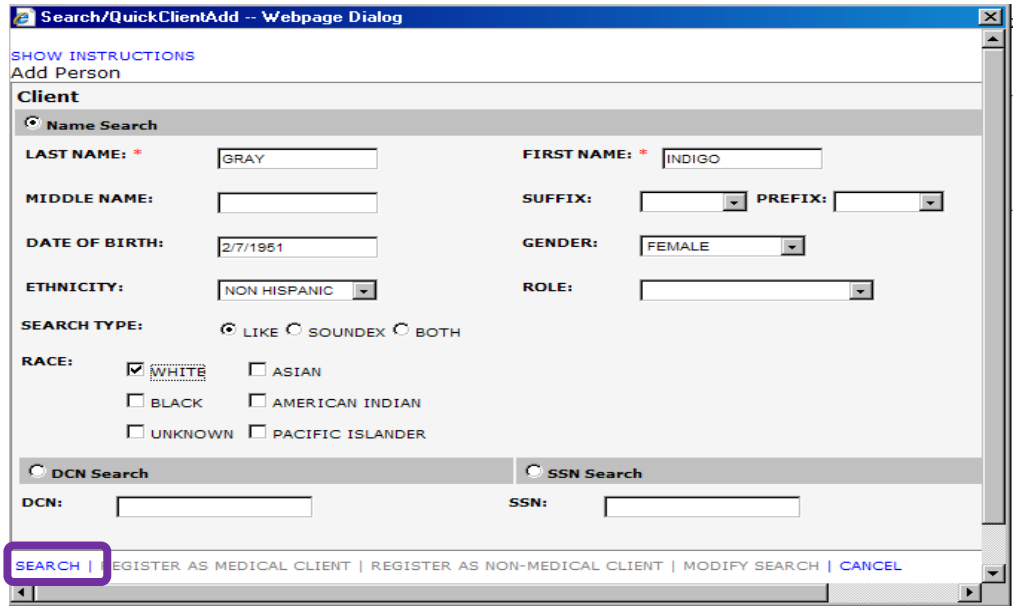
- Select the OK button, to conduct an Advanced Search and add the name, or
- Select the Cancel button to search again.



Contacts – Add Responsible Party – Advanced Search Screen

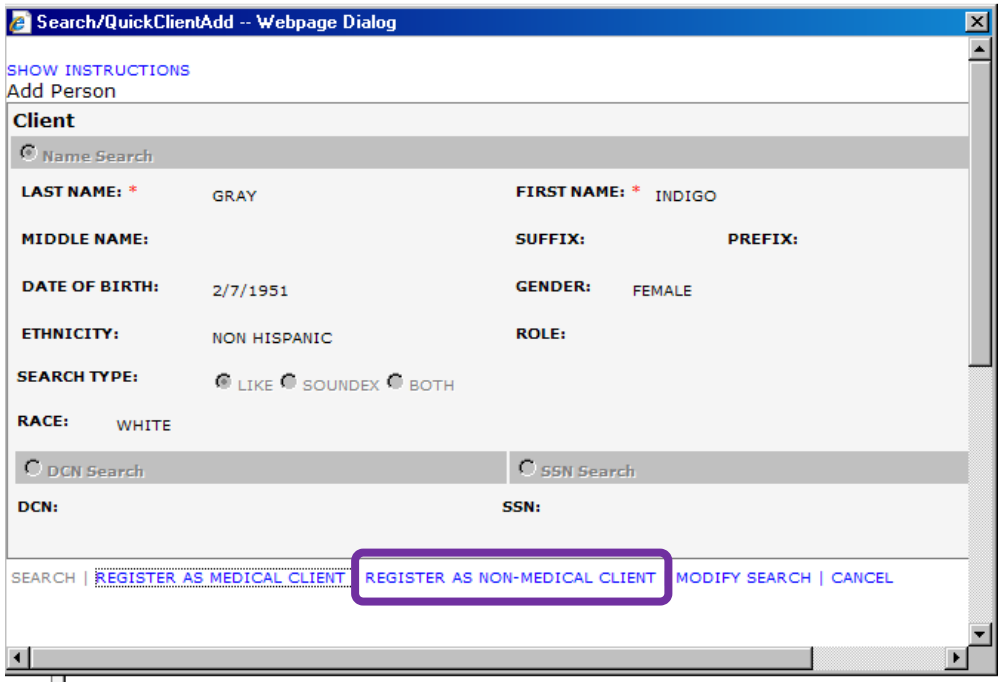
The OK button will display an Advanced Search window. Enter information in the required fields and select the Search link. The best search result is obtained when entry is completed in the following search fields only:

- Last Name
- First Name
- Date of Birth
- Gender
- Ethnicity
- Race



Contacts – Add Responsible Party – Advanced Search - Register as Non-Medical Client

Select the Register as Non-Medical Client link to enter a name into the system when the search result does not return a match. (The next time this name is searched, the drop down list will display the name.)

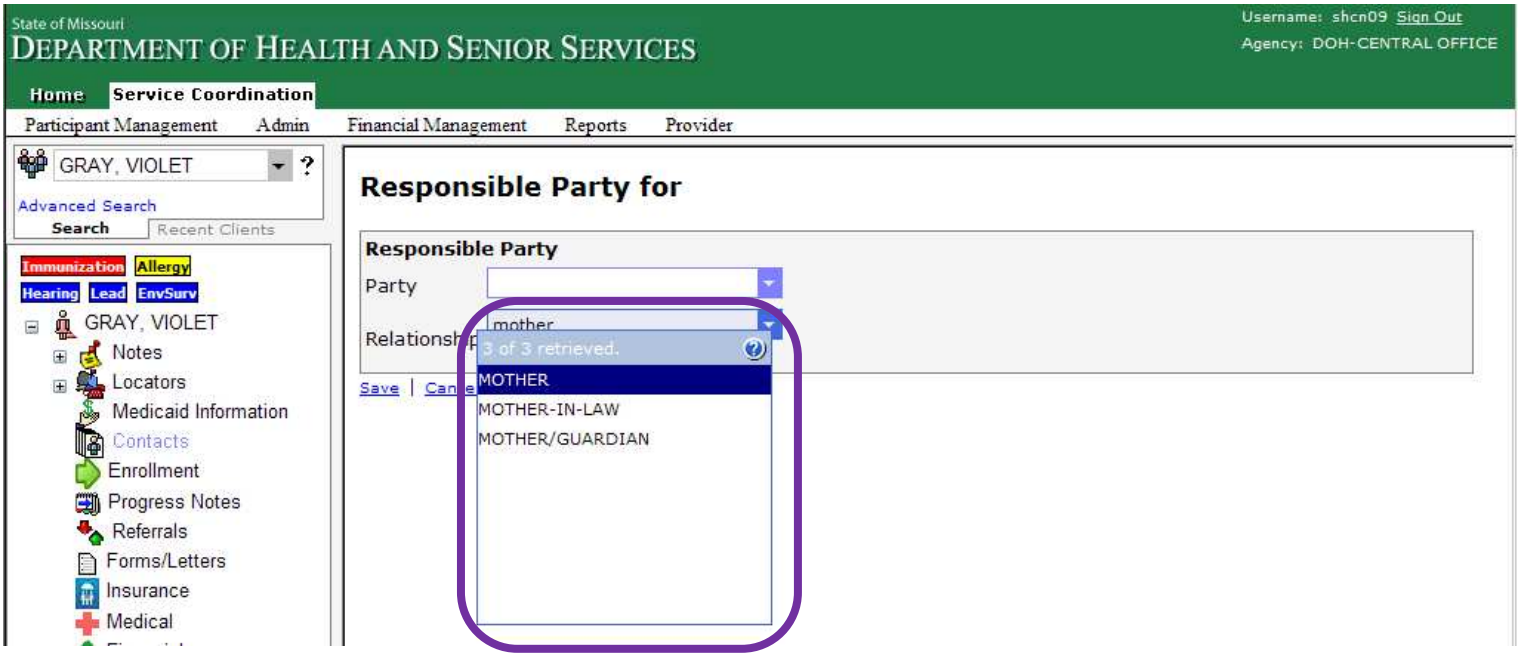


Contacts – Add Responsible Party Relationship Field

Type the entry that best describes the affiliation (i.e., mother). The system will display the options in a drop down list, select the appropriate choice. If a user needs to view the entire list, select the arrow and scroll through the list.

If a participant is their own guardian, Responsible Party entry will be the participant's name and the Relationship Field selection shall be 'self'.

(Relationship field is a CCIT requirement, not a SHS requirement.)



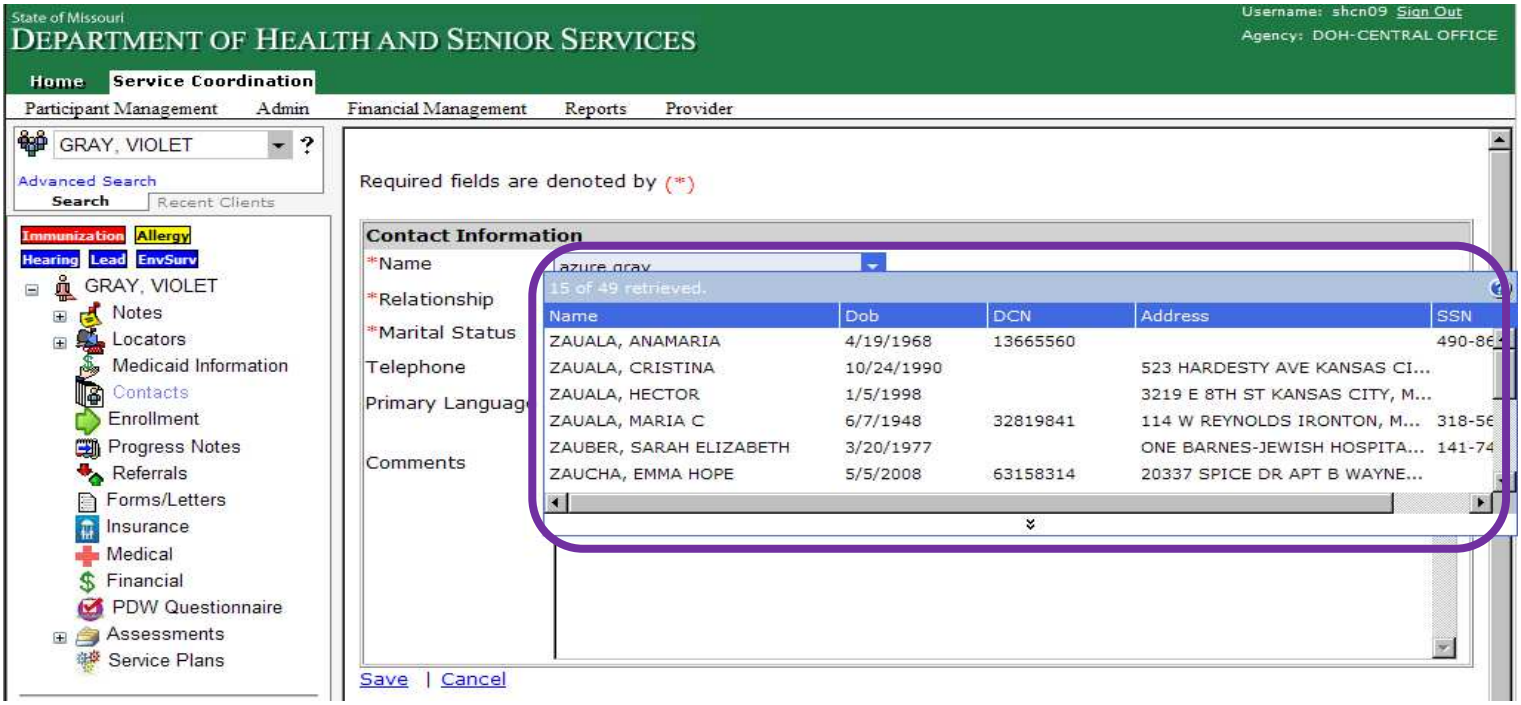
Contacts – Add Contact Link

Select the Add Contact link to enter the name of a participants' Alternate Contact.

- Address, Phone, and Email (Locators) information for a participants' Alternate Contact is entered separately, in the Alternate Contact record (not the participant's record).
- When the (Locators) entry is completed in the Alternate Contact record, the participant's record will display the Contacts entry from the Alternate Contact records.

Contacts – Contact Information Screen – Name Field

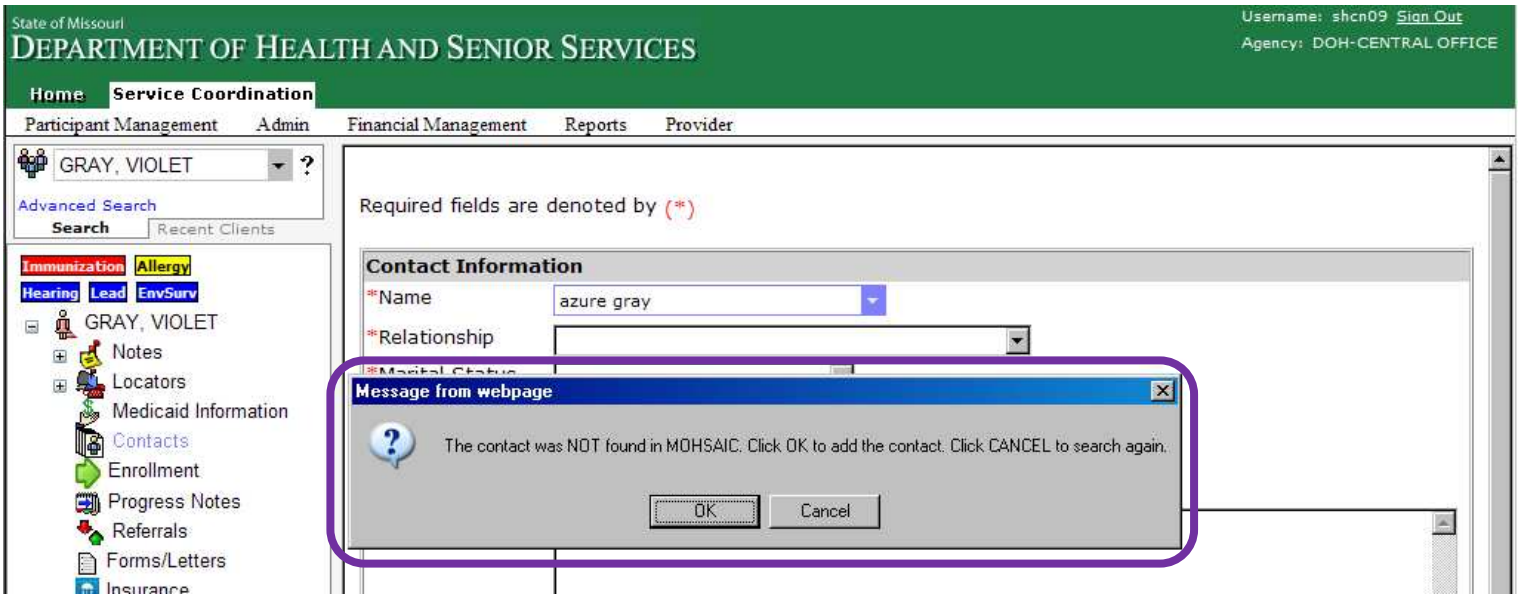
- Type the name of the Alternate Contact in the Name field. The system will automatically conduct a name search.
- If the name is already in the system, the name will display in a drop down list, so it can be selected.
- If there are multiple names in the drop down list (i.e., spelled differently) select the most appropriate option.
- If the name is not in the system, an Advanced Search must be conducted. (This will allow a user to enter a name into the system.)



Contacts – Add Contact – Party Not Found

When an Alternate Contact name is not in the system a window will display to allow the user to add the name.

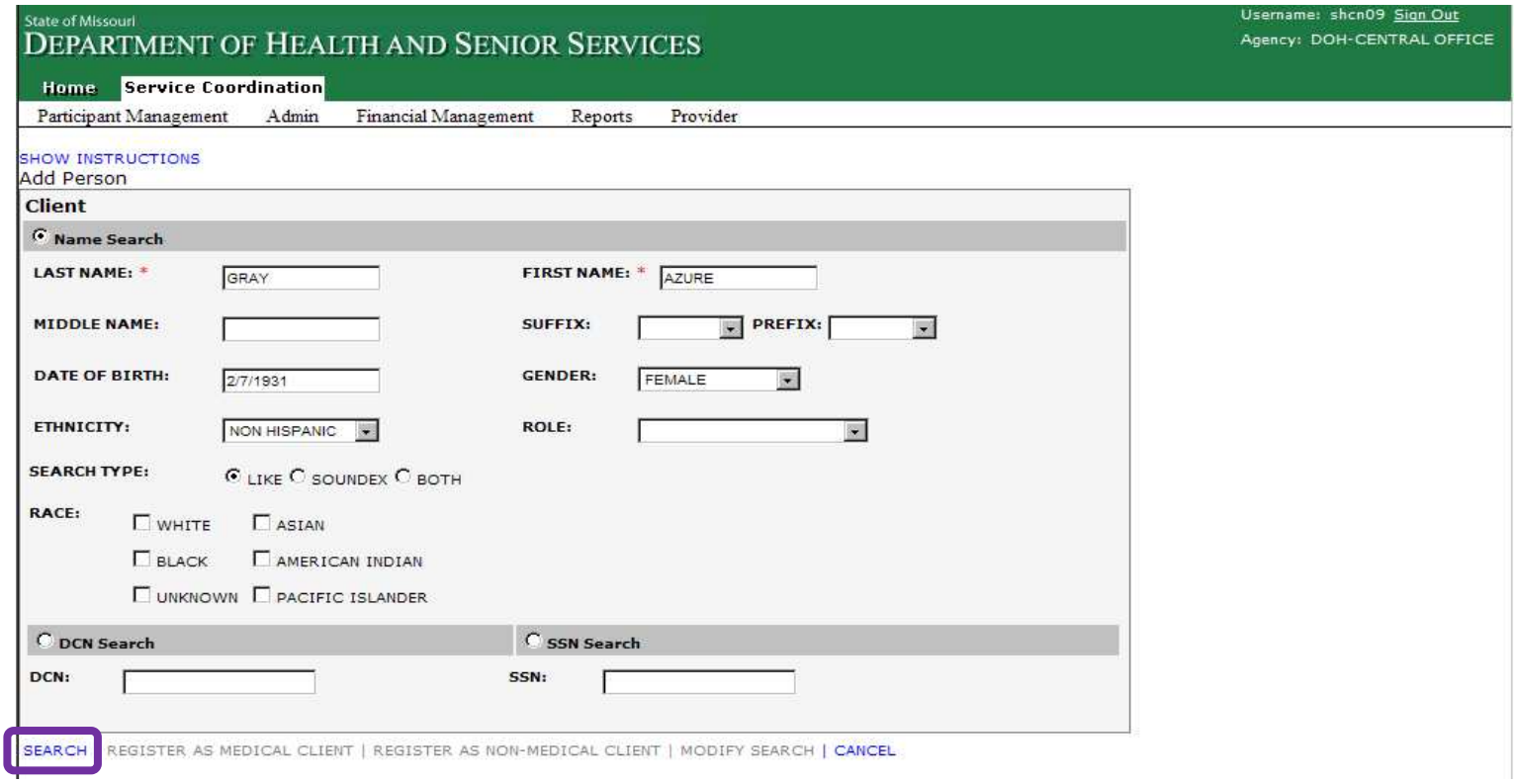
- Select the OK button, to conduct an Advanced Search and add the name, or
- Select the Cancel button to search again.



Contacts – Contact Screen – Advanced Search for an Alternate Contact

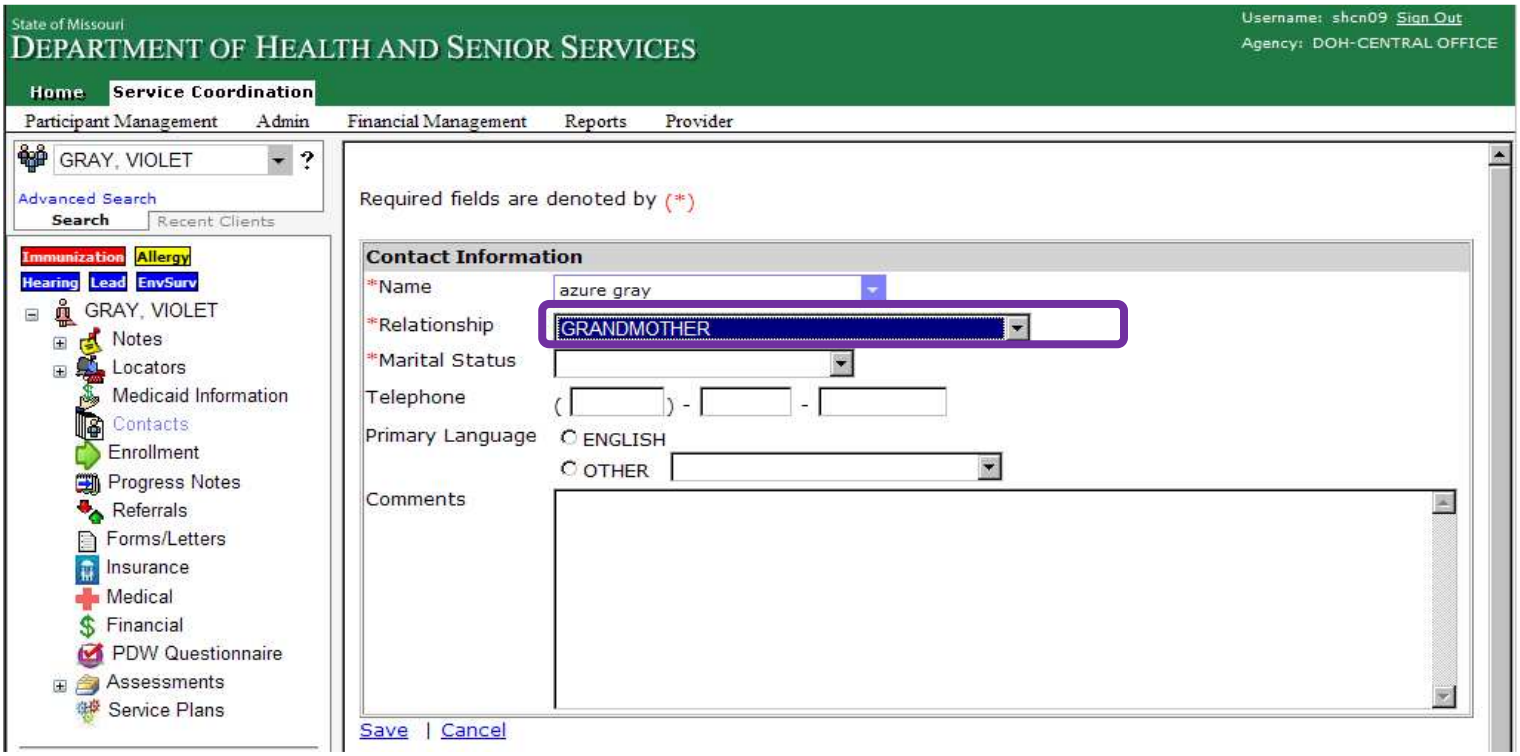
The OK button will display an Advanced Search window. Enter information in the required fields and select the Search link. The best search result is obtained when entry is completed in the following search fields only:

- Last Name
- First Name
- Date of Birth
- Gender
- Ethnicity
- Race



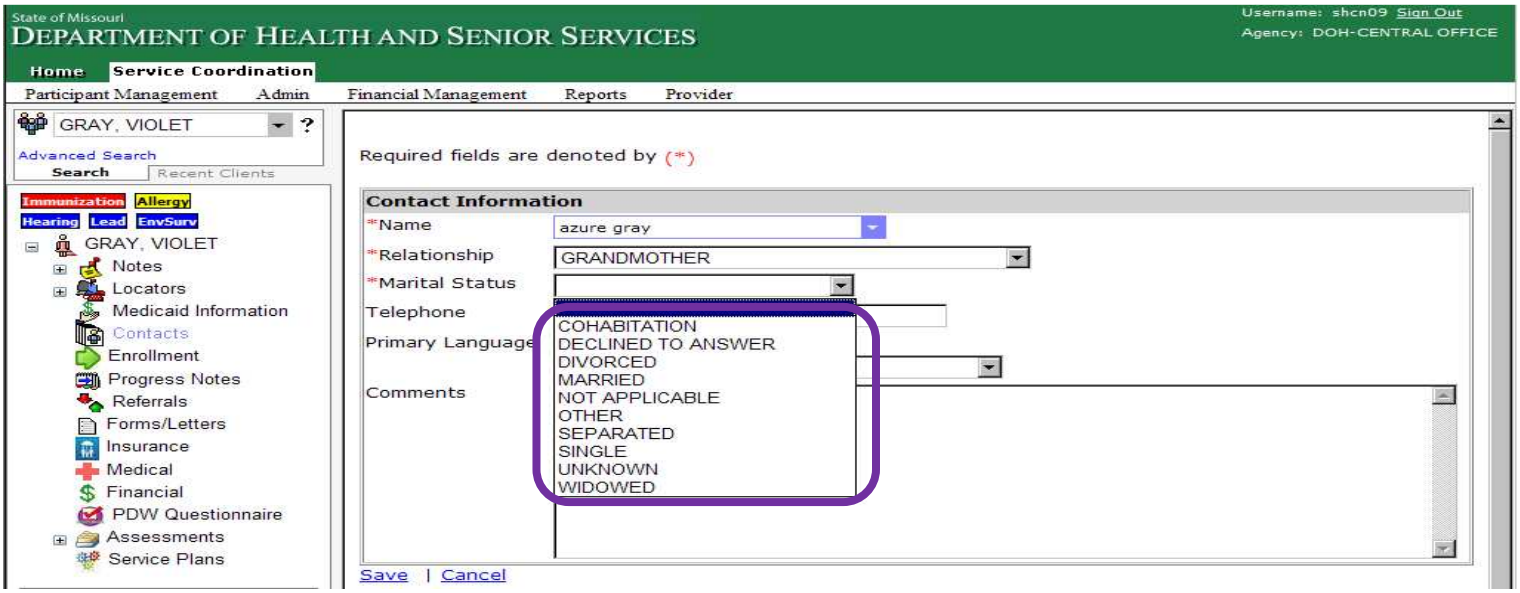
Contacts – Contact Information Screen – Relationship Field

Type the entry that best describes the affiliation (i.e., grandmother, contact person). The system will display the options in a drop down list, select the appropriate choice.



Contacts – Contact Information Screen – Marital Status Field

The system will display the options in a drop down list, select the appropriate choice.



Contacts – Contact Information Screen – Telephone Field, Primary Language Field and Comment Fields

Telephone field entry:

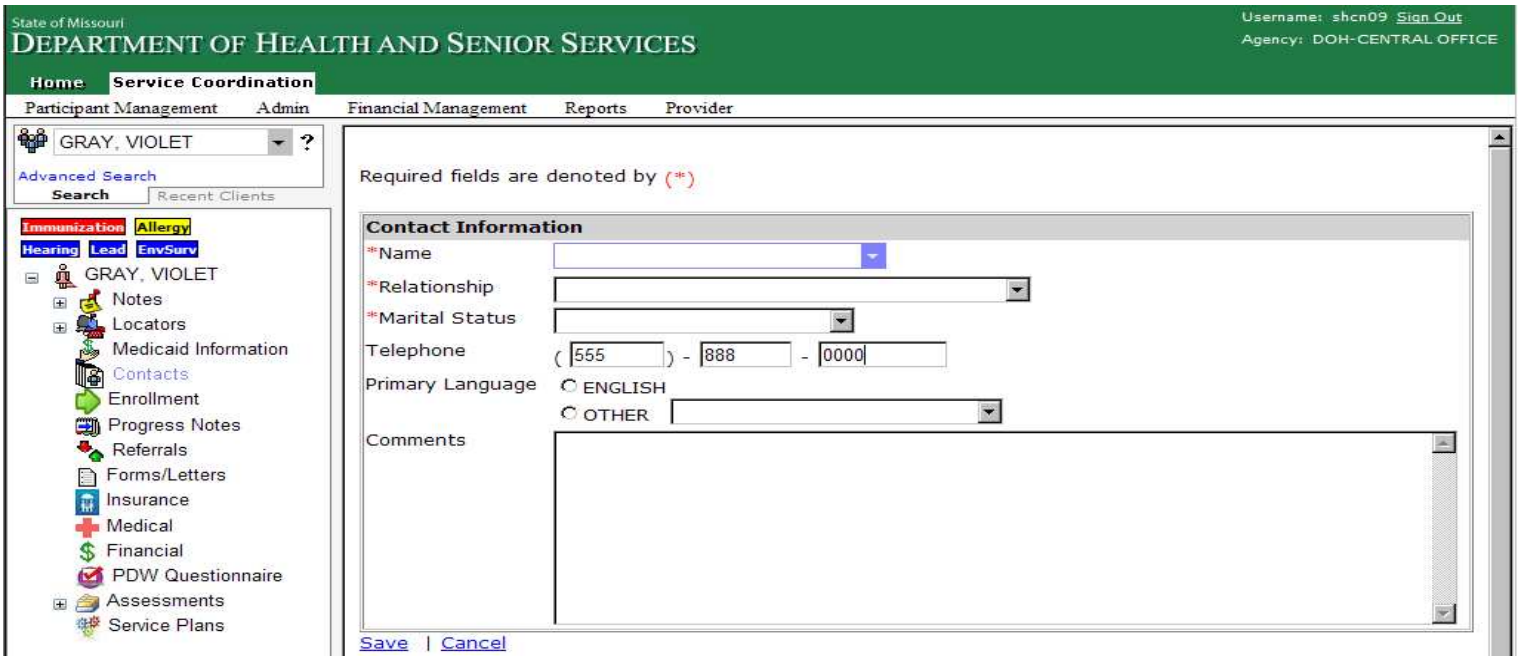
- Is a free text field, type the ten (10) digit phone number (include area code).

Primary Language field entry; there are two (2) options:

- English
- Other; the system will display a drop down list, select the appropriate choice.

Comments field entry:

- Free Text for any pertinent information to be captured, i.e., neighbor across the hall or next door, contact at the local Casey's that will deliver a message, etc.



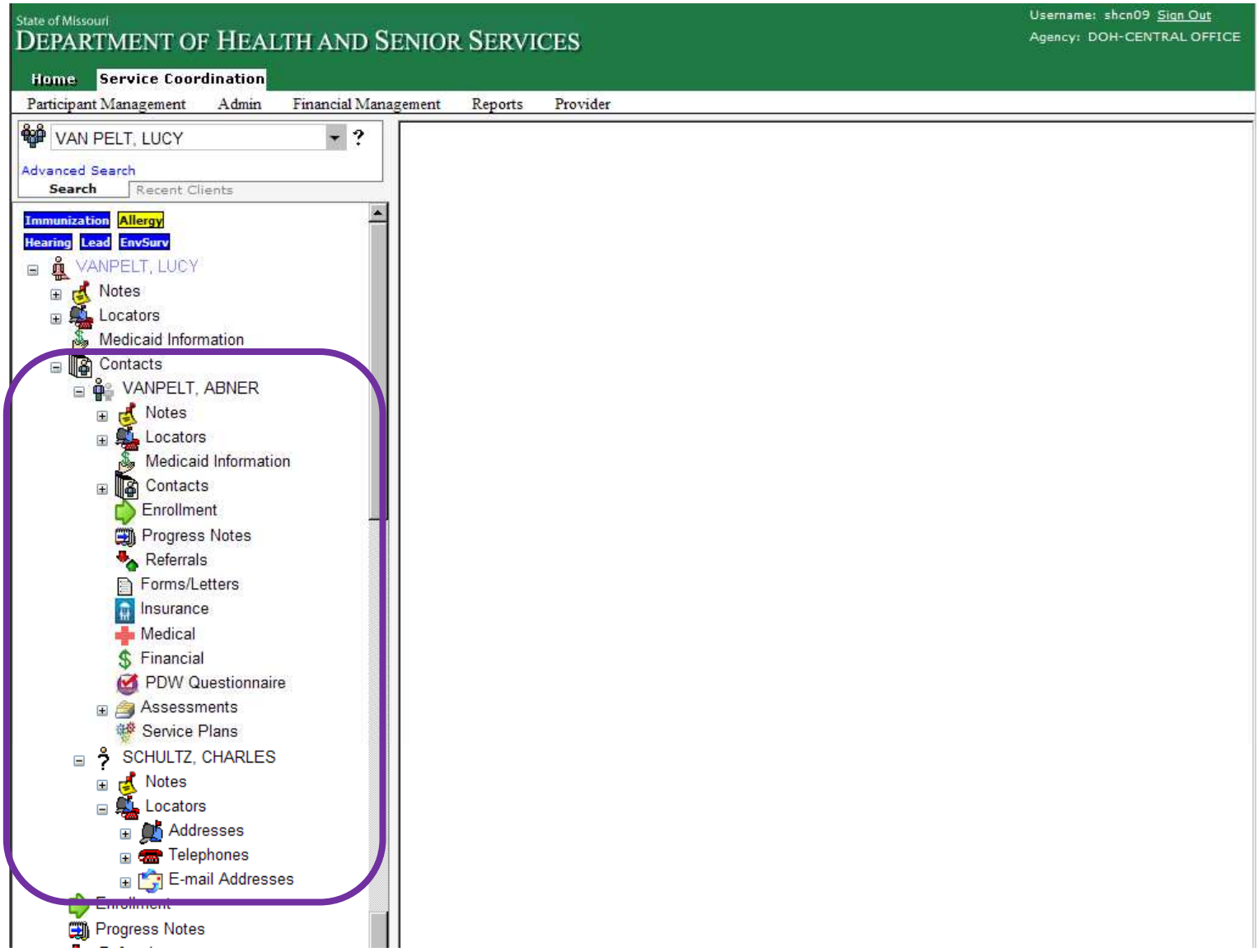
Contacts – When a Responsible Party or Alternate Contact is also a SHS Participant

If a Responsible Party or an Alternate Contact is also a SHS participant, the Participant Management portion of the tree is available under the Contacts link for that party; no separate search is required.

- To view the Participant Management information of a Contact record, expand the Participant Management section of the Tree for the specific Contact.

Example:

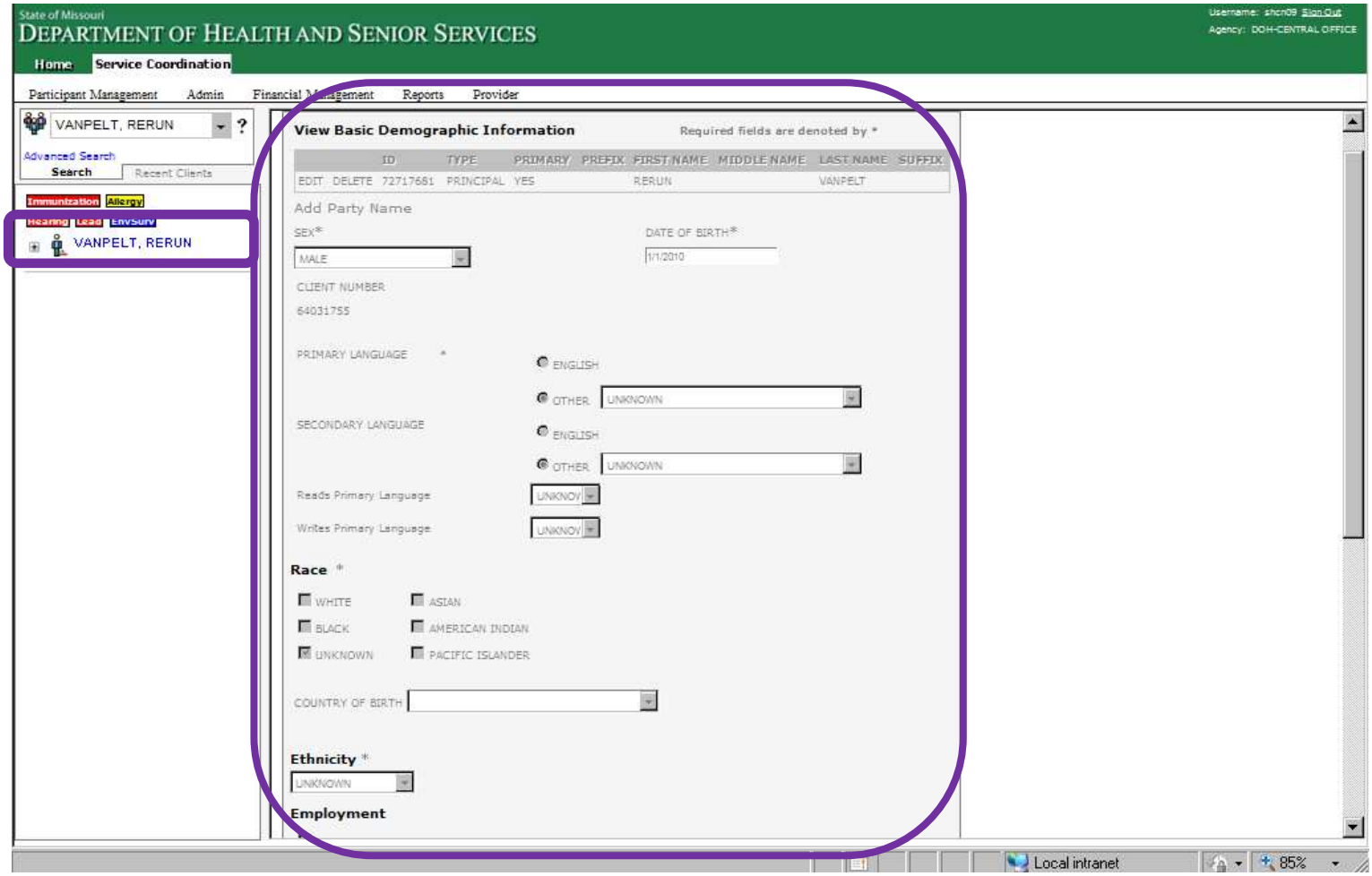
- ✓ Abby Van Pelt's record is a Participant Management record. A separate search for Abby's SHS record is not necessary; just expand the 'Tree' to see all the Participant Management sections for Abby.
- ✓ Charles Shultz's record is not a Participant Management record; there are no Participant Management sections when this Contact is expanded.



Basic Demographic Information

To access the screen select the party name in the MOHSAIC Tree; the party name is the link. The Demographic screen is used to capture/update the following items.

- Party Name
- Sex
- Date of Birth
- Primary and Secondary Language/Reads or Writes Primary Language
- Race/Country of Birth
- Ethnicity
- Employment
- Social Security Number (SSN)
- Marital Status
- Housing Information
- Living Arrangement
- Years of Education
- Degree
- Highest Level of Education/Current Education Status
- Special Assistance

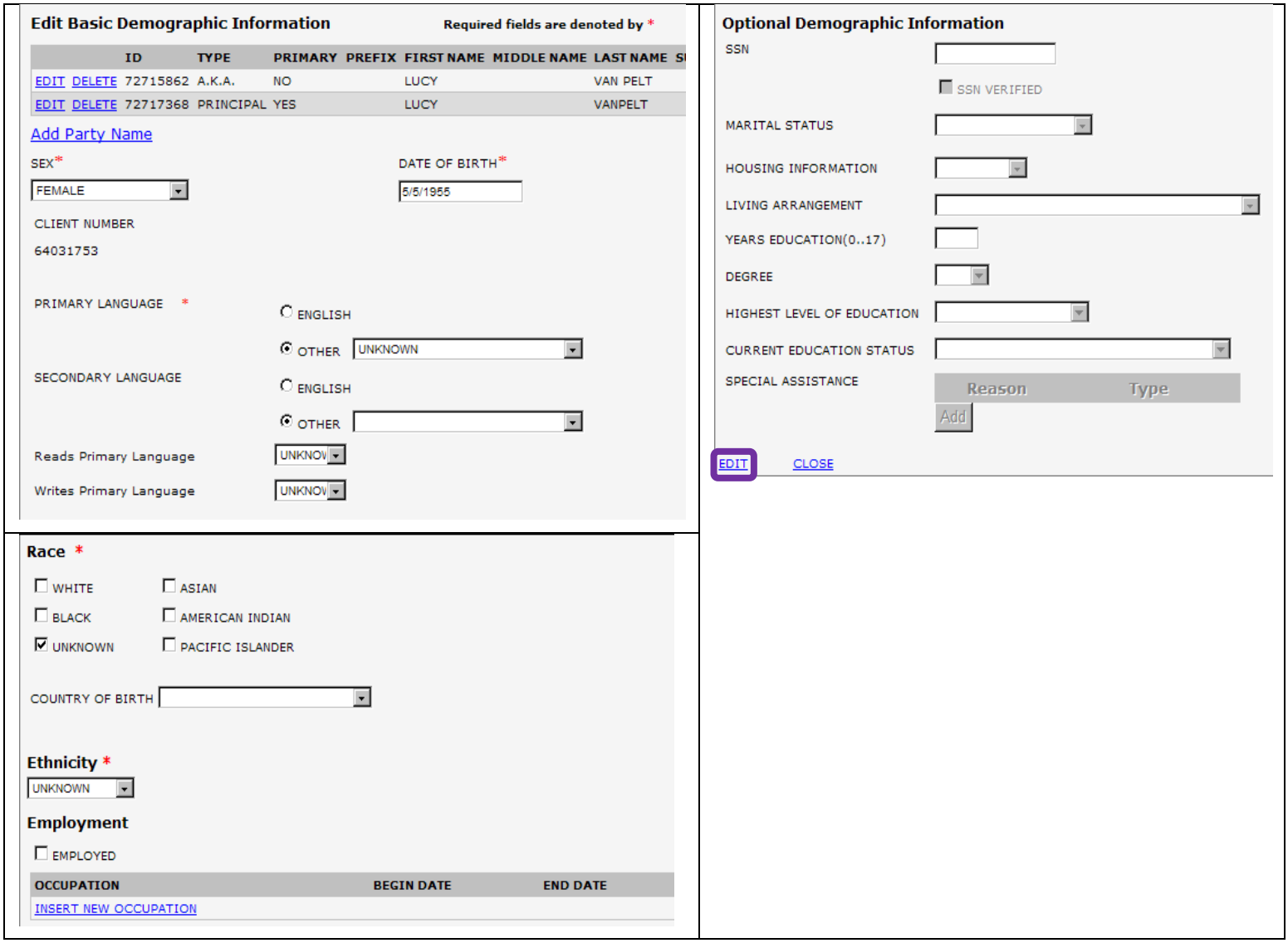


Basic Demographic Information - Name Edit

If a name is incorrect due to marriage, adoption, typo, etc., a user must:

- Conduct a search,
- Load the name so it is displayed in the tree, and
- Select the party name (it is a link).

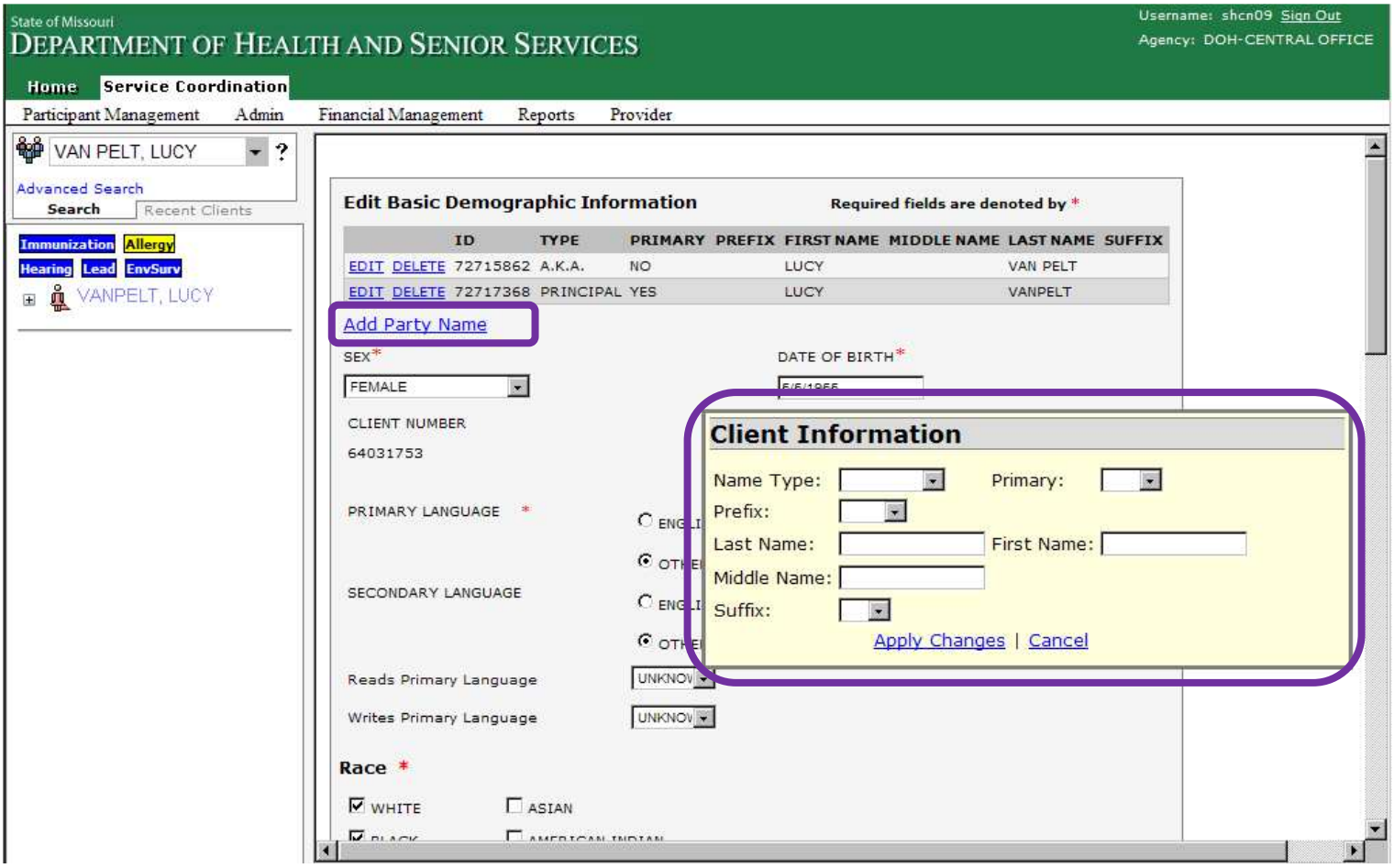
The Basic Demographics Information page will display in the right screen. Scroll to the bottom of the page and select the Edit link.



Basic Demographic Information – Add Party Name Link

Select the Add Party Name link to update the fields on the Client Information screen.

- A user must have appropriate documentation on file before any changes are entered.
- A change to the primary name must have one entry identified as Principal and Primary in order for any Report or Letter to print with a name. The correct field selections in the Name Type field is Principal (vs. any other option), and in the Primary field the correct selection is Yes.



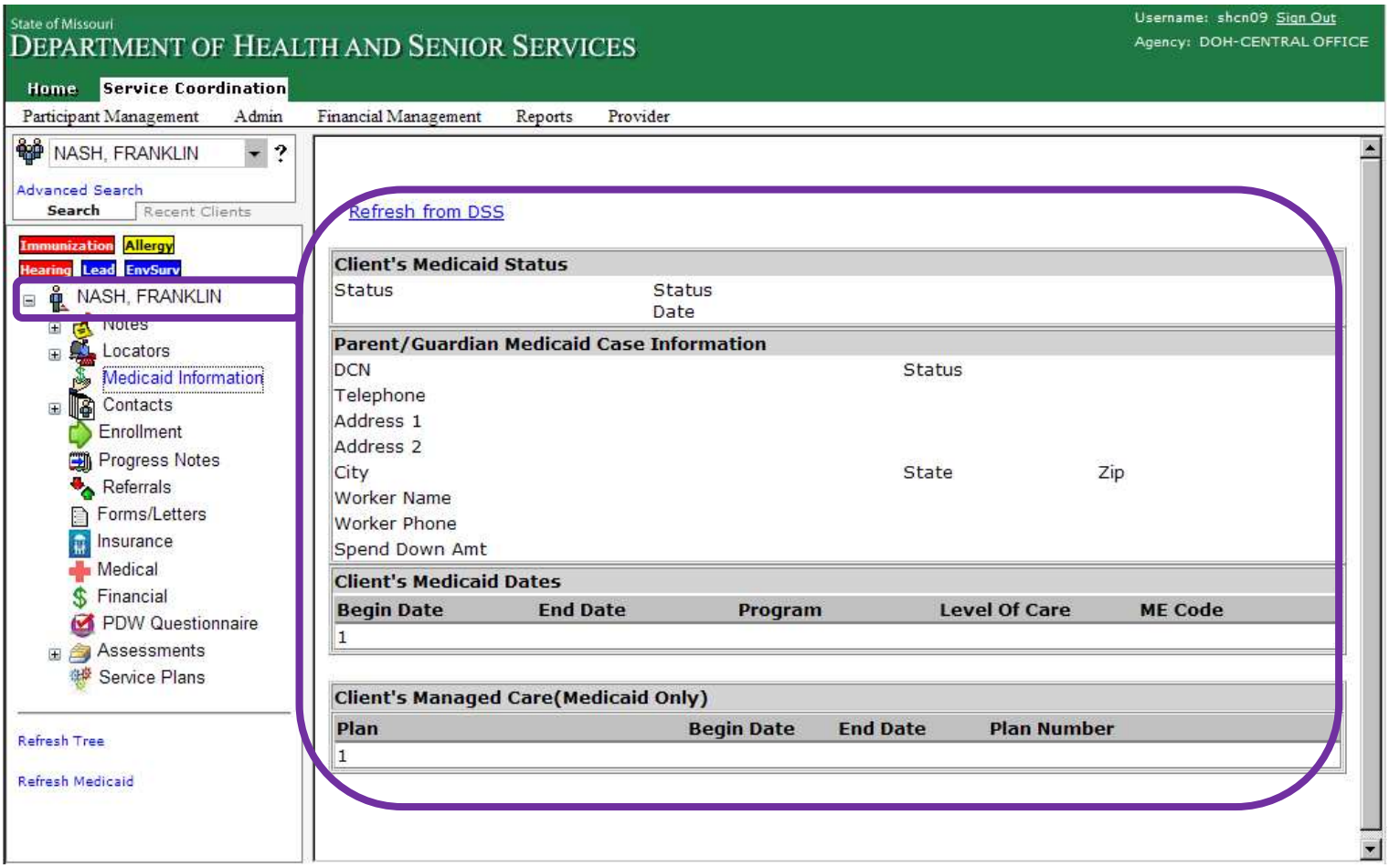
Notes (on the Tree) - NOT USED BY SHS

This section of the Tree contains the General Notes link; this link is **not** used by SHS.

Medicaid Information

This link is used to determine current MO HealthNet (MHN) information. The date the MHN information was last updated is displayed.

- If the date is not a current date, the MHN information can be refreshed. Select the Refresh from DSS link. The current date and current MHN information will be displayed on the page. There are two (2) links on the page, do not use the Refresh Medicaid link (at the bottom of the page).
- SHS is charged each time either Refresh link is selected.



Medicaid Information – Refreshed from DSS

MHN information available is:

- The date and time the MHN information was received from the DSS system.
- MHN status of the party, i.e., active, inactive, application, rejected, etc.
- Parent/Guardian information for the party.
- Spend Down Amount for the party; the amount listed is the amount yet to be incurred for the month, this may or may not be the total Spend Down requirement for the participant.
- The dates of MHN eligibility and the two (2) digit MO HealthNet Eligibility (ME) Code
- The date of MHN Managed Care eligibility for the party, including the plan name.
- If the screen is blank, participant has not applied to MHN.

Data was last refreshed from DSS on 12/15/2011 9:00:26 AM

Refresh from DSS

Client's Medicaid Status

Status	ACTIVE	Status Date	9/1/2010

Parent/Guardian Medicaid Case Information

DCN	[redacted]	Status	ACTIVE
Telephone			
Address 1			
Address 2	3502 [redacted] ST		
City	BATTLEFIELD	State	MO
Worker Name	BARBARA [redacted]	Zip	65[redacted]
Worker Phone	[redacted]		
Spend Down Amt	471		

Client's Medicaid Dates

Begin Date	End Date	Program	Level Of Care	ME Code
6/1/2010			T	13
5/1/2010	5/31/2010		T	13
4/1/2010	4/30/2010		T	13

1 2

Client's Managed Care(Medicaid Only)

Plan	Begin Date	End Date	Plan Number
HEALTHCARE USA OF MO LLC	9/1/2011		15004021

Medicaid Information – Managed Care Statements

- The Managed Care company/plan name indicates a participant is enrolled in that specific Managed Care company/plan.
- The MC+ Opt Out statement indicates a participant has chosen to change from a Managed Care enrollment with MHN to a Fee for Service enrollment with MHN.
- A Waiver Pseudo Plan statement indicates a participant is in transition between the Managed Care coverage to the Fee for Service coverage with MHN. This label signifies the participant is paying a premium in order to be eligible for Fee for Service enrollment with MHN. This transition period can last up to fifteen (15) days.

Data was last refreshed from DSS on 6/20/2013 4:39:05 PM

Refresh from DSS

Client's Medicaid Status

Status	ACTIVE	Status Date	

Parent/Guardian Medicaid Case Information

DCN	[redacted]	Status	ACTIVE		
Telephone					
Address 1					
Address 2	[redacted]				
City	[redacted]	State	MO	Zip	[redacted]
Worker Name					
Worker Phone					
Spend Down Amt	0				

Client's Medicaid Dates

Begin Date	End Date	Program	Level Of Care	ME Code
6/15/2013			2	74
5/2/2012	6/14/2013		2	74
3/16/2012	4/16/2012		2	74

1 2 3 4 5

Client's Managed Care(Medicaid Only)

Plan	Begin Date	End Date	Plan Number
MISSOURI CARE HEALTH PLAN	7/3/2013		13554044
WAIVER PSEUDO PLAN	6/15/2013	7/2/2013	13554044
MISSOURI CARE HEALTH PLAN	7/3/2012	6/14/2013	13554044

1 2 3 4 5 6 7

Last Modified By

Entry is completed by the system (no user can enter/alter the information). The field records the name and user ID of the person who did the last screen edits; it also records when the edit occurred (date and time) OR if the 'save' link was selected vs. the 'cancel' link.

. Last Modified By: TEST, SHCN NINE (SHCN09) On 10/28/2011 12:58:45 PM

Hot Buttons

These links (above a party name in the tree) give only brief summaries from the Public Health Profile (PHP) sources.

Public Health Profile (PHP)

This link is an expanded look for SHS users (vs. Hot Button information) about immunizations, allergies, hearing, and environmental lead or other environmental test results. The view is an 'inquiry' only.

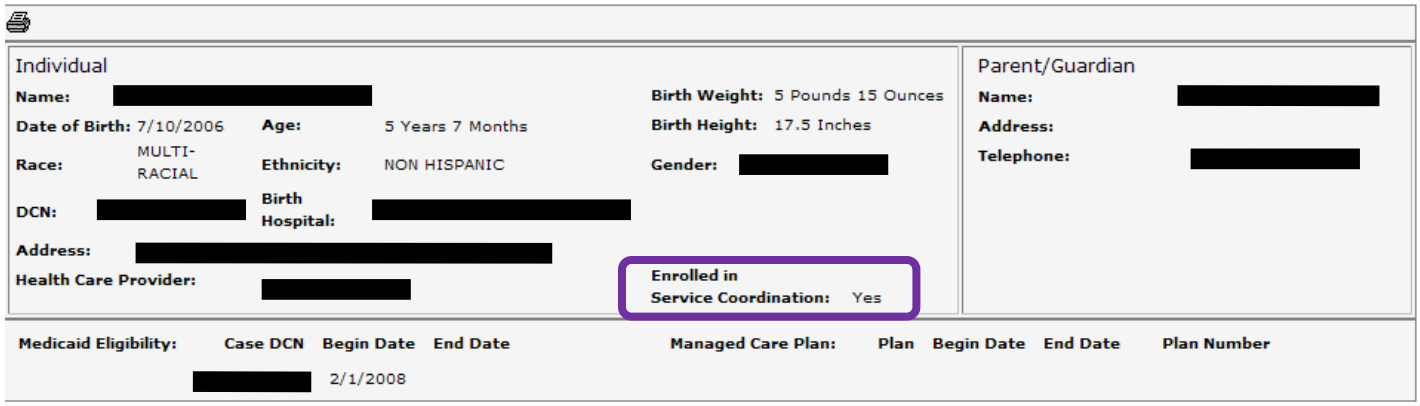
Public Health Profile (PHP) – Enrolled in Service Coordination Field

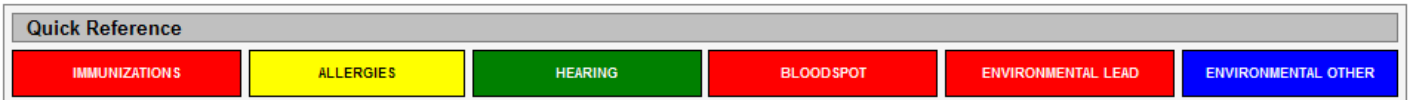
The Enrolled in Service Coordination field provides other DHSS users with knowledge that the party is involved with SHS.

The Quick Reference section of the PHP screen provides an expanded view for each topic:

- Immunizations
- Allergies
- Hearing
- Blood Spot
- Environmental Lead
- Environmental Other

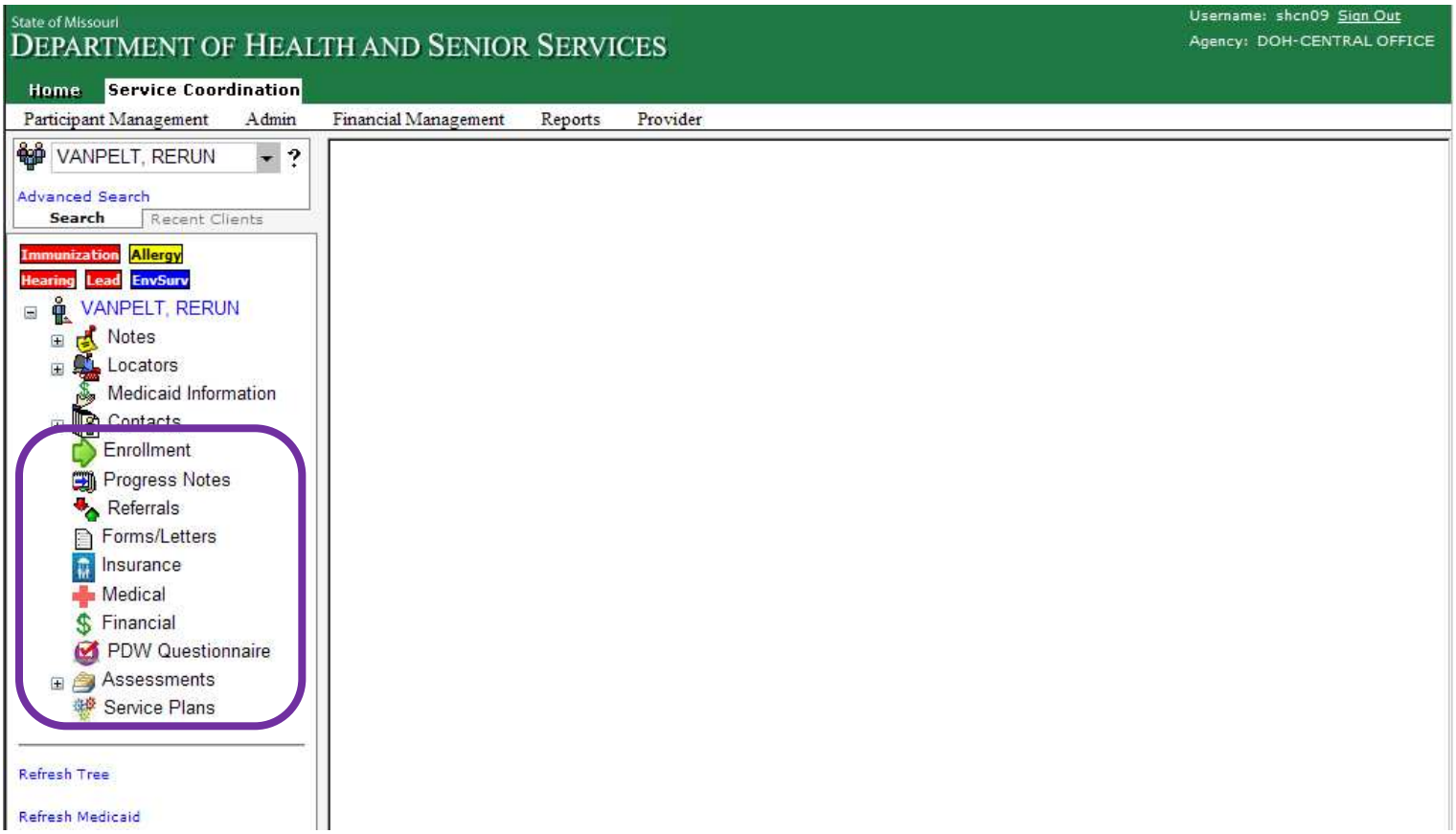
Select the specific area and the screen will be redirected to that portion of the PHP.





Participant Management

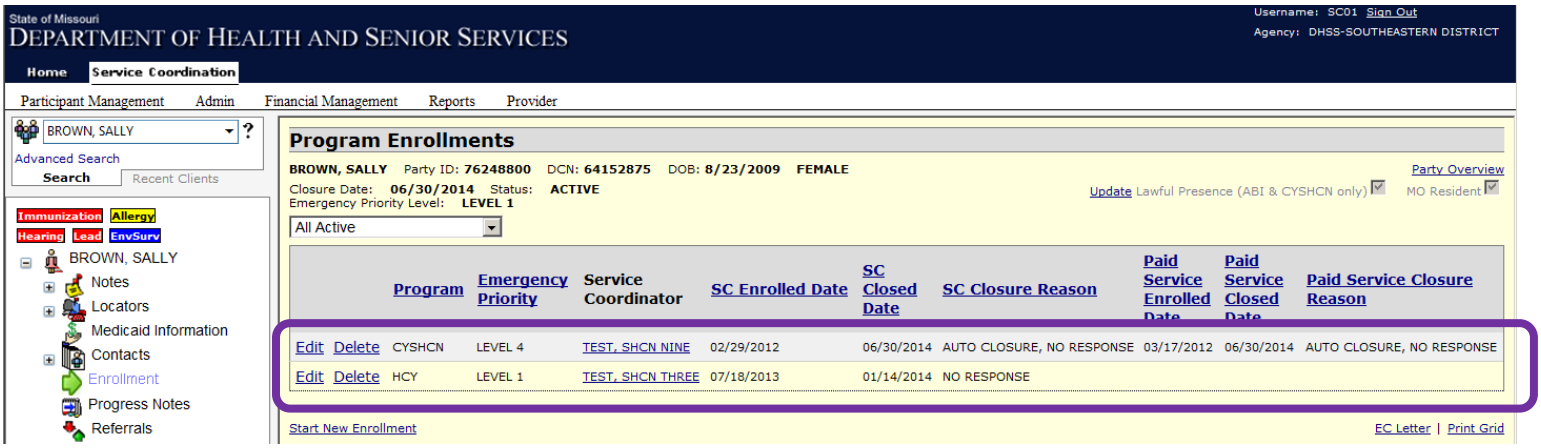
After a selection is made, the 'tree' populates with Participant Management icons, i.e., Enrollment, Medical, Financial, Progress Notes, etc. Users should verify search results are a match (name, date of birth, etc.) to the party that was searched.



Enrollment - Service Coordination

Initially all program referrals are enrolled in Service Coordination (with appropriate documentation per program specific requirements); Paid Service program enrollment occurs if all program requirements are met.

- SC Active field is the date a party is active in Service Coordination and assigned a Service Coordinator. The MFAW Program, Service Coordination enrollment, effective date is equal to the recommendation date on the MFAW Questionnaire.
- SC Closure Date field is a future closure date automatically populated based on a referral date; if no screen activity occurs in one hundred eighty (180) days the party automatically closes (excluding MFAW).
  - ✓ For HCY the field automatically populates with the day before the 21st birth date.
  - ✓ For CYSHCN the field automatically populates with the day before the 21st birth date.
  - ✓ For ABI the field automatically populates with the day before the 65th birth date.
  - ✓ There is no automated entry for MFAW.
- SC Closure Reason field is a future closure reason and automatically defaults to the appropriate closure reason based on entry, i.e., 'auto closure, referral or no response'. If a participant should be closed prior to the automated closure, the user must enter the correct closure date and the appropriate closure reason.
- One (1) enrollment line per program; each program may be actively enrolled in Service Coordination and/or Paid Services.



- HCY Program or MFAW Program:
  - ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit to determine medical necessity, obtain required forms, determine if in-home services will be approved and the at what level in-home services will be authorized, and a participant/responsible party to make a provider selection.
  - ✓ Paid Service enrollment allows Service Plan entry for the approved/authorized in-home service.

CYSHCN Program:

- ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit, obtain required forms, obtain required medical information and obtain required financial information.
- ✓ Paid Service enrollment allows Service Plan entry for approved/authorized services.

ABI Program:

- ✓ Service Coordination enrollment allows a Service Coordinator to conduct a home visit, obtain required forms, obtain required medical information and obtain required financial information.

- ✓ Paid Service enrollment allows for the participant to be placed on the ABI Wait List. When the participant is eligible to receive rehabilitation service, this level of enrollment allows Service Plan entry for approved/authorized rehabilitation services.

Enrollment - 'Paid Service' Programs

If program requirements are met, Paid Service program enrollment occurs.

- Paid Service field is a date the party is enrolled in a Paid Service program.
- The system will automatically populate a future closure date and reason.
- Paid Service Closure Date field is a future closure date based on a Paid Service date.
  - ✓ CYSHCN or ABI is a future closure date, which is the last day of the current State fiscal year or the day the participant ages out.
  - ✓ HCY is the day before the twenty-first (21st) birthday.
  - ✓ MFAW does not have an automated future closure entry.
- Paid Service Closure Reason field automatically defaults to the correct reason, i.e., CYSHCN or ABI is 'no response'; HCY is 'overage'.
- Paid Service Closure Date/Reason field entry **does not automatically close** a Service Coordination record for a party. A party is still active in Service Coordination until a closure date/reason is manually entered on the corresponding Service Coordination record.

Enrollment – Sort and Sort Options

All program enrollments can be sorted by selecting an option from the drop down box. The ten (10) sort options are:

- All Active
- All Historical
- ABI with Paid Service
- ABI without Paid Service
- CYSHCN with Paid Service
- CYSHCN without Paid Service
- HCY with Paid Service
- HCY without Paid Service
- MFAW with Paid Service
- MFAW without Paid Service

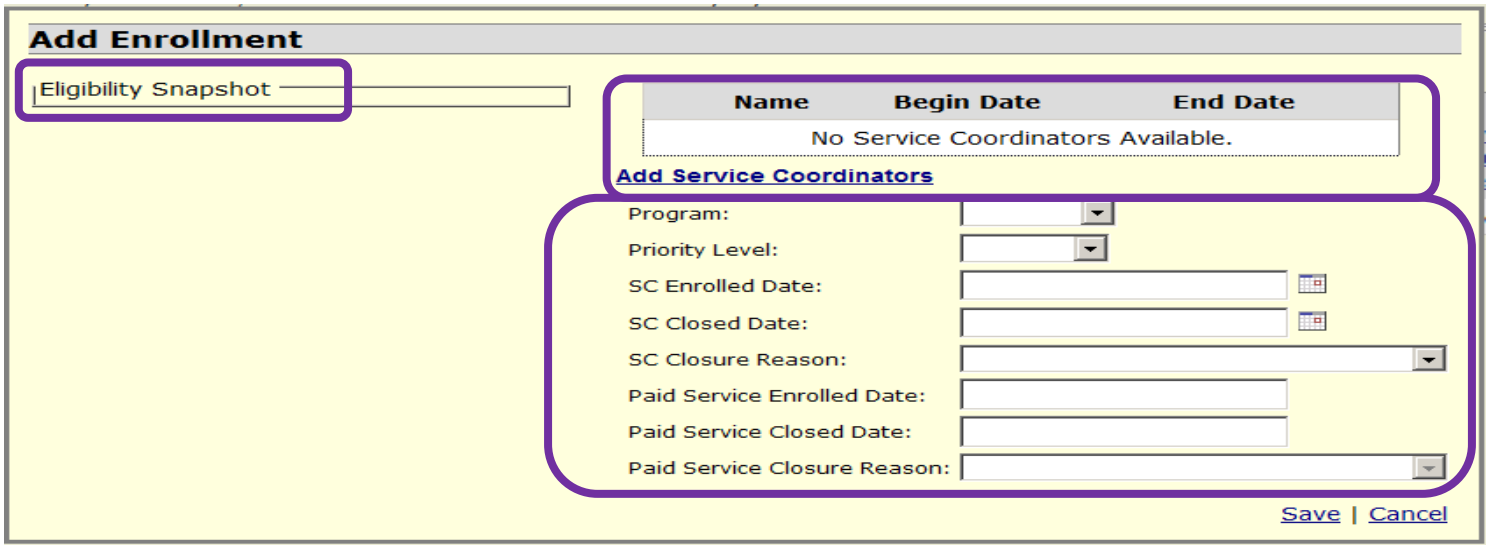
Enrollment – Start New Enrollment Link

To begin an enrollment, select the Start New Enrollment Link at the bottom of the Program Enrollments screen.

Enrollment – Add Enrollment Screen

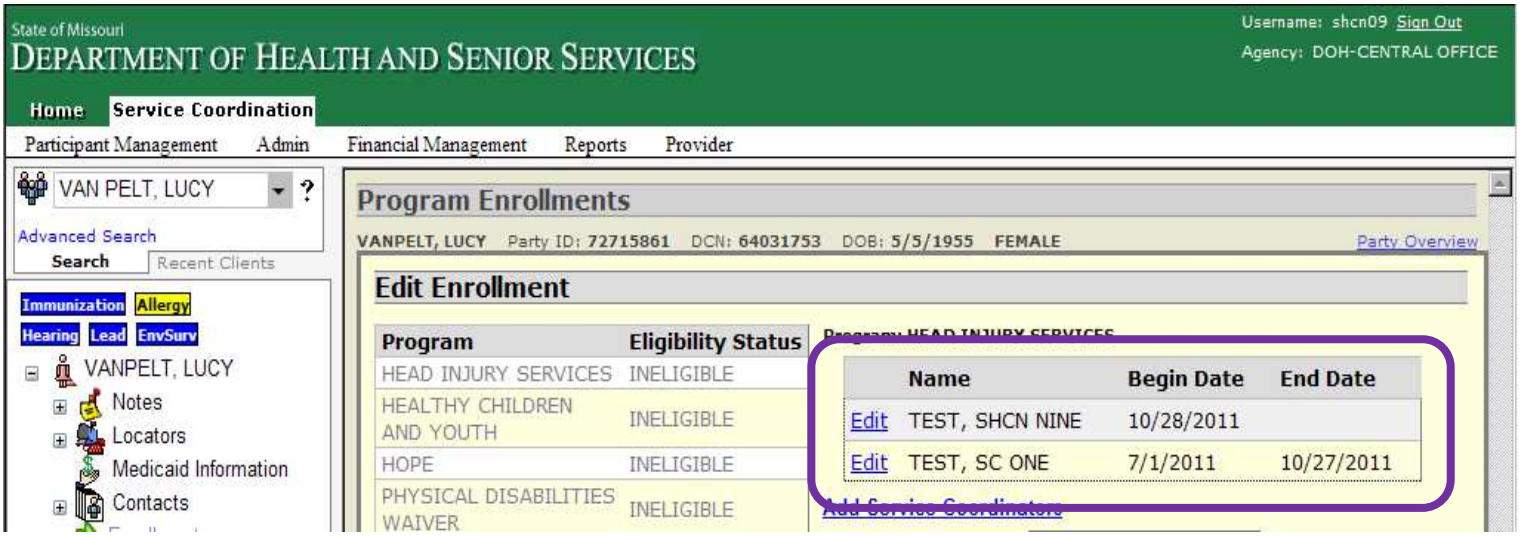
The Add Enrollment screen will display three (3) sections that are immediately visible:

- Eligibility Snapshot
- Service Coordinator Association
- Program Enrollment/Closure Information



Enrollment – Add Enrollment Screen – Service Coordinator Association

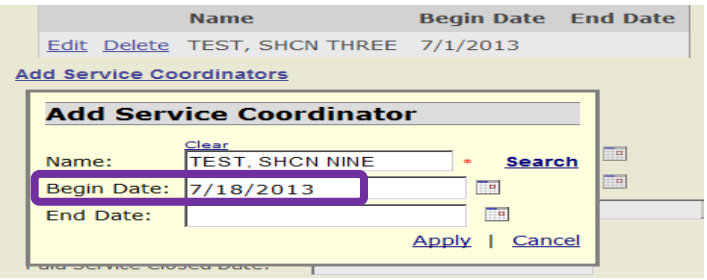
Every record, Service Coordination or Paid Service, is assigned a Service Coordinator name (and date). To begin any Program enrollment, Service Coordination or Paid Service, a user must complete the Service Coordinator Association.



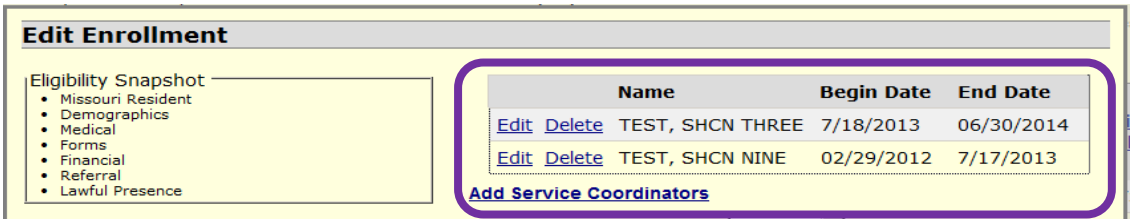
Enrollment – Add Enrollment Screen – Service Coordinator Association (continued)

Service Coordinator association has two (2) date fields (Begin Date and End Date) to define a period of time a Service Coordinator is associated to a party record.

- To initially associate a Service Coordinator or make a change, select the Edit link in the Service Coordinator name field on the Enrollment screen.
- Type the Service Coordinator name and select the 'search' link
- The system will conduct a search to locate the Service Coordinator name; the name must be selected from the search results.
- Enter the date the Service Coordinator should be associated to the participant.
  - ✓ The date the referral was received for an initial Service Coordination enrollment should entered.
  - ✓ To associate a new Service Coordinator, search for the Service Coordinator name, select the appropriate Service Coordinator name, and enter a Begin Date.
  - ✓ Service Coordinator names will automatically have an End Date field update when a closure on the Service Coordination record occurs.
  - ✓ Historical Service Coordinator associations are recorded as changes transpire.

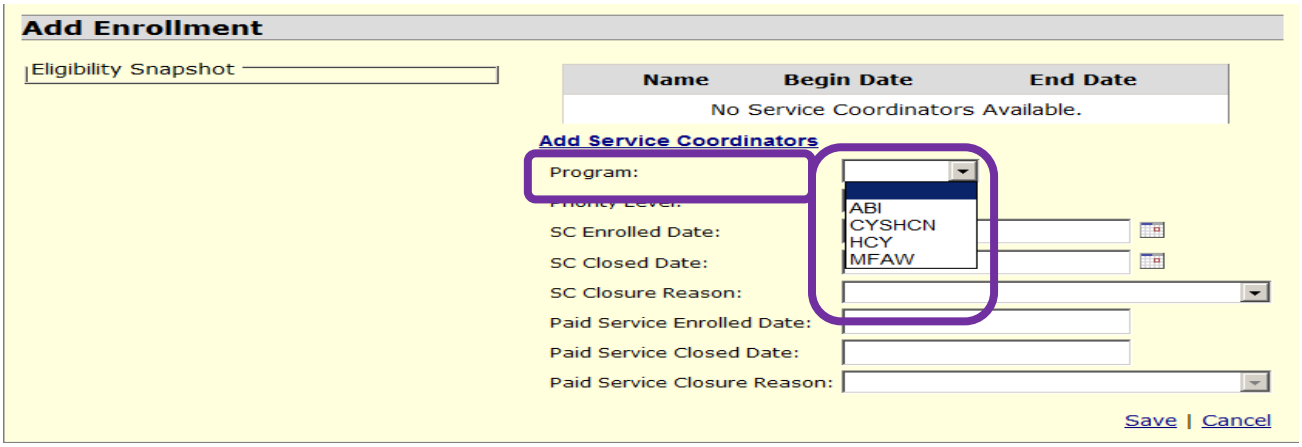


- When a participant transfers from one Service Coordinator to another, the new Service Coordinator association will complete the 'end date' field of the previous Service Coordinator. The date the referral was received for an initial Service Coordination enrollment should entered.
  - ✓ Example: Peppermint Patty transfers the participant to Marcie McIntire on 7/1. Peppermint Patty's 'end date' entry will automatically be 6/30 and it will be entered when Marcie's association is entered with a begin date of 7/1.



Enrollment – Add Enrollment Screen – Program

Each Service Coordination or Paid Service enrolled participant shall have a Program assignment. Users must select the appropriate program from the drop down list.



Enrollment – Add Enrollment Screen – Eligibility Snapshot

Eligibility Snapshot lists programmatic (business rule) requirements and indicates when system entry is completed.

- Every enrollment requirement must be entered electronically before a Paid Service program enrollment can be established; the 'bold' font designates when a requirement has not been entered/met.
- When all Eligibility Snapshot (program) requirements are entered, the Enrolled Date, Closed Date and Closure Reason fields are enabled.

ABI

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- **Demographics: The client's age is less than 21.**
- **Lawful Presence: The client has not supplied proof of Lawful Presence.**
- **Medical: No ABI SCREENER FORM is on file and reviewed within the past 6 months.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- **Forms: CC-1 forms should be signed and dated.**
- **Financial: No financial information has been supplied.**

CYSHCN

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- Demographics
- **Medical: The client has no ICD9 codes making them eligible for this program, and no CYSHCN SCREENER FORM is on file and reviewed within the past 6 months.**
- **Forms: CC-1 forms should be signed and dated.**
- **Financial: No financial information has been supplied.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- Lawful Presence

HCY

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- Demographics
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- **Forms: CC-1 forms should be signed and dated.**
- **Medicaid: Not valid due to MO HealthNet status.**

MFAW

Eligibility Snapshot

- **Missouri Resident: The client is not a Missouri resident.**
- **Demographics: The client's age is less than 21.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment.**
- **Forms: The participant must have scored 21 or greater on the Level Of Care Determination forms since 01/18/2013.**
- **Forms: Client Choice Statement form should be signed and dated since 01/18/2013.**
- **Medicaid: Not valid due to MO HealthNet status.**
- **MFAW Recommendation: The client has no MFAW Recommendation.**
- **PDN Eligible: The client is not eligible to recieve PDN services.**
- **Living in Facility: The client must not be living in any type of facility.**
- **Receiving Services: The client must not be receiving services thru another waiver.**
- **Requires Medical Care: The client must require medical care equivalent to the level of care received in an ICF-MR.**
- **Maintain Cost Effective Care: The client must not be able to maintain cost-effective alternative care at the ICF-MR level.**
- **MFAW Program Manager Approval: MFAW Recommendation must be approved by a MFAW Program Manager.**

Enrollment – Add Enrollment Screen - Emergency Priority Level

Each Service Coordination (SC) or Paid (PD) Service enrolled participant shall have a Priority Level assignment. Based on professional judgment Service Coordinators may assign a higher priority level than the definitions provided. The definition for each level is:

Level 1

- MFAW (All)
- Electronic Dependent (vent, 1x daily use of electronic device, i.e., vent, suction, nebulizer, chest physio therapy (cpt) vests)
- PDN (20-24 hours any given day of the week)

Level 2

- PDN (Not included priority #1)
- Electronic Dependent (Less than daily)

Level 3

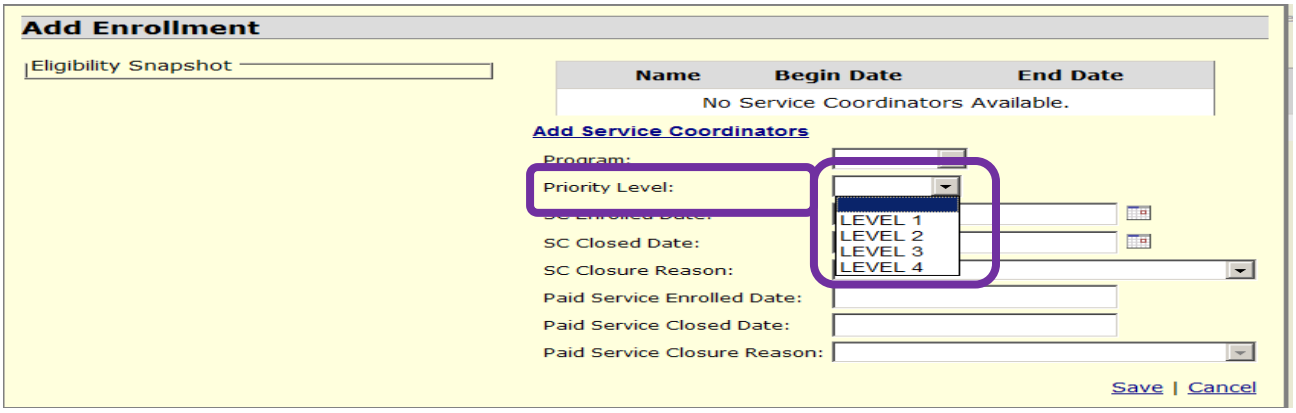
- PCA (all)

Level 4

- All other HCY Categories (ST SNV, LT SNV)
- CYSHCN (SC or PD Service Enrolled)
- ABI (SC or PD Service Enrolled)
- HCY (SC enrolled)

For any dually enrolled participants, the HCY or MFAW default priority rating will trump the ABI or CYSHCN priority rating. Display of the Priority Level Assignments is displayed on the following screens:

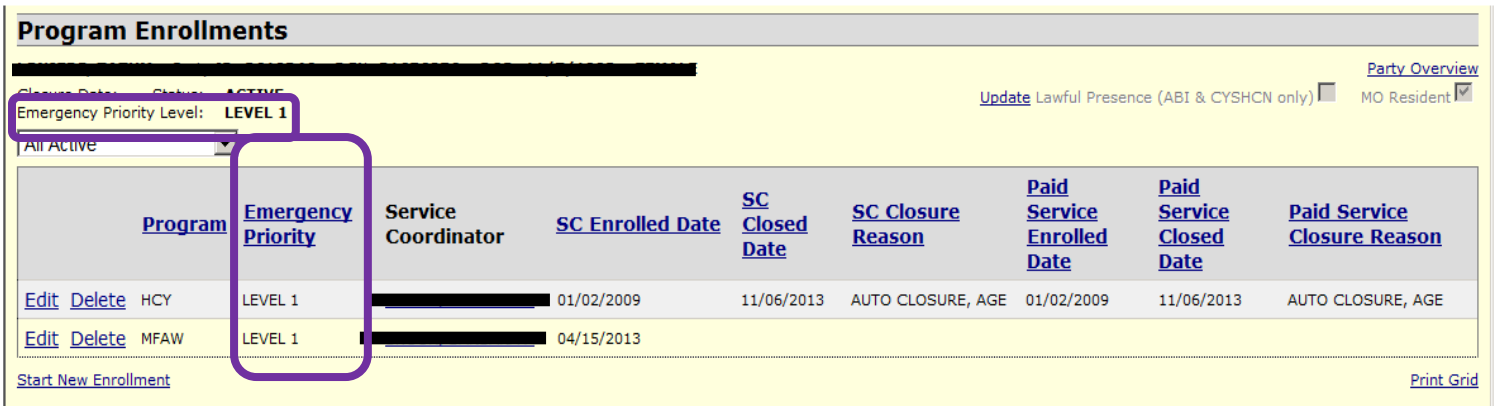
- Enrollment Record
- Enrollment Summary Grid
- Enrollment Print Grid
- Participant Overview Page



A dual enrolled participant (HCY and CYSHCN) will list the Emergency Priority Level assigned by each individual program on each program row on the summary page.

However, the priority level display in the static header, Emergency Priority Level field will default to Emergency Priority Level assigned by the HCY or MFAW program.

Example, if the participant is enrolled in the HCY and CYSHCN program the priority level is the level appropriate to the HCY program.



Enrollment - Eligibility Card Print for CYSHCN Program

When a Paid Service enrollment is determined for the CYSHCN program, the participant/family shall receive an Eligibility Card with the SHS approval. The Program Effective Date and Anticipated Program Expiration Date fields are entered, indicating the approval period.

If the participant is dual enrolled (active in more than one program, i.e. CYSHCN and HCY) the user must select the row of the program (CYSHCN) in order for the EC Letter link to become visible.

Missouri Department of Health and Senior Services
PO BOX 570, JEFFERSON CITY MO 65102-057 Phone: 573-751-6400 FAX: 573-751-6010
RELAY MISSOURI for Hearing and Speech Impaired 800-735-2966 VOICE 800-735-2466
MARGARET T. DONNELLY
DIRECTOR

JEREMIAH W. (JAY) NIXON
GOVERNOR

2/23/2012

LINUS VANPELT

ATTENTION: Participant/Parent/Guardian

LINUS VANPELT has been determined eligible for the Children and Youth with Special Health Care Needs (CYSHCN) Program. You must present this letter prior to receiving services from an enrolled SHCN provider. As payer of last resort, CYSHCN will only consider funding medically necessary diagnostic and treatment services directly related to the conditions listed on the eligibility letter.
You or the provider of services must contact SHCN regarding coverage. Services and equipment may require prior authorization. You have the right to appeal decision regarding eligibility, the services received, or the service denied.

For further information, contact SHCN at:
SHCN TEST

Or toll free at 800-451-0669

ATTENTION: Providers of Services

- Providers must be enrolled in SHCN prior to the date of service to be eligible for reimbursement. For provider enrollment information please call 800-451-0669.
- Emergency services must be reported to SHCN within 72 hours of delivery.
- SHCN will discontinue reimbursement when the participant becomes ineligible. The participant will be responsible for all bills incurred after SHCN eligibility ends.
- For prior authorization and reimbursement information visit: http://www.dhss.mo.gov/living/families/shcn/pdf/cshcnrateschedule.pdf
- For claims submission guidelines visit: http://www.dhss.mo.gov/living/families/shcn/pdf/ClaimsGuide.pdf

Send all bills to:
Special Health Care Needs
PO BOX 570, JEFFERSON CITY MO 65102
FAX: 573-522-2107

To verify service coverage call:
SHCN TEST

Eligibility Information

Present to provider before service is received.

PARTICIPANT:	LINUS VANPELT
DCN:	64105459
DOB:	1/1/1992
COVERAGE PERIOD:	01/03/2012 - 06/30/2012

SHCN is payer of last resort. All other sources of payment must be exhausted before SHCN will consider payment. Limited funding may be considered for medically necessary diagnostic and treatment services directly related to those eligible medical conditions listed.

Diagnostic Services for:
LIMITED CARDIOVASCULAR

Approved Medical Conditions:
LUMBAR SPINAL CORD INJURY WITHOUT SPINAL BONE INJURY

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Enrollment - Acknowledgement Letter Print for ABI Program

When a Paid Service enrollment is completed for the ABI program, the participant/family shall receive an Acknowledgement Letter. If the participant is dual enrolled (active in more than one program, i.e., ABI and MFAW) the user must select the row of the program (ABI) in order for the EC Letter link to become visible.

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MARGARET T. DONNELLY
DIRECTOR
JEREMIAH W. (JAY) NIXON
GOVERNOR

2/23/2012

ABNER VANPELT
7472 HWY JJ
WENTWORTH, MO 64873

Dear ABNER VANPELT:

LUCY VANPELT has been determined eligible for the Head Injury Services (AHI) Program and added to the waiting list for rehabilitation services. When determined eligible to come off the waiting list, your Service Coordinator will contact you to review the need for applicable services offered by the AHI Program. These services must be determined necessary for the achievement of independent living, community participation and/or employment goals. If rehabilitation services are deemed necessary, your Service Coordinator will give you a provider list so you may select your provider of choice.

Your Service Coordinator remains available to assist you with any service coordination needs.

Questions or requests for assistance may be directed to your Service Coordinator at 800-451-0669.

Sincerely,

SHCN TEST

c: participant file

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Enrollment – SC (Service Coordination) - Automated Closure Date/Reason

The system inputs an automated closure date and closure reason based on program rules. Closure dates and closure reasons can be manually updated. For example:

- CYSHCN program, ABI program or HCY program Service Coordination enrollments will automatically close without additional screen entry requirements, according to program requirements, being met, i.e.,
  - ✓ Referral (within the past six (6) months),
  - ✓ Forms/Letters (sent, received and signed enrollment form, cc1), and
  - ✓ Medical (medically eligible diagnosis).
- The system will not display an automated closure entry for a Service Coordination enrollment in the MFAW program.

An automated closure reason is removed by the system when **all** additional screen entry requirements are met. A participant can remain in Service Coordination enrollment, if they continue to meet the eligibility criteria. When a CYSHCN or ABI participant is financially eligible, a participant should then be enrolled in a Paid Service enrollment.

	Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
Edit Delete	HOPE	TEST, SHCN NINE	02/21/2012	08/21/2012	AUTO CLOSURE, REFERRAL			

Enrollment – Paid Service - Automated Closure Date/Reason

System inputs an automated closure date and closure reason based on program rules. Closure dates and closure reasons can be manually updated. For example:

- CYSHCN program or ABI program Paid Service enrollment is maintained from fiscal year to the next fiscal year. If there is no change in entry, the participant will automatically close at the end of the current fiscal year, i.e., Annual Financial Eligibility Review (AFER).
- CYSHCN program or ABI program enrollments (Service Coordination or Paid Service) until the day before significant birthdays, i.e., for CYSHCN enrollments the 18th birthday because of 'lawful presence' or 21st birthday because of 'overage'; for ABI enrollments the 65th birthday because of overage'.
- HCY program Paid Service enrollment is retained until a participant is twenty-one (21), so the automated closure date is the day before the participants twenty-first (21st) birthday with a closure reason of 'overage'. Similar entry is used for CYSHCN participants turning twenty-one (21) or ABI participants turning sixty-five (65).
- The system will not display an automated closure entry for a Paid Service enrollment in the MFAW program.

Enrollment – Paid Service - Automated Closure Date/Reason (continued)

For CYSHCN and ABI participants, an automated closure reason is updated by the system when screen entry requirements are met, i.e., a Financial screen update meets annual program requirement, or a CYSHCN and ABI participant will be overage for program enrollment within the fiscal year.

	Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
Edit Delete	HEAD INJURY SERVICES	TEST, SHCN NINE	10/28/2011			10/28/2011	06/30/2012	NO RESPONSE

	Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
Edit Delete	HOPE	TEST, SHCN NINE	02/21/2012	05/21/2012	OVER AGE			
Edit Delete	HEALTHY CHILDREN AND YOUTH	TEST, SHCN NINE	02/21/2012			02/21/2012	05/21/2012	OVER AGE

Enrollment – Manual Closure

Manual closures for either a Service Coordination or Paid Service enrollment can occur anytime a participant record needs to be closed. If automated closure entry (date/reason) is not the actual date/reason, then the automated entry can be manually updated, i.e., MHN eligibility ended April 23rd but the automated closure date entry is the current date of April 27th; the user can manually change the closure date/reason to accurately reflect the closure action.

To complete a manual closure, access the Enrollment/Edit screen and update the Closure Date and Closure Reason fields to the appropriate closure date and closure reason.

A manual closure of a participant enrolled at a Paid Service enrollment level will automatically change the Service Coordination enrollment information to match the Paid Service closure date and reason.

Add Enrollment

Eligibility Snapshot
- Missouri Resident
- Demographics
- Lawful Presence
- Medical
- Referral
- Forms
- Financial

	Name	Begin Date	End Date
Edit Delete	TEST, SHCN THREE	3/01/2013	06/30/2013

Add Service Coordinators

Program: ABI

SC Enrolled Date: 3/1/2013

SC Closed Date: 06/30/2013

SC Closure Reason: AUTO CLOSURE, AGE

Paid Service Enrolled Date: 3/1/2013

Paid Service Closed Date: 06/30/2013

Paid Service Closure Reason: AUTO CLOSURE, FINANCIAL

Save | Cancel

Enrollment - Print Closure Letter Link

The Print Closure Letter link provides ability to print a closure letter based on the closure reason entry.

Remember every closure will result in a closure letter being mailed for each closure with one exception:

- An HCY Service Coordination enrollment or MFAW Service Coordination enrollment with only a phone contact.
- The phone contact documentation needs to have an end result of participant/responsible party and the Service Coordinator both in agreement that no HCY or MFAW services are needed or wanted.

Enrollment - Print Closure Letter Link – Additional Information Screen

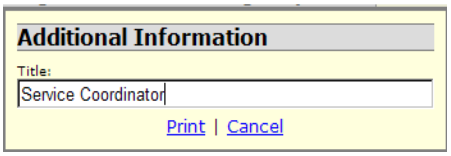
When the Print Closure Letter link is selected, the Additional Information screen displays. The user must complete the Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc. Select the Cancel link to close the screen and not print a letter.

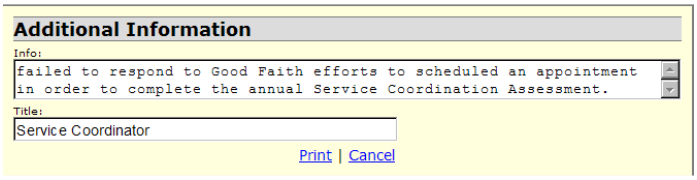
When the Print Closure Letter link is selected **and the closure reason is 'no response'**, the Additional Information screen will display two (2) entry fields. Both fields will print on the closure letter.

A user must complete entry in both fields:

- Info field with specifics about what was not responded to, i.e., failed to return required income tax information, failed to respond to Good Faith effort to schedule appointments or provide required documents, etc.
- Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc.

Select the Cancel link to close the screen and not print a letter.

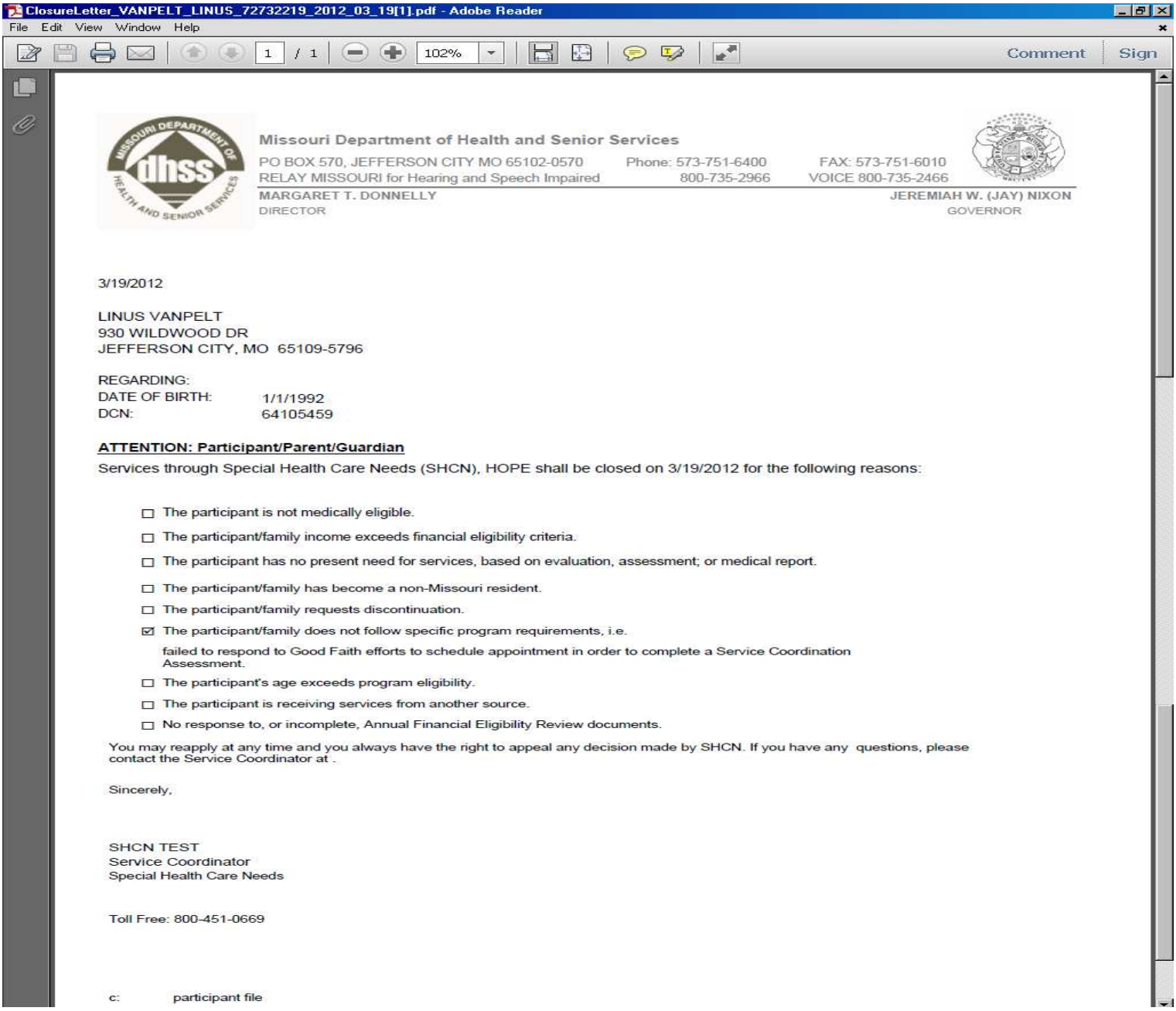




Enrollment - Print Closure Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed;
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record;
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record;
- The closure reason and closure date is from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.



ClosureLetter_VANPELT_LINUS_72732219_2012_03_19[1].pdf - Adobe Reader

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MARGARET T. DONNELLY
DIRECTOR
JEREMIAH W. (JAY) NIXON
GOVERNOR

3/19/2012

LINUS VANPELT
930 WILDWOOD DR
JEFFERSON CITY, MO 65109-5796

REGARDING:
DATE OF BIRTH: 1/1/1992
DCN: 64105459

ATTENTION: Participant/Parent/Guardian

Services through Special Health Care Needs (SHCN), HOPE shall be closed on 3/19/2012 for the following reasons:

- ☐ The participant is not medically eligible.
- ☐ The participant/family income exceeds financial eligibility criteria.
- ☐ The participant has no present need for services, based on evaluation, assessment; or medical report.
- ☐ The participant/family has become a non-Missouri resident.
- ☐ The participant/family requests discontinuation.
- ☑ The participant/family does not follow specific program requirements, i.e. failed to respond to Good Faith efforts to schedule appointment in order to complete a Service Coordination Assessment.
- ☐ The participant's age exceeds program eligibility.
- ☐ The participant is receiving services from another source.
- ☐ No response to, or incomplete, Annual Financial Eligibility Review documents.

You may reapply at any time and you always have the right to appeal any decision made by SHCN. If you have any questions, please contact the Service Coordinator at .

Sincerely,

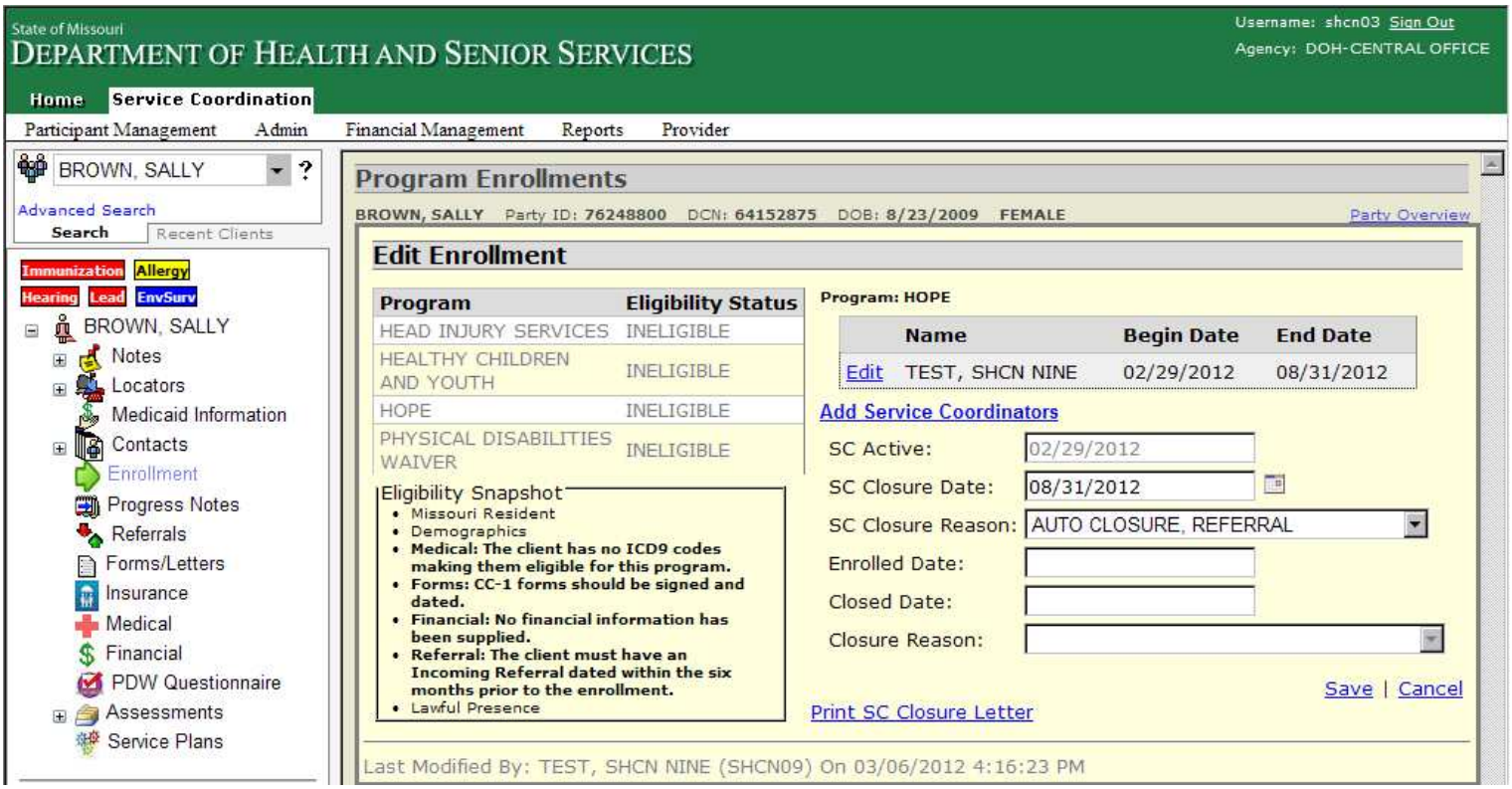
SHCN TEST
Service Coordinator
Special Health Care Needs

Toll Free: 800-451-0669

c: participant file

Enrollment - Print SC Closure Letter Link

The Print SC Closure Letter link provides ability to print a closure letter based on the closure reason entry when the Service Coordination enrollment is the only closure. This link is not available when both (Paid Service and Service Coordination) enrollments close on the same day.



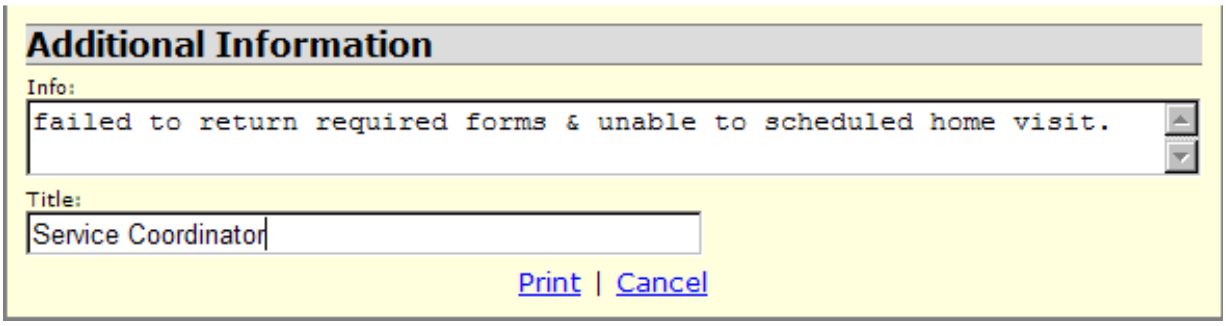
Enrollment - Print SC Closure Letter Link – Additional Information Screen

When the Print SC Closure Letter link is selected and the closure reason is 'no response', the Additional Information screen will display two (2) entry fields. Both fields will print on the closure letter.

A user must complete entry in both fields:

- Info field with specifics about what was not responded to, i.e., failed to return required income tax information, failed to respond to Good Faith effort to schedule appointments or provide required documents, etc.
- Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc.

Select the Cancel link to close the screen and not print a letter.



Enrollment - Print SC Closure Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed;
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record;
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record;
- The closure reason and closure date is from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.

ClosureLetter_BROWN_SALLY_76248800_2012_03_22[2].pdf - Adobe Reader

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MARGARET T. DONNELLY
DIRECTOR

JEREMIAH W. (JAY) NIXON
GOVERNOR

3/22/2012

SALLY BROWN

REGARDING: SALLY BROWN
DATE OF BIRTH: 8/23/2009
DCN: 64152875

ATTENTION: Participant/Parent/Guardian

Services through Special Health Care Needs (SHCN), HOPE shall be closed on for the following reasons:

- ☐ The participant is not medically eligible.
- ☐ The participant/family income exceeds financial eligibility criteria.
- ☐ The participant has no present need for services, based on evaluation, assessment; or medical report.
- ☐ The participant/family has become a non-Missouri resident.
- ☐ The participant/family requests discontinuation.
- ☑ The participant/family does not follow specific program requirements, i.e. failed to return required forms & unable to scheduled home visit.
- ☐ The participant's age exceeds program eligibility.
- ☐ The participant is receiving services from another source.
- ☐ No response to, or incomplete, Annual Financial Eligibility Review documents.

You may reapply at any time and you always have the right to appeal any decision made by SHCN. If you have any questions, please contact the Service Coordinator at .

Sincerely,

SHCN TEST
Service Coordinator
Special Health Care Needs

Toll Free: 800-451-0669

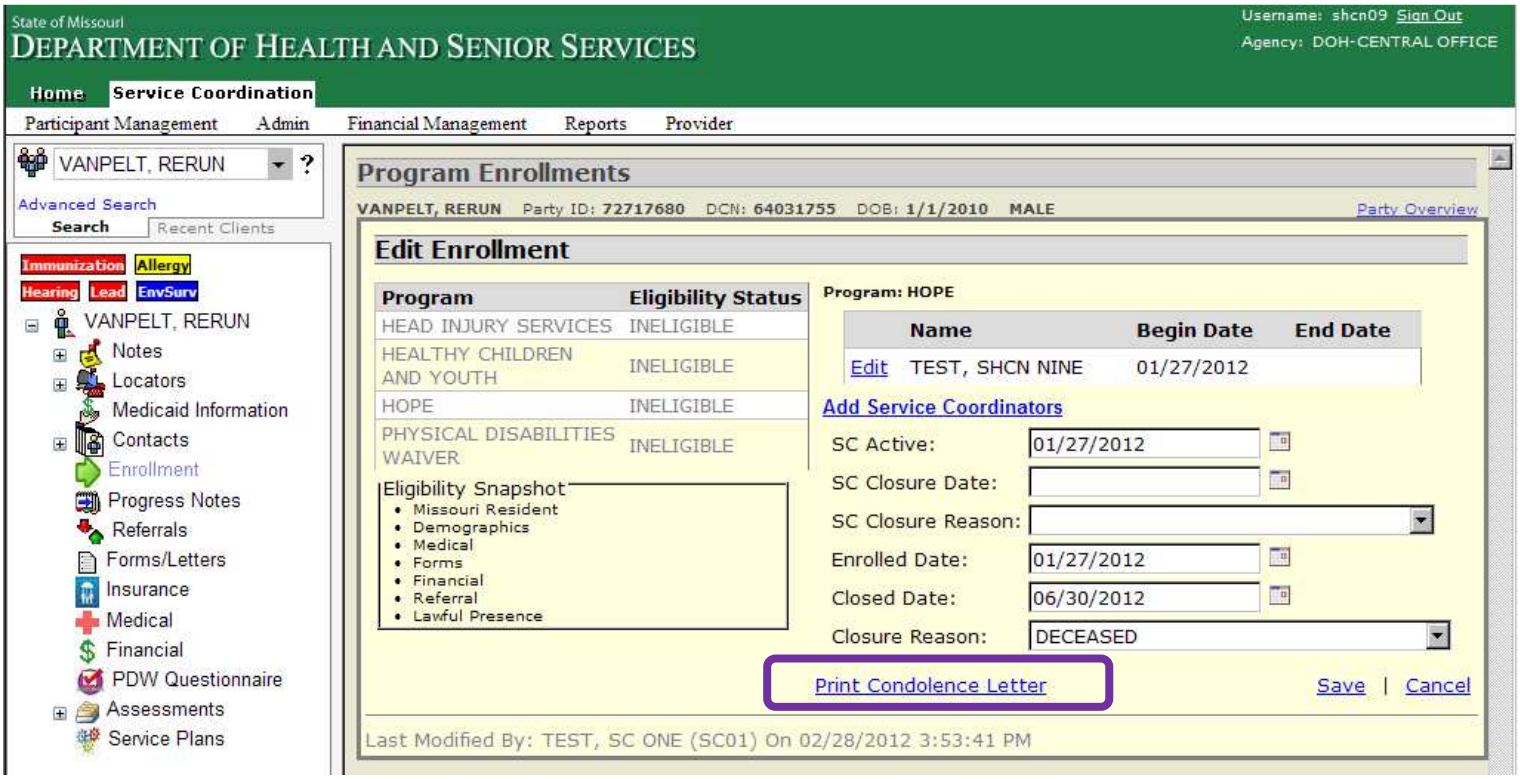
c: participant file

Enrollment – Both Print Closure Letter and Print SC Closure Letter Links

Both links display when a Service Coordination closure is dated differently from a Paid Service closure. A user must select the appropriate link (because of the different closure dates and closure reasons).

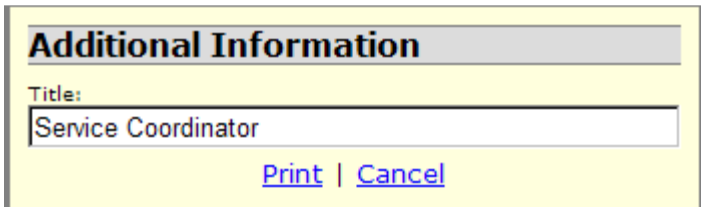
Enrollment - Print Condolence Letter Link

The Print Condolence Letter link provides ability to print a closure condolence letter only when the system recognizes the closure reason entered is 'deceased'.



Enrollment - Print Condolence Letter Link – Additional Information Screen

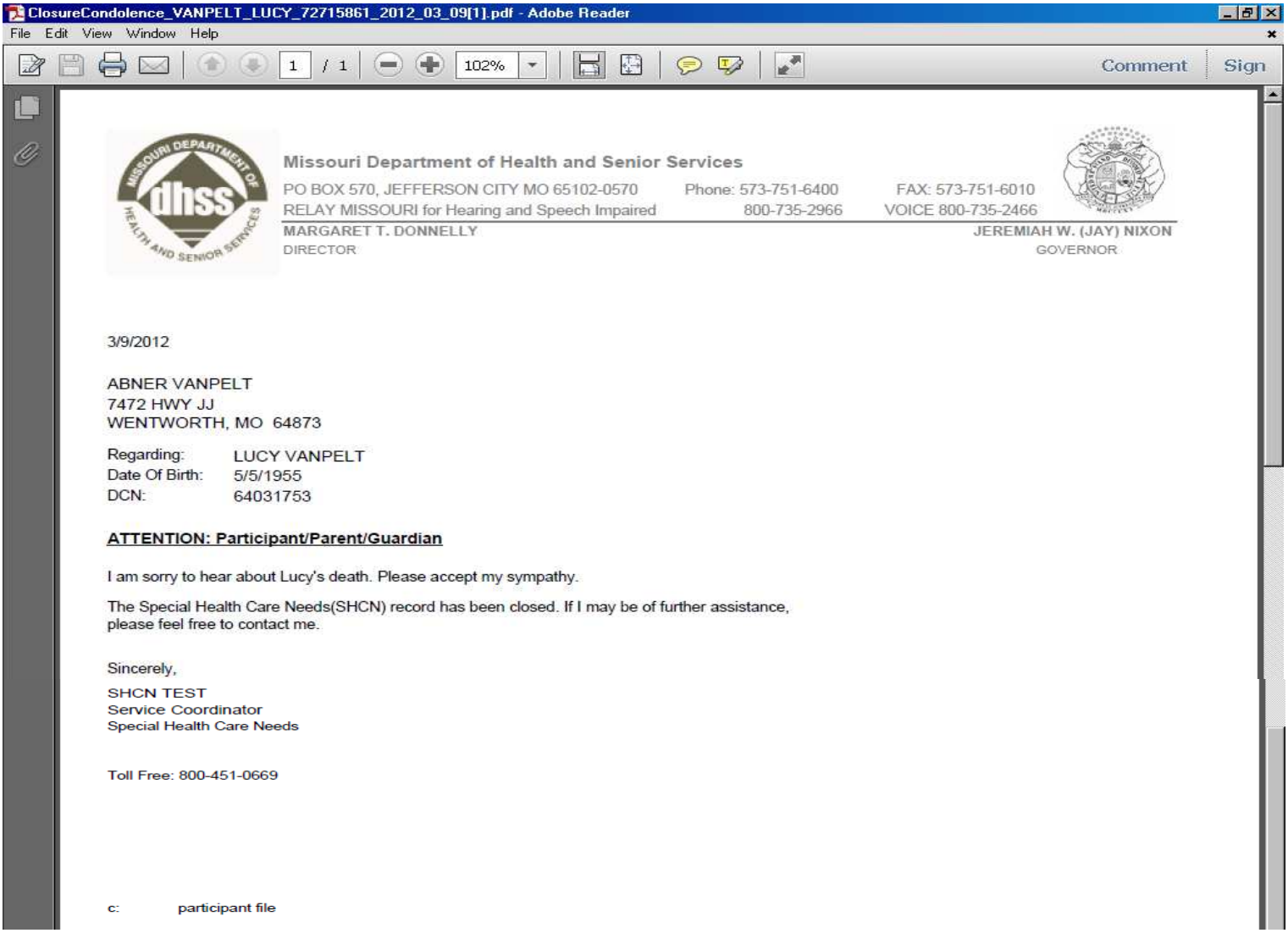
After the Print Condolence Letter link is selected, the Additional Information screen displays. The user must complete the Title field with the author's title, i.e., Service Coordinator, Registered Nurse, Schuyler County Director of …., etc. Select the Cancel link to close the screen and not print a letter.



Enrollment - Print Condolence Letter Link – Additional Information Screen, Print Link

Select the Print link and the Closure Letter PDF file will display so it can be printed and/or saved. The information printed in the Closure Letter is generated from system entry:

- The date of the letter is the date the letter is printed;
- The responsible party name and address is from the Responsible Party entry under the Contacts section of the participants record;
- The participants Name, DCN and Date of Birth is from the Demographics page entry of the participants record;
- The closure reason and closure date is from the closure entry of the specific program closure on the Enrollment screen; and
- The Service Coordinator's phone number is from the information associated to the Service Coordinator in the system.



ClosureCondolence_VANPELT_LUCY_72715861_2012_03_09[1].pdf - Adobe Reader

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MARGARET T. DONNELLY
DIRECTOR
JEREMIAH W. (JAY) NIXON
GOVERNOR

3/9/2012

ABNER VANPELT
7472 HWY JJ
WENTWORTH, MO 64873

Regarding: LUCY VANPELT
Date Of Birth: 5/5/1955
DCN: 64031753

ATTENTION: Participant/Parent/Guardian

I am sorry to hear about Lucy's death. Please accept my sympathy.

The Special Health Care Needs(SHCN) record has been closed. If I may be of further assistance, please feel free to contact me.

Sincerely,

SHCN TEST
Service Coordinator
Special Health Care Needs

Toll Free: 800-451-0669

c: participant file

Enrollment - Closure Reason Definitions

Closure Reason is a way to define (by a grouping) the bases for a program closure. Participant Service Coordination and Paid Service records both should be closed using the most appropriate reason from the following list:

Closure Reason	Definition
Deceased	Participant has died.
Incomplete Applications/ AFER/Reapplications/PA	All of the required information for the Application, Reapplication, or AFER was not provided by the participant/family.
Lawful Presence	Participant/family failed to provide required proof of lawful presence
Maximum Benefits Achieved	SHS has provided all eligible services.
Medicaid Non-Compliance	• Failed to apply with MO HealthNet (Medicaid). • Did not complete MO HealthNet (Medicaid) application process. • Withdrew from the MO HealthNet (Medicaid) program. • Failed to comply with MO HealthNet (Medicaid) requirements.
Moved Out of State	Participant/family no longer resides in the State of Missouri.
No Present Need for Care (NNC)	• SHS services are not needed at this time. • Prior authorized HCY services are not needed at this time. • Participant has been released from care by the physician.
Not Financially Eligible (NFE)	Participant/family income exceeds financial eligibility criteria.
Not Medically Eligible (NME)	• Participant does not meet medical eligibility criteria. • Participant's prognosis does not meet program eligibility.
No Response (NR) Do Not Use this closure reason as a substitution for: ➢ Medicaid Non-Compliance ➢ Incomplete Applications/Annual Financial Eligibility Review (AFER)/ Reapplications/PA.	• No response to Applications, Reapplications, or AFER. • Information packet was not returned. • Did not follow service requirements (after enrollment).
Over-age	Participant's age exceeds service eligibility criteria.
Participant/Family Request	• Participant/family requests discontinuation. • Participant/family is not interested in continued services.
Transferred MC+ Fee For Service	Participant is now enrolled in a MO HealthNet (Medicaid) Fee for Service Care plan and does not require SHS Service Coordination.

Enrollment - Closure Reason Definitions (continued)

Closure Reason	Definition
Transition to MC+ Plan	Participant is enrolled in a MO HealthNet (Medicaid) Managed Care Plan and does not require SHS Service Coordination.
Unable to Locate	Participant/family cannot be located within the State of Missouri.
Under Other Care	• Utilizing services from another agency or provider. • Another agency or provider has assumed responsibility. • Transitioned to another agency. • Referred to another agency. • Participant has become institutionalized or is a Ward of the Court with guardianship assigned to the Department of Mental Health or the Division of Youth Services. • Incarcerated (in the custody of city, county or state).
Auto Closure, Referral	Automated closure reason for a Service Coordination enrollment will display until additional entry is completed in the Participant Management screens.

DECEASED
INCOMPLETE APPL/AFER/FEAPP/PA
LAWFUL PRESENCE
MAXIMUM BENEFITS ACHIEVED
MEDICAID NON-COMPLIANCE
MOVED OUT OF STATE
NO LONGER TRACKING
NO PRESENT NEED FOR CARE
NO RESPONSE
NOT ELIGIBLE DUE TO XIX STATUS
NOT FINANCIALLY ELIGIBLE
NOT MEDICALLY ELIGIBLE
OVER AGE
PARTICIPANT/FAMILY REQUEST
TRANSITION TO DESE (PART B)
TRANSITION TO MC+ FEE FOR SERVICE
TRANSITION TO MC+ PLAN
UNABLE TO LOCATE
UNABLE TO LOCATE SERVICES
UNDER OTHER CARE
AUTO CLOSURE. REFERRAL

Progress Notes

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES
Username: shcn09 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Service Coordination
Participant Management | Admin | Financial Management | Reports | Provider

VANPELT, LINUS ?
Advanced Search
Search | Recent Clients

Immunization | Allergy
Hearing | Lead | EnvSurv

- VANPELT, LINUS
  - Notes
  - Locators
  - Medicaid Information
  - Contacts
  - Enrollment
  - Progress Notes
  - Referrals
  - Forms/Letters
  - Insurance
  - Medical
  - Financial
  - PDW Questionnaire
  - Assessments
  - Service Plans

Refresh Tree
Refresh Medicaid

Progress Notes

VANPELT, LINUS Party ID: 72732219 DCN: 64105459 DOB: 1/1/1992 MALE — Party Overview

	Contact Date	Contacted By	Contact Type	Entered Date	Entered By	Note
Edit	03/07/2012 9:03 AM	TEST, SHCN NINE	SHCN RECORD MANAGEMENT	03/07/2012 9:05 AM	TEST, SHCN NINE	1The ants go marching one by one, hurrah, hurrah 2The ants go marching one by one, hurrah, hurrah 3The ants go marching one by one
Edit	02/09/2012 4:45 PM	TEST, SHCN NINE	SHCN PROVIDER CONTACT	03/07/2012 9:08 AM	TEST, SHCN NINE	1The ants go marching one by one, hurrah, hurrah 2The ants go marching one by one, hurrah, hurrah 3The ants go marching one by one
Edit	01/03/2012 11:30 AM	TEST, SHCN NINE	SHCN SCA	03/07/2012 9:07 AM	TEST, SHCN NINE	1The ants go marching one by one, hurrah, hurrah 2The ants go marching one by one, hurrah, hurrah 3The ants go marching one by one
Edit	12/31/2011 3:00 PM	TEST, SC ONE	SHCN PARTICIPANT CONTACT	03/07/2012 9:06 AM	TEST, SHCN NINE	1The ants go marching one by one, hurrah, hurrah 2The ants go marching one by one, hurrah, hurrah 3The ants go marching one by one

Add Note | Filter — Print Grid

Progress Notes are a legal record of events for a participant, in chronological order with the most recent entry listed first. Progress Notes are recorded in:

- First Person
- Complete sentences
- Grammatically correct
- Appropriate Punctuation
- Bullet style is acceptable
- Extensive documentation is best written in a Word document, formatted and spell checked, then copied/pasted into a Progress Note.
- Do not 'copy and paste' any email or any correspondence (from any source) into a Progress Note. Instead summarize the main issues of the email or correspondence in a Progress Note entry.

Progress Notes – Add Note

The Add Note link allows a user to complete a new entry.

Add Note

Contact Date: 1/4/2012 7 57 AM
Contact By: Clear
TEST, SHCN NINE — Search
Contact Type:
Comments:

Save | Print | Cancel

Progress Notes – Add Note (continued)

Field	Action
Contact Date (time)*	Contact Date automatically displays the current date when the screen is opened. If the current date is not reflective of the actual date the activity occurred, the entry should be changed to reflect the correct contact date. Contact Time automatically displays the current time when the screen is opened. If the current time is not reflective of the actual time the activity occurred, the entry should be changed to reflect the correct contact time.
Contact By*	The system automatically defaults to the user logged into the system. • If the user is not the person who had contact on behalf of the participant, enter the name of the person who had the contact. Select the Search link to locate their name. • If the name exists in the system a user can select the name from the search results; if not contact an SHS Central Office Staff Person to request the name be added to the system.
Contact Type*	These selections define (by a grouping) the subject of the progress note.

Comments*	Statement(s) about all actions taken during conversation/communication (not documented elsewhere, i.e., Form screen).
	
	• If multiple contacts are made on the same date that can be identified by one Contact Type, only a single entry is necessary.
	  ✓ An example would be multiple contacts with the participant/family and an SHS Central Office Staff Person to determine/obtain the necessary documentation to prove Lawful Presence.
	
	• If multiple contacts are made on the same date that cannot be identified by one Contact Type, multiple Progress Note entries are necessary.
	  ✓ An example would be multiple contacts to resolve a Provider issue because contact is made with the Provider, an SHS Central Office Staff Person and the participant/family.

Edit Link	Allows only the author to change or update entry. The author can edit the entry for up to thirty (30) days from the 'Entered On' date. If the author does not make the change within this timeframe, an addendum to the note must be entered.
View Link	Allows all users to read entry.
Save link	Adds the entry to the record.
Print link	Prints the entry.
Cancel link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Progress Notes – Edit

Every Progress Note entry can be edited if:

- The edit is done by the author of the note, and
- If the edit is done within thirty (30) days from the entry in the Entered Date field.

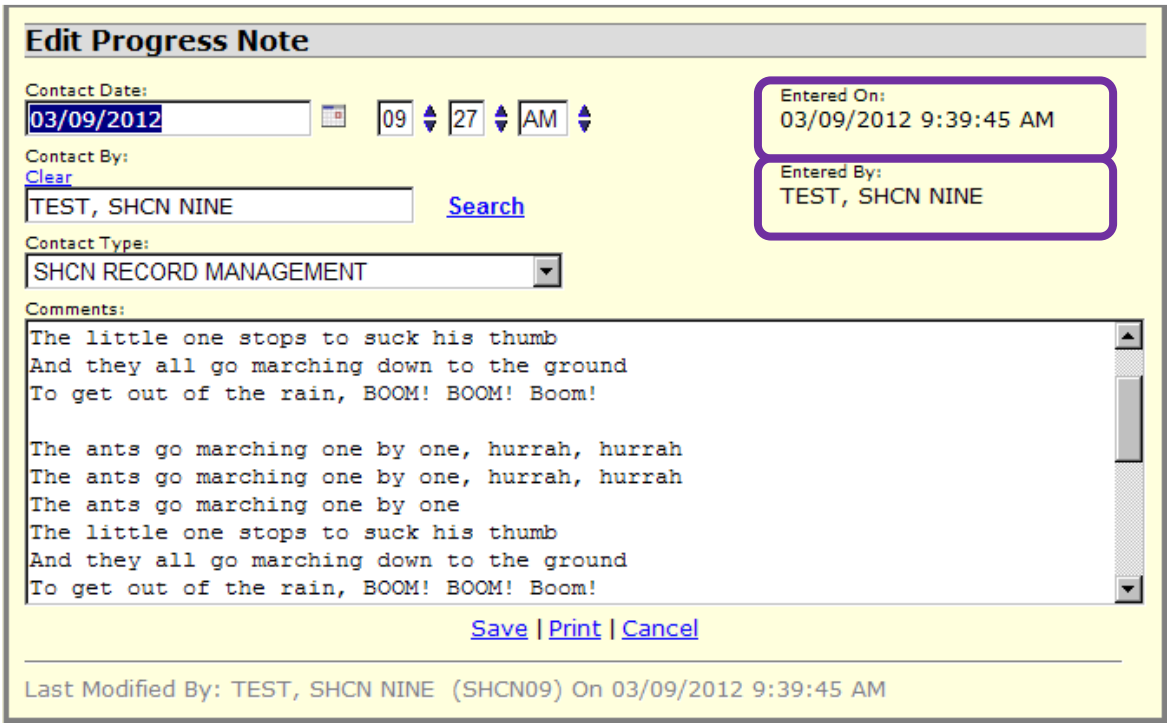
The system displays the link as Edit if a note is being observed by the author and it is within thirty (30) day time period. The link will change to View after the thirty (30) day time period.

The system displays the link as View if a note is being observed by someone other than the author.

Progress Notes – Edit

The Edit link allows a user (who is not the author of the note) to view the entry.

The screen also displays the Entered On (date/time) and Entered By information in the upper right corner of the Edit Progress Note screen. The system will use this information to determine if a note is within an 'editable' timeframe and if the person viewing the note is the author.



Progress Notes – Edit (continued)

Field	Action
Entered On	If a user selects the View link, the Edit Progress Note screen will display and the date and time of the actual Progress Note entry is displayed in the upper right corner. This information cannot be altered by any user after the initial entry is saved.
Entered By	If a user selects the View link, the Edit Progress Note screen will display and the name of the user that did the actual Progress Note entry is displayed in the upper right corner. This information cannot be altered by any user after the initial entry is saved.
Print link	Prints the entry.
Return link	Closes the Edit Progress Note screen and returns the user to the summary page.

Progress Notes Contact Type Definitions

Contact Type is a way to define (by a grouping) the subject of the progress note.

Select the most appropriate, i.e., if the entry is because of a contact with a Central Office staff person about a Prior Authorization, the Contact Type would be Prior Authorization vs. Central Office Contact.

- **AFER** is any participant and/or family contact (phone, face to face, fax, or mail) regarding the participant's annual financial eligibility review process. (FOR ABI Paid Service Program ONLY or CYSHCN Paid Service Program ONLY)
- **Central Office Contact** is any contact with the Program Manager or other central office staff; Program Manager notes that do not fit in another contact type.
- **EPSDT/Immunization Activity** is the documentation of mailed or verbal reminders, documentation of review and findings for EPSDT Screenings and Immunizations.
- **HCY Home Visit Exception Contact** is a participant and/or family **contact made by phone** instead of a required face-to-face contact. This contact type is only to be used during the time period the Program Manager has approved the implementation of the 'Exception to Home Visit Requirements' policy. (For HCY Paid Service Program ONLY)
- **HCY/MFAW Monitoring Log** is the documentation regarding the HCY/MFAW monitoring logs from providers.
- **MO HealthNet** is any contact regarding a participant's MO HealthNet Status to determine if a referral to MO HealthNet is applicable or necessary (minimum annual requirement for CYSHCN Paid Service Program).
- **Lawful Presence** is any contact regarding actions taken to obtain and verify documentation of a participant's lawful presence.
- **Legal Custody** is any contact regarding the determination of the participant's legal custody.
- **Other** is to be used for anything that does not fit any other contact type. Examples: any contact (face to face, fax, phone, and mail) with another agency, a referral source, someone who is not the participant/family.
- **Participant Contact** is any contact with the participant and/or family **other than** a face-to-face or home visit. (Use SHCN SCA if contact is to complete the SCA.)
- **Participant Visit** is any **face-to-face** contact with the participant and/or family. (Use SHCN SCA if contact is to complete the SCA.)

Progress Notes Contact Type Definitions (continued)

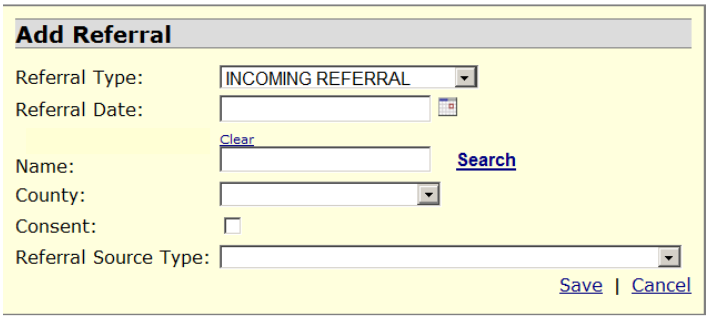
- **Prior Authorization** is any **verbal or paper** prior authorization of services including change authorizations.
- **Provider Contact** is any contact with the provider other than a monitoring log or prior authorization. (For the HCY Program or MFAW program, any agency or entity that provides approved services. For the ABI Program or CYSHCN Program, any SHS contracted provider, regardless of authorization.
- **Record Custody** is any action concerning a change in the physical location of a participant's (**paper**) record. This contact type is to be used when a participant record is transferred from one physical location to another, i.e., the record is transferred from one office to another and/or the record is sent to be microfilmed. Entry is required by both parties (the party who transferred the record and the party who received the transferred record).
- **Record Management** is any actions concerning the participant record that do not fit in another contact type, i.e., filing, duplicate DCN, override enrollment corrections, etc.
- **SCA** is any contact (including phone or face-to-face) with the participant and/or family regarding the conduction of a comprehensive assessment (the service coordination assessment tool).

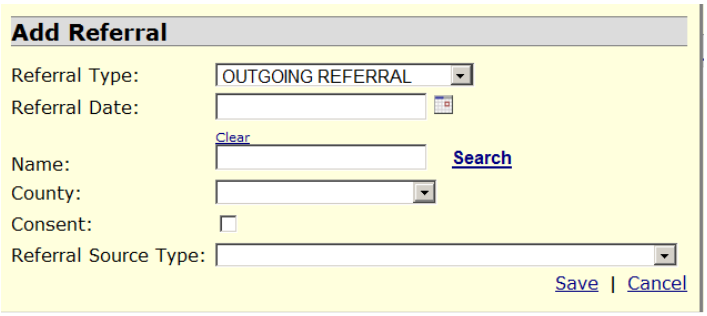
Referrals – Incoming and Outgoing

The Referral screen captures both Incoming and Outgoing referrals.

Referrals – Add Referral screen

- All Incoming Referrals received by SHS must be entered. (Before a participant can be enrolled in Paid Services, an Incoming Referral entry, dated a maximum of six (6) months prior to the enrollment date, is required.)
- All Outgoing Referrals made by SHS must be entered. The participant/responsible party must give their permission for outgoing referrals; their permission is indicated by the selection of the Consent checkbox.



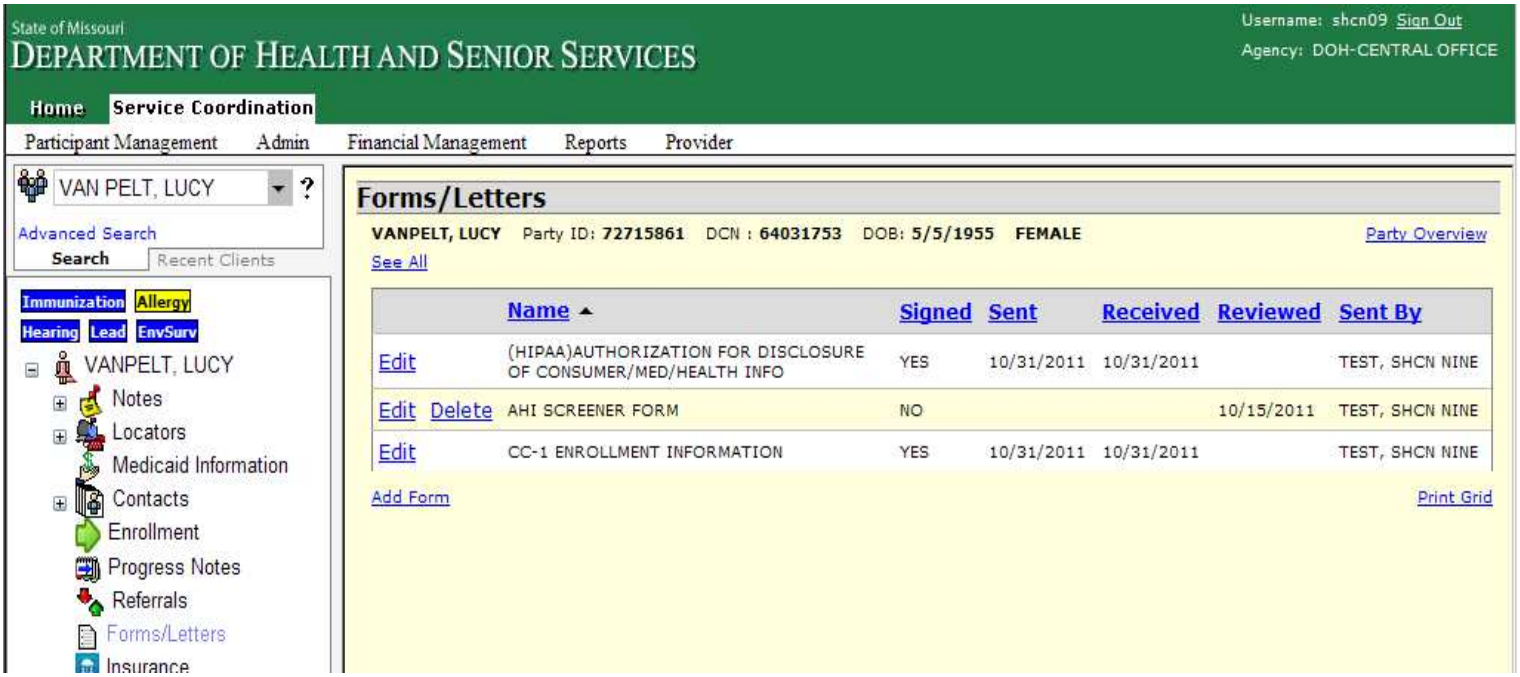


Referrals – Add Referral screen (continued)

Field	Action
Referral Type*	Drop down field has two (2) options: • Incoming Referral to capture all referrals **made to** SHS concerning the participant. • Outgoing Referral to capture all referrals **made by** SHS concerning the participant.
Referral Date*	MM/DD/YYYY field entry to signify the actual date the referral was received or made by SHS.
Name	• Type the name of the entity from whom the Referral was received or made. • Select the Search link. ✓ If the name exists in the system a user can select the name from the search results; if not contact an SHS Central Office Staff Person to request the name be added to the system.
County	Drop down contains a listing of Missouri counties to designate the county of the referral source, i.e., if the selection is County Health Department in the Referral Source Type field, the County field can capture which county.
Consent*	If SHS makes an Outgoing Referral, the participant/responsible party must have provided their permission. Authorization for Disclosure of Consumer Medical /Health Information form should be on file in a participant record; one exception is an entity covered under a Business Associate relationship. SHS providers (for ABI Program or CYSHCN Program only) or MHN providers (for HCY Program or MFAW Program only) are the only entities that qualify as Business Associates.
Referral Source Type*	Generic categories to capture a description of the entity, i.e., Self, Friend, School, State Agency, etc.
See All Link	See All Link will display all active entry. When selected, it will change to Hide Inactive to display all historical entry.
Edit Link	Allows any user to change or update entry.
Delete Link	If entry is completed in error the author has a Delete link, in order to remove the entry, as long as the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

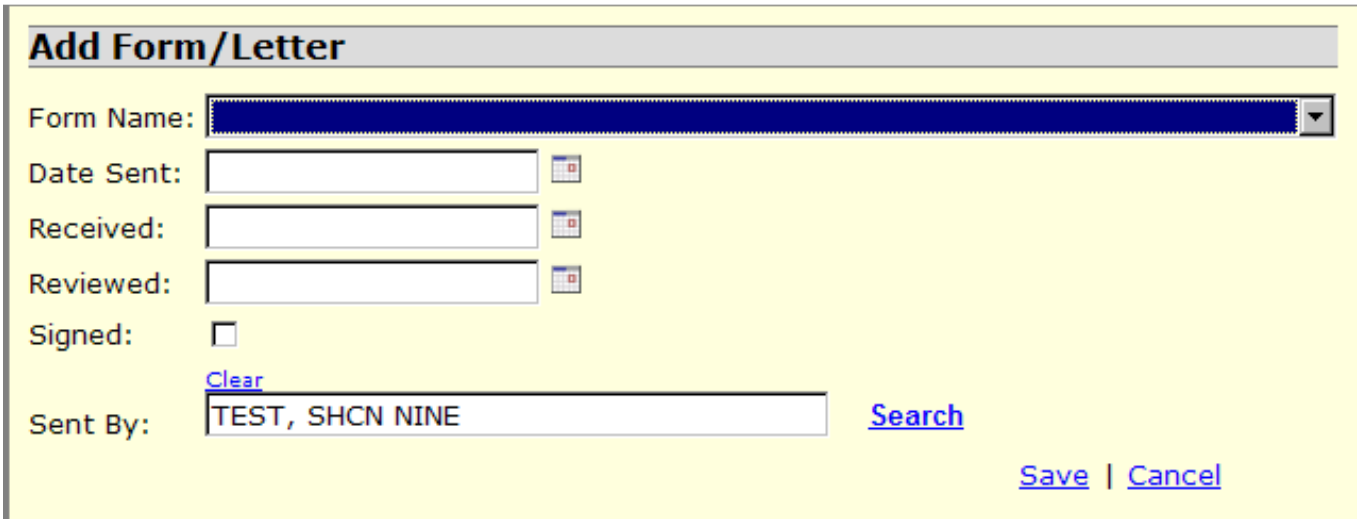
Forms/Letters

The Forms/Letters screen captures when an SHS form, letter, or tool is issued, signed and/or returned to SHS. It also captures when documents were reviewed or if the document was signed.



Forms/Letters – Field Entry

To record an entry, select the Add Form/Letter link.



Forms/Letters – Field Entry (continued)

Field	Action
Form Name	Names of SHS forms, letters, and tools are available in a dropdown list; select the appropriate title. • Some documents are program specific and can only be used to meet the eligibility criteria for that specific program. • If the wrong program specific document is entered, program eligibility will not be met.
Date Sent*	Enter the date a document is issued by SHS.
Received*	Enter the date a document is returned to or in the custody of an SHS program person.
Reviewed*	Enter the date a document is evaluated, when an evaluation action needs to be recorded, i.e., ABI Program Provider Treatment Plan or the HCY Program or MFAW Program Plan of Care forms, ABI or CYSHCN Screener Form, etc.
Signed*	Entry signifies that a signature is on a document that requires a signature, i.e., Application for Enrollment form (CC1) or Client Choice Statement
Sent By*	Enter the person's name that sent, received or reviewed the form, letter, or tool. Select the Search link to locate the name. • If the name exists in the system a user can select the name from the search results; if not contact an SHS staff person to request the name be added to the system.
Edit Link	Allows any user to change or update entry.
Delete Link	If entry is completed in error the author has a Delete link, in order to remove the entry, as long as the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
See All Link	See All Link will display all active entry. When selected, it will change to Hide Inactive to display all historical entry.
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required and is specific to a form, letter, or tool; additional fields are provided to record additional items if known.	

Form Name Field (dropdown list):

Only known exception is HCY/MFAW Monitoring Logs; documentation for these forms is to be completed in the Service Plan screen.

(HIPAA)AUTHORIZATION FOR DISCLOSURE OF CONSUMER/MED/HEALTH INFO
ABI ACKNOWLEDGEMENT LETTER
ABI APPLICATION FOR ENROLLMENT (CC1)
ABI ENROLLMENT/WAITING LIST LETTER
ABI PROVIDER CHOICE LETTER
ABI PROVIDER PROGRESS NOTE
ABI PROVIDER TREATMENT PLAN
ABI ROLE OF SERVICE COORDINATOR
ABI SCREENER FORM
ACKNOWLEDGEMENT/NOTICE OF PRIVACY POLICIES
AFER ANNUAL FINANCIAL ELIGIBILITY REVIEW
AFER CLOSURE LETTER
AFER INCOMPLETE LETTER
APPLICATION ENROLLMENT LETTER
APPLICATION FOR ENROLLMENT, INCOMPLETE LETTER
APPLICATION FOR ENROLLMENT, INELIGIBLE LETTER
CLOSURE LETTER
CLOSURE, CONDOLENCE LETTER
CYSHCN APPLICATION FOR ENROLLMENT (CC1)
CYSHCN ELIGIBILITY CARD LETTER
CYSHCN HEALTH CERTIFICATION FORM
CYSHCN LAWFUL PRESENCE CLOSURE LETTER (30 DAYS BEFORE 18TH BDAY)
CYSHCN LAWFUL PRESENCE LETTER (17 1/2)
CYSHCN SCREENER FORM
GUARDIANSHIP PACKET
HCY APPLICATION FOR ENROLLMENT (CC1)
HCY EMERGENCY HOME VISIT STATUS LETTER
HCY PERSONAL CARE/ADVANCED PERSONAL CARE ASSESSMENT TOOL FORM
HCY PRIVATE DUTY NURSING ASSESSMENT TOOL FORM
HCY TERMINATION OF SERVICE LETTER
HCY/MFAW CONFIRMATION OF VERBAL AUTHORIZATION FORM
HCY/MFAW DENIAL/REDUCTION/CHANGE/CLOSURE LETTER
HCY/MFAW EXPECTATIONS FOR IN-HOME SERVICES FORM
HCY/MFAW HOME VISIT LETTER
HCY/MFAW PRIVATE DUTY NURSING ACCEPTANCE FORM
HCY/MFAW SERVICE DECLINE LETTER
HCY/MFAW SKILLED NURSING VISIT REFERRAL LETTER
HCY/MFAW UNABLE TO CONTACT FAMILY (ACTIVE PARTICIPANTS) LETTER
HCY/MFAW UNABLE TO CONTACT FAMILY (NEW REFERRALS) LETTER
MFAW CLIENT ASSESSMENT FORM
MFAW CLIENT CHOICE STATEMENT FORM
MFAW LEVEL OF CARE DETERMINATION FORM
MFAW PLAN OF CARE FORM
PSA REFERRAL LETTER
REFUSAL OF CONSENT TO SHARE HEALTH CARE INFORMATION
RIGHTS AND RESPONSIBILITIES

Insurance

The Insurance screen captures third (3rd) party payer information for a participant, including any exclusion information that pertains to a participant's coverage under that policy.

- Exclusion information is available on the summary page or on the actual Edit Insurance screen.

Insurance – Add Insurance screen

To record insurance company information, select the Add Insurance link.

Insurance (continued)

Field	Action
Company*	Type the name of the insurance company in the field and select the Search link. • If the insurance company name is not available in the search results, the name can be added to the system. • Contact an SHS Central Office Staff Person to request the insurance company name be added to the system.
Insurance Type*	• Dental signifies the insurance coverage is only for dental services. • Health signifies the insurance coverage is only for medical services. • Vision signifies the insurance coverage is only for ocular services.
Effective Date*	Enter the date a participant's insurance coverage began (the date cannot be prior to the participant's date of birth). • Accurate entry is required due to CYSHCN Program claim processing.
Discontinue Date*	Enter the date a participant's insurance coverage was terminated. • Accurate entry is required due to CYSHCN Program claim processing.
Contact Name	Free Text field to capture the name of the insurance representative to contact regarding this policy.
Phone Number	Free Text field to capture the phone number of the insurance company, i.e., the number listed on the back of the card.
Exclusions*	A list of common items prohibited by insurance companies is displayed in the Available Exclusions field. Select the appropriate exclusion and use the appropriate arrow function between the two (2) fields to move it to the Selected Exclusion field. • The > moves the selected item to the Selected Exclusion field. • The >> moves all items in the Available Exclusions field to the Selected Exclusions field. • The < field removes a selected item from the Selected Exclusions field. • The << field removes all items from the Selected Exclusions field.
See All Link	See All Link will display all active entry. When selected, it will change to Hide Inactive to display all historical entry.
Edit Link	Allows any user to change or update entry.
Delete Link	If entry is completed in error the author has a Delete link, in order to remove the entry, as long as the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Medical

The Medical screen captures all the participant's medical conditions identified by a qualified medical professional that makes a participant medically eligible for a SHS program. It can also include medical conditions that will not medically qualify a participant for a specific SHS Program. The system will identify the specific code entered as either an ICD9 code or an ICD10 code. **On October 1, 2014, ICD10 code entry is preferable. ICD10 will be required, to satisfy medical eligibility, effective October 1, 2017.** (The system will no longer accept ICD9 code entry after 2017.)

Medical History

FORD, BLUE Party ID: **100000003713** DCN : **64586948** DOB: **9/1/1993** **MALE** Party Overview

See All

	Code	Code Type	Description	Effective Date	Expiration Date	Clinical Review	Eligible Programs
Edit Delete	997.91	ICD9	HYPERTENSION	01/22/2014		REQUIRED-DENIED	CYSHCN
Edit Delete	397.0	ICD9	DISEASES OF TRICUSPID VAL...	01/22/2014		NOT REQUIRED	CYSHCN
Edit Delete	224.5	ICD9	BENIGN NEOPLASM OF RETINA	01/22/2014		REQUIRED	CYSHCN
Edit Delete	Z87.790	ICD10	PERSONAL HISTORY OF (CORR...	01/22/2014		NOT REQUIRED	CYSHCN
Edit Delete	T07	ICD10	UNSPECIFIED MULTIPLE INJU...	01/22/2014			
Edit Delete	0114	ICD-LTD	LIMITED CARDIOVASCULAR	01/22/2014		REQUIRED-APPROVED	CYSHCN (Grandfathered)

Add Medical Print Grid

Medical – Add Medical screen

To record the participant's medical conditions, select the Add Medical link.

Add Medical

Clear

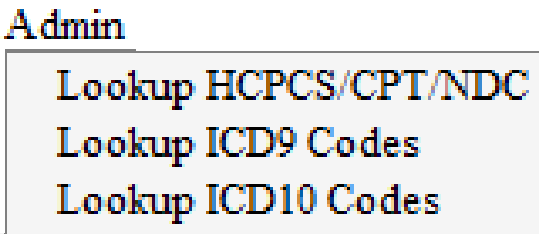
Diagnosis: Search

Effective Date:

Expiration Date:

Save | Cancel

Medical – Add Medical screen (continued)

Field	Action
Diagnosis*	Program Requirements have been maintained: • ABI = both a medical diagnosis code and code describing how the injury occurred are required. • CYSHCN = Appropriate Clinical Review status. • HCY or MFAW = any ICD code entry based on info from the physician's plan of care. Type the diagnosis code and select the Search link. The system will display the search results so a selection can be made. • To view diagnosis codes by program, open a separate tab in the Internet Explorer window and select the Lookup ICD Code option under the Admin menu item. 
	Limited Diagnosis Entry (for CYSHCN Program only) • Type the word 'limited' and select the Search link to display all limited diagnosis options. • All Limited Diagnosis entry requires review by the CYSHCN Program Manager.
	Limited Diagnosis Entry (for ABI Program only) • Type the word 'limited' and select the Search link to display all limited diagnosis options. • One limited code (0121) will meet the medical diagnosis requirement when medical records are non-specific.
Effective Date*	Enter the date a participant's medical condition is verified by SHS. The Effective Date is the date the medical information is received, i.e., medical records or Health Certification form. • ABI Program uses medical records from a practitioner licensed to diagnosis. • CYSHCN Program requires a Health Certification form or medical records from a practitioner licensed to diagnosis. • HCY Program uses medical records obtained from the Provider Agency. • MFAW Program uses medical records obtained from the Provider Agency.
Expiration Date*	Enter the date a participant no longer has the medical condition. • The field is only required if the medical condition has been resolved and the participant no longer suffers from any effects. • **Do not enter** an Expiration Date when a participant closes from any SHS program.

Medical – Add Medical screen (continued)

Clinical Review	A diagnosis code will display information in this column to indicate if a review of medical information is required by the CYSHCN Program Manager before that specific diagnosis will be determined medically eligible for CYSHCN Paid Service enrollment. • 'Blank' field indicates a diagnosis is not considered medically eligible, i.e. asthma • 'Required' indicates a diagnosis may be considered medically eligible, but only if the CYSHCN Program Manager gives an approval. The approval is specific to each participant, not globally to the diagnosis code. • 'Not Required' indicates a diagnosis is medically eligible for the CYSHCN Program without any CYSHCN Program Manager intervention.
Eligible Programs	A diagnosis code will display the SHS program (ABI or CYSHCN) information in this column to indicate the program association for the diagnosis code. Only the CYSHCN Program or the ABI Program requires an Eligible Program association in order to determine medical eligibility.

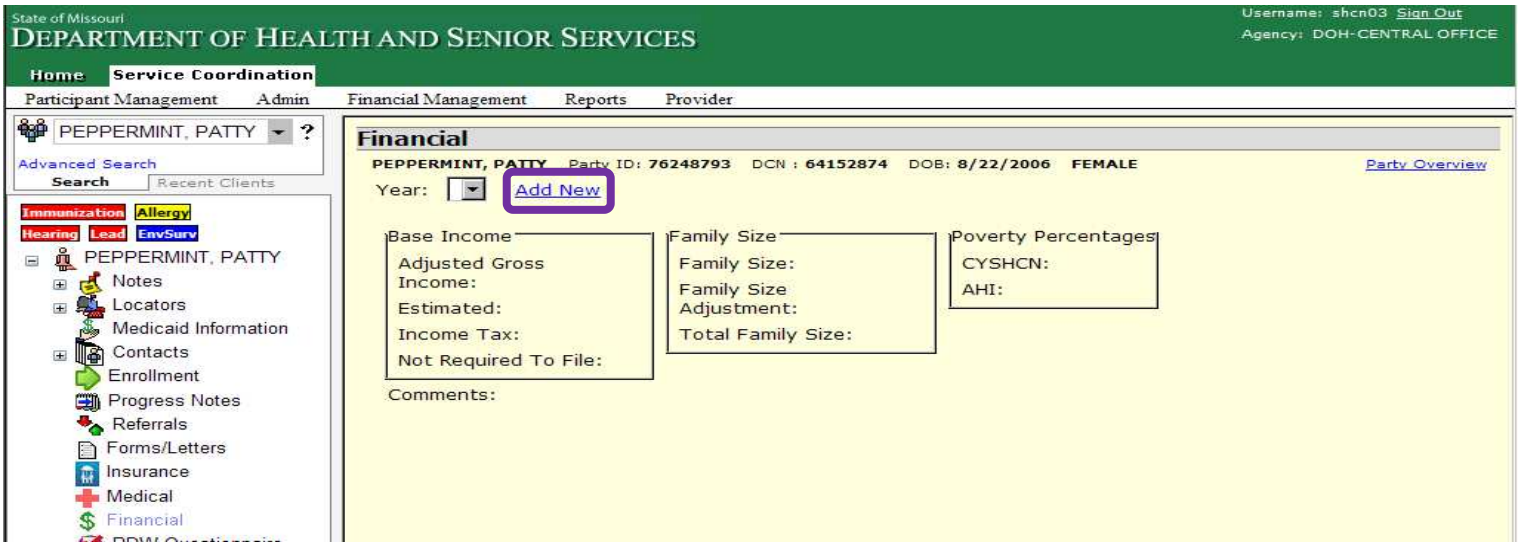
Medical – Add Medical screen (continued)

See All Link	See All Link will display all active entry. When selected, it will change to Hide Inactive to display all historical entry.
Edit Link	Allows any user to change or update entry.
Delete Link	If entry is completed in error the author has a Delete link, in order to remove the entry, as long as the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Financial

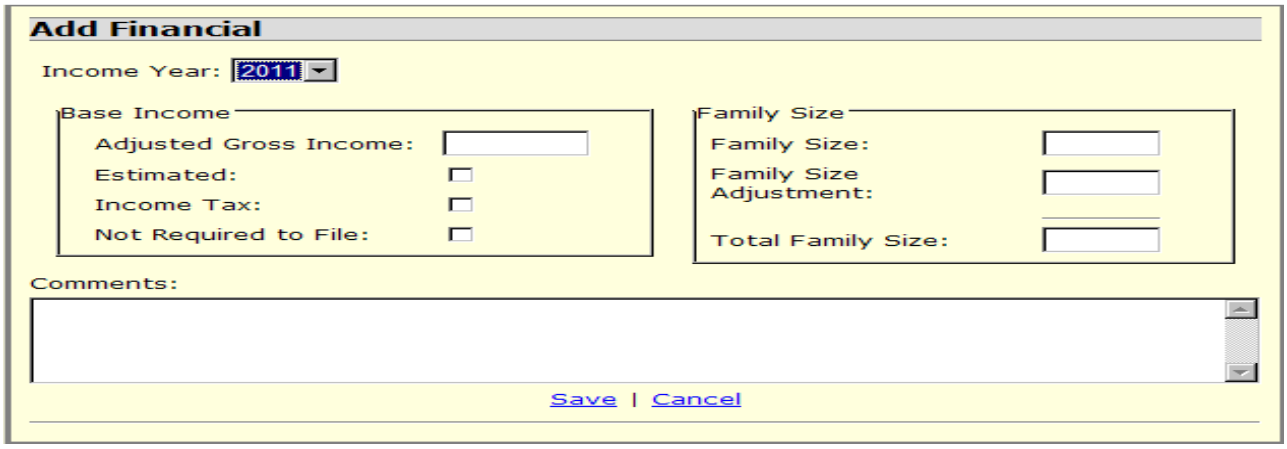
The Financial screen captures income information for a participant. The participant must be listed as a dependent on the submitted income source. Financial eligibility is at or below 185% of Federal Poverty Level.

- Financial eligibility is not applicable for the HCY Program or MFAW Program.
- Past Financial entry is viewable; user selects the previous year to view entry for the selected income year.



Financial – Add Financial

To record Financial information, select the Add New link.



Financial – Add Financial (continued)

Field	Action
Income Year*	• The system will automatically display Income Year selections based on the month in which the Add Financial screen is accessed. During: o January, February, March, April, May and June a user will have two (2) options. o July, August, September, October, November and December a user will have only one (1) option. • A user must select the appropriate year based on the income year printed on the Federal Income Tax form a participant/responsible party provides. • A user can edit the Income Year data at any time during an eighteen (18) month calendar year period (January of any given calendar year, to June 30th of the following calendar year.) o All edits on a single Income Year are no longer viewable. (The original entry is overwritten by the last entry.) • A user must contact SHS Central Office Staff Person to edit Income Year data older than the eighteen (18) months. Example: 2011 Income Year data can be entered from January 1, 2012 until June 30, 2013. 2011 Income Year data can be 'edited' from January 1, 2012 until June 30, 2013. 2011 Income Year data 'edits' after June 30, 2013 can only be done by a SHS Central Office Staff Person.
Adjusted Gross Income*	• Enter the Adjusted Gross Income (AGI) amount listed on whichever Federal Income Tax form is used to file, i.e., 1040, 1040A, 1040EZ, or 1040ES. • If a participant/responsible party is not required to file income tax, enter a zero (0).

Financial – Add Financial (continued)

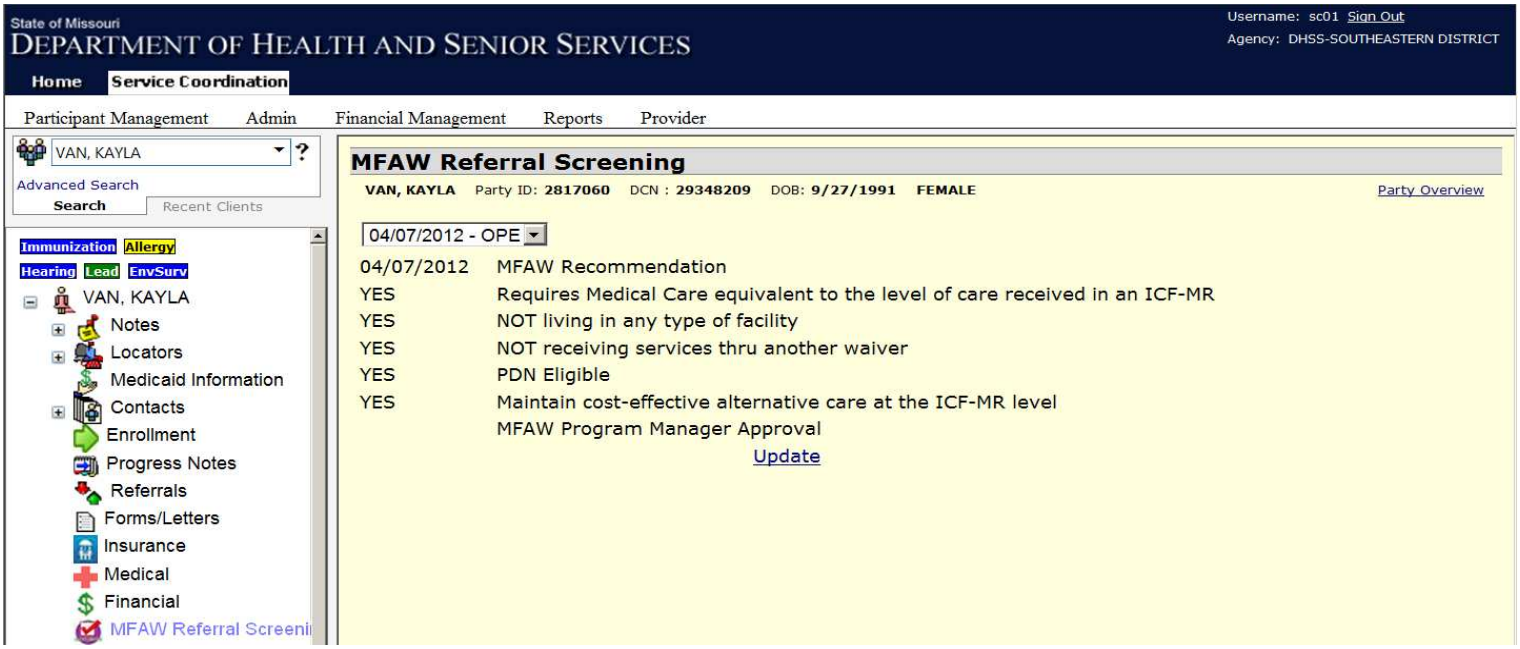
Estimated*	Select this when a participant/responsible party submits a written estimation of their income because the reported income is not reflective of the current financial status. Income tax information is considered non-reflective when the: • Change in income has been in effect for a minimum of three (3) months or • Custodial adult has been deprived of the income for a minimum of three (3) months.
Income Tax*	Select this when a participant/responsible party submits any of the Federal Income Tax forms, i.e., 1040, 1040A, 1040EZ, or 1040ES.
Not Required to File*	Select this when a participant/responsible party is not required to file income tax.
Family Size*	• Enter the number of persons listed on the income tax form as dependent on the reported income, i.e., responsible party, spouse, siblings, etc. • If a participant/responsible party is not required to file income tax, enter a one (1).
Family Size Adjustment	Enter the number of persons enrolled in another SHS program: ABI Program HCY Program CYSHCN Program MFAW Program

Financial – Add Financial (continued)

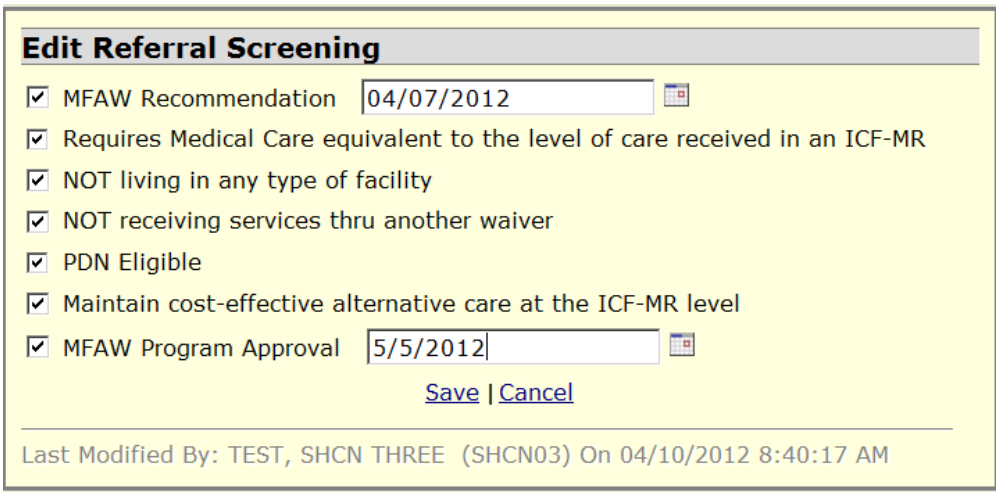
Field	Action
Total Family Size	Automated entry populated by the system and is based on the entry in the Family Size field plus the entry in the Family Size Adjustment field.
Comments	Free text field.
Add New Link	Opens the Add Financial screen so new income entry can be entered.
Update Link	Will allow author to change or update entry based on Income Year selected.
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

MFAW Referral Screening

MFAW Referral Screening automates the MFAW Referral Screening Tool and provides an approval/denial field, restricted to MFAW Program Manager only entry.



Approval view:



MFAW Referral Screening (continued)

Field	Action
Date Range*	Select the appropriate enrollment period to access the Edit Referral Screening screen.
Update Link	Will allow author to change or update entry based on enrollment period selected and prior to Program Manger approval.
* = field entry is required; additional fields are provided to record additional items if known.	

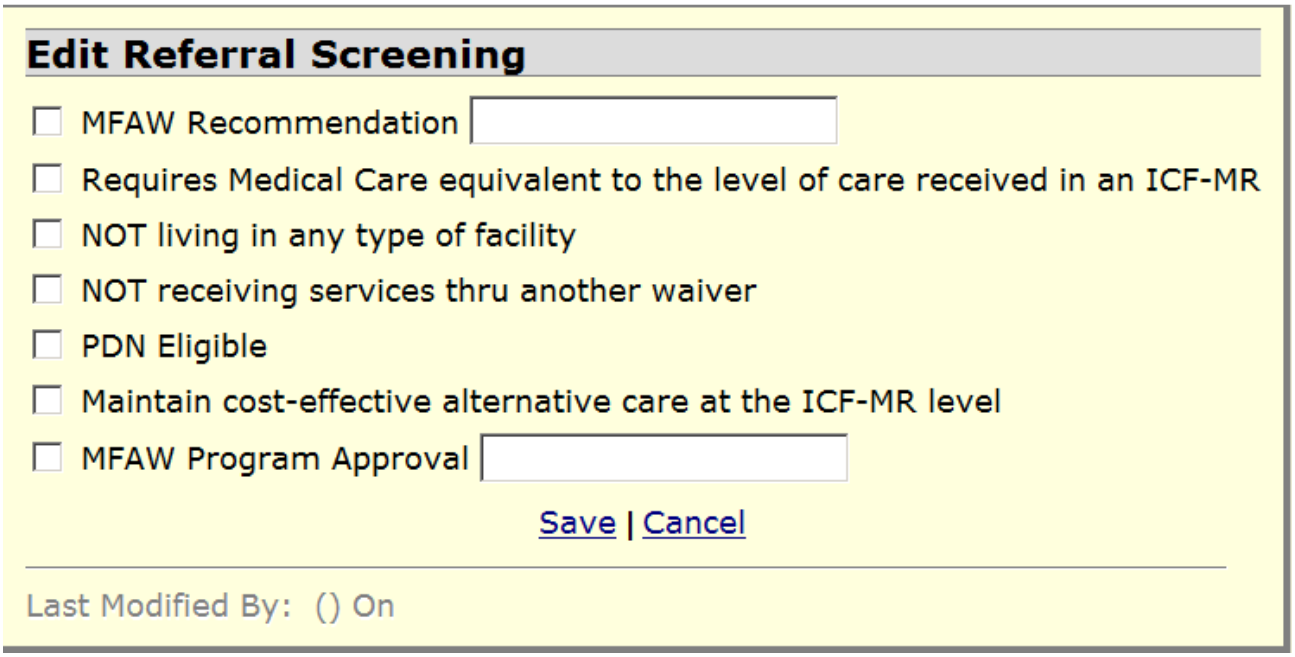
MFAW Referral Screening – Edit Referral Screening screen

An MFAW Referral Screening can only be completed if a party:

- Intends to be enrolled in the MFAW Paid Service Program.
- Has an MFAW Service Coordination Enrollment.
- Is twenty (20) years of age, or older.

MFAW Paid Service Enrollment cannot be completed until:

- The party is age, twenty-one (21)
- All fields on the MFAW Referral Screening are completed, including the Program Manager approval.

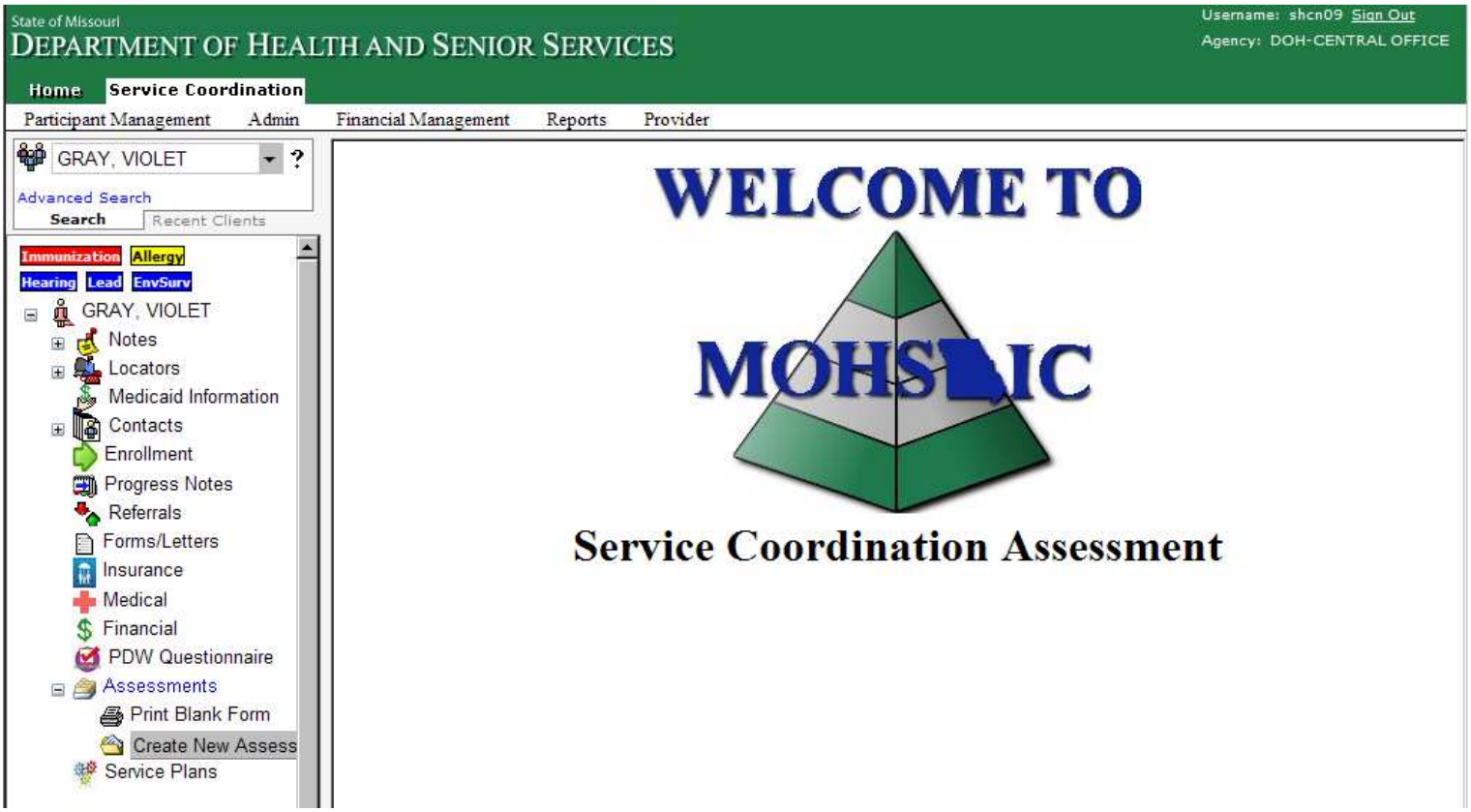


MFAW Referral Screening – Edit Referral Screening screen (continued)

Field	Action
MFAW Recommendation*	Select the checkbox and complete the date the participant is recommended for MFAW program enrollment.
Requires Medical Care Equivalent to the Level of Care Received in an ICF-MR*	Select the checkbox to signify the participant meets nursing facility level of care.
Not Living in Facility*	Select the checkbox to signify the participant lives in their own residence; not a nursing facility.
Not Receiving Service from Another Waiver*	Select the checkbox to signify the participant is not receiving services through any other waiver.
PDN Eligible*	Select the checkbox to signify the participant is eligible has had a documented need at a Private Duty Nursing level of care. • The level of care can be established from an HCY program enrollment, outside agency or family/care giver; but the level of care must have been at a Private Duty Nursing level. • Private Duty Nursing is defined as a medical need for a constant level of care exceeding the family's ability to independently care for the person at home on a long-term basis without the assistance of at least four (4) hour shift of home nursing care for each date of service.
Maintain Cost-Effective Alternative Care ICF-MR level*	Select the checkbox to signify the participant can be maintained in a cost effective manner at their residence vs. a nursing facility.
MFAW Program Approval*	This field is restricted; the MFAW Program Manager will select the checkbox and enter the date the MFAW committee approved the participant for MFAW enrollment. This date is equal to the Paid Service enrolled date on the Enrollment screen.
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Service Coordination Assessments (SCA)

Service Coordination Assessments (SCA) entry is a section in the Participant Management tree.



Assessment - Sections

The assessment sections are created based on a participant's program enrollment. Not all sections are created for every SHS program. The following sections are created for all participants, regardless of SHS 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

Assessment – Sections (continued)

The following sections are created according to a participant's program enrollment:

- Level of Independent Living & Community Participation section **will only load if** a participant is enrolled in the AHI program.
- Quality Assurance section **will only load if** a participant has been continuously enrolled for a six (6) month period.
- Youth Transitions section **will only load if** a participant's age is thirteen (13) to twenty-one (21) at the time of the assessment.

SHS Program Managers developed all areas of the Assessment with all SHS programs in mind. All sections are to be reviewed with a participant/responsible party but a Service Coordinator should use their 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.
- There are very few 'N/A' selections to indicate a section is reviewed with a participant/responsible party but they have no existing issue. If a Service Coordinator feels strongly about documentation when discussion are held, use the comment areas to indicate the selections was addressed but was not applicable.
- If there are no unmet needs or goals identified in the Assessment and the participant/responsible party wishes to remain enrolled, there should be a statement to reflect this in the Participant/Family Statement section.

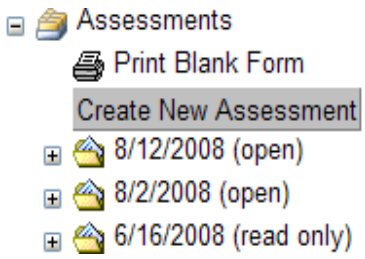
Assessment - Pre-Population

The 'initial' Assessment will not have any pre-populated information. All subsequent Assessments will pre-populate from preceding Assessment entry. It is the Service Coordinator's responsibility to appropriately edit all areas each time a new assessment is created. If the last Assessment entry is more than eighteen (18) months ago, the new Assessment will be created without any pre-populated information.

Assessment – Multiple Assessment Display

Each participant record displays an historical list of Assessments. If an 'open' Assessment exists, but an additional Assessment needs to be entered (due to transitional changes) contact Central Office staff.

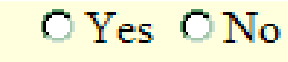
An 'Open' Assessment is viewable by any user but only the author of the Assessment can enter/update information. An 'Open' Assessment automatically changes to a 'Read Only' status after sixty (60) days from the date the Assessment was first created. After this time period no user (not even the author) is able to do any entry.



Assessment – Fields and Functions

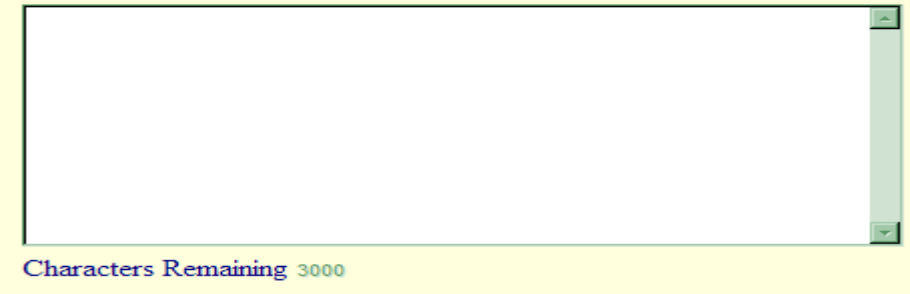
- Users can copy/paste into the various fields from other electronic documents.
- Check-box fields allow multiple selections to be made.

- 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.



- 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.

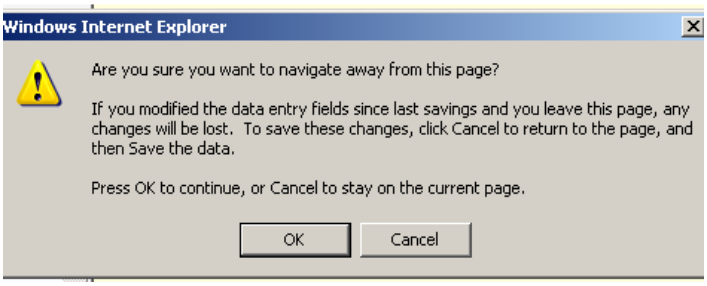
- Larger comment fields allow 3000 characters to be entered. A counter is provided at the lower right of each large comment field.



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

Assessment – Navigation Warning Screen

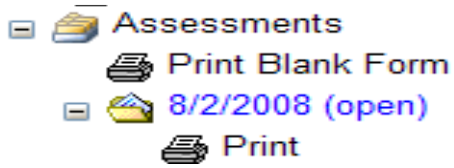
When a user changes from one section of the Assessment to another section, the system displays a notification that any changes will not be saved unless the 'save' button was selected.



Assessment – Print Blank Form vs. Print

There are two (2) print options:

- **Print Blank Form** allows a user to print a totally blank Assessment (all sections regardless of program enrollment) that is specific to the participant whose record is currently being viewed in the 'Tree'.
- **Print** allows a user to print the dated Assessment and includes all the information that was entered.



Assessment – Print Blank SCA

Some CO users have the ability to print a totally blank Assessment (no participant demographic information) when the user hovers over the Participant Management submenu.

Service Plans

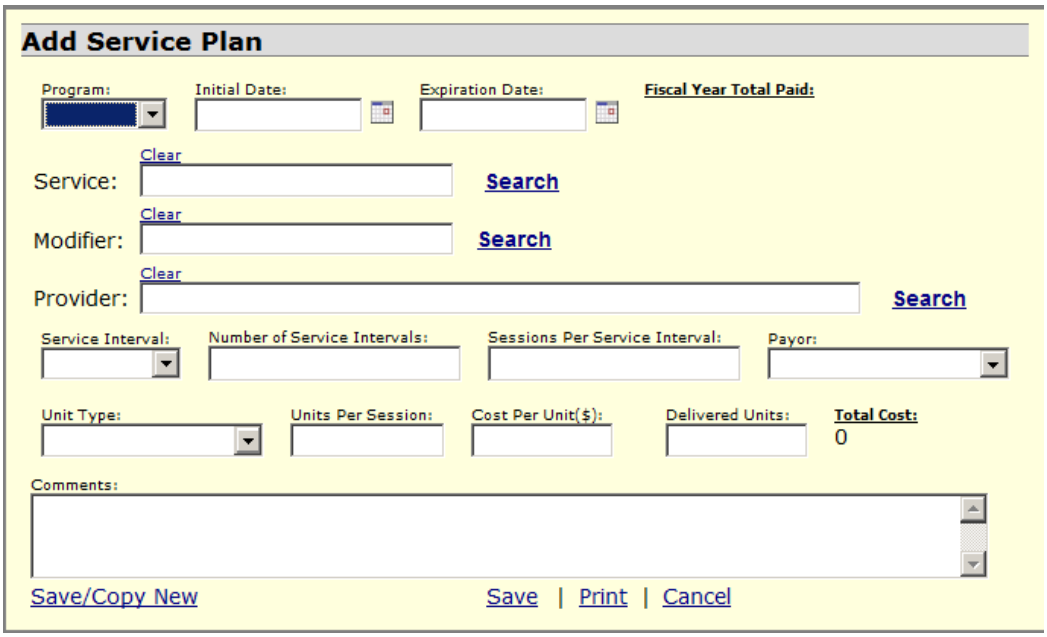
Service Plan entry records:

- All known CYSHCN Paid Service Program expenditures.
- Authorization of ABI Program rehabilitation services. The entry is competed by an SHS Central Office Staff Person only.
- Authorization of medically necessary services for both the HCY Paid Service Program and MFAW Paid Service Program.

Service Plans – Add Service Plan Link

To enter new service plan entries, select the Add Services link. The Add Service Plan screen will allow a user to complete service plan entries. Service Plan screen entries can only be completed if there is an active Paid Service program enrollment.

- **All service plan entries for the ABI Program, HCY Program or MFAW Program should be no longer than a one (1) month period**, i.e., quarterly or bi-annual entries are now completed as three (3) or six (6) individual entries.
- **CYSHCN Program service plan entries** may extend for up to twelve (12) months but **may not cross State Fiscal Years**.
- When a Monitoring Log is received from a DME provider of supplies, the service plan entry should be as follows:
  - ✓ If a provider delivered the amount (cost) authorized, enter 1 (one) in the Delivered Units field.
  - ✓ If a provider did not deliver the amount (cost) authorized, enter 0 (zero) in the Delivered Units field. The actual amount (cost) delivered should be entered in the Comments field, with initials and date.

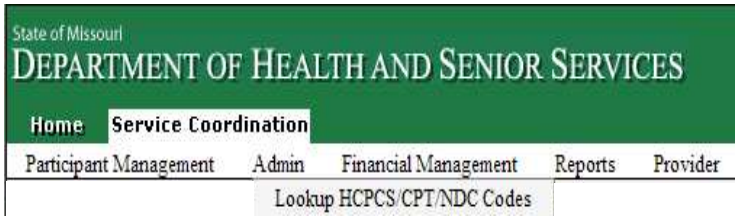


Service Plans – Add Service Plan Link (continued)

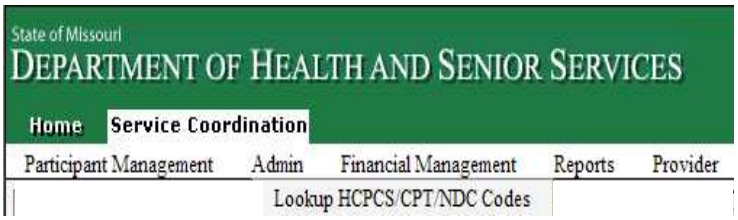
Field	Action
Program*	Select the appropriate Paid Service Program name. The dropdown lists all SHS programs (ABI, CYSHCN, HCY, or MFAW).
Initial Date*	Enter the begin date, in the date range, for the service. • If the service is a day or one time only service, enter the day on which the service is to be delivered. • If the service is weekly, enter the 1st day of the week in which the service is to be delivered. • If the service is monthly, enter the 1st day of the month in which the service is to be delivered. • If the service is yearly, enter the 1st day of the year in which the service is to be

	delivered.

Service Plans – Add Service Plan Link (continued)

Field	Action
Expiration Date*	Enter the last date, in the date range, for the service. • If the service is a day or one time only service, enter the same date entered in the Initial Date field. • If the service is weekly, enter the last day of the week in which the service is to be delivered. • If the service is monthly, enter the last day of the month in which the service is to be delivered. • If the service is yearly, enter the last day of the year in which the service is to be delivered.
Fiscal Year Total Paid	An automated field entry based on paid claims (SHS only) for the current fiscal year.
Service*	Type the Service Code or Key Word/Phrase for the service and select the Search link. • If there are no search results, access the Admin section of MOHSAIC to conduct a HCPCS/CPT/NDC search for the correct service code or term. • Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a service/service code in the system. Note: • If a user entered a Service Code that automated the entry of additional fields (Modifier, Service or Unit fields), the user must select the Clear Link on both the Service field and Modifier field before a new search will display accurate results. The automated entry from the first search is not replaced by results from subsequent searches. To view HCPCS/CPT/NDC codes by program, open a separate tab in the Internet Explorer window and select the Lookup HCPCS/CPT/NDC Code option under the Admin menu item 

Service Plans – Add Service Plan Link (continued)

Field	Action
Modifier (for HCY Program or MFAW Program only)	Enter the Modifier Code and select the Search link. • If there are no search results, access the Admin section of MOHSAIC to conduct a HCPCS/CPT/NDC search for the correct modifier code. • Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a modifier code in the system. To view HCPCS/CPT/NDC codes by program, open a separate tab in the Internet Explorer window and select the Lookup HCPCS/CPT/NDC Code option under the Admin menu item 
Provider*	Type the name of the provider (as it is listed in the Provider section of MOHSAIC system) and select the Search link. • If there are no search results, access the Provider section of MOHSAIC to conduct a search for the correct name of the provider. • Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a provider in the system.
Service Interval*	• If the Service field entry does not pre-populate this field, the CYSHCN Program must select the appropriate Service Interval to describe how the service is to be delivered, i.e., Day, Month, One Time, Week, or Year. • The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.
Number of Service Intervals*	• This entry is the number of Service Intervals (number of weeks or number of months) in an authorized period for CYSHCN services to be delivered o If the field is pre-populated from Service code entry, the pre-populated entry should remain and calculation will be based on Units Per Session field entry. • The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.
Sessions per Service Interval*	• The entry is always one (1) for all CYSHCN services to be delivered. • The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.
Payor*	• The CYSHCN Program must select the appropriate option to describe how the service will be paid for, i.e., an SHS program, Family, Insurance or MO HealthNet. • The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.

Service Plans – Add Service Plan Link (continued)

Field	Action
Unit Type*	• The CYSHCN Program must select the appropriate Unit Type to describe how the service is to be delivered, i.e., Full Days, Half Days, Half Hours, Hours, Miles, Minutes, Months, Per Cubic Feet, Per Quarter, Per Visit, Quarter Hours, Quarter Years, Single Unit, Visit, Weeks, Years. • The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.
Units Per Session*	Enter the appropriate number of units for service delivery for the service interval.
Cost Per Unit(s) *	• Enter the cost of the service Usual and Customary Rate (UCR) by units for CSYCHN Program. Interpreter and Therapy Service Code entry auto populates this field for CYSHCN Program. • Service Code entry auto populates this field entry for ABI Program, HCY Program, and MFAW Program.
Delivered Units (HCY or MFAW only)	Enter the number of units delivered, as reported on the Provider Monitoring Log. MFAW Supply Delivered Unit entry shall be based on Monitoring log information: • If a provider delivered the total amount authorized (cost per unit field), enter one (1) in the Delivered Units field. • If a provider did not deliver the total amount authorized (cost per unit field), enter zero (0) in the Delivered Units field. The actual amount (cost) delivered should be entered in the Comments field, with initials and date.
Total Cost	System automatically calculates the Total Cost based on the Unit Per Session field entry multiplied by the Cost Per Unit(s) field entry.
Comments*	This is a free text field to capture any additional details regarding the service.
	If the entry is a change from the original entry an explanation shall be entered by the ABI Program, HCY Program, and MFAW Program. HCY Program and MFAW Program Comment Field entry should always be: • Delivery Outline (if changed) • Delivery Outline (initial) • Monitoring Log or other entry
	CYSHCN must enter the calculation for all expenses. UCR x Quantity per Month Monthly UCR x Reimbursement Rate CYSHCN Monthly Reimbursement x Number of Months in Authorization Period Total Authorized Reimbursement Amount

Service Plans – Add Service Plan Link (continued)

Save/Copy/New Link	This link will save the original entry and replicates all field entries on the Add Service Plan screen, except the Initial Date field and Expiration Date field. This allows multiple service plan entries to be completed simply by changing the dates in the Initial Date field and Expiration Date field.

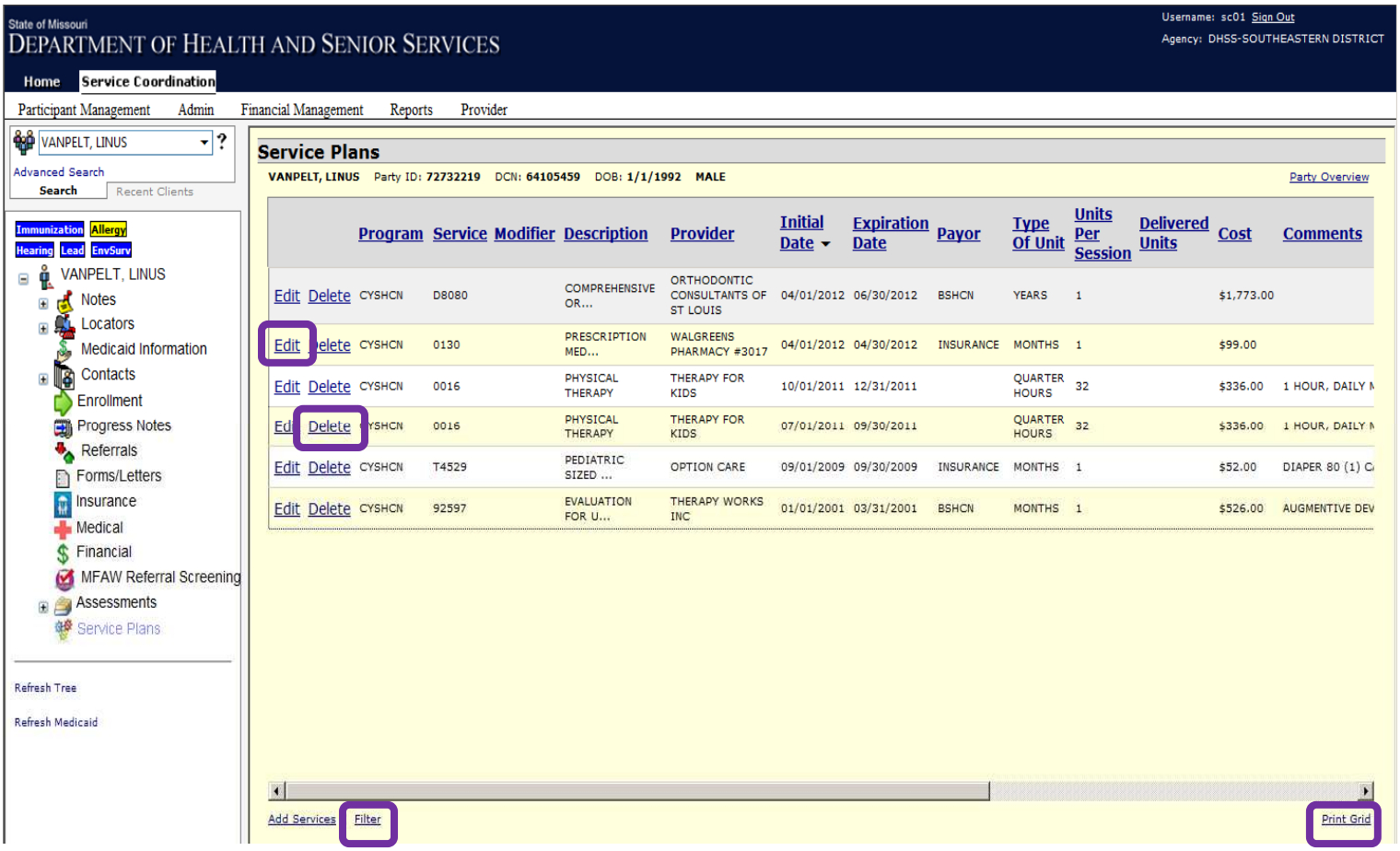
Service Plans – Add Service Plan Link (continued)

Field	Action
Save Link	Adds the entry to the record.
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Service Plans – Edit Link and Delete Link

Service Plan screen displays the following links:

- The Edit link allows any user to change or update a specific Service Plan entry.
- If entry is completed in error the author has a Delete link, in order to remove the entry, as long as the delete function is done within the allotted time set by the system. (See the **Entry Deletes** section of the guide.)
- The Print Grid Link will display a PDF version of the entire Service Plan screen.
- The Filter link, allows the Service Plan screens to be filtered according to certain selections (similar to the Progress Note Filter function).



Service Plans – Edit Link – Original Authorized Units field (HCY or MFAW only)

The 'Original Authorized Units' field will retain the original number of units from the original Prior Authorization form. (This excludes any edits that occur within the 48 hour edit period, after the 48 hour period passes the 'Original Authorized Units' field cannot be edited.)

The 'Units per Session' field records the authorized units from an original Prior Authorization form or a 'Change' Prior Authorization form.

- When changes are authorized (Change Prior Authorization form), the 'Units Per Session' field is to be updated to reflect the number of units authorized on the Change Prior Authorization form.
- Entry of the authorized units from the Change Prior Authorization form will not alter the amount of units displayed in the 'Original Authorized Units' field.
- The 'Original Authorized Units' field will continue to reflect the number of units authorized on the original Prior Authorization form.

The 'Comments' field will contain:

- Why a change in authorized units occurred (i.e., due to hospitalization) and the date of the action.
- The final amount of units delivered, as reported on the providers' Monitoring Log and the date of the action.

Edit Service Plan

Program: HCY | Initial Date: 04/05/2012 | Expiration Date: 04/30/2012 | Fiscal Year Total Paid: $0.00

Service: T1019 (Clear) Search — PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH

Modifier: EP (Clear) Search — SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) PROG

Provider: OPTION CARE (Clear) Search

Service Interval: MONTH | Number of Service Intervals: 1 | Sessions Per Service Interval: 1 | Payor: MEDICAID

Unit Type: QUARTER HOURS | Units Per Session: 35 | Cost Per Unit($): 4.24 | Original Authorized Units: 40 | Delivered Units: 35 | Total Cost: $148.40

Comments:

```
5 hours every Tuesday & Thursday./llw 4/13/2012
Family cancelled 4/17/2012./llw 5/11/2012
```

Save/Copy New | Prior Authorization Request | Save | Print | Cancel

Last Modified By: TEST, SHCN THREE (SHCN03) On 04/13/2012 3:23:03 PM

Service Plans – Print Grid Link

The Print Grid Link will display a PDF version of the entire Service Plan screen.

ServicePlan_VANPELT_RERUN_72717680_2012_02_29[1].pdf - Adobe Reader

File Edit View Window Help

1 / 1 73.2% Comment Sign

Run Date: 2/29/2012

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

Service	Provider	Initial Date	Expiration Date	Payor	Type Of Unit	Units Per Session	Cost
T1019	OPTION CARE ENTERPRISES INC	05/01/2012	05/31/2012	MEDICAID	QUARTER HOURS	92	$390.08
Description:	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)						
Comments:	1 HR DAILY (4 QUARTER HR UNITS) X 23 (M-F) DAYS WITHIN 5/1/12 TO 5/31/12 (23 X 4 UNITS = 92 TOTAL UNITS)						
T1019	OPTION CARE ENTERPRISES INC	04/01/2012	04/30/2012	MEDICAID	QUARTER HOURS	84	$356.16
Description:	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)						
Comments:	1 HR DAILY (4 QUARTER HR UNITS) X 21 (M-F) DAYS WITHIN 4/1/12 TO 4/30/12 (21 X 4 UNITS = 84 TOTAL UNITS)						
T1019	OPTION CARE ENTERPRISES INC	03/01/2012	03/31/2012	MEDICAID	QUARTER HOURS	88	$373.12
Description:	PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF TREATMENT (CODE MAY NOT BE USED TO IDENTIFY SERVICES PROVIDED BY HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT)						
Comments:	1 HR DAILY (4 QUARTER HR UNITS) X 22 (M-F) DAYS WITHIN 3/1/12 TO 3/31/12 (31 X 4 UNITS = 88 TOTAL UNITS)						
97110	CHILDRENS MERCY HOSPITAL	02/01/2012	02/29/2012	BSHCN	QUARTER HOURS	10	$105.00
Description:	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY						
Comments:							

Page 1 of 1

Service Plans – Filter Link

The Filter Service Plan screen will allow a user to sort service plan entries by date, by provider or by a word/phrase.

Filter Service Plans

☐ Filter by Date From: To:

☐ Filter by Provider Clear Search

☐ Filter by Comments - Only show Services with a comment containing word or phrase (Not Case Sensitive)

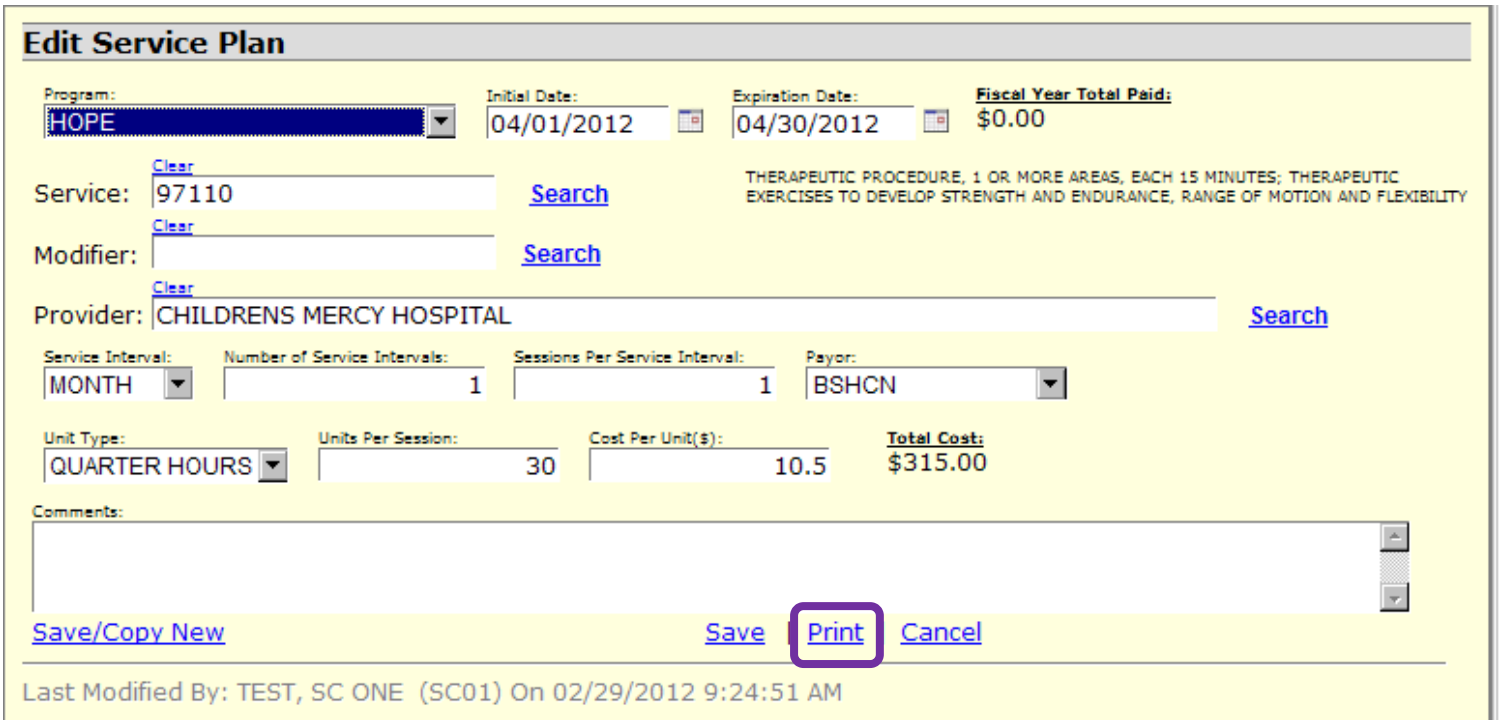
Filter | UnFilter | Cancel

Service Plans – Filter Link (continued)

Field	Action
Filter by Date	With the checkbox selected, the system automatically inserts the current date in the date (From/To) fields. Change the entry date to view a different date/date range.
From	This field is the first date, in a date range, that a user wants to use to sort the Service Plan screen. Example July 1st is the first date of a State Fiscal Year.
To	This field is the last date, in a date range, that a user wants to use to sort the Service Plan screen. Example June 30th is the last date of a State Fiscal Year.
Filter by Provider	With the check box selected, a user is allowed to enter the specific name of a provider to use to sort the Service Plan screen entries by provider.
Filter by Comments	With the checkbox selected, a user is allowed to enter a word or phrase to use to sort the Service Plan screen entries by the text entered in the Filter By Comments field. Example: In the free text field the entry is 'measles'. When the Filter link is selected the system will only display Service Plan entries with the word 'measles' in the Service Plan entry.
Filter Link	Select the Filter Link to cause the options selected on the screen to be carried out. The Service Plan screen will be sorted to match the option selected; all other entries will be hidden from view.
UnFilter Link	Select the UnFilter Link to cancel the Filter Link option and return the Service Plan screen to its normal view.
Cancel Link	All entry is deleted and nothing is retained to the record.

Edit Service Plan – Print Link

The Service Plan Print Link will display a PDF version of a specific Service Plan.



Edit Service Plan – Print Link (continued)

ServicePlan_VANPELT_RERUN_72717680_2012_03_09[1].pdf - Adobe Reader

Missouri Department of Health and Senior Services

Services for Participant, by Provider

Run Date: 3/9/2012

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

Provider: CHILDRENS MERCY HOSPITAL
Service Coordinators: SHCN NINE TEST Telephone Number:
Program: HOPE
Service: 97110 THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
Modifier:
Initial Date: 04/01/2012 Service Interval: MONTH
Expiration Date: 04/30/2012 # of Service Intervals: 1 Sessions Per Service Interval: 1
Unit Type: QUARTER HOURS Units Per Session: 30 Cost Per Unit($): $10.50
Payor: BSHCN Total Cost($): $315.00
Legacy Frequency:
Comments: NO COMMENTS FOUND

Page 1 of 1

Service Plans – Edit Service Plan - Print Authorization Request Link (Only Displays for HCY Program or MFAW Program)

To print an HCY or MFAW Program Prior Authorization form, select the Prior Authorization Request link from any Service Plan screen.

Edit Service Plan

Program: HEALTHY CHILDREN AND YOUTH Initial Date: 04/01/2012 Expiration Date: 04/30/2012 Fiscal Year Total Paid: $0.00

Service: T1019 (Clear) Search PERSONAL CARE SERVICES, PER 15 MINUTES, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL, NURSING FACILITY, ICF/MR OR IMD, PART OF THE INDIVIDUALIZED PLAN OF

Modifier: EP (Clear) Search SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) PROG

Provider: OPTION CARE ENTERPRISES INC (Clear) Search

Service Interval: MONTH Number of Service Intervals: 1 Sessions Per Service Interval: 1 Payor: MEDICAID

Unit Type: QUARTER HOURS Units Per Session: 84 Cost Per Unit($): 4.24 Original Authorized Units: 84 Total Cost: $356.16

Comments:
1 HR DAILY (4 QUARTER HR UNITS) X 21 (M-F) DAYS WITHIN 4/1/12 TO 4/30/12
(21 X 4 UNITS = 84 TOTAL UNITS)

Save/Copy New Prior Authorization Request Save | Print | Cancel

Last Modified By: TEST, SC ONE (SC01) On 02/28/2012 4:07:19 PM

Service Plans – Prior Authorization Request Link (Only Displays for HCY Program or MFAW Program)

The Prior Authorization Request link will display a separate screen so additional Prior Authorization Form fields can be entered and the Prior Authorization Form can be printed for submission to MHN contracted billing service.

Prior Authorization Request

Prognosis

Diagnosis

Clear

Search

Detailed Explanation Of Medical Necessity For Services/Equipment/Procedure/Prosthesis

Regional Office

- Eastern SHCN Regional Office
  220 SOUTH JEFFERSON AVENUE
  ST. LOUIS, MO 63103
- Northwestern SHCN Regional Office
  3717 SOUTH WHITNEY AVENUE
  INDEPENDENCE, MO 64055
- Columbia Satellite SHCN Office
  1500 VANDIVER DRIVE SUITE 112
  COLUMBIA, MO 65201
- Southeastern SHCN Regional Office
  216 NORTH FOUNTAIN
  CAPE GIRARDEAU, MO 63701
- Southwestern SHCN Regional Office
  PO BOX 777, MPO
  SPRINGFIELD, MO 65801

Services Available

	Service	Description	Initial Date	Expiration Date	Units	Cost	Approved	Amount Allowed
☐	T1019	PERSONAL CARE SE...	05/01/2012	05/31/2012	92	$390.08	☐	
☐	T1019	PERSONAL CARE SE...	04/01/2012	04/30/2012	84	$356.16	☐	
☐	T1019	PERSONAL CARE SE...	03/01/2012	03/31/2012	88	$373.12	☐	

IV. Provider

Provider Name(Affix label here)

Address

City, State, ZIP

Fax Number

MO Healthnet Provider Identifier

TAXONOMY

V. Prescribing/Performing Practitioner

Name

Telephone

Address

Date Disability Began

Period of Medical need in months

Print | Cancel

Service Plans – Prior Authorization Request Link (Only Displays for HCY Program or MFAW Program) - continued

Field	Action
Prognosis*	Free Text; enter the participants prognosis submitted by the Provider Agency on the Plan of Care (485).
Diagnosis*	• Enter the participant's diagnosis as submitted by the Provider Agency on the Plan of Care (485). • Entry can be typed as the Diagnosis Code or Diagnosis Description and then select the Search link.
Detailed Explanation of Medical Necessity for Services/Equipment/ Procedures/Prosthesis	Free Text; enter the participant's Medical Necessity statement submitted by the Provider Agency on the Plan of Care (485).
Regional Office*	Select the appropriate SHS Regional Office.
Services Available*	Select all appropriate services. Example: ➢ If a Prior Authorization is for a three (3) month approval period, select the three (3) months of service from the list of service plan entries.
Provider (Section IV) *	Free Text; enter the participant's provider information submitted by the Provider Agency on the Plan of Care (485).
Prescribing/Performing Practitioner (Section V) *	Free Text; enter the participant's practitioner information submitted by the Provider Agency on the Plan of Care (485).
Cancel Link	All entry is deleted and nothing is retained to the record.
* = field entry is required; additional fields are provided to record additional items if known.	

Service Plans – Prior Authorization Request screen - Print Link (Only Displays for HCY Program or MFAW Program)

The Print Link from the Prior Authorization Request screen will display a PDF of the completed HCY Program or MFAW Program Prior Authorization form.

The PDF is to be printed, signed/dated by the appropriate party and submitted to MHN (InfoCrossing Healthcare Services, Inc.) for processing.

HCYPARequest_VANPELT_RERUN_72717680_2012_02_29[1].pdf - Adobe Reader

File Edit View Window Help

1 / 2 102% Comment Sign

MISSOURI DEPATMENT of SOCIAL SERVICES
MO HEALTHNET DIVISION
PRIOR AUTHORIZATION REQUEST

Return to: Infocrossing Healthcare Services, Inc.
PO Box 5700
Jefferson City, MO 65102

Authorization approves the medical necessity of the requested service only. It does not grarantee payment, nor does it guarantee that the amount billed will be the amount reimbursed. The participant must be MO HealthNet Eligible on the date of service or date the equipment or prosthesis is received by the participant. **SEE REVERSE SIDE FOR INSTRUCTIONS.**

I. GENERAL INFORMATION

1.	2. NAME (LAST, FIRST, M.I.)	3. DATE OF BIRTH
	VANPELT, RERUN	1/1/2010
4. ADDRESS (STREET, CITY, STATE, ZIP CODE)		5. MO HEALTHNET NUMBER 64031755
6. PROGNOSIS GOOD	7. DIAGNOSIS CODE 359	8. DIAGNOSIS DESCRIPTION MUSCULAR DYSTROPHIES AND OTHER MYOPATHIES

9. NAME AND ADDRESS OF FACILITY WHERE SERVICES ARE TO BE RENDERED IF OTHER THAN HOME OR OFFICE

II. HCY (EPSDT) SERVICE REQUEST (MAY REQUIRE PLAN OF CARE)

10. DATE OF HCY SCREEN	11. SCREENING ☐ FULL ☐ INTERPERIODIC ☐ PARTIAL	12. TYPE OF PARTIAL HCY SCREEN
13. SCREENING PROVIDER NAME	14. PROVIDER IDENTIFIER	15. TELEPHONE NUMBER

III. SERVICE INFORMATION — FOR STATE USE ONLY

16. REF. NO	17. PROCEDURE CODE	18. MODIFIERS				19. FROM	20. THROUGH	21. DESCRIPTION OF SERVICE/ITEM	22. QTY. OR UNITS	23. AMOUNT TO BE CHARGED	APPR.	DENIED	AMOUNT ALLOWED IF PRICED BY REPORT
(1)	T1019	EP				05/01/2012	05/31/2012	PERSONAL CARE SERVICES, PER 15 MINUT	92		☐	☑	$0.00
(2)	T1019	EP				04/01/2012	04/30/2012	PERSONAL CARE SERVICES, PER 15 MINUT	84		☐	☑	$0.00
(3)	T1019	EP				03/01/2012	03/31/2012	PERSONAL CARE SERVICES, PER 15 MINUT	88		☐	☑	$0.00
(4)											☐	☐	
(5)											☐	☐	
(6)											☐	☐	
(7)											☐	☐	
(8)											☐	☐	
(9)											☐	☐	
(10)											☐	☐	
(11)											☐	☐	
(12)											☐	☐	

24. DETAILED EXPLANATION OF MEDICAL NECESSITY FOR SERVICES/PROCEDURE/PROSTHESIS (ATTACH ADDITIONAL PAGES IF NECESSARY)

IV. PROVIDER		**V. PRESCRIBING/PERFORMING PRACTITIONER**	
25. PROVIDER NAME (AFFIX LABEL HERE) ADVANTAGE NURSING SERVICES		29. NAME DR. MEL LAWSON	30. TELEPHONE 471-888-9999
26. ADDRESS 2127 INNERBELT BUSINESS CTR., SUITE 100		31. ADDRESS 1 HOSPTIAL DRIVE, ST. LOUIS, MO 63114	
ST. LOUIS MO 63114	FAX NUMBER	32. DATE DISABILITY BEGAN	33. PERIOD OF MEDICAL NEED IN MONTHS
27. MO HEALTHNET PROVIDER IDENTIFIER 1234567890	TAXONOMY 123J00000X	I certify the information given in Sections I and III of this form is true, accurate, and complete.	
28. SIGNATURE	DATE	34. SIGNATURE OF PRESCRIBING PHYSICIAN/PRACTITIONER	DATE

VI. FOR STATE OFFICE USE ONLY

DENIAL REASON(S): REFER TO FIELD 16 ABOVE BY REFERENCE NUMBERS (REF. NO.)

Regional Office:
SOUTHWESTERN SHCN REGIONAL OFFICE
PO BOX 777, MPO
SPRINGFIELD, MO 65801

IF APPROVED: services authorized to begin | DATE | REVIEWED BY SIGNATURE u

MO 886-0858N (6-08) MO 8809

Page 1 of 2

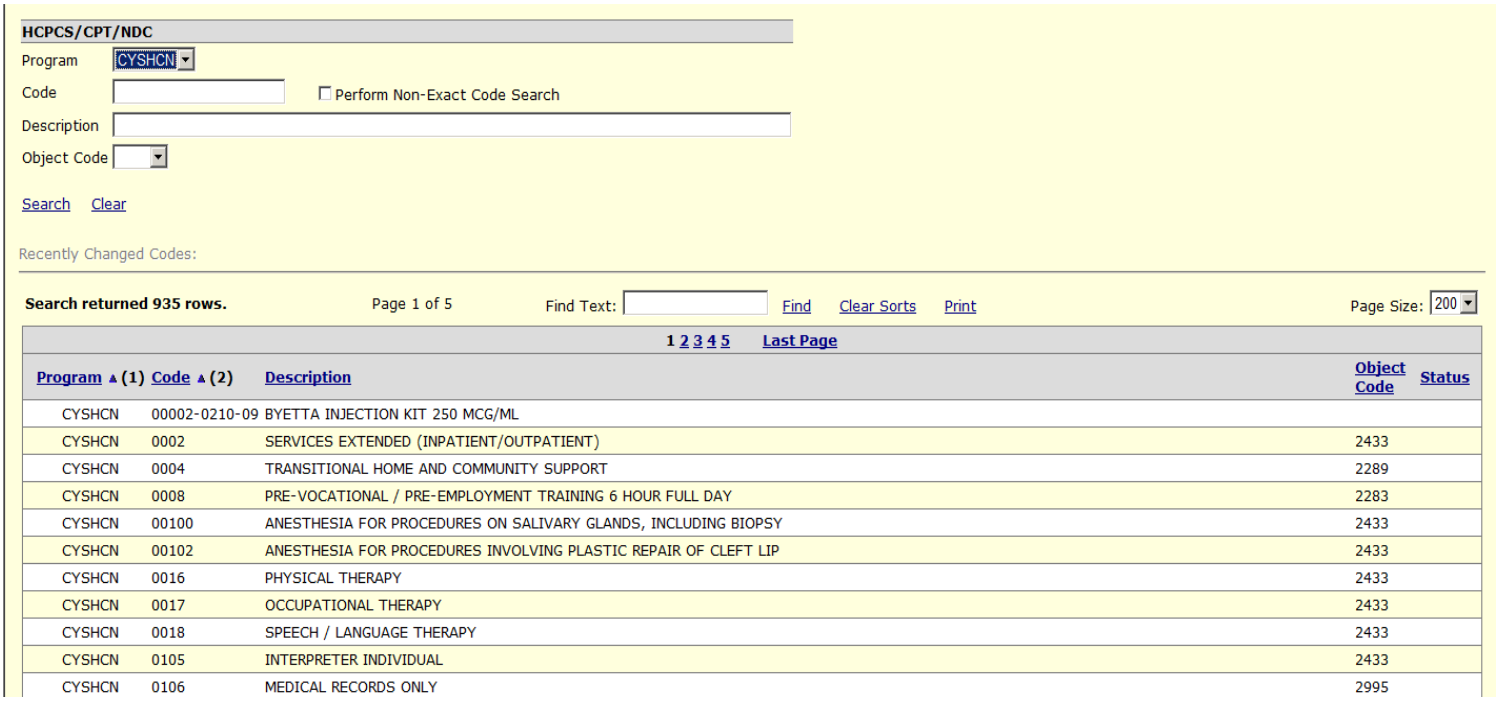
ADMIN SUB-MENU

The Admin sub menu allows users, according to access level, the ability to perform the following actions:

- Lookup HCPCS, CPT or NDC codes
- Lookup ICD9 Codes
- Lookup ICD10 Codes
- Manage Assessment (CO Action)
- User Administration (CO Action)
- Cap Limits & Reimbursement Rates (CO Action)
- Inquiry

Lookup HCPCS/CPT/NDC Codes

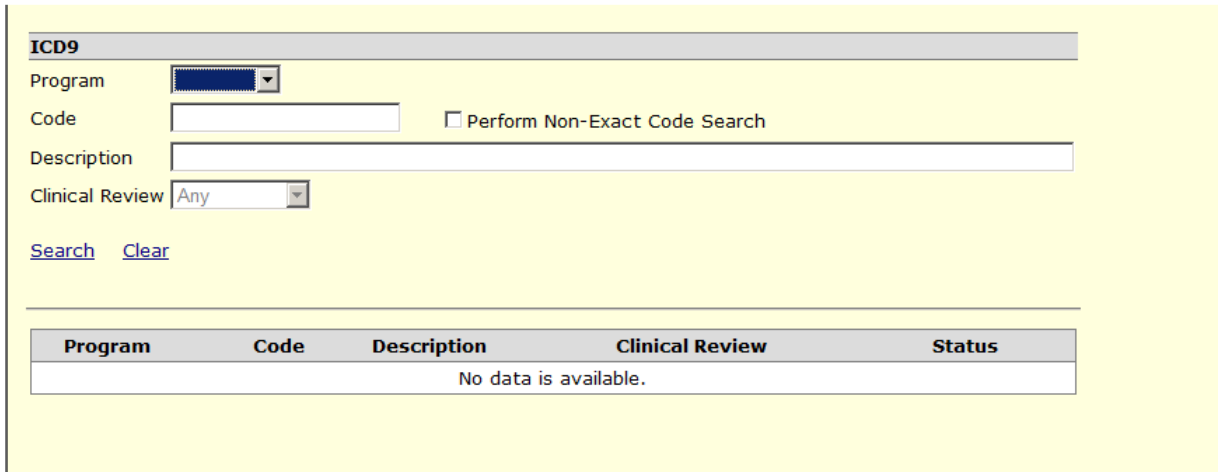
The Lookup HCPCS/CPT/NDC Codes screen allows users to conduct searches for HCPCS, CPT or NDC codes.



Program ▲(1)	Code ▲(2)	Description	Object Code	Status
CYSHCN	00002-0210-09	BYETTA INJECTION KIT 250 MCG/ML		
CYSHCN	0002	SERVICES EXTENDED (INPATIENT/OUTPATIENT)	2433	
CYSHCN	0004	TRANSITIONAL HOME AND COMMUNITY SUPPORT	2289	
CYSHCN	0008	PRE-VOCATIONAL / PRE-EMPLOYMENT TRAINING 6 HOUR FULL DAY	2283	
CYSHCN	00100	ANESTHESIA FOR PROCEDURES ON SALIVARY GLANDS, INCLUDING BIOPSY	2433	
CYSHCN	00102	ANESTHESIA FOR PROCEDURES INVOLVING PLASTIC REPAIR OF CLEFT LIP	2433	
CYSHCN	0016	PHYSICAL THERAPY	2433	
CYSHCN	0017	OCCUPATIONAL THERAPY	2433	
CYSHCN	0018	SPEECH / LANGUAGE THERAPY	2433	
CYSHCN	0105	INTERPRETER INDIVIDUAL	2433	
CYSHCN	0106	MEDICAL RECORDS ONLY	2995	

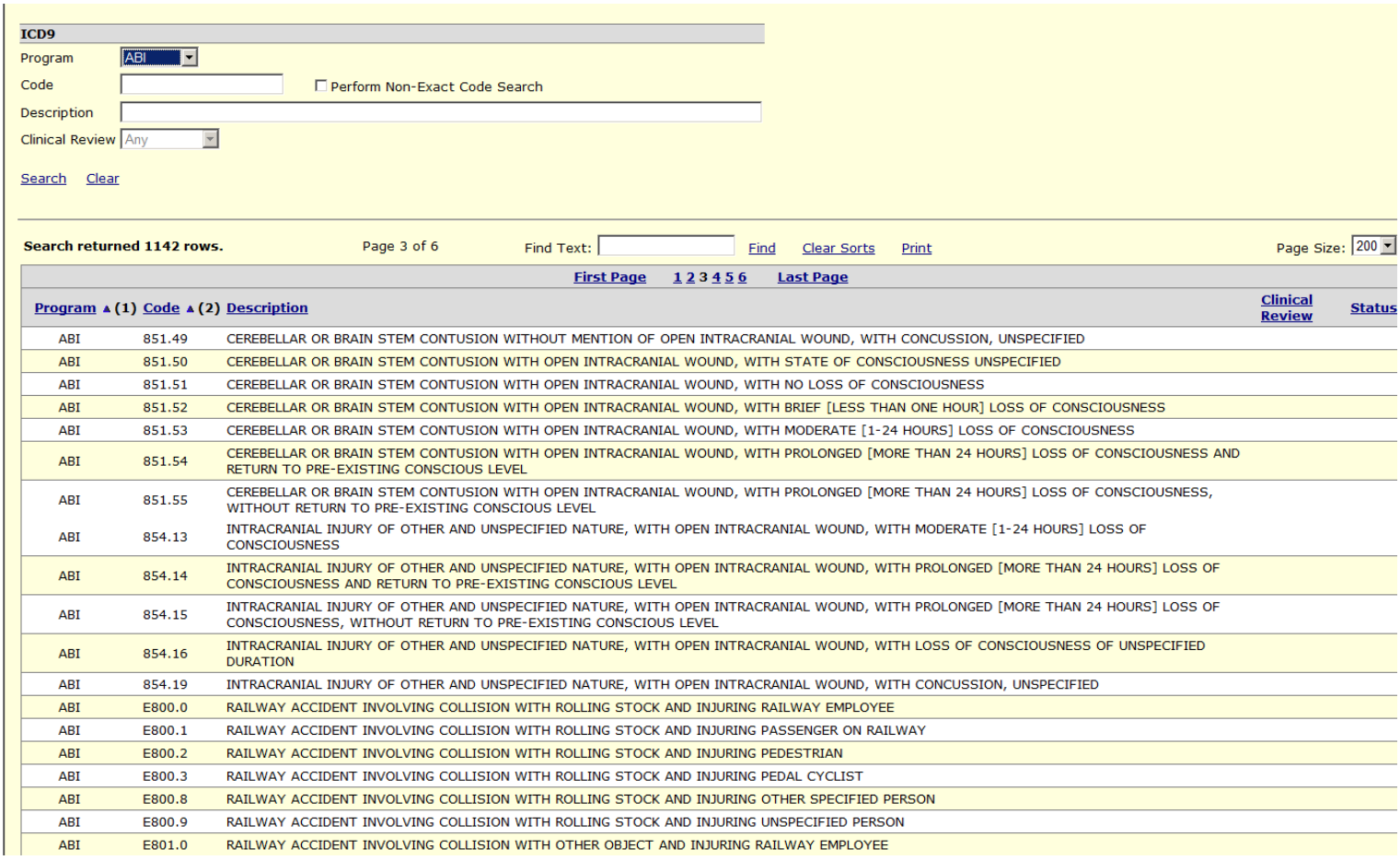
Lookup ICD9 Codes

Screen allows user to search ICD codes by Program, by Code, or by Description.



Lookup ICD9 Codes – Program search, Code search, or Description search

Program field search:



Program	Code	Description	Clinical Review	Status
ABI	851.49	CEREBELLAR OR BRAIN STEM CONTUSION WITHOUT MENTION OF OPEN INTRACRANIAL WOUND, WITH CONCUSSION, UNSPECIFIED		
ABI	851.50	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH STATE OF CONSCIOUSNESS UNSPECIFIED		
ABI	851.51	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH NO LOSS OF CONSCIOUSNESS		
ABI	851.52	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH BRIEF [LESS THAN ONE HOUR] LOSS OF CONSCIOUSNESS		
ABI	851.53	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH MODERATE [1-24 HOURS] LOSS OF CONSCIOUSNESS		
ABI	851.54	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL		
ABI	851.55	CEREBELLAR OR BRAIN STEM CONTUSION WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS, WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL		
ABI	854.13	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH MODERATE [1-24 HOURS] LOSS OF CONSCIOUSNESS		
ABI	854.14	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS AND RETURN TO PRE-EXISTING CONSCIOUS LEVEL		
ABI	854.15	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH PROLONGED [MORE THAN 24 HOURS] LOSS OF CONSCIOUSNESS, WITHOUT RETURN TO PRE-EXISTING CONSCIOUS LEVEL		
ABI	854.16	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION		
ABI	854.19	INTRACRANIAL INJURY OF OTHER AND UNSPECIFIED NATURE, WITH OPEN INTRACRANIAL WOUND, WITH CONCUSSION, UNSPECIFIED		
ABI	E800.0	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING RAILWAY EMPLOYEE		
ABI	E800.1	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PASSENGER ON RAILWAY		
ABI	E800.2	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PEDESTRIAN		
ABI	E800.3	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING PEDAL CYCLIST		
ABI	E800.8	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING OTHER SPECIFIED PERSON		
ABI	E800.9	RAILWAY ACCIDENT INVOLVING COLLISION WITH ROLLING STOCK AND INJURING UNSPECIFIED PERSON		
ABI	E801.0	RAILWAY ACCIDENT INVOLVING COLLISION WITH OTHER OBJECT AND INJURING RAILWAY EMPLOYEE		

Lookup ICD9 Codes – Program search, Code search, or Description search (continued)

Code field search:

ICD9

Program

Code 337 ☑ Perform Non-Exact Code Search

Description

Clinical Review Any

Search Clear

Search returned 13 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▲(1)	Code ▲(2)	Description	Clinical Review	Status
	337.00	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY, UNSPECIFIED		
	337.01	CAROTID SINUS SYNDROME		
	337.09	OTHER IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY		
CYSHCN	337	DISORDERS OF THE AUTONOMIC NERVOUS SYSTEM	NOT REQUIRED	
CYSHCN	337.0	IDIOPATHIC PERIPHERAL AUTONOMIC NEUROPATHY	NOT REQUIRED	
CYSHCN	337.1	PERIPHERAL AUTONOMIC NEUROPATHY IN DISORDERS CLASSIFIED ELSEWHERE	NOT REQUIRED	
CYSHCN	337.2	REFLEX SYMPATHETIC DYSTROPHY	NOT REQUIRED	
CYSHCN	337.20	REFLEX SYMPATHETIC DYSTROPHY, UNSPECIFIED	NOT REQUIRED	
CYSHCN	337.21	REFLEX SYMPATHETIC DYSTROPHY OF THE UPPER LIMB	NOT REQUIRED	
CYSHCN	337.22	REFLEX SYMPATHETIC DYSTROPHY OF THE LOWER LIMB	NOT REQUIRED	
CYSHCN	337.29	REFLEX SYMPATHETIC DYSTROPHY OF OTHER SPECIFIED SITE	NOT REQUIRED	
CYSHCN	337.3	AUTONOMIC DYSREFLEXIA	NOT REQUIRED	
CYSHCN	337.9	UNSPECIFIED DISORDER OF AUTONOMIC NERVOUS SYSTEM	NOT REQUIRED	

1

Description field search:

ICD9

Program

Code ☐ Perform Non-Exact Code Search

Description HEAD

Clinical Review Any

Search Clear

Search returned 174 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▲(1)	Code ▲(2)	Description	Clinical Review	Status
	00.01	THERAPEUTIC ULTRASOUND OF VESSELS OF HEAD AND NECK		
	00.73	REVISION OF HIP REPLACEMENT, ACETABULAR LINER AND/OR FEMORAL HEAD ONLY		
	00.85	RESURFACING HIP, TOTAL, ACETABULUM AND FEMORAL HEAD		
	00.86	RESURFACING HIP, PARTIAL, FEMORAL HEAD		
	02.31	VENTRICULAR SHUNT TO STRUCTURE IN HEAD AND NECK		
	132.0	PEDICULUS CAPITIS [HEAD LOUSE]		
	97.39	REMOVAL OF OTHER THERAPEUTIC DEVICE FROM HEAD AND NECK		
	98.22	REMOVAL OF OTHER FOREIGN BODY WITHOUT INCISION FROM HEAD AND NECK		
	V48	PROBLEMS WITH HEAD, NECK, AND TRUNK		
	V48.0	DEFICIENCIES OF HEAD		
	V48.2	MECHANICAL AND MOTOR PROBLEMS WITH HEAD		
	V48.4	SENSORY PROBLEM WITH HEAD		
	V48.6	DISFIGUREMENTS OF HEAD		
	V48.8	OTHER PROBLEMS WITH HEAD, NECK, AND TRUNK		
	V48.9	UNSPECIFIED PROBLEM WITH HEAD, NECK, OR TRUNK		
ABI	0121	LIMITED HEAD INJURY		
CYSHCN	0121	LIMITED HEAD INJURY	REQUIRED	
CYSHCN	215.0	OTHER BENIGN NEOPLASM OF CONNECTIVE AND OTHER SOFT TISSUE OF HEAD, FACE, AND NECK	REQUIRED	
CYSHCN	385.11	ADHESIONS OF DRUM HEAD TO INCUS	NOT REQUIRED	
CYSHCN	385.12	ADHESIONS OF DRUM HEAD TO STAPES	NOT REQUIRED	
CYSHCN	385.13	ADHESIONS OF DRUM HEAD TO PROMONTORIUM	NOT REQUIRED	
CYSHCN	727.62	NONTRAUMATIC RUPTURE OF TENDONS OF BICEPS (LONG HEAD)	REQUIRED	

Lookup ICD9 Codes – Combination Search, Program field & Code or Description field

When a combination search is performed, i.e., Program field and Code field or Description field, only those ICD codes with a Program association are displayed.

Program field and Code field search:

ICD9

Program: CYSHCN

Code: V ☑ Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search Clear

Search returned 2 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	V01.79	CONTACT OR EXPOSURE TO OTHER VIRAL DISEASES	REQUIRED	
CYSHCN	V63.8	OTHER SPECIFIED REASONS FOR UNAVAILABILITY OF MEDICAL FACILITIES	NOT REQUIRED	

1

Program field and Description field search:

ICD9

Program: CYSHCN

Code: ☐ Perform Non-Exact Code Search

Description: PALSY

Clinical Review: Any

Search Clear

Search returned 16 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

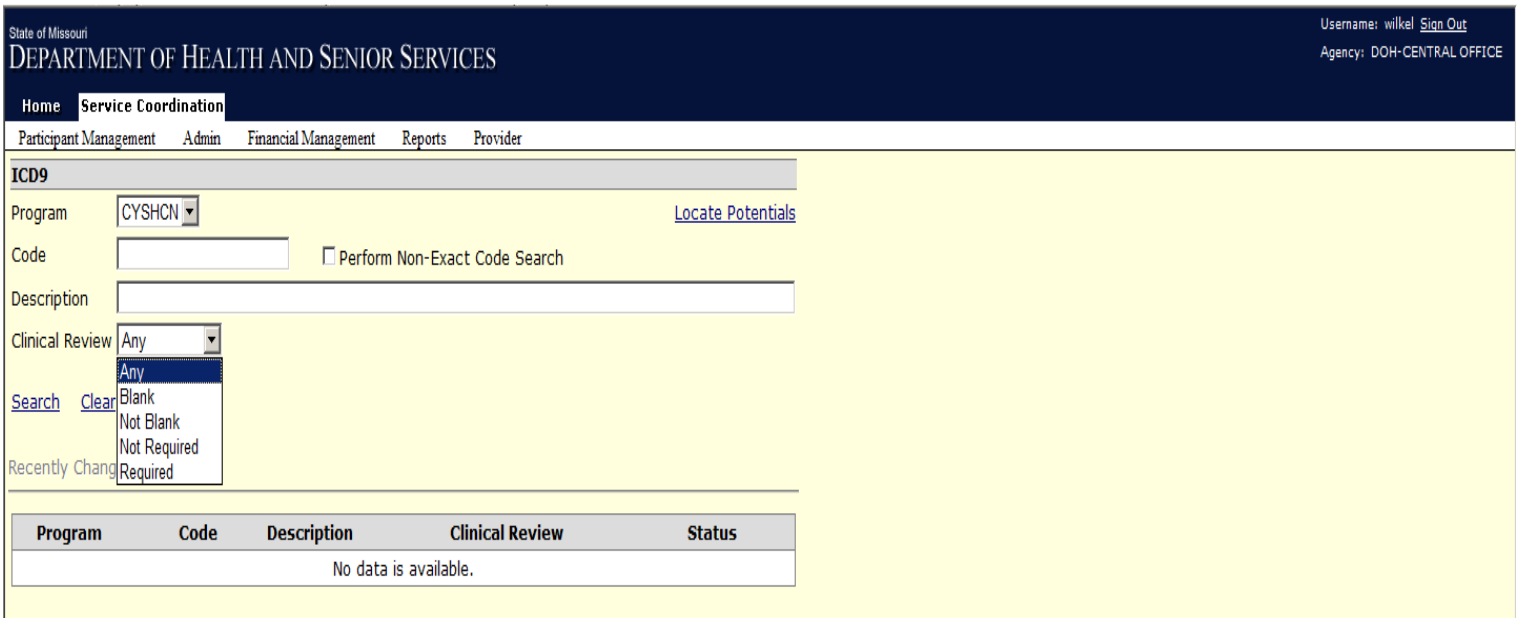
1

Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	335.22	PROGRESSIVE BULBAR PALSY	NOT REQUIRED	
CYSHCN	335.23	PSEUDOBULBAR PALSY	NOT REQUIRED	
CYSHCN	343	INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.0	DIPLEGIC INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.1	HEMIPLEGIC INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.2	QUADRIPLEGIC INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.3	MONOPLEGIC INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.8	OTHER SPECIFIED INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.9	INFANTILE CEREBRAL PALSY, UNSPECIFIED	NOT REQUIRED	
CYSHCN	351.0	BELLS PALSY	REQUIRED	
CYSHCN	378.51	THIRD OR OCULOMOTOR NERVE PALSY, PARTIAL	REQUIRED	
CYSHCN	378.52	THIRD OR OCULOMOTOR NERVE PALSY, TOTAL	REQUIRED	
CYSHCN	378.53	FOURTH OR TROCHLEAR NERVE PALSY	REQUIRED	
CYSHCN	378.54	SIXTH OR ABDUCENS NERVE PALSY	REQUIRED	
CYSHCN	378.81	PALSY OF CONJUGATE GAZE	REQUIRED	
CYSHCN	378.83	CONVERGENCE INSUFFICIENCY OR PALSY	REQUIRED	

1

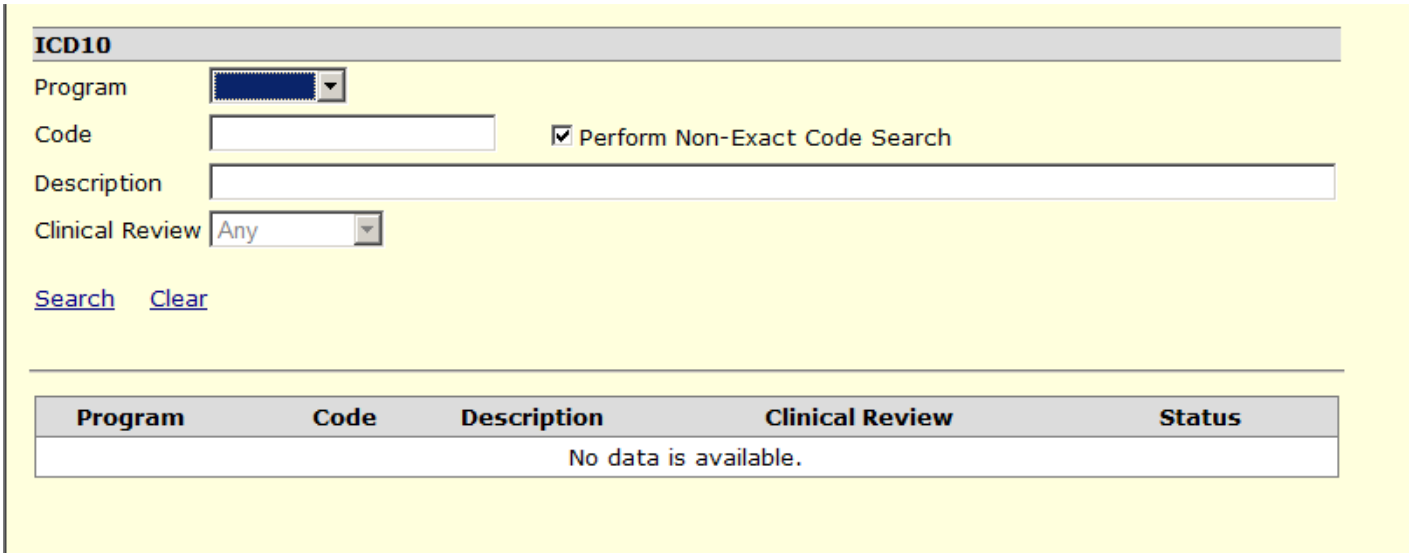
Lookup ICD9 Codes – Clinical Review (CYSHCN Only)

- Clinical Review dropdown menu allow users to search by a Clinical Review option when a specific Program search and a Code or Description search is conducted. Options are:
  - Any - all ICD codes, regardless of Clinical Review, are displayed.
  - Blank – all ICD codes with a 'blank' Clinical Review are displayed.
  - Not Blank – all ICD codes with a 'not blank' Clinical Review are displayed.
  - Not Required – all ICD codes with a 'not required' Clinical Review are displayed.
  - Required – all ICD codes with a 'required' Clinical Review are displayed.



Lookup ICD10 Codes

Screen allows user to search ICD codes by Program, by Code, or by Description.



Lookup ICD10 Codes – Program search, Code search, or Description search

Program field search:

ICD10

Program: ABI

Code:

☑ Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search Clear

Search returned 29 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
ABI	0121	LIMITED HEAD INJURY		
ABI	0125	LIMITED NERVOUS SYSTEM		
ABI	S01.00XA	UNSPECIFIED OPEN WOUND OF SCALP, INITIAL ENCOUNTER		
ABI	S01.02	LACERATION WITH FOREIGN BODY OF SCALP		
ABI	S01.02XA	LACERATION WITH FOREIGN BODY OF SCALP, INITIAL ENCOUNTER		
ABI	S01.02XD	LACERATION WITH FOREIGN BODY OF SCALP, SUBSEQUENT ENCOUNTER		
ABI	S01.02XS	LACERATION WITH FOREIGN BODY OF SCALP, SEQUELA		
ABI	S06.0X3	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES		
ABI	S06.0X3A	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, INITIAL ENCOUNTER		
ABI	S06.0X3D	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, SUBSEQUENT ENCOUNTER		
ABI	S06.0X3S	CONCUSSION WITH LOSS OF CONSCIOUSNESS OF 1 HOUR TO 5 HOURS 59 MINUTES, SEQUELA		
ABI	S06.1X5	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL		
ABI	S06.1X5A	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, INITIAL ENCOUNTER		
ABI	S06.1X5D	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, SUBSEQUENT ENCOUNTER		
ABI	S06.1X5S	TRAUMATIC CEREBRAL EDEMA WITH LOSS OF CONSCIOUSNESS GREATER THAN 24 HOURS WITH RETURN TO PRE-EXISTING CONSCIOUS LEVEL, SEQUELA		
ABI	S06.327	CONTUSION AND LACERATION OF LEFT CEREBRUM WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS		
ABI	S06.327S	CONTUSION AND LACERATION OF LEFT CEREBRUM WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO BRAIN INJURY PRIOR TO REGAINING CONSCIOUSNESS, SEQUELA		
ABI	S06.9X8	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF ANY DURATION WITH DEATH DUE TO OTHER CAUSE PRIOR TO REGAINING CONSCIOUSNESS		
ABI	S06.9X9	UNSPECIFIED INTRACRANIAL INJURY WITH LOSS OF CONSCIOUSNESS OF UNSPECIFIED DURATION		
ABI	V00.01	PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER		
ABI	V00.01XA	PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, INITIAL ENCOUNTER		
ABI	V00.01XD	PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, SUBSEQUENT ENCOUNTER		
ABI	V00.01XS	PEDESTRIAN ON FOOT INJURED IN COLLISION WITH ROLLER-SKATER, SEQUELA		
ABI	X00.1XXS	EXPOSURE TO SMOKE IN UNCONTROLLED FIRE IN BUILDING OR STRUCTURE, SEQUELA		
ABI	X08.00XS	EXPOSURE TO BED FIRE DUE TO UNSPECIFIED BURNING MATERIAL, SEQUELA		
ABI	Y01	ASSAULT BY PUSHING FROM HIGH PLACE		
ABI	Y01.XXXA	ASSAULT BY PUSHING FROM HIGH PLACE, INITIAL ENCOUNTER		
ABI	Y01.XXXD	ASSAULT BY PUSHING FROM HIGH PLACE, SUBSEQUENT ENCOUNTER		
ABI	Y01.XXXS	ASSAULT BY PUSHING FROM HIGH PLACE, SEQUELA		

1

Code field search:

ICD10

Program: [redacted] Locate Potentials

Code: 0210

☑ Perform Non-Exact Code Search

Description:

Clinical Review: Any

Search Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set)

Search returned 62 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	0210093	BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	0210098	BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	0210099	BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	021009C	BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	021009F	BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	021009W	BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH AUTOLOGOUS VENOUS TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100A3	BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100A8	BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100A9	BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100AC	BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100AF	BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100AW	BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH AUTOLOGOUS ARTERIAL TISSUE, OPEN APPROACH	REQUIRED	
CYSHCN	02100J3	BYPASS CORONARY ARTERY, ONE SITE FROM CORONARY ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	
CYSHCN	02100J8	BYPASS CORONARY ARTERY, ONE SITE FROM RIGHT INTERNAL MAMMARY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	
CYSHCN	02100J9	BYPASS CORONARY ARTERY, ONE SITE FROM LEFT INTERNAL MAMMARY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	
CYSHCN	02100JC	BYPASS CORONARY ARTERY, ONE SITE FROM THORACIC ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	
CYSHCN	02100JF	BYPASS CORONARY ARTERY, ONE SITE FROM ABDOMINAL ARTERY WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	
CYSHCN	02100JW	BYPASS CORONARY ARTERY, ONE SITE FROM AORTA WITH SYNTHETIC SUBSTITUTE, OPEN APPROACH	REQUIRED	

Lookup ICD10 Codes – Program search, Code search, or Description search (continued)

Description field search:

ICD10

Program [redacted] Locate Potentials

Code ☑ Perform Non-Exact Code Search

Description LIMITED

Clinical Review Any

Search Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set)

Search returned 52 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

1

Program ▼ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	0111	LIMITED BLOOD & BLOOD FORMING ORGANS	REQUIRED	
CYSHCN	0112	LIMITED BLOOD CELL - ANNUAL COMP	REQUIRED	
CYSHCN	0113	LIMITED BURN	REQUIRED	
CYSHCN	0114	LIMITED CARDIOVASCULAR	REQUIRED	
CYSHCN	0115	LIMITED CHROMOSOMAL CONGENITAL	REQUIRED	
CYSHCN	0116	LIMITED CIRCULATORY SYSTEM	REQUIRED	
CYSHCN	0117	LIMITED CRANIOFACIAL	REQUIRED	
CYSHCN	0118	LIMITED DIGESTIVE SYSTEM	REQUIRED	
CYSHCN	0119	LIMITED ENDOCRINE / NUTRIT / METAB / IMMUNE	REQUIRED	
CYSHCN	0120	LIMITED GENITOURINARY SYSTEM	REQUIRED	
CYSHCN	0121	LIMITED HEAD INJURY	REQUIRED	
CYSHCN	0122	LIMITED HEMORRHAGE WOUNDS	REQUIRED	
CYSHCN	0123	LIMITED INFECTIOUS & PARASITIC DISEASE	REQUIRED	
CYSHCN	0124	LIMITED MUSCULOSKELETAL & CONNECTIVE TISSUE	REQUIRED	
CYSHCN	0125	LIMITED NERVOUS SYSTEM	REQUIRED	
CYSHCN	0126	LIMITED POISONING	REQUIRED	
CYSHCN	0127	LIMITED RESPIRATORY SYSTEM	REQUIRED	
CYSHCN	0128	LIMITED SENSE ORGANS	REQUIRED	
CYSHCN	0129	LIMITED SKIN & SUBCUTANEOUS TISSUE	REQUIRED	
ABI	0121	LIMITED HEAD INJURY		
ABI	0125	LIMITED NERVOUS SYSTEM		
	E85.4	ORGAN-LIMITED AMYLOIDOSIS		
	K02.51	DENTAL CARIES ON PIT AND FISSURE SURFACE LIMITED TO ENAMEL		
	K02.61	DENTAL CARIES ON SMOOTH SURFACE LIMITED TO ENAMEL		

Lookup ICD10 Codes – Combination Search, Program field & Code or Description field

When a combination search is performed, i.e., Program field and Code field or Description field, only those ICD codes with a Program association are displayed.

Program field and Code field search:

ICD10

Program CYSHCN Locate Potentials

Code G80 ☑ Perform Non-Exact Code Search

Description

Clinical Review Any

Search Clear

Recently Changed Codes: , 0210093 (Entire Set), 0210 (Entire Set), G80.0, G80.1, G80.2, G80.9

Search returned 4 rows. Page 1 of 1 Find Text: Find Clear Sorts Print Page Size: 200

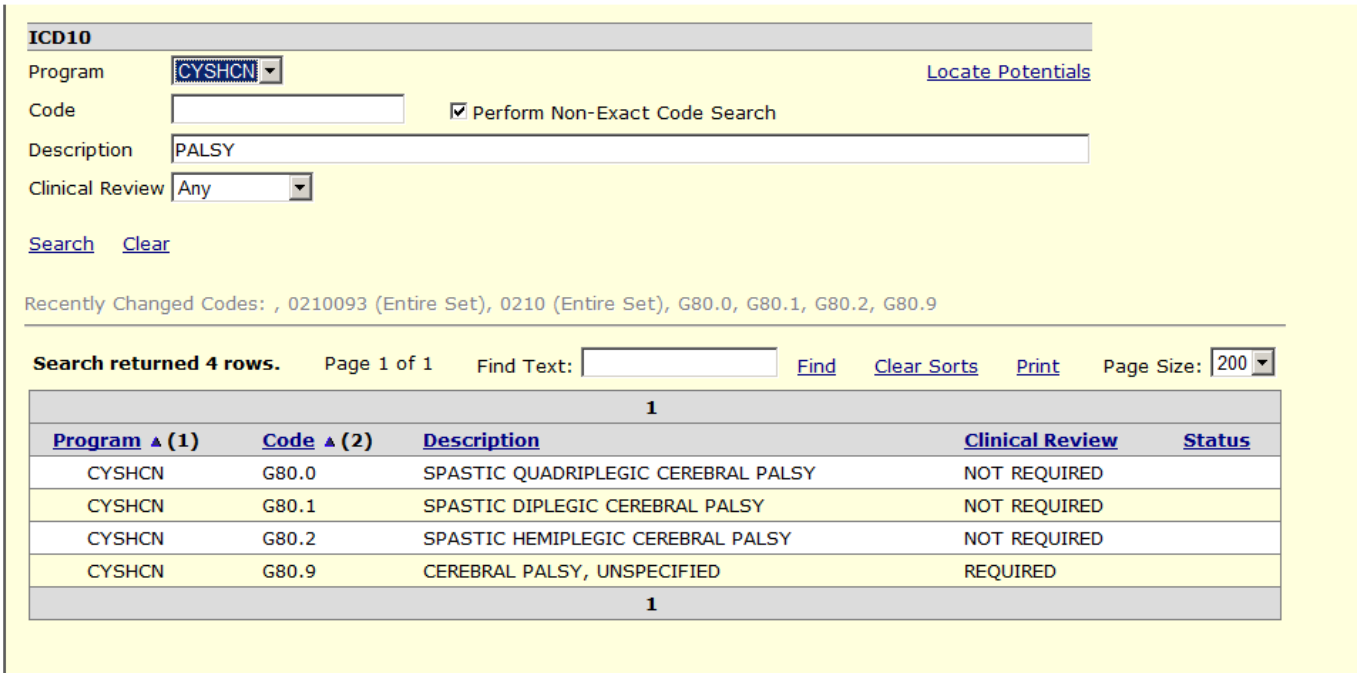
1

Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	G80.0	SPASTIC QUADRIPLEGIC CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	G80.1	SPASTIC DIPLEGIC CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	G80.2	SPASTIC HEMIPLEGIC CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	G80.9	CEREBRAL PALSY, UNSPECIFIED	REQUIRED	

1

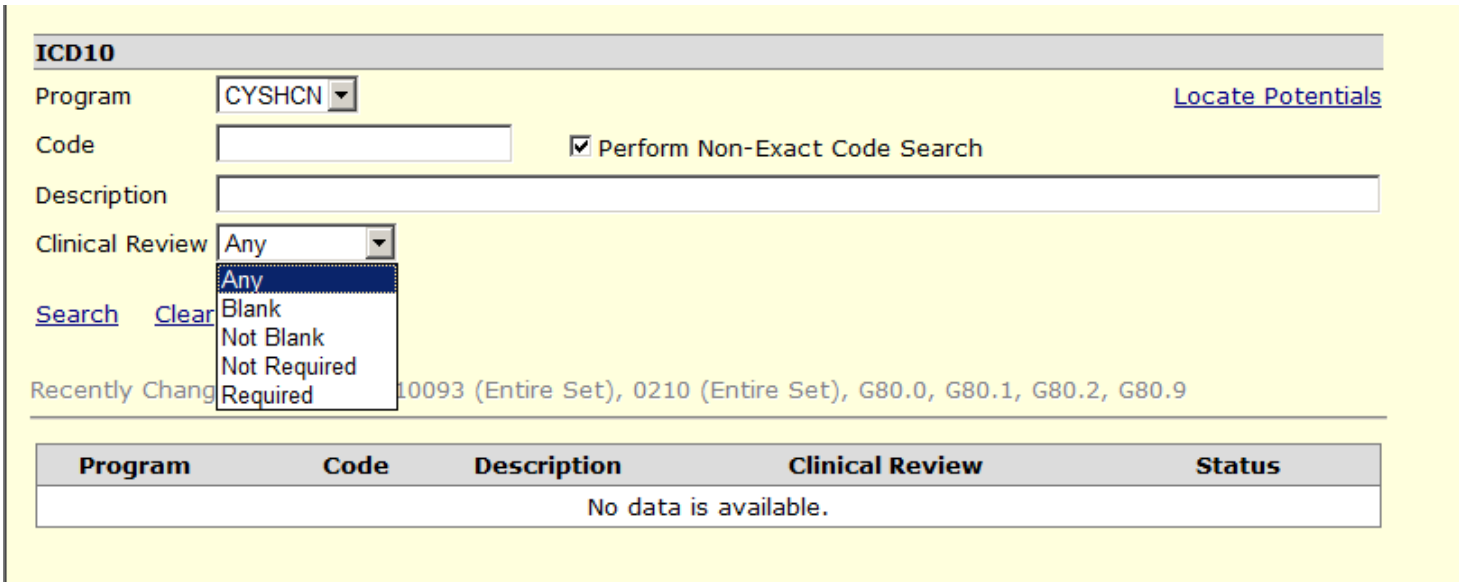
Lookup ICD10 Codes – Combination Search, Program field & Code or Description field (continued)

Program field and Description field search:



Lookup ICD10 Codes – Clinical Review (CYSHCN Only)

- Clinical Review dropdown menu allow users to search by a Clinical Review option when a specific Program search and a Code or Description search is conducted. Options are:
  - Any - all ICD codes, regardless of Clinical Review, are displayed.
  - Blank – all ICD codes with a 'blank' Clinical Review are displayed.
  - Not Blank – all ICD codes with a 'not blank' Clinical Review are displayed.
  - Not Required – all ICD codes with a 'not required' Clinical Review are displayed.
  - Required – all ICD codes with a 'required' Clinical Review are displayed.



Manage Assessment (CO Action)

The Manage Assessment screen allows certain users to conduct searches for Service Coordination Assessments.

Manage Assessments

Participant: Clear 62215312 Lookup **AID, LEMON 2/13/1999 FEMALE PartyId: 374277819**

Assessment ID

Service Coordinator: Clear Lookup

Created By: Clear Lookup

Begin Date

End Date

Date to Search By: Assessment Date / Date Created

Search Clear

Search returned 1 rows. Page 1 of 1 Print Grid Page Size: 15

1

DCN	Participant Name	Service Coordinator	Assessment ID	Assessment Date	Date Created	Entered By	Lock Date
62215312	AID, LEMON	TEST, SHCN ONE	4295694927	11/27/2013	12/5/2013	TEST, SHCN ONE	2/3/2014

1

User Administration (CO Action)

The User Administration screen allows certain users to conduct searches for staff in order to make Section and Program assignments for system use.

User Administration

User: Clear WILKERSON, LINDA L Search Add New Person

MOHSAIC User ID: WILKEL Edit

Bureau Associations:
- ☐ BUREAU OF GENETICS & DISABILITIES PREV
- ☑ SPECIAL HEALTH SERVICES

Save Bureau Associations

User Settings:

Associated Program(s):
- ☑ ABI
- ☑ CYSHCN
- ☑ HCY
- ☑ MFAW

- ☑ Service Coordinator
- ☑ Program Manager

Save User Settings

Cap Limits & Reimbursement Rates (CO Action)

The Cap Limits & Reimbursement Rates screen allows users to view four (4) tabs that provide various views/functions related to the Financial Management portion of the system.

Program Caps tab:

Program Caps | Participant Caps | Provider Per-Diem Rates | Reimbursement Rates

Program: ABI

Type	Duration	Amount	Services	Begin Date	End Date
UNITS	LIFETIME	26	0138	7/1/2006	
UNITS	LIFETIME	104	0010-0015	7/1/2006	
UNITS	LIFETIME	4,000	0004	7/1/2006	
UNITS	LIFETIME	180	108,0008	7/1/2010	
UNITS	LIFETIME	4,000	0004	7/1/2006	
UNITS	LIFETIME	1,000	0007	7/1/2010	

1

Print Grid

Participant Caps (Genetics Only) tab:

Program Caps | Participant Caps | Provider Per-Diem Rates | Reimbursement Rates

Program: HEMO Participant: Clear Recent Lookup

Provider Per-Diem Rates tab:

Program Caps | Participant Caps | Provider Per-Diem Rates | Reimbursement Rates

Program: CYSHCN Provider: Clear Recent Lookup

Search | Clear

Program	Provider	Amount	Begin Date	End Date
CYSHCN	TESTCASE PROVIDER 100	$800.01	8/8/2012	
CYSHCN		$715.80	9/3/2010	
CYSHCN		$677.95	12/30/2009	
CYSHCN		$887.69	12/30/2009	
CYSHCN		$1,202.62	12/30/2009	
CYSHCN		$1,065.76	12/30/2009	
CYSHCN		$725.54	12/30/2009	
CYSHCN		$1,076.76	12/30/2009	
CYSHCN		$1,631.41	12/30/2009	
CYSHCN		$1,586.88	12/30/2009	
CYSHCN		$779.90	12/30/2009	
CYSHCN		$1,018.62	12/30/2009	
CYSHCN		$714.86	12/30/2009	
CYSHCN		$810.20	12/30/2009	
CYSHCN		$803.88	12/30/2009	

1 2 3 4

Print Grid

Reimbursement Rates tab:

Program Caps | Participant Caps | Provider Per-Diem Rates | Reimbursement Rates

Program: CYSHCN Effective Date: Reimbursement Category:

Type of Provider: Hospital / Non-Hospital / All

Type of Service: HCPCS/CPT / NDC / All

Service Code: Clear
97110 Lookup THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Search | Clear

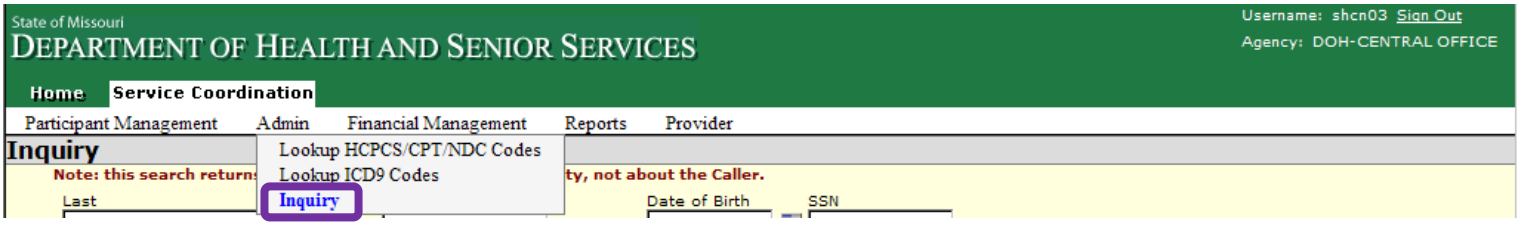
Program	Service(s)	Provider Type	Reimbursement Category	Rate	Begin Date	End Date	Single Instance	Modifier
CYSHCN	97110-97530	ALL		$10.50/Unit	11/8/2010		N	
CYSHCN	97001-97799	ALL		$10.50/Unit	12/29/2009	11/7/2010	N	

1

Add New Reimbursement Rate Print Grid

Inquiry

The Inquiry section is located under the Admin menu. The Inquiry screen allows electronic documentation without requiring a party to be assigned a DCN or a 'medical client' status. The Inquiry section allows users to enter new Inquiry issues or search past Inquiry entries.



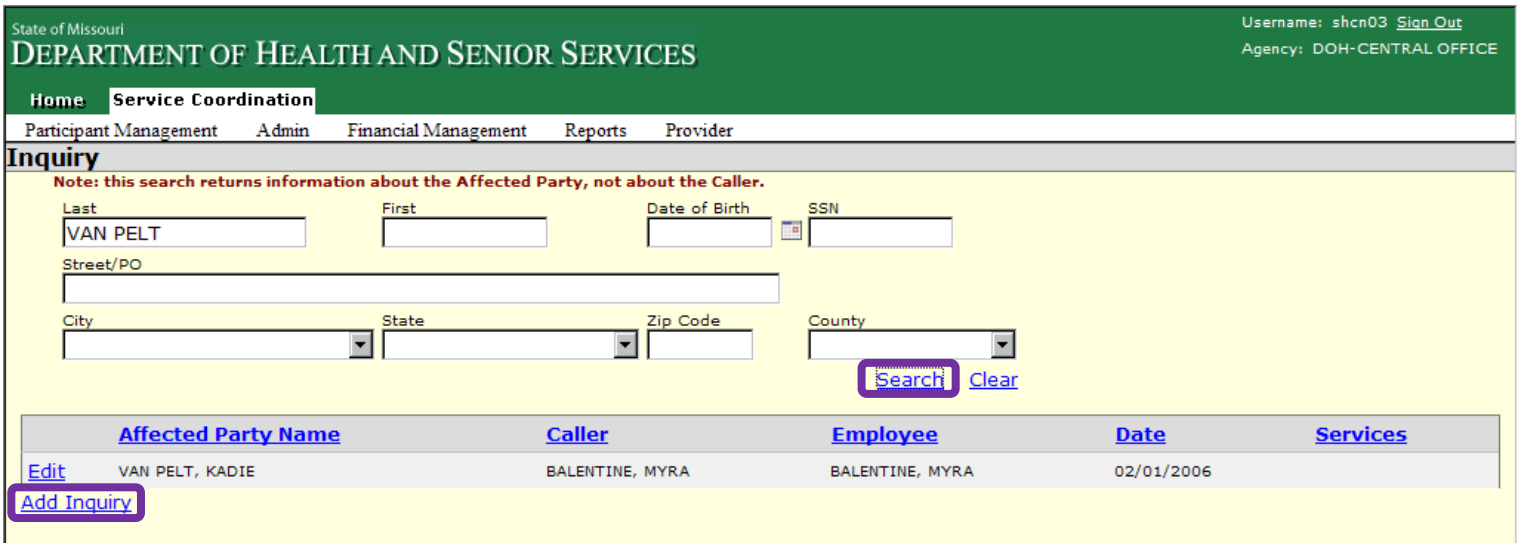
Inquiry - Search

The system operates on the philosophy of 'less is more' and vice versa; the more information entered will narrow the search results displayed. Example, enter only a last name 'Van Pelt' returns all Van Pelt's entries in the Inquiry section. In this example that is 'Kadie Van Pelt'. If the current Inquiry is about 'Lucy Van Pelt', the user can determine from the search that no other Inquiry entry has been completed for 'Lucy Van Pelt'.

Complete the Last Name field entry (at a minimum) and select the Search link to conduct a search of previous Inquiry entries. Select the Clear link to remove all the field entries from a previous search.

The search function is restricted to conduct searches on the Affected Party, not a caller. Example, the caller is Charles Schultz. Charles Schultz called about the Affected Party, Charlie Brown. To conduct an Inquiry search, the name field should be completed with Charlie Brown's name not Charles Schultz's name.

The Add Inquiry link allows documentation of the Inquiry to occur without any search of the Inquiry section being conducted.



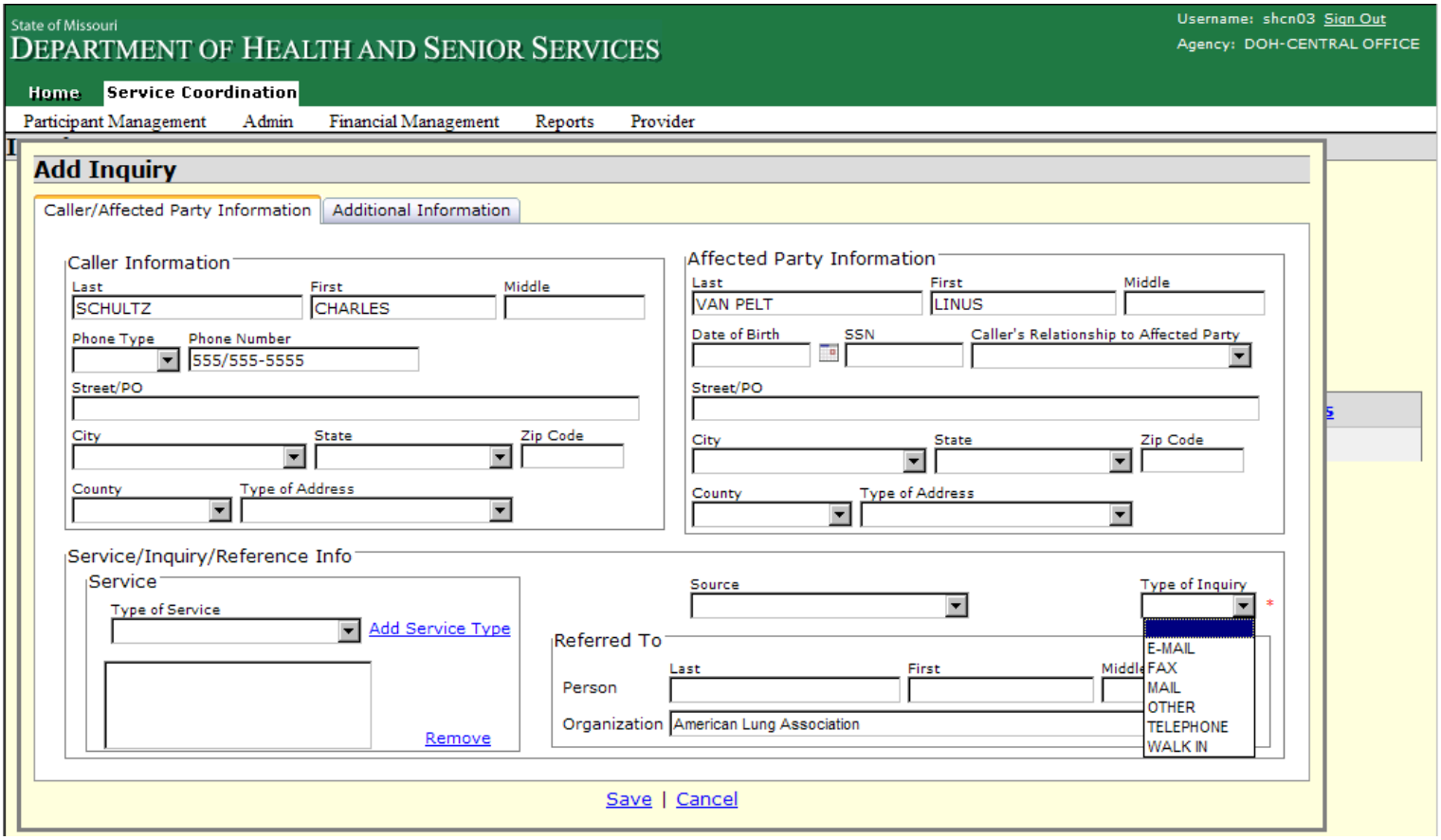
Inquiry – Add Inquiry Screen

The screen displays two (2) tabs for entry:

1) Caller/Affected Party Information
2) Additional Information.

Fields are provided to record information given by the party who contacted SHS. In order for the Inquiry to be saved, only the following fields require entry:

- Service/Inquiry/Reference Info field
- Type of Inquiry field



Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

Section	Field	Action
Caller Information Section:	**Last**	Last name of the party who called.
	First	First name of the party who called.
	Middle	Middle name of the party who called.
	Phone Type	Select the type of phone number given: • Beeper • Cellular • Fax • Typical • Unknown
	Phone Number	A phone number, including area code, for the caller.
	Street/PO	The street address or PO Box number of the caller.
	City	The city where the caller resides.
	State	The state where the caller resides.
	Zip Code	The Zip Code of the city where the caller resides.
	County	The county where the caller resides. Selections are: • All 114 counties in MO • St. Louis City • Kansas City • Central Office • Unknown • Out of State • Invalid
	Type of Address	Select the best option that describes the caller's address: AMBULANCE SITE BNDD MAILING ADDRESS BUSINESS CHILD CARE MAILING ADDRESS ERDCS INCIDENT SITE FCSR MAILING ADDRESS HOME MAILING MEDICAL PRACTICE MESSAGE PAYMENT SERVICE SHIPMENT - METABOLIC FORMULA UNKNOWN WORK

Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

Section	Field	Action
Affected Party Information Section:	**Last**	Last name of the party who the call is about.
	First	First name of the party who the call is about.
	Middle	Middle name of the party who the call is about.
	Date of Birth	The birthday of the party who the call is about.
	SSN	The social security number of the party who the call is about.
	Caller's Relationship to Affected Party	What is the best description of the relationship between the caller and the person who they called about, i.e., self, guardian, father, mother, etc.
	Street/PO	The street address or PO Box number of the party who the call is about.
	City	The city where the party who the call is about resides.
	State	The state where the party who the call is about resides.
	Zip Code	The Zip Code of the city where the party who the call is about resides.
	County	The county where the party who the call is about resides. Selections are: • All 114 counties in MO • St. Louis City • Kansas City • Central Office • Unknown • Out of State • Invalid
	Type of Address	Select the best option that describes the address of the party who the call is about: AMBULANCE SITE BNDD MAILING ADDRESS BUSINESS CHILD CARE MAILING ADDRESS ERDCS INCIDENT SITE FCSR MAILING ADDRESS HOME MAILING MEDICAL PRACTICE MESSAGE PAYMENT SERVICE SHIPMENT - METABOLIC FORMULA UNKNOWN WORK

Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: shcn03 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Service Coordination
Participant Management | Admin | Financial Management | Reports | Provider

Add Inquiry

Caller/Affected Party Information | Additional Information

Caller Information

Last: SCHULTZ
First: CHARLES
Middle:
Phone Type:
Phone Number: 555/555-5555
Street/PO:
City:
State:
Zip Code:
County:
Type of Address:

Affected Party Information

Last: VAN PELT
First: LINUS
Middle:
Date of Birth:
SSN:
Caller's Relationship to Affected Party:
Street/PO:
City:
State:
Zip Code:
County:
Type of Address:

Service/Inquiry/Reference Info

Service
Type of Service: Add Service Type
Remove

Source:
Type of Inquiry: *
E-MAIL
FAX
MAIL
OTHER
TELEPHONE
WALK IN

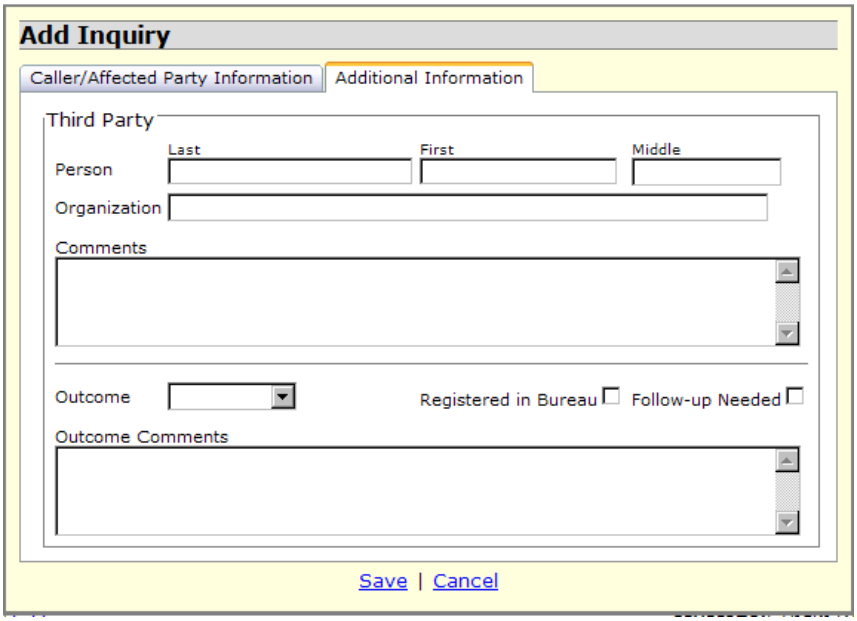
Referred To
Person: Last / First / Middle
Organization: American Lung Association

Save | Cancel

Inquiry – Add Inquiry Screen - Caller/Affected Party Information Tab (continued)

Section	Field	Action
Service/Inquiry/Reference Info Section:	**Type of Service**	Select the best description(s) that indicates why the party called, i.e., was it because the affected party: • Has a Brain Injury • Has a health care concern (asthma, cancer, diabetes, etc.) • Needed information about another state agency/department/division ASTHMA BRAIN INJURY - OTHER BRAIN INJURY - TRAUMATIC BSHCN INFORMATION CANCER DIABETES DIVISION OF AGING DMH INFORMATION DOH INFORMATION DSS MEDICAID DSS NON-MEDICAID DURABLE MEDICAL EQUIPMENT MEDICAL SUPPLIES NUTRITIONAL SUPPLEMENTS OTHER INFORMATION OTHER NME CONDITION OUT OF STATE SERVICES WRONG NUMBER
	Source	Select the best description that indicates how the caller learned about SHS: BRAIN INJURY ASSOCIATION COMMUNITY AGENCY CSHCN SCREENER FLYER FRIEND / NEIGHBOR HEALTH CARE PROVIDER NEWSPAPER OTHER OTHER PARENT OTHER STATE AGENCY RADIO REQUIRES ROUTINE MEDICAL CARE TELEVISION
	Type of Inquiry	Select the best description that indicates how the caller contacted SHS: E-MAIL FAX MAIL OTHER TELEPHONE WALK IN
Referred To Section:	**Person Last**	Last name of the party the caller was referred to.
	Person First	First name of the party the caller was referred to.
	Person Middle	Middle name of the party the caller was referred to.
	Organization	Name of the business, organization, group, etc., the caller was referred to.

Inquiry – Add Inquiry Screen – Additional Inquiry Tab (continued)



Section	Field	Action
Additional Information Tab:		
Third Party Section	**Person Last**	If an addition referral was given, the Last name of the party the caller was referred to.
	Person First	If an addition referral was given, the First name of the party the caller was referred to.
	Person Middle	If an addition referral was given, the Middle name of the party the caller was referred to.
	Organization	If an addition referral was given, the Name of the business, organization, group, etc., the caller was referred to.
	Comments	Free text field
	Outcome	• Complete to signify the Inquiry was finished and there are no additional contacts anticipated. • Incomplete to signify the Inquiry was not finished and additional contacts are anticipated. For example if the Affected Party applied to MO HealthNet they could be potentially be enrolled in the CYSHCN Program or HCY Program.
	Registered In Bureau	If the Affected Party is already a participant in an SHS program the Inquiry entry should be documented in the participant's record. Conduct a search and complete entry in the appropriate section of Participant Management.
	Follow-up Needed	Mark this selection if the user indicated they needed to locate information for the caller and return their call.
	Outcome Comments	Free text field

Inquiry - Edit

If a user needs to change previous entry, select the Edit link associated to the appropriate Inquiry.

State of Missouri
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: shcn03 Sign Out
Agency: DOH-CENTRAL OFFICE

Home | Service Coordination

Participant Management | Admin | Financial Management | Reports | Provider

Inquiry

Note: this search returns information about the Affected Party, not about the Caller.

Last: VAN PELT
First:
Date of Birth:
SSN:
Street/PO:
City:
State:
Zip Code:
County:

Search | Clear

	Affected Party Name	Caller	Employee	Date	Services
Edit	VAN PELT, KADIE	BALENTINE, MYRA	BALENTINE, MYRA	02/01/2006	

Add Inquiry

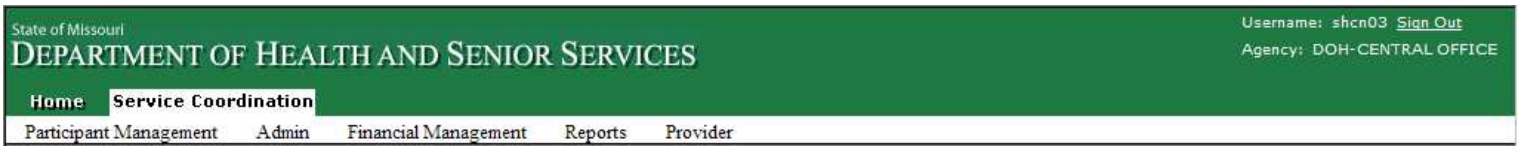
REPORTS SUB-MENU

Reports

Any MOHSAIC system entry field can be retrieved from the system in the form of a report.

The reporting tool used is Crystal Reports.

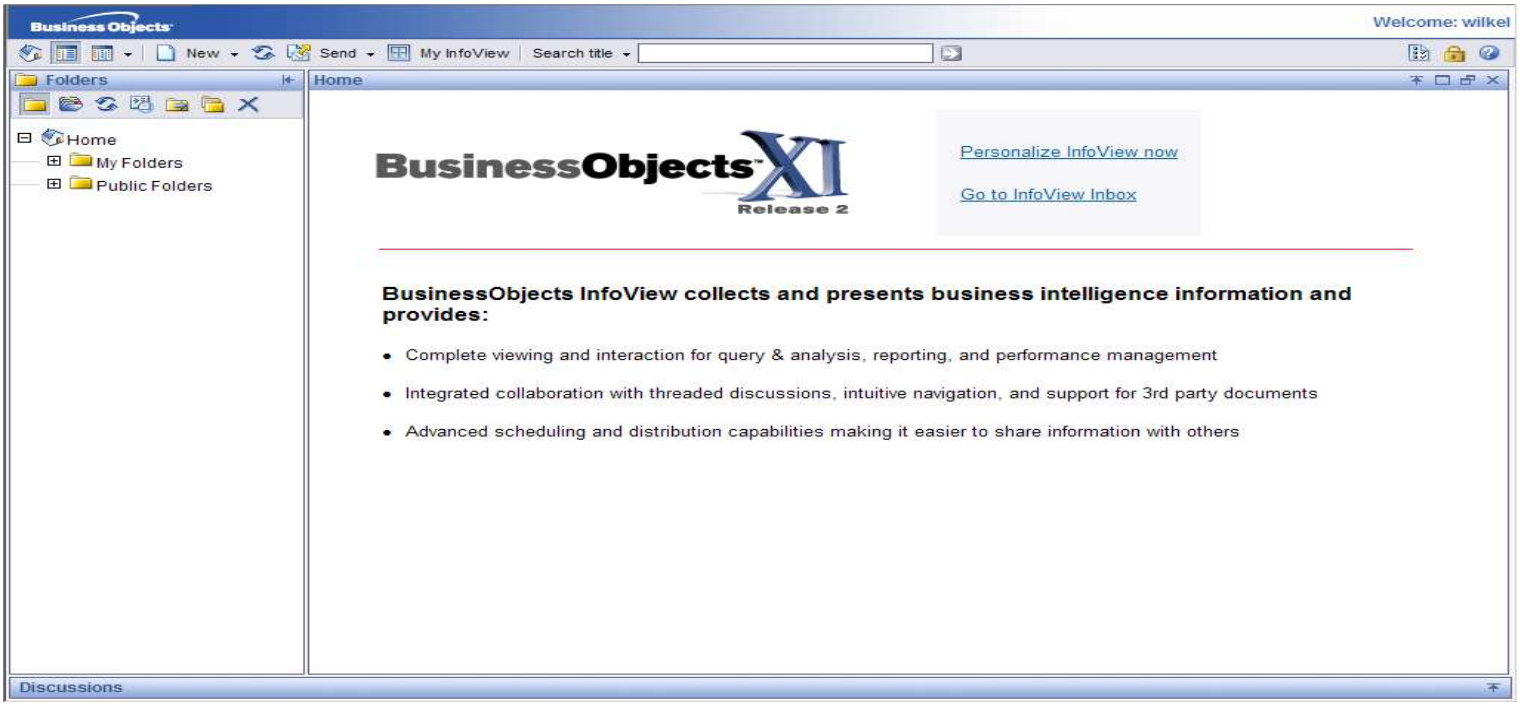
Crystal Reports is accessed by selecting the Reports link.



Reports – Business Objects Page

The system will open a separate IE Window to display the Business Objects page (the original IE window with the MOHSAIC system displayed remains open in the background).

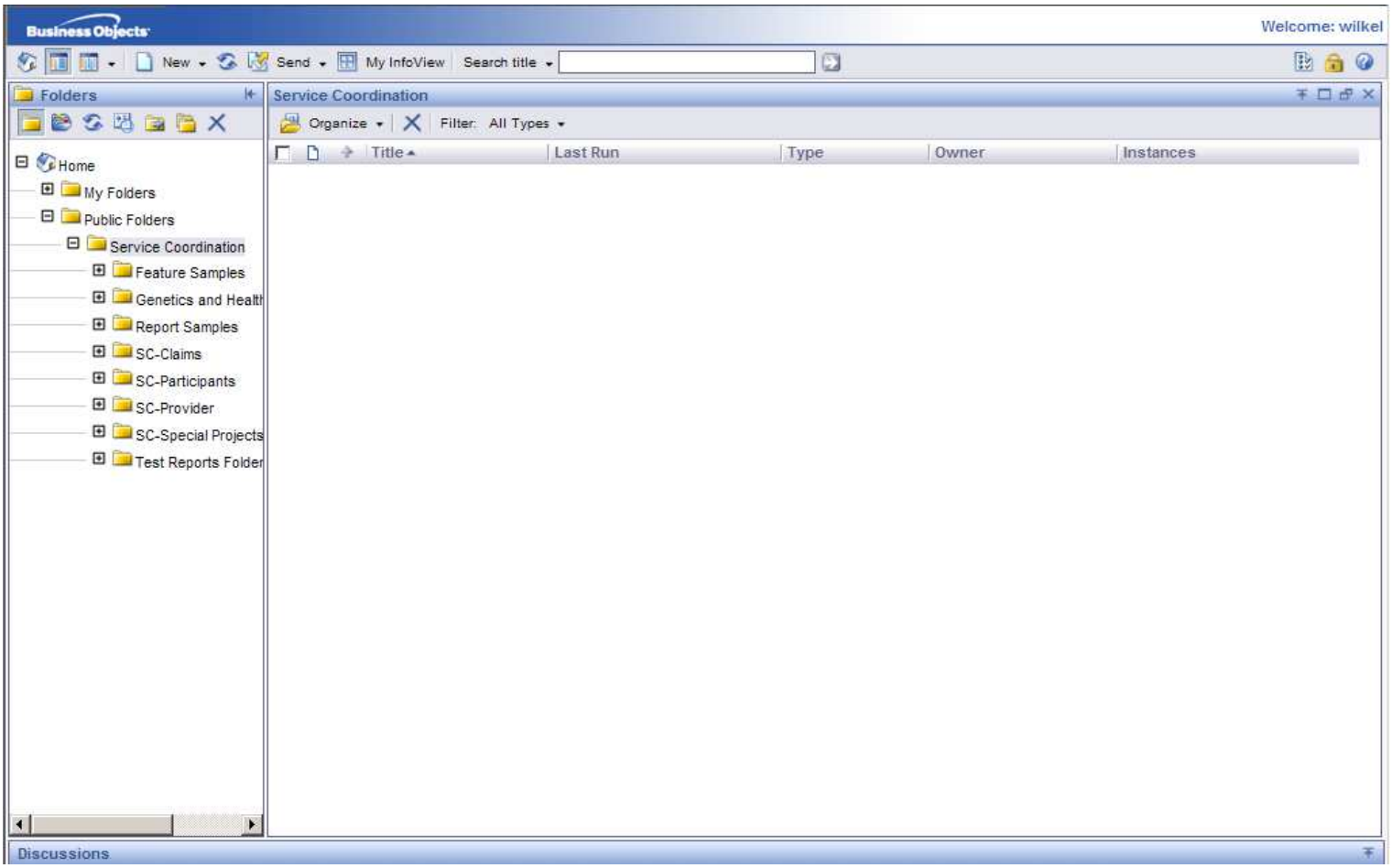
A user's ID and password has been 'passed through' from MOHSAIC to Crystal, so the initial login is unnecessary.



Reports – Service Coordinator Folder

Select the '+' next to Public Folder, to display the Service Coordination folders.

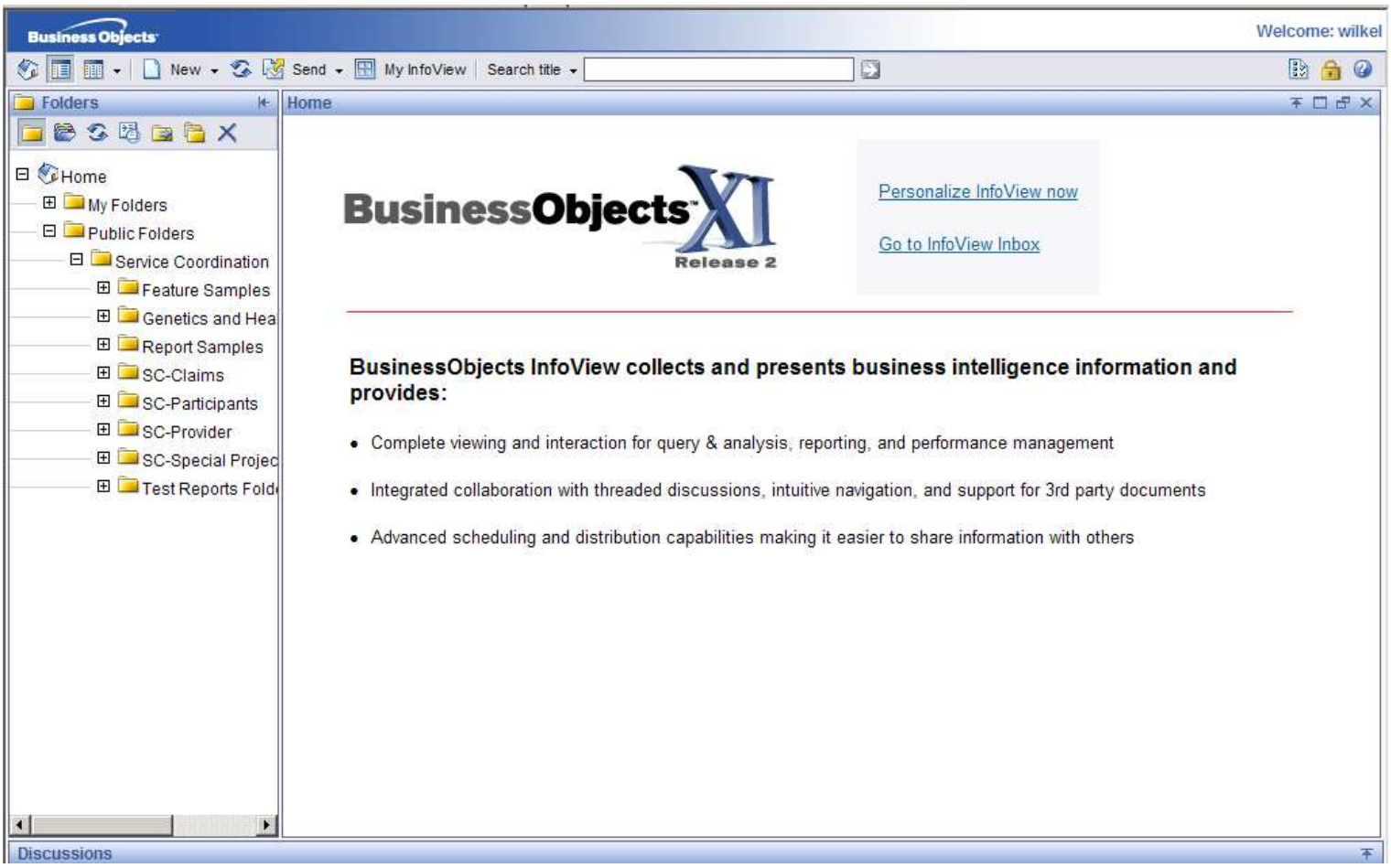
To access the folders in the Service Coordination folder, select the '+' next to Service Coordination Folder.



Reports –Folders

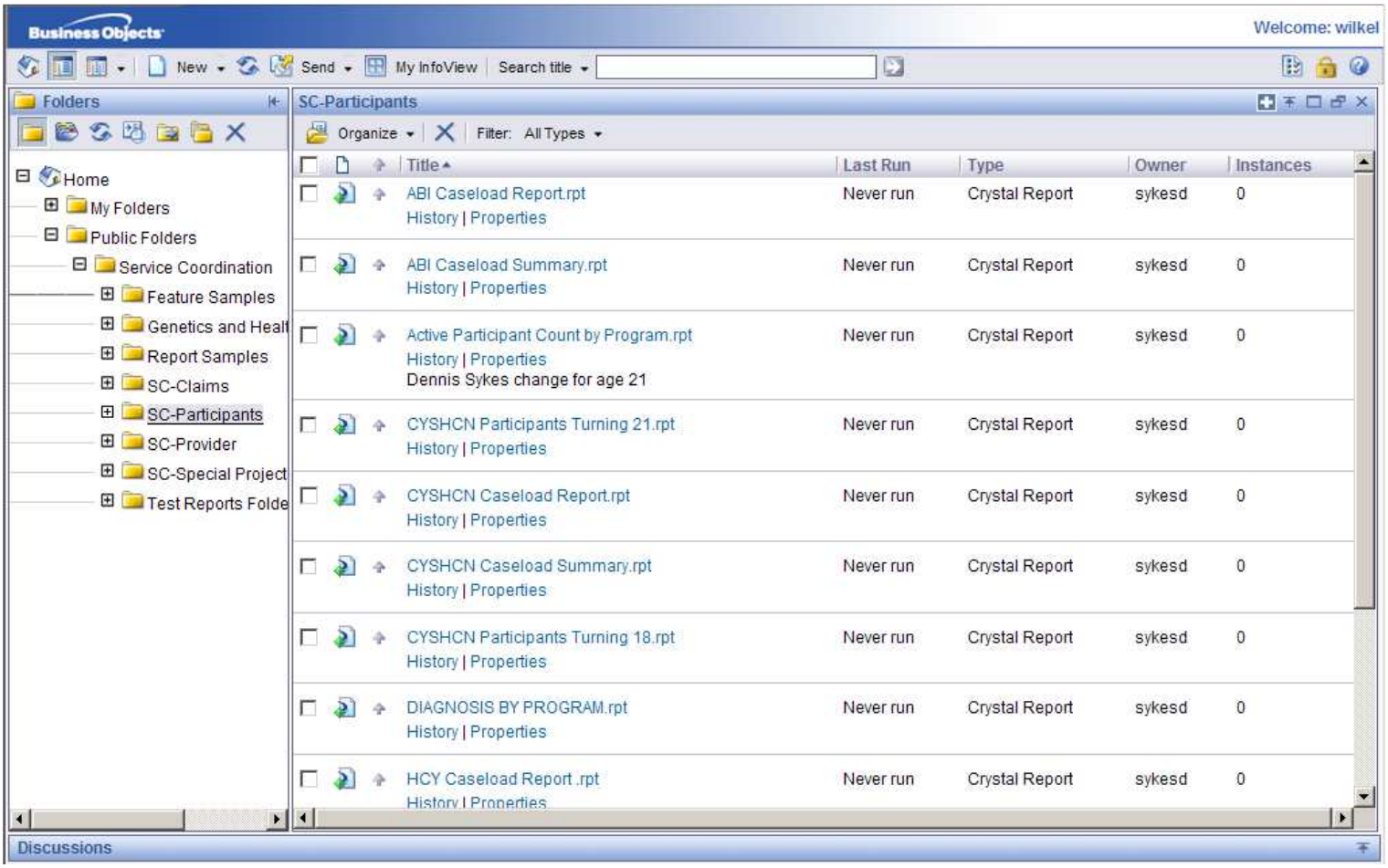
Access to report folders are based on a user's level of system access.

The Report system has Claims, Participants, Provider, Special Projects and Test folders to designate the type or phase of a report.



Reports –Sub-Folders

To display a report in a folder, select the folder title. In this example the SC Participants folder is selected.

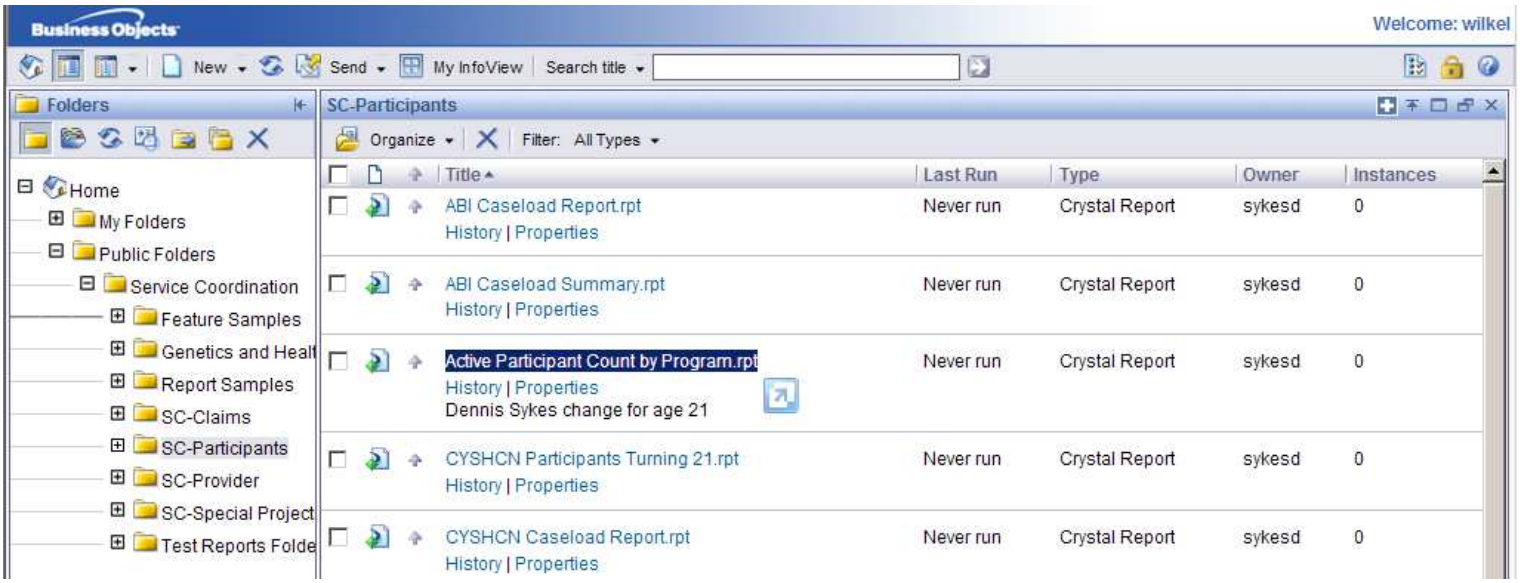


Reports –Select/Access Specific Report

To select a specific report, select a report name.

The Parameter page for a report will display. (Disregard all other information on this page.)

For this example the Active Participant Count by Program report title is selected.

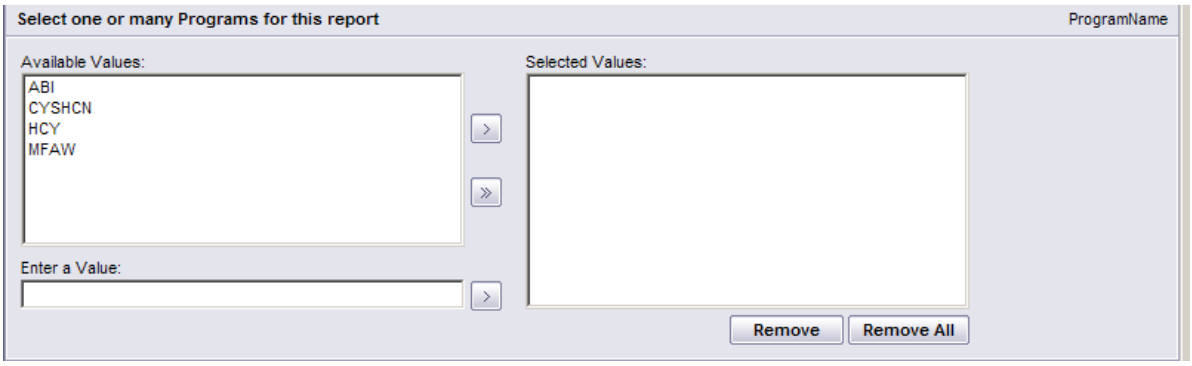


Reports –Parameter Page

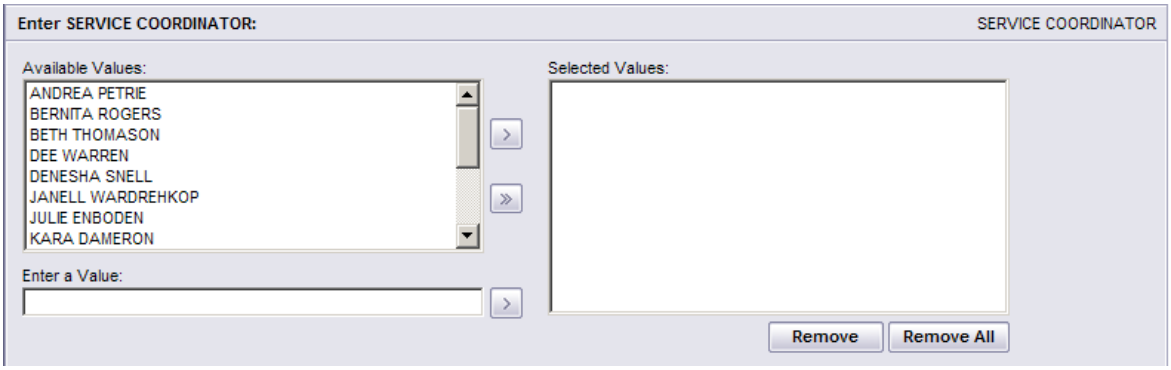
Parameters are used to designate how a report should be grouped, (i.e., Program, Service Coordinator or Region). Some reports also have date parameters to designate a period of time, i.e., week, month, year, fiscal year, etc.

To complete entry for a Program, Service Coordinator or Region, a user must make a selection.

Program Parameter:



Service Coordinator Parameter:

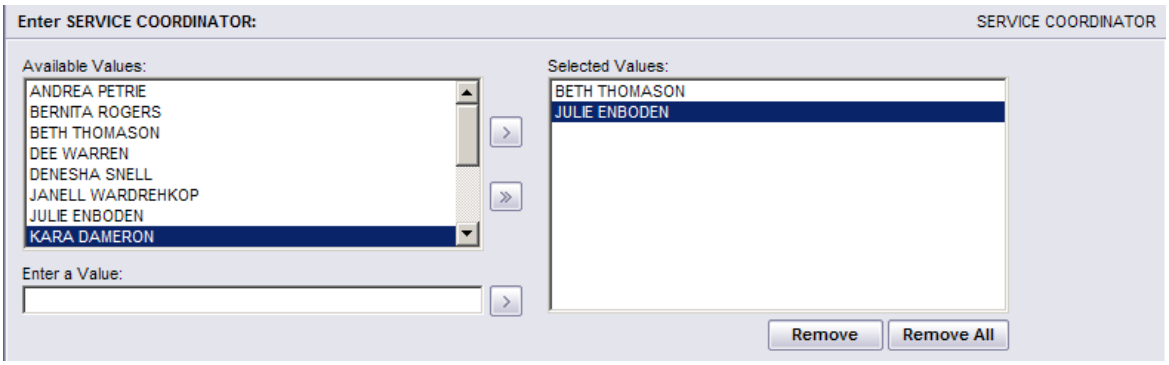


Date Parameters:

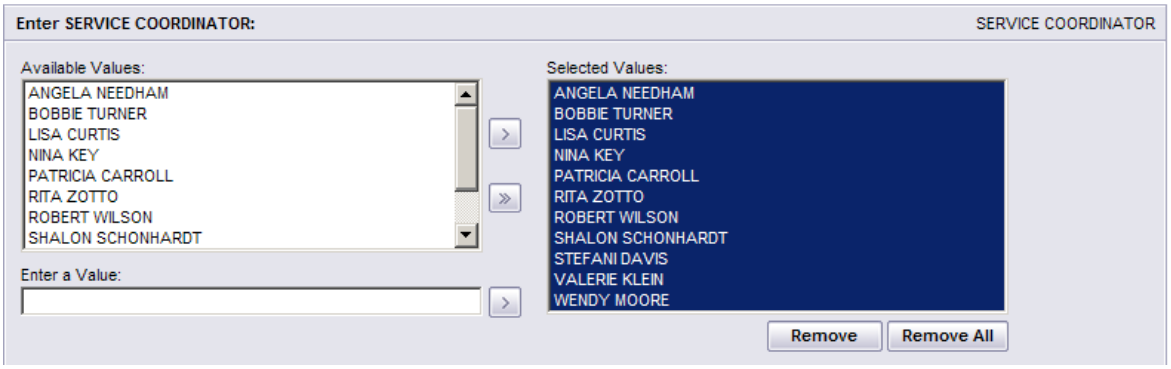
Reports –Parameter Field Selection

Objects may be selected individually, to tailor a report to just a few options.

A user can select each choice and use the '>' to move each object to the right side of the parameter field.



Or a user may select the '>>' button to move all objects, at once, into the right side of the parameter field to create a report that contains all options.



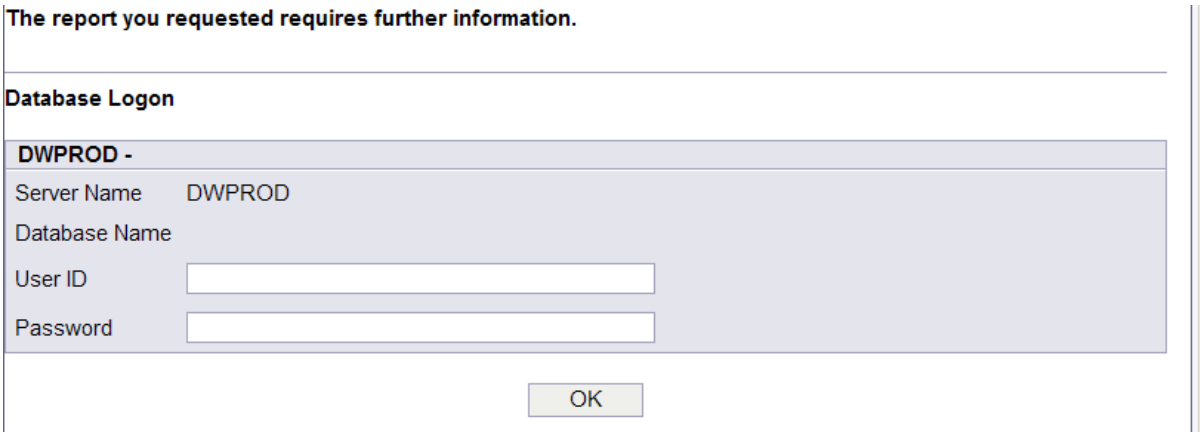
Format for date entry in any date parameter field is YYYY-MM-DD (i.e., 2013-01-31). A user must use the dash (-) vs. a forward slash (/) in a date parameter field.

There is also a calendar icon provided for date selections.

Reports –Second Login

The Crystal Reports system will require a user to complete a second login before access to any report is granted.

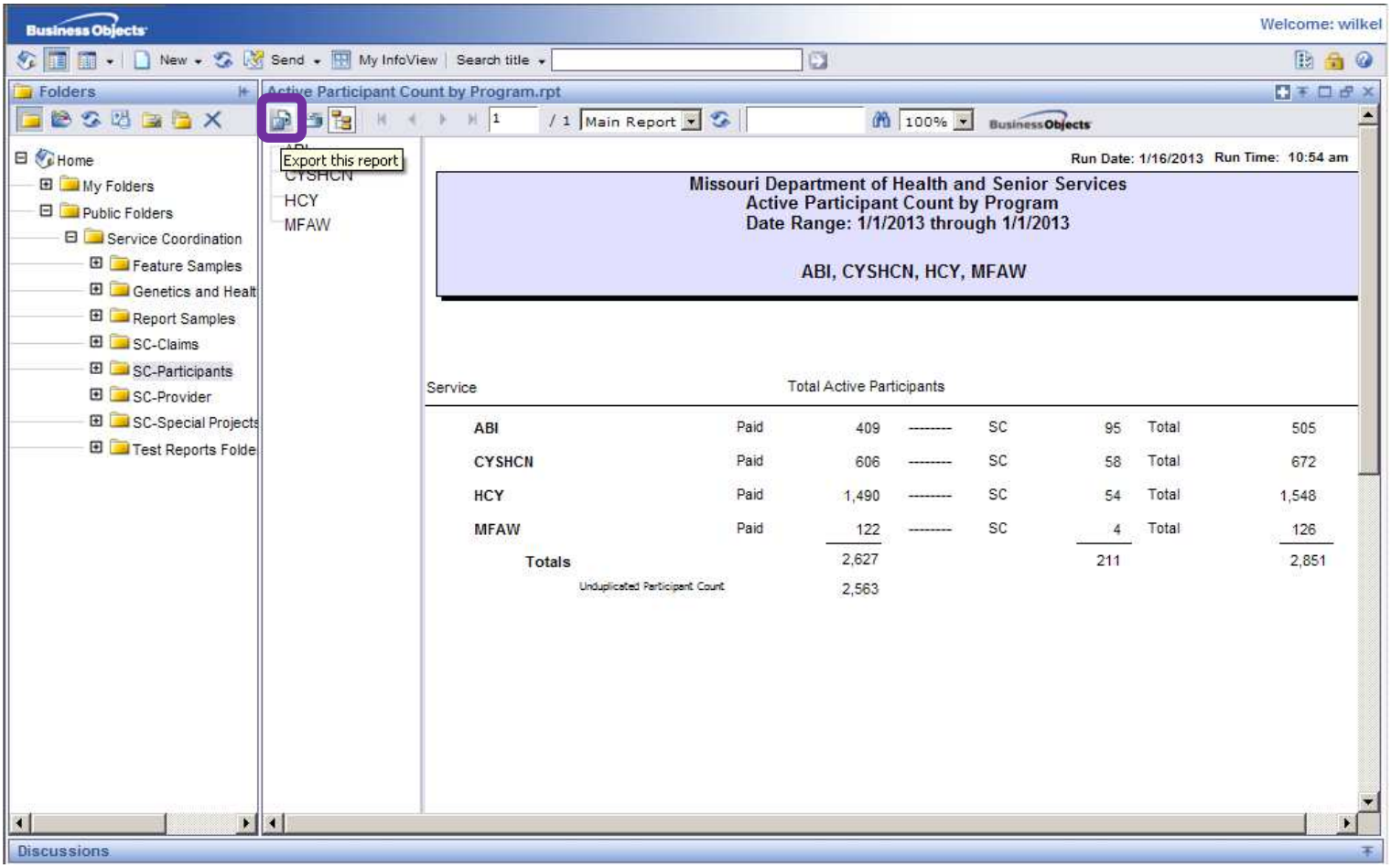
- A user ID is the same user ID used to access the MOHSIAC system, i.e., first five (5) letters of the last name, first letter of the first name (wilkel). If a user's ID contains numbers, those are to be also used (wilkel7).
- The password is a users first and last initials and last four (4) digits of their Social Security Number, i.e., lw7777



Reports –Export (Download) Reports

The Crystal Reports system allows a user to download any report accessed.

With a report display open, select the first icon on the tool bar in the upper left corner of a report window (the link will state 'Export this report' if you hover over the link).



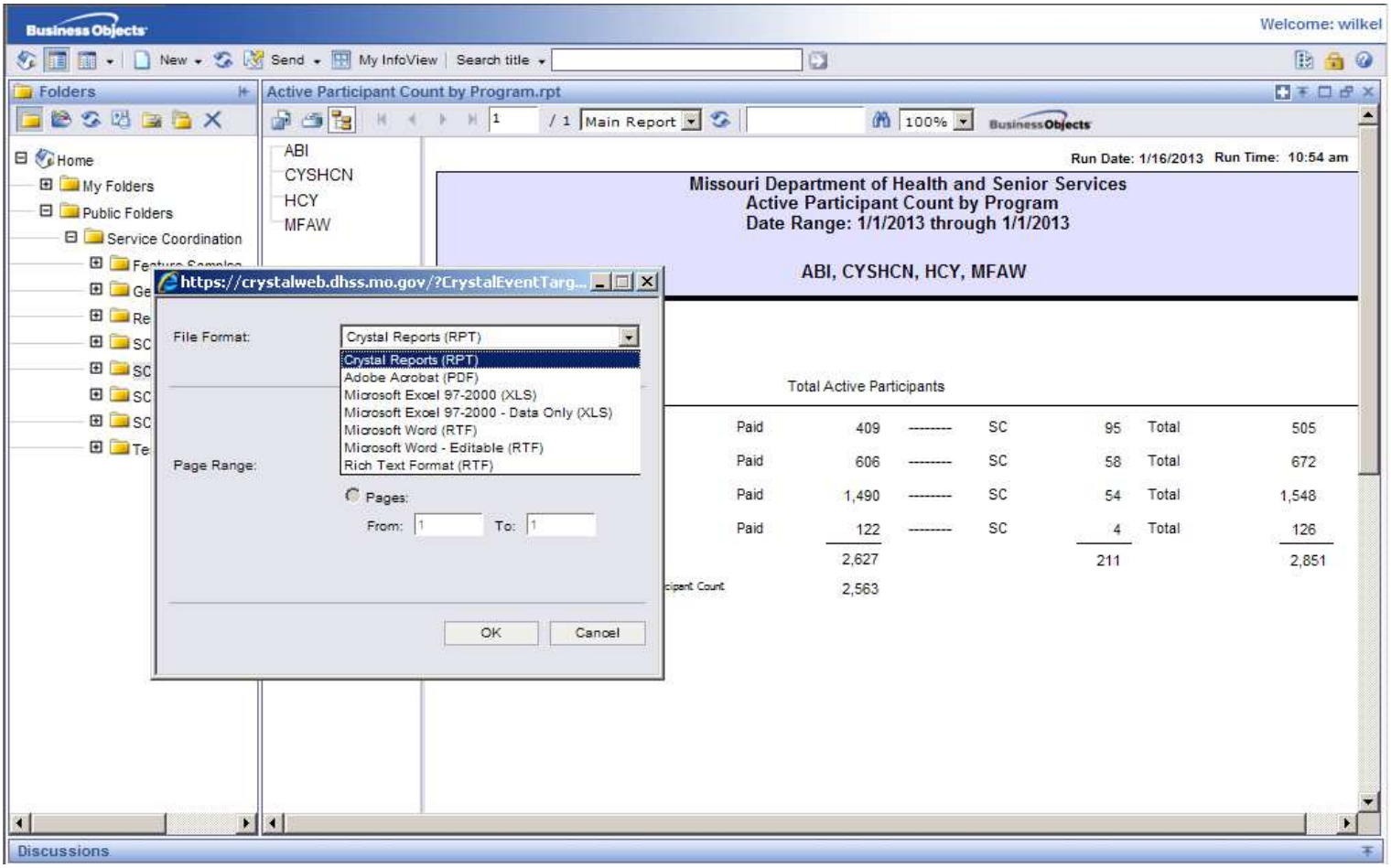
Reports –Export (Download) Report Window

When the Export icon is selected, a separate window will display requiring a user to make specific selections so the downloaded report will be exported appropriately, i.e., using MS Word, MS Excel, Adobe Acrobat, etc.

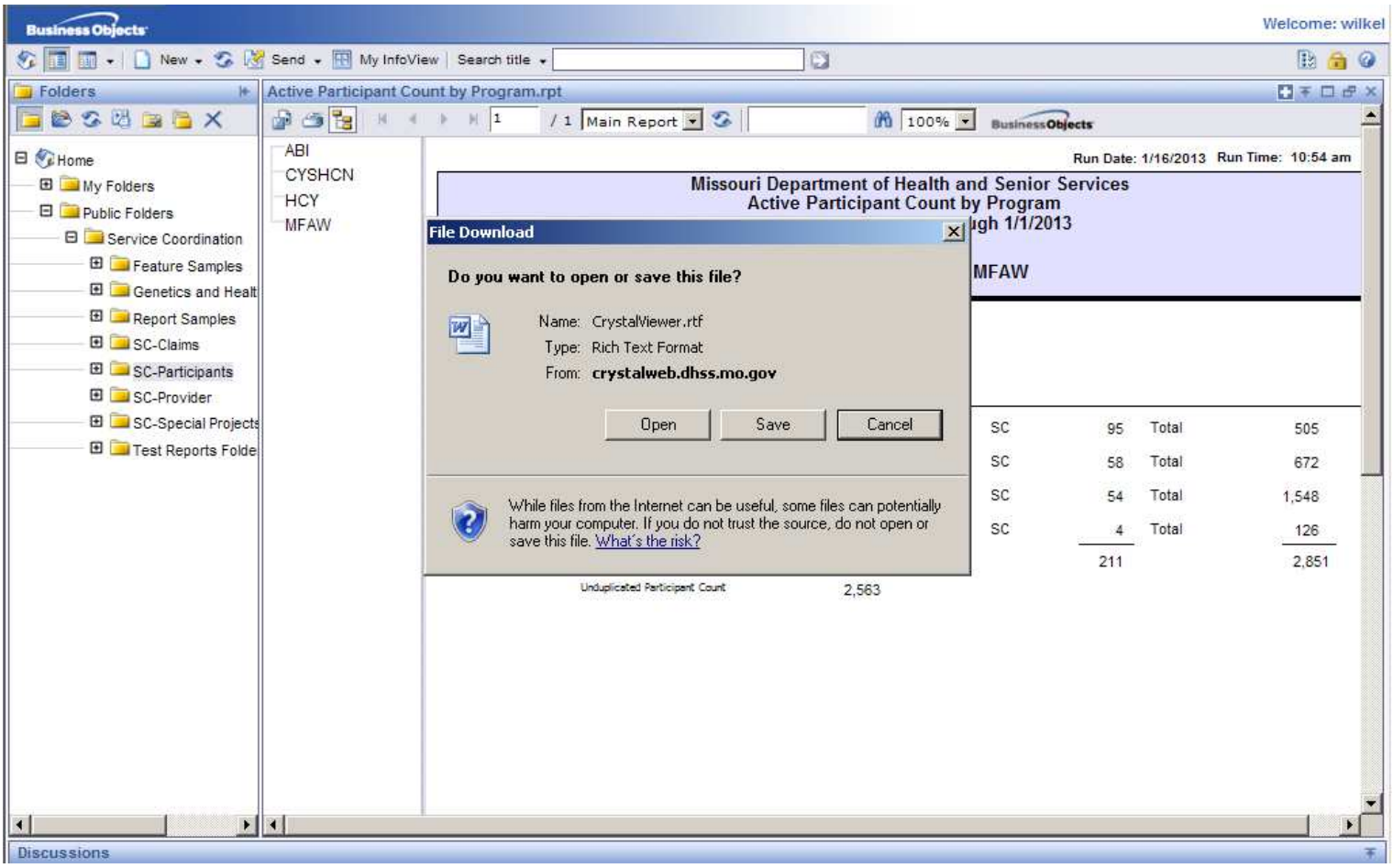
The window also allows a user to select the Page Range, i.e., whole report or certain pages of a report to be exported.

General rules for exporting are:

- Use a MS Word option(s) to download a report into a Word document, i.e., aggregate reports (as shown in the example), AFER Form report, or Caseload reports.
    - The 'editable' option allows a user to change a report after it is downloaded from the Crystal Report system, i.e., change page breaks.
- Use an MS Excel option(s) to download a report into an Excel spreadsheet format, i.e., Master Spreadsheet report.
    - The 'editable' option allows a user to 'filter' or change a report after it is downloaded from the Crystal Report system.
- Use the Adobe Acrobat option to download a report into a PDF format.
    - If a report does not need to be altered in any way, especially if a report needs to be sent as an email attachment.
    - PDF report versions save 'space'; it is a smaller, more compact report download.



Reports –File Download

After selecting the File Format and Page Range for a report download, the Crystal Report system will allow a user to choose if they want to view or save a report.

- Open will display the exported report.
- Save will place the exported report into the selected folder.
- Cancel will discontinue the export process.