

# Participant Management

## Guide

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**HCP/CS/CPT/NDC**

Program: **CYSHCN**

Code:   Perform Non-Exact Code Search

Description:

Object Code:

[Search](#) [Clear](#)

Recently Changed Codes:

Search returned 935 rows. Page 1 of 5 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

1 2 3 4 5 Last Page				
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	

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**Manage Assessments**

Participant:  [Clear](#) [Lookup](#) **AID, LEMON 2/13/1999 FEMALE PartyId: 374277819**

Assessment ID:  Begin Date:

Service Coordinator:  [Clear](#) [Lookup](#) End Date:

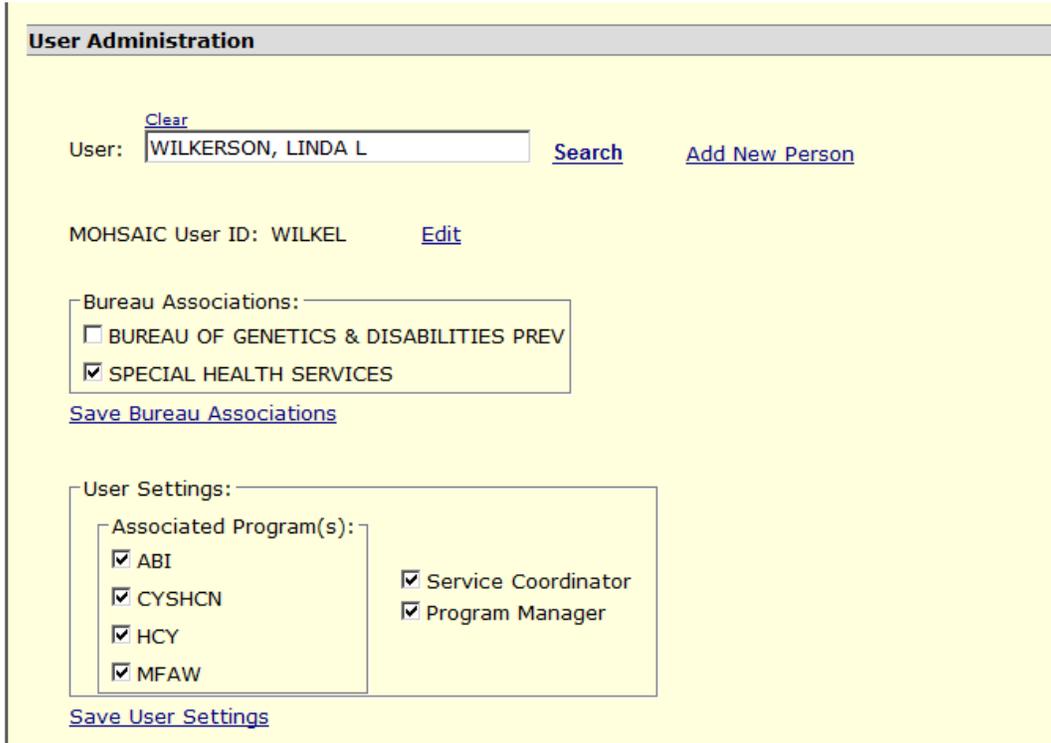
Created By:  [Clear](#) [Lookup](#) Date to Search By:  Assessment Date  Date Created

[Search](#) [Clear](#)

Search returned 1 rows. Page 1 of 1 [Print Grid](#) Page Size:

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

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## HIPAA DISCLAIMER

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- SHS retains the sole reproduction rights. This guide, in its entirety or any portion, **may not** be reproduced without permission from SHS.
- Any health information used (reproduced in screen shots or viewed during training) is solely for the purpose of training.
- 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

<b>NAME (USER ID)</b>	First five (5) letters of the last name and the first initial of the user's first name
<b>PASSWORD</b>	<ul style="list-style-type: none"> <li>• Six (6) to eight (8) alpha characters and contains at least one (1) numeric <ul style="list-style-type: none"> <li>✓ Best practice is alpha then numeric order vs. numeric first; the system reacts better</li> </ul> </li> <li>• Password cannot be the same one that was used previously unless it is altered by at least one digit.</li> <li>• Users are required to change password every forty-five days.</li> <li>• 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.)</li> </ul>
<b>NEW PASSWORD</b>	The system will automatically prompt a user to change password, approximately every forty-five (45) days.
<b>NEW PASSWORD CONFIRM</b>	The system will automatically require you to enter the new password again, for verification.
<b>CHANGE PASSWORD FIELD</b>	A user can change a password at any time by selecting this field and completing the entry for a new password.
<b>CANCEL BUTTON</b>	Closes the application.

Missouri Department of Health & Senior Services

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

**Login Information**

Username

Password

Change Password

New Password

New Password Confirm

Password requires 6-8 characters including one numeric value.

**Disclaimer**

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

**About DHSS**

- Office of the Director
- Boards and Commissions
- DHSS Organization
- Employment Opportunities
- Applications and Forms
- HIPAA
- Recent News and Public Notices
- Contact Information

**Useful links**

- Site A to Z
- State Public Health Laboratory
- Local Public Health Agencies
- Birth and Death Records
- Child Care Information
- Family Care Safety Registry

**Stay connected**

- Programs & Services
- Narcotics & Dangerous Drugs
- WIC Clinics
- Food & Drug Recalls
- Email the Department

Facebook Twitter YouTube RSS

## 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.



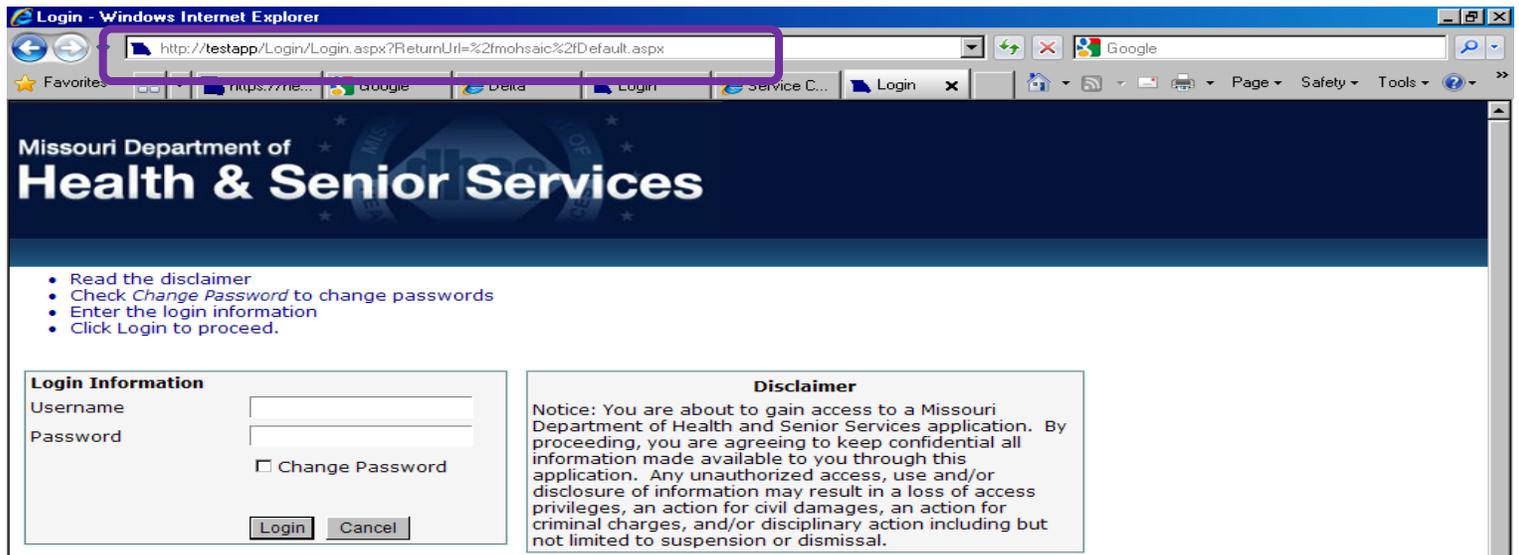
Select the [Participant Management](#) link to access the MOHSAIC Tree. Other links accessible are:

- [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

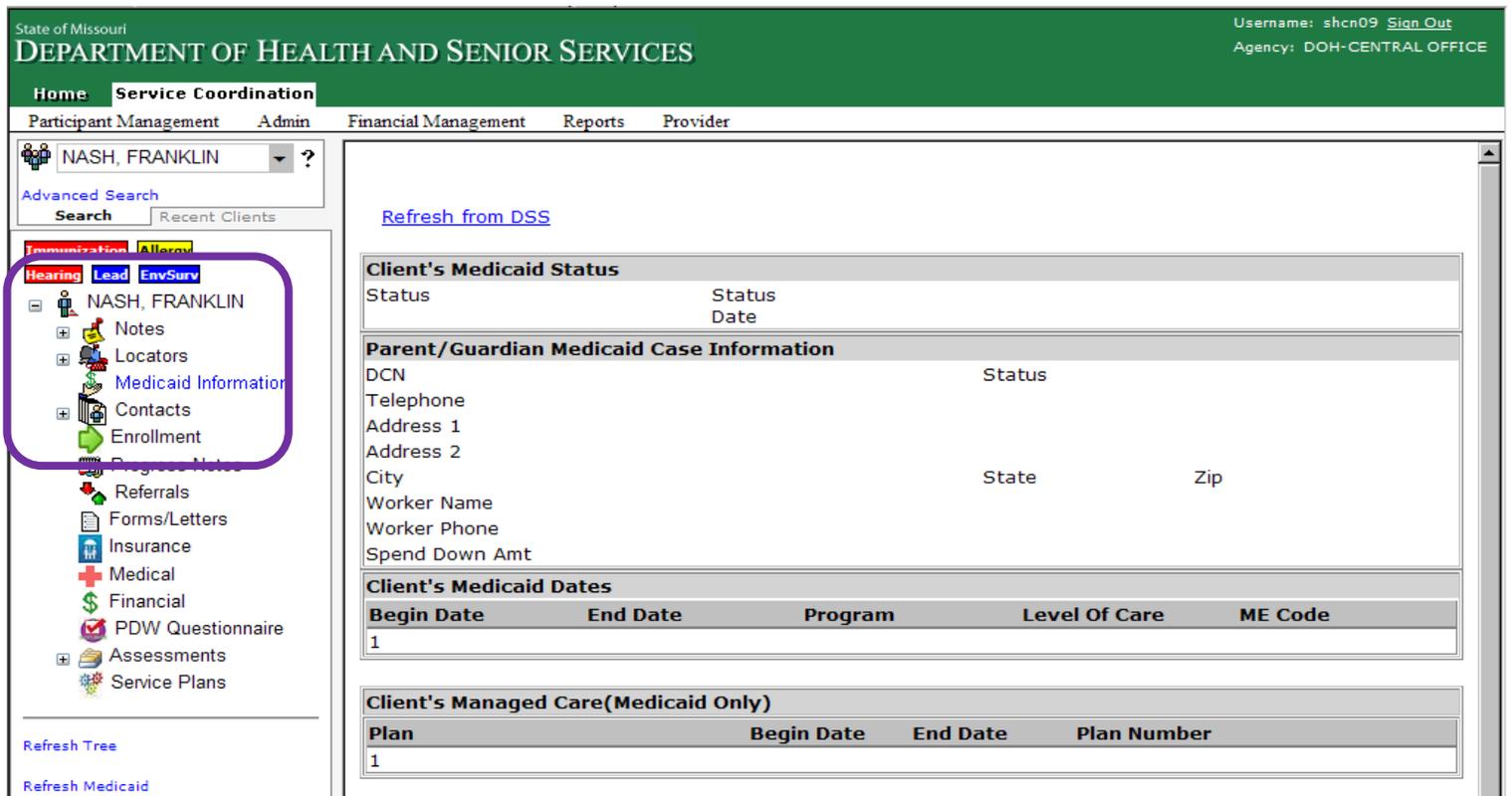
The MOHSAIC Web TEST application can be accessed when a user types <http://testapp/mohsaic/> in the URL address field of the Internet Browser window. Users should contact SHS Central Office for password information. The screen looks exactly the same as the 'real' version (referred to a 'production' by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

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

### Confirm Merge

- A client you selected from DSS was found on MOHSAIC.
- By selecting the DSS client you are saying that all information on DSS is correct.
- Any discrepancies in the MOHSAIC data will be updated to the DSS information.

Matching Data | **New Data From DSS** | Old Data on MOHSAIC

Existing MOHSAIC Party		Existing DSS Party	
Name	VANPELT, LUCY	Name	VANPELT LUCY
Date Of Birth	5/5/1955	Date Of Birth	5/5/1922
Sex	FEMALE	Sex	FEMALE
DCN	64031753	DCN	64031753
SSN		SSN	
Race	<b>- White</b> <b>- Black</b>	Race	<b>- Unknown Race</b>

Merge will result in:

Resulting MOHSAIC Party			
Name	VANPELT LUCY	Date Of Birth	5/5/1922
Sex	FEMALE	Race	<b>- Unknown Race</b>
DCN	64031753	SSN	

[Complete Merge](#) | [Cancel](#)

## 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 6<sup>th</sup>, the [Delete](#) link will display on the 6<sup>th</sup> from midnight to midnight. The [Delete](#) link will continue to be displayed on Wednesday, March 7<sup>th</sup> from midnight to midnight. The [Delete](#) link will disappear a second after midnight on Thursday, March 8<sup>th</sup>.

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.

**Program Enrollments**  
VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE  
Closure Date: Status: ACTIVE Emergency Priority Level: LEVEL 4  
Update Lawful Presence (ABI & CYSHCN only)  MO Resident  Party Overview  
All Active

Program	Emergency Priority	Service Coordinator	SC Enrolled Date	SC Closed Date	SC Closure Reason	Paid Enrolled Date	Paid Closed Date	Paid Closure Reason
---------	--------------------	---------------------	------------------	----------------	-------------------	--------------------	------------------	---------------------

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

Contact Date	Contacted By	Contact Type	Entered Date	Entered By	Note
--------------	--------------	--------------	--------------	------------	------

**Referrals**  
VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE Party Overview  
See All

Date	Name	County	Consent	Source Type	Referral Type
------	------	--------	---------	-------------	---------------

**Forms/Letters**  
VANPELT, RERUN Party ID: 72717680 DCN : 64031755 DOB: 1/1/2010 MALE Party Overview  
See All

Name	Signed	Sent	Received	Reviewed	Sent By
------	--------	------	----------	----------	---------

**Insurance**  
VANPELT, RERUN Party ID: 72717680 DCN : 64031755 DOB: 1/1/2010 MALE Party Overview  
See All

Company Name	Effective Date	Discontinuation Date	Phone Number	Contact Person	Insurance Type
--------------	----------------	----------------------	--------------	----------------	----------------

**Medical History**  
VANPELT, RERUN Party ID: 72717680 DCN : 64031755 DOB: 1/1/2010 MALE Party Overview  
See All

Code	Description	Effective Date	Expiration Date	Clinical Review	Eligible Programs
------	-------------	----------------	-----------------	-----------------	-------------------

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

Program	Service	Modifier	Description	Provider	Initial Date	Expiration Date	Payor	Type Of Unit	Units Per Session	Delivered Units	Cost	Comments
---------	---------	----------	-------------	----------	--------------	-----------------	-------	--------------	-------------------	-----------------	------	----------

## 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.

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

?  
[Advanced Search](#)  
 Recent Clients

[Immunization](#) [Allergy](#)  
[Hearing](#) [Lead](#) [EnvSurv](#)

VANPELT, LUCY  
 Notes  
 Locators

### Insurance

VANPELT, LUCY Party ID: 72715861 DCN : 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)  
[See All](#)

Company Name	Effective Date	Discontinuation Date	Phone Number	Contact Person	Insurance Type
<a href="#">Edit</a> <a href="#">Delete</a> MEDICARE	01/01/2006		(888) 555-0000		HEALTH

[Add Insurance](#) [Print Grid](#)

## 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 Notes: FILLER TO TEST	TEST, SHCN NINE	SHCN RECORD MANAGEMENT	10/28/2011 12:56:25 PM	TEST, SHCN NINE
11/15/2011 9:19:00 AM 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!	BONILLA, DENISE	SHCN PARTICIPANT CONTACT	11/17/2011 3:23:47 PM	TEST, SC ONE
11/16/2011 3:23:00 PM 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!	BROWN, KAY	SHCN PARTICIPANT VISIT	11/17/2011 3:24:23 PM	TEST, SC ONE
08/15/2011 3:24:00 PM 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!	MCCLLOUD, NANCY SUE	SHCN RECORD MANAGEMENT	11/17/2011 3:26:53 PM	TEST, SC ONE
07/01/2011 1:28:00 PM Notes: THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH THE ANTS GO MARCHING ONE BY ONE, HURRAH, HURRAH	MCCLLOUD, NANCY SUE	SHCN LAWFUL PRESENCE	11/17/2011 3:28:39 PM	TEST, SC ONE
10/26/2011 1:29:00 PM 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!	BONILLA, DENISE	SHCN MO HEALTH-NET	11/17/2011 3:29:30 PM	TEST, SC ONE

## Recent Clients

The [Recent Clients](#) link is not available to SHS users.

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

**VANPELT, LINUS** ?  
 Advanced Search  
 Search **Recent Clients**

Immunization Allergy  
 Hearing Lead EnvSurv  
 VANPELT, LINUS

## 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.)

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Home **Service Coordination**  
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**NASH, FRANKLIN** ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv  
 NASH, FRANKLIN  
 Notes  
 Locators  
 Medicaid Information  
 Contacts  
 Enrollment  
 Progress Notes  
 Referrals  
 Forms/Letters  
 Insurance  
 Medical  
 Financial  
 PDW Questionnaire  
 Assessments  
 Service Plans

**Refresh from DSS**

**Client's Medicaid Status**

Status	Status Date

**Parent/Guardian Medicaid Case Information**

DCN	Status
Telephone	
Address 1	
Address 2	
City	State Zip
Worker Name	
Worker Phone	
Spend Down Amt	

**Client's Medicaid Dates**

Begin Date	End Date	Program	Level Of Care	ME Code
1				

**Client's Managed Care(Medicaid Only)**

Plan	Begin Date	End Date	Plan Number
1			

**Refresh Tree**

~~Refresh Medicaid~~

## 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:

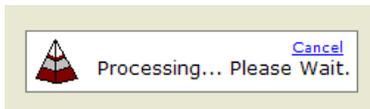
- Select the divider bar between the screens
- Expand the left side (hold the left mouse key and drag to the right)

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.

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Home **Service Coordination**  
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VAN PELT, LUCY ?  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

VANPELT, LUCY  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals  
Forms/Letters  
Insurance  
Medical

### Insurance

VANPELT, LUCY Party ID: 72715861 DCN : 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)

[See All](#)

Company Name	Effective Date	Discontinuation Date	Phone Number	Contact Person	Insurance Type
<a href="#">Edit</a> <a href="#">Delete</a> MEDICARE	01/01/2006		(888) 555-0000		HEALTH

[Add Insurance](#) [Print Grid](#)

Exclusions

- NONE

- Select the [Hide Inactive](#) to view active entries, only.

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Home **Service Coordination**  
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VAN PELT, LUCY ?  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

VANPELT, LUCY  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals  
Forms/Letters  
Insurance  
Medical

### Insurance

VANPELT, LUCY Party ID: 72715861 DCN : 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)

[Hide Inactive](#)

Company Name	Effective Date	Discontinuation Date	Phone Number	Contact Person	Insurance Type
<a href="#">Edit</a> BLUE CROSS-BLUE SHIELD OF KC	05/05/1955	12/31/2005			HEALTH
<a href="#">Edit</a> <a href="#">Delete</a> MEDICARE	01/01/2006		(888) 555-0000		HEALTH

[Add Insurance](#) [Print Grid](#)

Exclusions

- NONE

## 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).

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Home Service Coordination

Participant Management Admin Financial Management Reports Provider

PEN, PIG Party ID: 76340255 DCN: 64152889 DOB: 7/13/1954 MALE  
Closure Date: Status: ACTIVE  
Emergency Priority Level: Update Lawful Presence (ABI & CYSHCN only) MO Resident

Program Enrollments

Program	Emergency Priority	Service Coordinator	SC Enrolled Date	SC Closed Date	SC Closure Reason	Paid Service Enrolled Date	Paid Service Closed Date	Paid Service Closure Reason
No Data Found.								

Start New Enrollment

## 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.

Financial

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE  
Year: 2011 Update Add New

PDW Questionnaire

VANPELT, LUCY Party ID: 72715861 DCN: 64031753 DOB: 5/5/1955 FEMALE  
02/20/2012 - OPEN

## 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.

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Home Client **Service Coordination**

[Participant Management](#) Admin Financial Management Reports Provider

Advanced Search

Search Recent Clients

## 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.

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

SHOW INSTRUCTIONS  
Add Person

Client

Name Search

LAST NAME: \*  FIRST NAME: \*   
MIDDLE NAME:  SUFFIX:  PREFIX:   
DATE OF BIRTH:  GENDER:   
ETHNICITY:  ROLE:   
SEARCH TYPE:  LIKE  SOUNDEX  BOTH  
RACE:  WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

DCN Search

DCN:

SSN Search

SSN:

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

## 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
  - ✓ Soundedex - 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'.

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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**

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

[SELECT](#)

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

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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 for the 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).

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Home Client **Service Coordination**

Participant Management Admin Financial Management Reports Provider

SHOW INSTRUCTIONS  
Add Person

**Client**

Name Search

LAST NAME: \* SCHULTZ FIRST NAME: \* CHARLES  
MIDDLE NAME: SUFFIX: PREFIX:  
DATE OF BIRTH: 8/6/1927 GENDER: MALE  
ETHNICITY: NON HISPANIC ROLE:  
SEARCH TYPE:  LIKE  SOUNDEX  BOTH  
RACE: WHITE

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**

PARTYID	NAME	DOB	GENDER	DCN	SSN	ROLE
1	SCHULTZ CHESTER	5/10/1928	MALE	18245010	461-22-5517	

[CREATE CLIENT ON MOHSAIC](#)

Done Local intranet 90%

## 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.

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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

## 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.

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Home Service Coordination

Participant Management Admin Financial Management Reports Provider

Advanced Search  
Search Recent Clients

FRY, FREIDA  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals

Program Enrollments

Party ID: DCN: DOB:  
Closure Date: Status:  
All Active

Lawful Presence  MO Resident

Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
No Data Found.							

Print Grid

Message from webpage

! This party is not a properly configured Medical Client. Please use the Demographics page to correct the entry.

OK

## 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).

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Home Service Coordination

Participant Management Admin Financial Management Reports Provider

Advanced Search  
Search Recent Clients

FRY, FREIDA  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment

Program Enrollments **(Not a Medical Client)**

FRY, FREIDA Party ID: 76340240 DCN: DOB: 3/6/2008

Closure Date: Status: INACTIVE

Lawful Presence  MO Resident

Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
No Data Found.							

Print Grid

# 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

Advanced Search  
Search Recent Clients

PIG, PEN

### Edit Basic Demographic Information

Required fields are denoted by \*

ID	TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
<a href="#">EDIT</a> <a href="#">DELETE</a>	76340249	PRINCIPAL	YES	PEN		PIG	

[Add Party Name](#)

SEX\*  
UNKNOWN

DATE OF BIRTH\*  
7/13/1954

CLIENT NUMBER

PRIMARY LANGUAGE \*  
 ENGLISH  
 OTHER UNKNOWN

SECONDARY LANGUAGE  
 ENGLISH  
 OTHER UNKNOWN

Reads Primary Language  
UNKNOWN

Writes Primary Language  
UNKNOWN

**Race \***

WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

**Ethnicity \***  
UNKNOWN

**Employment**

## 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.

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Advanced Search  
Search Recent Clients

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

### Possible Matches

**Selected Party**

Name FRY, FREIDA  
Date of Birth 3/6/2008  
Sex FEMALE  
DCN  
SSN  
Address

Please select the correct client from the list below. If your client is not listed then select "Create New Party On DSS".

Possible Matches

Name	Sex	Date of Birth	DCN	SSN	Address
FRY FIONA FAY	FEMALE	8/1/2006	62673993	500-23-9450	
FREY FANNIE D	FEMALE	4/28/2006	62851484		

Create New Party on DSS Cancel

## 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.

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Home Service Coordination  
Participant Management Admin Financial Management Reports Provider

Advanced Search  
Search Recent Clients

FRY, FREIDA  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes

### Confirm

**New Party Information**

Name FRY, FREIDA  
Date of Birth 3/6/2008 Sex FEMALE  
Ethnicity UNKNOWN  
Race WHITE

Create Cancel

## 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

Advanced Search  
Search Recent Clients

MAY, MARCIE

- Notes
- Locators
- Medicaid Information
- Contacts
- Enrollment
- Progress Notes
- Referrals

**View Basic Demographic Information** Required fields are denoted by \*

ID	TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
EDIT DELETE 76340247	PRINCIPAL	YES		MARCIE		MAY	

Add Party Name

SEX\* FEMALE DATE OF BIRTH\* 8/18/2008

CLIENT NUMBER

**Get DCN**

## 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.

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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 - Web Combo

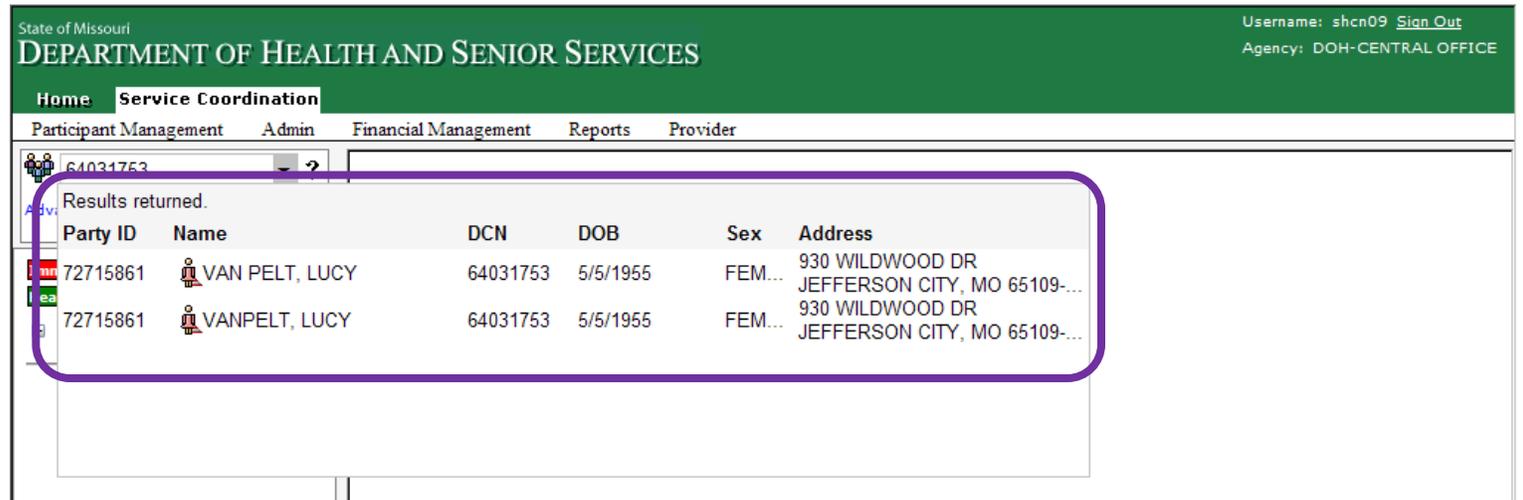
- This search option conducts **only a MOHSAIC system search**; it does not connect to DSS.
- A party must be a 'MOHSAIC medical client record' to have any search results returned.
- Users should always verify search results are a match (name, date of birth, etc.) to the party being searched before making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

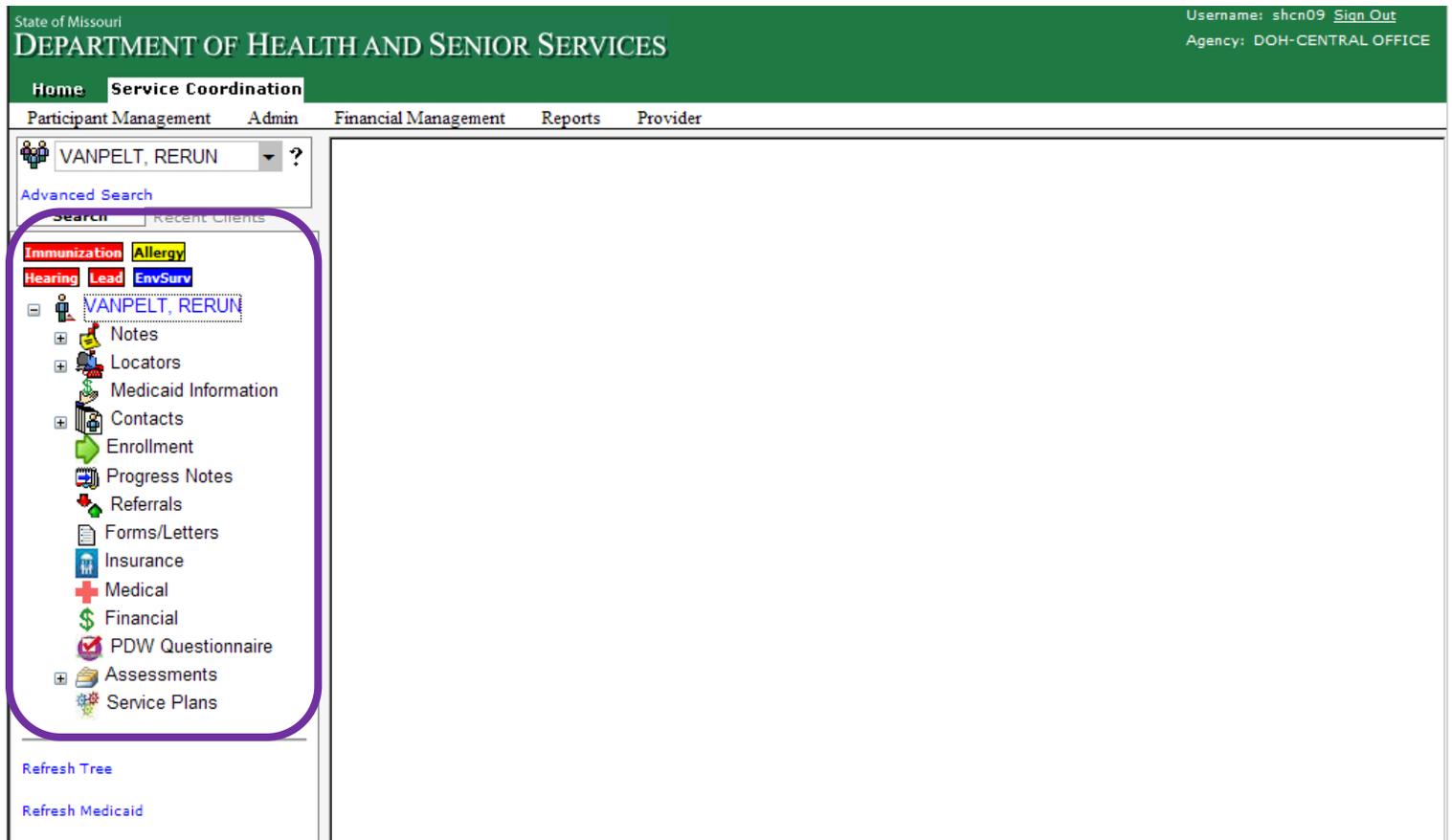


Search results display in a drop down window. If there are multiple entries, all entries should have the same info in all fields, except the name column if a party has had a name change.



# MOHSAIC Tree

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



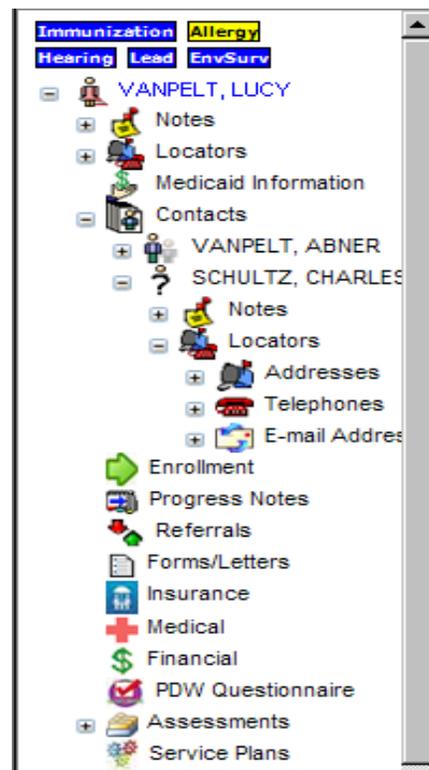
## Icons

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.

The screenshot shows the MOHSIAC interface for the State of Missouri Department of Health and Senior Services. The user is logged in as 'shcn09' from the 'DOH-CENTRAL OFFICE'. The main navigation bar includes 'Home', 'Service Coordination', 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider'. The current view is for 'PEPPERMINT, PATTY'. On the left sidebar, the 'Locators' link is highlighted with a purple box. Other links include 'Addresses', 'Telephones', 'E-mail Addresses', and 'Contacts'. The main content area is currently empty.

## Locators – Addresses – Add Address Link

Select the [Add Address](#) link to enter a party's address.

The screenshot shows the MOHSIAC interface for the State of Missouri Department of Health and Senior Services. The user is logged in as 'shcn09' from the 'DOH-CENTRAL OFFICE'. The main navigation bar includes 'Home', 'Service Coordination', 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider'. The current view is for 'PEPPERMINT, PATTY'. On the left sidebar, the 'Add Address' link is highlighted with a purple box. The main content area displays the '-Address' section with a table header and a table body. The table header includes columns for 'Type', 'Address', 'Primary', 'Sensitive', and 'Notes'. The table body is currently empty. There is also an 'Add Address' link below the table header.

Type	Address	Primary	Sensitive	Notes
------	---------	---------	-----------	-------

## Locators – Addresses Entry (including Homeless Address Entry)

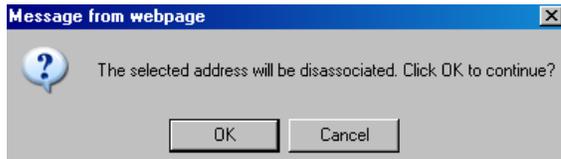
A participant record must have an address entry. The Locator section in the ‘Tree’ (under a participant name) has sections for the Address, Telephone and E-mail entry. The Address entry screen will display the Add Address link.

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

Field	Action
<b>Type</b>	Select the option ‘mailing’. All participants should have a mailing address indicated as their primary address. If the mailing address is not their home address (where they are physically located), then a home address will need to be added but not saved as primary.
<b>Save As...</b>	<ul style="list-style-type: none"> <li>Select the Save as a Primary Address box.</li> <li>✓ The sensitive address box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.</li> </ul>
<b>Line 1 (Line 2)</b>	<ul style="list-style-type: none"> <li>Complete Line 1 (and Line 2 if necessary) field with the street (rural route) address information.</li> <li>If a participant is Homeless, enter ‘homeless’ in the field.</li> </ul>
<b>City, State, Zip</b>	<p>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.</p> <ul style="list-style-type: none"> <li>✓ If an entry is recognized by the US Postal Service, the completed address field will display to be selected.</li> <li>✓ If an address entry is not recognized by the US Postal Service, the system will display options.</li> </ul>
<b>Country</b>	The field defaults to USA; if another country is applicable, select/enter the correct one.
<b>In City Limits</b>	A user can signify the participant address is within the city limits.
<b>Address Routing</b>	Not applicable
<b>Directions</b>	Used to record physical instructions on how to navigate to the associated address.
<b>Notes</b>	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.

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Home **Service Coordination**  
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VANPELT, LINUS ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv  
 VANPELT, LINUS  
 Notes  
 Locators  
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 E-mail Addresses  
 Medicaid Information  
 Contacts  
 Enrollment  
 Progress Notes  
 Referrals  
 Forms/Letters  
 Insurance  
 Medical  
 Financial  
 PDW Questionnaire

Include inactive addresses

Type	Address	Primary	Sensitive	Notes
	MAILING <a href="#">930 WILDWOOD DR</a> JEFFERSON CITY, MO 65109-5796 County: COLE		N	
	HOME <a href="#">HOMELESS</a> JEFFERSON CITY, MO 65102 County: COLE		N	
	MAILING <a href="#">915 WILDWOOD DR</a> JEFFERSON CITY, MO 65109-5798 County: COLE	Y	N	
	MAILING <a href="#">920 WILDWOOD DR</a> JEFFERSON CITY, MO 65109-5796 County: COLE	N	N	

Warning:  
 Primary address  
 has been end  
 dated

1  
[Add Address](#)

## 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.)

The screenshot shows the MOHSAIC system interface for the State of Missouri Department of Health and Senior Services. The user is logged in as 'sc01' and is viewing the 'Service Coordination' page for participant 'NASH, FRANKLIN'. The 'Original Address Entered' is '930 WILDWOOD FULTON, MO 65102'. The system has performed an address verification and found a match: '930 WILDWOOD DR JEFFERSON CITY, MO 65109-5796' with a score of 240.3400000. The 'Use this address' link is highlighted in a purple box. Below the match, the 'Reenter Address' and 'Exit Address Entry' links are also highlighted in purple boxes.

Address	Score
930 WILDWOOD DR JEFFERSON CITY, MO 65109-5796	240.3400000

## 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.

The screenshot shows the MOHSAIC system interface for the State of Missouri Department of Health and Senior Services. The user is logged in as 'shcn09' and is viewing the 'Service Coordination' page for participant 'PEPPERMINT, PATTY'. The 'Telephone' section is active, showing a table with one entry. The 'Add Telephone' link is visible below the table.

Type	Kind	Number	Primary	Sensitive	Time Zone	Notes
1						

## Locators - Telephone Entry

Field	Action
Save As...	<ul style="list-style-type: none"> <li>Select the Save as a Primary Telephone Number box.</li> <li>✓ The sensitive Telephone Number box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.</li> </ul>
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.

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## DEPARTMENT OF HEALTH AND SENIOR SERVICES

Home
Service Coordination

Participant Management
Admin
Financial Management
Reports
Provider

PEPPERMINT, PATTY ?

[Advanced Search](#)

Recent Clients

**Immunization** **Allergy**

**Hearing** **Lead** **EnvSury**

- PEPPERMINT, PATTY
- Notes
- Locators
- Addresses
- Telephones
- E-mail Addresses
- Medicaid Information
- Contacts
- Enrollment
- Progress Notes
- Referrals
- Forms/Letters
- Insurance
- Medical
- Financial
- MFAW Questionnaire
- Assessments
- Service Plans

[Refresh Tree](#)

### Party Relationship to Phone

Type \*

Save as primary telephone number

Save as sensitive telephone number

### Telephone Number

Kind \*

Telephone Number \*

Telephone Extension

United States numbers may have spaces and symbols as long as **10 digits are entered**. Spaces and symbols will *not* be stored in the database. The telephone number will contain the area code, exchange and station (###-###-####).

**Do not start a phone number with 1 or other numbers used for outside lines.**

Numbers outside the United States may have spaces and symbols entered. Spaces and symbols *will* be stored in the database.

### Additional Information

Country

Region

Time Zone

Notes

[Save](#) | [Cancel](#)

## 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.

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PEPPERMINT, PATTY ?  
 Advanced Search  
 Search Recent Clients

**Telephone**

Type	Kind	Number	Primary	Sensitive	Time Zone	Notes
X HOME	TYPICAL	(314) 256-7890	Y	N	CENTRAL	

1  
[Add Telephone](#)

**Message from webpage**  
 ? The selected phone number will be disassociated. Click OK to continue?  
 OK Cancel

## 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.

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PEPPERMINT, PATTY ?  
 Advanced Search  
 Search Recent Clients

**Email**

Type	Email Address	Primary	Sensitive	Carrier	Notes
1					

[Add Email](#)  
 Close Notes View  
 Add Note

## Locators - Email Address Entry

Field	Action
Type	Select the appropriate option, i.e. Home, Business, Message, Unknown, Work.
Save As...	<ul style="list-style-type: none"> <li>Select the Save as a Primary Email box.                             <ul style="list-style-type: none"> <li>✓ The sensitive Email box can be selected, but all entry by SHS is considered sensitive and should not be release without consent.</li> </ul> </li> </ul>
E-Mail	Enter the Email Address.
Notes	Free text for comments concerning the Email Address.

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PEPPERMINT, PATTY ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv

PEPPERMINT, PATTY  
 Notes  
 Locators  
 Addresses  
 Telephones  
 E-mail Addresses  
 Medicaid Information  
 Contacts  
 Enrollment  
 Progress Notes

**Party Relationship to E-Mail**  
 Type \* HOME  
 Save as a primary email  
 Save as a sensitive email

**E-Mail**  
 E-Mail \* peppermintpatty@snoop.com

Notes

[Save](#) | [Cancel](#)

## 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.

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PEPPERMINT, PATTY ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv

PEPPERMINT, PATTY  
 Notes  
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 Addresses  
 Telephones  
 E-mail Addresses  
 Medicaid Information  
 Contacts  
 Enrollment  
 Progress Notes

**Email**

Type	Email Address	Primary	Sensitive	Carrier	Notes
X HOME	PEPPERMINTPATTY@SNOOP.COM <a href="#">send e-mail</a>	Y	N		

1  
[Add Email](#)  
 Close Notes View  
 Add Note

**Message from webpage**  
 The selected email address will be disassociated. Click OK to continue?

## 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.

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GRAY, VIOLET ?  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

GRAY, VIOLET  
Notes  
Locators  
Medicaid Information  
**Contacts**  
GRAY, INDIGO  
Notes  
Locators  
Addresses  
Telephones  
E-mail Address  
GRAY, AZURE  
Notes  
Locators  
Addresses  
Telephones  
E-mail Address  
Enrollment

### Contacts for GRAY, VIOLET

Click on [Add Contact](#) to add a new contact.  
Click on the Name of the contact to update details of the contact.  
Click on [More](#) to view the entire comment. This link will be visible only for larger comments.  
Click on [Less](#) to go back viewing the partial comment.

[Hide Instructions](#)

Responsible Party	
Relationship	Name
✗ MOTHER	GRAY, INDIGO

[Add Responsible Party](#)

Relationship	Name	Telephone	Language	Marital Status
✗ GRANDMOTHER	<a href="#">GRAY, AZURE</a> GRAY, AZURE	(573) 555-9999	ENGLISH	UNKNOWN

1  
[Add Contact](#)

## 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.

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PEPPERMINT, PATTY ?  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

PEPPERMINT, PATTY  
Notes  
Locators  
Medicaid Information  
**Contacts**  
Enrollment  
Progress Notes  
Referrals

### Contacts for PEPPERMINT, PATTY

Click on [Add Contact](#) to add a new contact.  
Click on the Name of the contact to update details of the contact.  
Click on [More](#) to view the entire comment. This link will be visible only for larger comments.  
Click on [Less](#) to go back viewing the partial comment.

[Hide Instructions](#)

Responsible Party	
Relationship	Name
✗	

[Add Responsible Party](#)

Relationship	Name	Telephone	Language	Marital Status
1				

[Add Contact](#)

## 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.)

The screenshot shows the 'Responsible Party for' form in the MOHSAIC system. The 'Party' field has a dropdown menu open, displaying 'Indigo Gray' as the selected option. Below the dropdown, it says '1 of 1 retrieved.' The 'Relationship' field is currently empty and shows 'GRAY, INDIGO' as a suggestion. The 'Save' and 'Cancel' buttons are visible at the bottom of the form. The left sidebar shows the user's profile 'GRAY, VIOLET' and various service coordination options like Immunization, Allergy, Hearing, Lead, and EnvSurv.

## 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.

The screenshot shows the 'Responsible Party for' form with a 'Message from webpage' dialog box open. The dialog box contains the text: 'The responsible party was NOT found in MOHSAIC. Click OK to add . Click CANCEL to search again.' The 'OK' and 'Cancel' buttons are visible at the bottom of the dialog box. The 'Party' field in the form now contains 'indigo gry' and the 'Relationship' field is empty. The left sidebar and navigation menu are the same as in the previous screenshot.

## 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

Search/QuickClientAdd -- Webpage Dialog

SHOW INSTRUCTIONS  
Add Person

**Client**

**Name Search**

LAST NAME: \* GRAY FIRST NAME: \* INDIGO

MIDDLE NAME: SUFFIX: PREFIX:

DATE OF BIRTH: 2/7/1951 GENDER: FEMALE

ETHNICITY: NON HISPANIC ROLE:

SEARCH TYPE:  LIKE  SOUNDEX  BOTH

RACE:  WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

**DCN Search** **SSN Search**

DCN: SSN:

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

## 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.)

Search/QuickClientAdd -- Webpage Dialog

SHOW INSTRUCTIONS  
Add Person

**Client**

**Name Search**

LAST NAME: \* GRAY FIRST NAME: \* INDIGO

MIDDLE NAME: SUFFIX: PREFIX:

DATE OF BIRTH: 2/7/1951 GENDER: FEMALE

ETHNICITY: NON HISPANIC ROLE:

SEARCH TYPE:  LIKE  SOUNDEX  BOTH

RACE: WHITE

**DCN Search** **SSN Search**

DCN: SSN:

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

## 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.)

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GRAY, VIOLET  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

GRAY, VIOLET  
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Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals  
Forms/Letters  
Insurance  
Medical

### Responsible Party for

Responsible Party

Party: mother  
Relationship: 3 of 3 retrieved.  
Save | Cancel  
MOTHER  
MOTHER-IN-LAW  
MOTHER/GUARDIAN

## 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.

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Hearing Lead EnvSurv

PEPPERMINT, PATTY  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals

### Contacts for PEPPERMINT, PATTY

Click on Add Contact to add a new contact.  
Click on the Name of the contact to update details of the contact.  
Click on [More](#) to view the entire comment. This link will be visible only for larger comments.  
Click on [Less](#) to go back viewing the partial comment.

[Hide Instructions](#)

Responsible Party	
Relationship	Name
X	

[Add Responsible Party](#)

Relationship	Name	Telephone	Language	Marital Status
<a href="#">Add Contact</a>				

## 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.)

The screenshot shows the 'Contact Information' form in the MOHSAIC system. The 'Name' field is highlighted with a purple box, and a dropdown menu is open, displaying a list of 15 retrieved names. The list includes names like ZAUALA, ANAMARIA, ZAUALA, CRISTINA, ZAUALA, HECTOR, ZAUALA, MARIA C, ZAUBER, SARAH ELIZABETH, and ZAUCHA, EMMA HOPE, along with their respective DOB, DCN, Address, and SSN.

Name	Dob	DCN	Address	SSN
ZAUALA, ANAMARIA	4/19/1968	13665560		490-862
ZAUALA, CRISTINA	10/24/1990		523 HARDESTY AVE KANSAS CI...	
ZAUALA, HECTOR	1/5/1998		3219 E 8TH ST KANSAS CITY, M...	
ZAUALA, MARIA C	6/7/1948	32819841	114 W REYNOLDS IRONTON, M...	318-56
Zauber, Sarah Elizabeth	3/20/1977		ONE BARNES-JEWISH HOSPITA...	141-74
Zaucha, Emma Hope	5/5/2008	63158314	20337 SPICE DR APT B WAYNE...	

## 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.

The screenshot shows the 'Contact Information' form with the 'Name' field set to 'azure gray'. A dialog box titled 'Message from webpage' is overlaid on the form, containing the message: 'The contact was NOT found in MOHSAIC. Click OK to add the contact. Click CANCEL to search again.' The dialog box has 'OK' and 'Cancel' buttons.

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

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Home Service Coordination  
Participant Management Admin Financial Management Reports Provider

SHOW INSTRUCTIONS  
Add Person

**Client**

Name Search

LAST NAME: \* GRAY FIRST NAME: \* AZURE  
MIDDLE NAME: SUFFIX: PREFIX:  
DATE OF BIRTH: 2/7/1931 GENDER: FEMALE  
ETHNICITY: NON HISPANIC ROLE:  
SEARCH TYPE:  LIKE  SOUNDEX  BOTH  
RACE:  WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

DCN Search  SSN Search  
DCN: SSN:

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

## 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.

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GRAY, VIOLET ?  
Advanced Search  
Search Recent Clients

**Contact Information**

\*Name azure gray  
\*Relationship GRANDMOTHER  
\*Marital Status  
Telephone ( ) - -  
Primary Language  ENGLISH  OTHER  
Comments

Save | Cancel

## Contacts – Contact Information Screen – Marital Status Field

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

The screenshot shows the 'Contact Information' form in the 'Service Coordination' section. The 'Marital Status' field is highlighted with a purple box, and its dropdown menu is open, displaying the following options: COHABITATION, DECLINED TO ANSWER, DIVORCED, MARRIED, NOT APPLICABLE, OTHER, SEPARATED, SINGLE, UNKNOWN, and WIDOWED. The 'Name' field is filled with 'azure gray' and the 'Relationship' field is 'GRANDMOTHER'. The 'Telephone' and 'Primary Language' fields are empty. The 'Comments' field is a large text area. The left sidebar shows a navigation menu with 'Contacts' selected. The top navigation bar includes 'Home', 'Service Coordination', 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider'. The top right corner shows the user's name 'shcn09' and agency 'DOH-CENTRAL OFFICE'.

## 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.

The screenshot shows the 'Contact Information' form in the 'Service Coordination' section. The 'Telephone' field is filled with '( 555 ) - 888 - 0000'. The 'Primary Language' field has radio buttons for 'ENGLISH' and 'OTHER', with 'OTHER' selected and a dropdown menu open. The 'Comments' field is a large text area. The 'Name' field is empty and the 'Relationship' field is empty. The 'Marital Status' field is empty. The left sidebar shows a navigation menu with 'Contacts' selected. The top navigation bar includes 'Home', 'Service Coordination', 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider'. The top right corner shows the user's name 'shcn09' and agency 'DOH-CENTRAL OFFICE'.

## 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

VAN PELT, LUCY

Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

VANPELT, LUCY

- Notes
- Locators
- Medicaid Information
- Contacts
  - VANPELT, ABNER
    - Notes
    - Locators
    - Medicaid Information
    - Contacts
    - Enrollment
    - Progress Notes
    - Referrals
    - Forms/Letters
    - Insurance
    - Medical
    - Financial
    - PDW Questionnaire
  - Assessments
  - Service Plans
- SCHULTZ, CHARLES
  - Notes
  - Locators
  - Addresses
  - Telephones
  - E-mail Addresses

- Enrollment
- Progress Notes

## 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

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Home Service Coordination

Participant Management Admin Financial Management Reports Provider

VANPELT, RERUN ?

Advanced Search Search Recent Clients

Immunization Allergy

Hearing Lead EnvSurv

VANPELT, RERUN

### View Basic Demographic Information

Required fields are denoted by \*

ID	TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
EDIT DELETE	72717681	PRINCIPAL	YES	RERUN		VANPELT	

Add Party Name

SEX\*  
MALE

DATE OF BIRTH\*  
1/1/2010

CLIENT NUMBER  
64031755

PRIMARY LANGUAGE \*  
 ENGLISH  
 OTHER: UNKNOWN

SECONDARY LANGUAGE  
 ENGLISH  
 OTHER: UNKNOWN

Reads Primary Language  
UNKNOWN

Writes Primary Language  
UNKNOWN

Race \*  
 WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

COUNTRY OF BIRTH: UNKNOWN

Ethnicity \*  
UNKNOWN

Employment

Local intranet 85%

## 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.

### Edit Basic Demographic Information Required fields are denoted by \*

ID	TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SI
<a href="#">EDIT</a> <a href="#">DELETE</a>	72715862	A.K.A.	NO	LUCY		VAN PELT	
<a href="#">EDIT</a> <a href="#">DELETE</a>	72717368	PRINCIPAL	YES	LUCY		VANPELT	

[Add Party Name](#)

SEX\* DATE OF BIRTH\*

FEMALE 5/5/1955

CLIENT NUMBER  
64031753

PRIMARY LANGUAGE \*  
 ENGLISH  
 OTHER UNKNOWN

SECONDARY LANGUAGE  
 ENGLISH  
 OTHER

Reads Primary Language: UNKNOWN

Writes Primary Language: UNKNOWN

### Optional Demographic Information

SSN:

SSN VERIFIED

MARITAL STATUS:

HOUSING INFORMATION:

LIVING ARRANGEMENT:

YEARS EDUCATION(0..17):

DEGREE:

HIGHEST LEVEL OF EDUCATION:

CURRENT EDUCATION STATUS:

SPECIAL ASSISTANCE

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

[EDIT](#) [CLOSE](#)

**Race \***

WHITE  ASIAN  
 BLACK  AMERICAN INDIAN  
 UNKNOWN  PACIFIC ISLANDER

COUNTRY OF BIRTH:

**Ethnicity \***  
UNKNOWN

**Employment**

EMPLOYED

OCCUPATION	BEGIN DATE	END DATE
<a href="#">INSERT NEW OCCUPATION</a>		

## 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.

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

VAN PELT, LUCY ?  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv  
VANPELT, LUCY

### Edit Basic Demographic Information

Required fields are denoted by \*

ID	TYPE	PRIMARY	PREFIX	FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
<a href="#">EDIT</a> <a href="#">DELETE</a> 72715862	A.K.A.	NO		LUCY		VAN PELT	
<a href="#">EDIT</a> <a href="#">DELETE</a> 72717368	PRINCIPAL	YES		LUCY		VANPELT	

[Add Party Name](#)

SEX\*  
FEMALE

DATE OF BIRTH\*  
5/5/1955

CLIENT NUMBER  
64031753

PRIMARY LANGUAGE \*  
 ENGLI  
 OTHER

SECONDARY LANGUAGE  
 ENGLI  
 OTHER

Reads Primary Language  
UNKNOWN

Writes Primary Language  
UNKNOWN

**Race \***  
 WHITE  ASIAN  
 BLACK  AMERICAN INDIAN

### Client Information

Name Type:  Primary:   
Prefix:   
Last Name:  First Name:   
Middle Name:   
Suffix:   
[Apply Changes](#) | [Cancel](#)

## 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

NASH, FRANKLIN ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv

NASH, FRANKLIN

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

Refresh Tree  
 Refresh Medicaid

[Refresh from DSS](#)

**Client's Medicaid Status**

Status	Status Date

**Parent/Guardian Medicaid Case Information**

DCN	Status
Telephone	
Address 1	
Address 2	
City	State Zip
Worker Name	
Worker Phone	
Spend Down Amt	

**Client's Medicaid Dates**

Begin Date	End Date	Program	Level Of Care	ME Code
1				

**Client's Managed Care(Medicaid Only)**

Plan	Begin Date	End Date	Plan Number
1			

# 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		Status	ACTIVE	
Telephone				
Address 1				
Address 2	3502	ST		
City	BATTLEFIELD	State	MO	Zip 65
Worker Name	BARBARA			
Worker Phone				
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	██████████	Status	ACTIVE	
Telephone				
Address 1				
Address 2	██████████			
City	██████████	State	MO	Zip ██████████
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

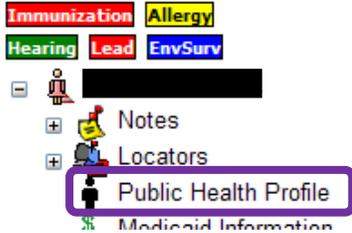
## Hot Buttons

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.

Medicaid Eligibility:	Case DCN	Begin Date	End Date	Managed Care Plan:	Plan	Begin Date	End Date	Plan Number
	[REDACTED]	2/1/2008						



# 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

VANPELT, RERUN ?

Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

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

[Refresh Tree](#)  
[Refresh Medicaid](#)

## 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 21<sup>st</sup> birth date.
  - ✓ For CYSHCN the field automatically populates with the day before the 21<sup>st</sup> birth date.
  - ✓ For ABI the field automatically populates with the day before the 65<sup>th</sup> 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.

Program Enrollments										
BROWN, SALLY Party ID: 76248800 DCN: 64152875 DOB: 8/23/2009 FEMALE <a href="#">Party Overview</a>										
Closure Date: 06/30/2014 Status: ACTIVE <a href="#">Update</a> Lawful Presence (ABI & CYSHCN only) <input checked="" type="checkbox"/> MO Resident <input checked="" type="checkbox"/>										
Emergency Priority Level: LEVEL 1										
All Active <input type="checkbox"/>										
Program	Emergency Priority	Service Coordinator	SC Enrolled Date	SC Closed Date	SC Closure Reason	Paid Service Enrolled Date	Paid Service Closed Date	Paid Service Closure Reason		
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	LEVEL 4	TEST_SHCN_NINE	02/29/2012	06/30/2014	AUTO CLOSURE, NO RESPONSE	03/17/2012	06/30/2014	AUTO CLOSURE, NO RESPONSE	
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	LEVEL 1	TEST_SHCN_THREE	07/18/2013	01/14/2014	NO RESPONSE				

- 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 (21<sup>st</sup>) 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.

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VANPELT, RERUN ?  
 Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv

VANPELT, RERUN  
 Notes  
 Locators  
 Medicaid Information  
 Contacts  
 Enrollment  
 Progress Notes  
 Referrals

### Program Enrollments

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE [Party Overview](#)  
 Closure Date: Status: ACTIVE [Update](#) Lawful Presence  MO Resident

All Active

<a href="#">Program</a>	<a href="#">Service Coordinator</a>	<a href="#">SC Active</a>	<a href="#">SC Closure Date</a>	<a href="#">SC Closure Reason</a>	<a href="#">Paid Service</a>	<a href="#">Paid Service Closure</a>	<a href="#">Paid Service Closure Reason</a>
<a href="#">Edit</a> HEALTHY CHILDREN AND YOUTH	<a href="#">TEST, SC ONE</a>	02/27/2012			02/27/2012	12/31/2030	OVER AGE
<a href="#">Edit</a> HOPE	<a href="#">TEST, SHCN NINE</a>	01/27/2012			01/27/2012	06/30/2012	NO RESPONSE

[Start New Enrollment](#) [Print Grid](#)

## 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

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VANPELT, RERUN ?

Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

VANPELT, RERUN  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Deferals

**Program Enrollments**

VANPELT, RERUN Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE  
Closure Date: Status: ACTIVE [Update](#) Lawful Presence  MO Resident  [Party Overview](#)

All Active

Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
<a href="#">Edit</a> HEALTHY CHILDREN AND YOUTH	<a href="#">TEST_SC_ONE</a>	02/27/2012			02/27/2012	12/31/2030	OVER AGE
<a href="#">Edit</a> HOPE	<a href="#">TEST_SHCN_NINE</a>	01/27/2012			01/27/2012	06/30/2012	NO RESPONSE

[Start New Enrollment](#) [Print Grid](#)

## Enrollment – Start New Enrollment Link

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

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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

**Program Enrollments**

VANPELT, LINUS Party ID: 72732219 DCN: 64105459 DOB: 1/1/1992 MALE  
Closure Date: Status: ACTIVE [Update](#) Lawful Presence  MO Resident  [Party Overview](#)

All Active

Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
No Data Found.							

[Start New Enrollment](#) [Print Grid](#)

## 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

**Add Enrollment**

Eligibility Snapshot

Name	Begin Date	End Date
No Service Coordinators Available.		

[Add Service Coordinators](#)

Program:

Priority Level:

SC Enrolled Date:

SC Closed Date:

SC Closure Reason:

Paid Service Enrolled Date:

Paid Service Closed Date:

Paid Service Closure Reason:

[Save](#) | [Cancel](#)

## 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.

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Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

VAN PELT, LUCY ?

Advanced Search  
 Search Recent Clients

Immunization Allergy  
 Hearing Lead EnvSurv

VANPELT, LUCY  
 Notes  
 Locators  
 Medicaid Information  
 Contacts

**Program Enrollments**  
 VANPELT, LUCY Party ID: 72715861 DCN: 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)

**Edit Enrollment**  
 Program: HEAD INJURY SERVICES

Program	Eligibility Status	Name	Begin Date	End Date
HEAD INJURY SERVICES	INELIGIBLE			
HEALTHY CHILDREN AND YOUTH	INELIGIBLE	<a href="#">Edit</a> TEST, SHCN NINE	10/28/2011	
HOPE	INELIGIBLE	<a href="#">Edit</a> TEST, SC ONE	7/1/2011	10/27/2011
PHYSICAL DISABILITIES WAIVER	INELIGIBLE			

[Add Service Coordinators](#)

## 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 be 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.

The screenshot shows the 'Add Service Coordinator' form. At the top, there is a table with columns 'Name', 'Begin Date', and 'End Date'. Below this, there are 'Edit' and 'Delete' links for 'TEST, SHCN THREE' with a '7/1/2013' date. The main form area has a 'Name' field with a 'Clear' button and a 'Search' button. Below the 'Name' field, there is a dropdown menu with a 'Select' button and a 'Close' button. The dropdown menu is open, showing a table with columns 'Name' and 'UserID'. The first row is 'TEST, SHCN NINE' with 'SHCN09' as the UserID.

The screenshot shows the 'Add Service Coordinator' form. At the top, there is a table with columns 'Name', 'Begin Date', and 'End Date'. Below this, there are 'Edit' and 'Delete' links for 'TEST, SHCN THREE' with a '7/1/2013' date. The main form area has a 'Name' field with a 'Clear' button and a 'Search' button. Below the 'Name' field, there is a 'Begin Date' field with a calendar icon and an 'End Date' field. The 'Begin Date' field is highlighted with a purple box and contains the date '7/18/2013'. There are 'Apply' and 'Cancel' buttons at the bottom right.

- 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 be 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.

The screenshot shows the 'Edit Enrollment' screen. On the left, there is an 'Eligibility Snapshot' section with a list of items: Missouri Resident, Demographics, Medical, Forms, Financial, Referral, and Lawful Presence. On the right, there is a table with columns 'Name', 'Begin Date', and 'End Date'. The table has two rows. The first row is 'TEST, SHCN THREE' with '7/18/2013' as the Begin Date and '06/30/2014' as the End Date. The second row is 'TEST, SHCN NINE' with '02/29/2012' as the Begin Date and '7/17/2013' as the End Date. Each row has 'Edit' and 'Delete' links. Below the table, there is an 'Add Service Coordinators' button.

## 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.**

### HCY

Eligibility Snapshot

- Missouri Resident
- **Demographics: The client's age is greater than 21.**
- **Medicaid: Not valid due to MO HealthNet status.**
- **Referral: The client must have an Incoming Referral dated within the six months prior to the enrollment. (SC Enrollment date has not been saved yet so assuming today is the SC enrollment date.)**
- **Forms: CC-1 within one year before enrollment -OR- Paid Service Enroll Date within 14 days of Authorization Begin Date - SNV Referral Letter form in 14 days before or 14 days after enrollment date - None of these requirements were met. If this enrollment becomes a paid service enrollment, one of these requirements must be met.**

### 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 receive 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.**

### 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

## 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)

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

### 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)

**Add Enrollment**

Eligibility Snapshot

Name	Begin Date	End Date
No Service Coordinators Available.		

**Add Service Coordinators**

Program: [Dropdown]

Priority Level: [Dropdown] (LEVEL 1, LEVEL 2, LEVEL 3, LEVEL 4)

SC Enrolled Date: [Text]

SC Closed Date: [Text]

SC Closure Reason: [Dropdown]

Paid Service Enrolled Date: [Text]

Paid Service Closed Date: [Text]

Paid Service Closure Reason: [Dropdown]

Save | Cancel

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.

**Program Enrollments**

IGNIERS, TATHUN Party ID: 2610246 DCN: 21656856 DOB: 11/7/1992 FEMALE [Party Overview](#)

Closure Date: Status: ACTIVE Update Lawful Presence (ABI & CYSHCN only)  MO Resident

Emergency Priority Level: LEVEL 1

All Active [Dropdown]

Program	Emergency Priority	Service Coordinator	SC Enrolled Date	SC Closed Date	SC Closure Reason	Paid Service Enrolled Date	Paid Service Closed Date	Paid Service Closure Reason
<a href="#">Edit</a> <a href="#">Delete</a> HCY	LEVEL 1	<a href="#">SNOOK, BARBARA A</a>	01/02/2009	11/06/2013	AUTO CLOSURE, AGE	01/02/2009	11/06/2013	AUTO CLOSURE, AGE
<a href="#">Edit</a> <a href="#">Delete</a> MFAW	LEVEL 1	<a href="#">SNOOK, BARBARA A</a>	04/15/2013					

[Start New Enrollment](#) [Print Grid](#)

## Enrollment - Add Enrollment Screen - Emergency Priority Level (Continued)

**For HCY ONLY:** When there is a reason to change the Priority Score, documentation of the assessment that supports the change and that Priority Score was changed from X to XX should appear in either the SCA or the Progress Note related to the time that the Priority Score was changed.

## 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.

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

Immunization Allergy  
 Hearing Lead EnvSurv

VANPELT, LUCY  
 Notes  
 Locators  
 Medicaid Information  
 Contacts  
 Enrollment

### Program Enrollments

VANPELT, LUCY Party ID: 72715861 DCN: 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)  
 Closure Date: Status: ACTIVE [Update](#) Lawful Presence  MO Resident

All Active

Program	Service Coordinator	SC Active	SC Closure Date	SC Closure Reason	Paid Service	Paid Service Closure	Paid Service Closure Reason
<a href="#">Edit</a> HEAD INJURY SERVICES	<a href="#">TEST, SHCN NINE</a>	10/28/2011			10/28/2011	06/30/2012	NO RESPONSE

[Start New Enrollment](#) [EC Letter](#) [Print Grid](#)

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

[www.dhss.mo.gov](http://www.dhss.mo.gov)  
 Healthy Missourians for life.  
 The Missouri Department of Health and Senior Service will be the leader in promoting, protecting and partnering for health.  
 AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER: Services provided on a nondiscriminatory basis.

## 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.



**Missouri Department of Health and Senior Services**

PO BOX 570, JEFFERSON CITY MO 65102-057 Phone: 573-751-6400  
RELAY MISSOURI for Hearing and Speech Impaired 800-735-2966  
MARGARET T. DONNELLY  
DIRECTOR

FAX: 573-751-6010  
VOICE 800-735-2466



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

[www.dhss.mo.gov](http://www.dhss.mo.gov)

Healthy Missourians for life.

The Missouri Department of Health and Senior Service will be the leader in promoting, protecting and partnering for health.

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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.

<a href="#">Program</a>	<a href="#">Service Coordinator</a>	<a href="#">SC Active</a>	<a href="#">SC Closure Date</a>	<a href="#">SC Closure Reason</a>	<a href="#">Paid Service</a>	<a href="#">Paid Service Closure</a>	<a href="#">Paid Service Closure Reason</a>
<a href="#">Edit</a> <a href="#">Delete</a> HOPE	<a href="#">TEST, SHCN NINE</a>	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 18<sup>th</sup> birthday because of 'lawful presence' or 21<sup>st</sup> birthday because of 'overage'; for ABI enrollments the 65<sup>th</sup> 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 (21<sup>st</sup>) 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.

<a href="#">Program</a>	<a href="#">Service Coordinator</a>	<a href="#">SC Active</a>	<a href="#">SC Closure Date</a>	<a href="#">SC Closure Reason</a>	<a href="#">Paid Service</a>	<a href="#">Paid Service Closure</a>	<a href="#">Paid Service Closure Reason</a>
<a href="#">Edit</a> <a href="#">Delete</a> HEAD INJURY SERVICES	<a href="#">TEST, SHCN NINE</a>	10/28/2011			10/28/2011	06/30/2012	NO RESPONSE
<a href="#">Edit</a> <a href="#">Delete</a> HOPE	<a href="#">TEST, SHCN NINE</a>	02/21/2012	05/21/2012	OVER AGE			
<a href="#">Edit</a> <a href="#">Delete</a> HEALTHY CHILDREN AND YOUTH	<a href="#">TEST, SHCN NINE</a>	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 23<sup>rd</sup> but the automated closure date entry is the current date of April 27<sup>th</sup>; 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
<a href="#">Edit</a> <a href="#">Delete</a> TEST, SHCN THREE	3/01/2013	06/30/2013

**Add Service Coordinators**

Program:

SC Enrolled Date:

SC Closed Date:

SC Closure Reason:

Paid Service Enrolled Date:

Paid Service Closed Date:

Paid Service Closure Reason:

[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.

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, RERUN ?

Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

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

### Program Enrollments

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

#### Edit Enrollment

Program	Eligibility Status
HEAD INJURY SERVICES	INELIGIBLE
HEALTHY CHILDREN AND YOUTH	INELIGIBLE
HOPE	INELIGIBLE
PHYSICAL DISABILITIES WAIVER	INELIGIBLE

Eligibility Snapshot

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

Program: HOPE

Name	Begin Date	End Date
<a href="#">Edit</a> TEST, SHCN NINE	01/27/2012	

[Add Service Coordinators](#)

SC Active: 01/27/2012

SC Closure Date:

SC Closure Reason:

Enrolled Date: 01/27/2012

Closed Date: 06/30/2012

Closure Reason: NO RESPONSE

[Print Closure Letter](#) [Save](#) | [Cancel](#)

Last Modified By: TEST, SC ONE (SC01) On 02/28/2012 3:53:41 PM

## 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.

**Additional Information**

Title:  
Service Coordinator

[Print](#) | [Cancel](#)

**Additional Information**

Info:  
Failed to respond to Good Faith efforts to scheduled an appointment in order to complete the annual Service Coordination Assessment.

Title:  
Service Coordinator

[Print](#) | [Cancel](#)

## 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

File Edit View Window Help

1 / 1 102%

Comment Sign



**Missouri Department of Health and Senior Services**  
PO BOX 570, JEFFERSON CITY MO 65102-0570  
RELAY MISSOURI for Hearing and Speech Impaired  
MARGARET T. DONNELLY  
DIRECTOR

Phone: 573-751-6400  
800-735-2966

FAX: 573-751-6010  
VOICE 800-735-2466



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.

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

BROWN, SALLY ?

Advanced Search Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

BROWN, SALLY

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

### Program Enrollments

BROWN, SALLY Party ID: 76248800 DCN: 64152875 DOB: 8/23/2009 FEMALE [Party Overview](#)

#### Edit Enrollment

Program	Eligibility Status
HEAD INJURY SERVICES	INELIGIBLE
HEALTHY CHILDREN AND YOUTH	INELIGIBLE
HOPE	INELIGIBLE
PHYSICAL DISABILITIES WAIVER	INELIGIBLE

Program: HOPE

Name	Begin Date	End Date
<a href="#">Edit</a> TEST, SHCN NINE	02/29/2012	08/31/2012

[Add Service Coordinators](#)

SC Active:

SC Closure Date:

SC Closure Reason:

Enrolled Date:

Closed Date:

Closure Reason:

[Print SC Closure Letter](#)

[Save](#) | [Cancel](#)

Last Modified By: TEST, SHCN NINE (SHCN09) On 03/06/2012 4:16:23 PM

## 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.

### Additional Information

Info:

Title:

[Print](#) | [Cancel](#)

## 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

File Edit View Window Help

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Comment Sign

 **Missouri Department of Health and Senior Services**  
PO BOX 570, JEFFERSON CITY MO 65102-0570 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

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).

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

Participant: VAN PELT, LUCY  
 Party ID: 72715861 DCN: 64031753 DOB: 5/5/1955 FEMALE

**Program Enrollments**

Program	Eligibility Status
HEAD INJURY SERVICES	ELIGIBLE
HEALTHY CHILDREN AND YOUTH	INELIGIBLE
HOPE	INELIGIBLE
PHYSICAL DISABILITIES WAIVER	INELIGIBLE

Program: HEAD INJURY SERVICES

Name	Begin Date	End Date
TEST, SHCN NINE	10/28/2011	3/22/2012

Eligibility Snapshot:

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

SC Active: 10/28/2011  
 SC Closure Date: 3/22/2012  
 SC Closure Reason: UNDER OTHER CARE  
 Enrolled Date: 10/28/2011  
 Closed Date: 03/16/2012  
 Closure Reason: NO RESPONSE

[Print Closure Letter](#) [Print SC Closure Letter](#) [Save](#) | [Cancel](#)

Last Modified By: MCDUGAL, JOSEPH (JOE) (MCDOUJ) On 03/15/2012 10:47:46 AM

## 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'.

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

Participant: VAN PELT, RERUN  
 Party ID: 72717680 DCN: 64031755 DOB: 1/1/2010 MALE

**Program Enrollments**

Program	Eligibility Status
HEAD INJURY SERVICES	INELIGIBLE
HEALTHY CHILDREN AND YOUTH	INELIGIBLE
HOPE	INELIGIBLE
PHYSICAL DISABILITIES WAIVER	INELIGIBLE

Program: HOPE

Name	Begin Date	End Date
TEST, SHCN NINE	01/27/2012	

Eligibility Snapshot:

- Missouri Resident
- Demographics
- Medical
- Financial
- Referral
- Lawful Presence

SC Active: 01/27/2012  
 SC Closure Date:  
 SC Closure Reason:  
 Enrolled Date: 01/27/2012  
 Closed Date: 06/30/2012  
 Closure Reason: DECEASED

[Print Condolence Letter](#) [Save](#) | [Cancel](#)

Last Modified By: TEST, SC ONE (SC01) On 02/28/2012 3:53:41 PM

## 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.

### Additional Information

Title:

[Print](#) | [Cancel](#)

## 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**

File Edit View Window Help

1 / 1 102%

**MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES**

**Missouri Department of Health and Senior Services**  
PO BOX 570, JEFFERSON CITY MO 65102-0570 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** **JEREMIAH W. (JAY) NIXON**  
DIRECTOR 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
<b>Deceased</b>	Participant has died.
<b>Incomplete Applications/ AFER/Reapplications/PA</b>	All of the required information for the Application, Reapplication, or AFER was not provided by the participant/family.
<b>Lawful Presence</b>	Participant/family failed to provide required proof of lawful presence
<b>Maximum Benefits Achieved</b>	SHS has provided all eligible services.
<b>Medicaid Non-Compliance</b>	<ul style="list-style-type: none"> <li>• Failed to apply with MO HealthNet (Medicaid).</li> <li>• Did not complete MO HealthNet (Medicaid) application process.</li> <li>• Withdrew from the MO HealthNet (Medicaid) program.</li> <li>• Failed to comply with MO HealthNet (Medicaid) requirements.</li> </ul>
<b>Moved Out of State</b>	Participant/family no longer resides in the State of Missouri.
<b>No Present Need for Care (NNC)</b>	<ul style="list-style-type: none"> <li>• SHS services are not needed at this time.</li> <li>• Prior authorized HCY services are not needed at this time.</li> <li>• Participant has been released from care by the physician.</li> </ul>
<b>Not Financially Eligible (NFE)</b>	Participant/family income exceeds financial eligibility criteria.
<b>Not Medically Eligible (NME)</b>	<ul style="list-style-type: none"> <li>• Participant does not meet medical eligibility criteria.</li> <li>• Participant's prognosis does not meet program eligibility.</li> </ul>
<b>No Response (NR)</b> Do Not Use this closure reason as a substitution for: ➤ Medicaid Non-Compliance ➤ Incomplete Applications/Annual Financial Eligibility Review (AFER)/Reapplications/PA.	<ul style="list-style-type: none"> <li>• No response to Applications, Reapplications, or AFER.</li> <li>• Information packet was not returned.</li> <li>• Did not follow service requirements (after enrollment).</li> </ul>
<b>Over-age</b>	Participant's age exceeds service eligibility criteria.
<b>Participant/Family Request</b>	<ul style="list-style-type: none"> <li>• Participant/family requests discontinuation.</li> <li>• Participant/family is not interested in continued services.</li> </ul>

## Enrollment - Closure Reason Definitions (continued)

<b>Transferred MC+ Fee For</b>	Participant is now enrolled in a MO HealthNet (Medicaid) Fee for Service Care
--------------------------------	---

<b>Service</b>	plan and does not require SHS Service Coordination.
<b>Closure Reason</b>	<b>Definition</b>
<b>Transition to MC+ Plan</b>	Participant is enrolled in a MO HealthNet (Medicaid) Managed Care Plan and does not require SHS Service Coordination.
<b>Unable to Locate</b>	Participant/family cannot be located within the State of Missouri.
<b>Under Other Care</b>	<ul style="list-style-type: none"> <li>• Utilizing services from another agency or provider.</li> <li>• Another agency or provider has assumed responsibility.</li> <li>• Transitioned to another agency.</li> <li>• Referred to another agency.</li> <li>• 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.</li> <li>• Incarcerated (in the custody of city, county or state).</li> </ul>
<b>Auto Closure, Referral</b>	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 RFFFRAI

# 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

Participant: 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
<a href="#">Edit</a> 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
<a href="#">Edit</a> 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
<a href="#">Edit</a> 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
<a href="#">Edit</a> 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:

Contact By:  [Search](#)

Contact Type:

Comments:

[Save](#) | [Print](#) | [Cancel](#)

## Progress Notes – Add Note (continued)

Field	Action
<b>Contact Date (time)*</b>	<p>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.</p> <p>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.</p>
<b>Contact By*</b>	<p>The system automatically defaults to the user logged into the system.</p> <ul style="list-style-type: none"> <li>• 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 <a href="#">Search</a> link to locate their name.</li> <li>• 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.</li> </ul>
<b>Contact Type*</b>	<p>These selections define (by a grouping) the subject of the progress note.</p>
<b>Comments*</b>	<p>Statement(s) about all actions taken during conversation/communication (not documented elsewhere, i.e., Form screen).</p> <ul style="list-style-type: none"> <li>• If multiple contacts are made on the same date that can be identified by one Contact Type, only a single entry is necessary. <ul style="list-style-type: none"> <li>✓ 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.</li> </ul> </li> <li>• If multiple contacts are made on the same date that cannot be identified by one Contact Type, multiple Progress Note entries are necessary. <ul style="list-style-type: none"> <li>✓ 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.</li> </ul> </li> </ul>
<b>Edit Link</b>	<p>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.</p>
<b>View Link</b>	<p>Allows all users to read entry.</p>
<b>Save link</b>	<p>Adds the entry to the record.</p>
<b>Print link</b>	<p>Prints the entry.</p>
<b>Cancel link</b>	<p>All entry is deleted and nothing is retained to the record.</p>
<p>* = field entry is required; additional fields are provided to record additional items if known.</p>	

## 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.

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

### 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
<a href="#">Edit</a> 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
<a href="#">Edit</a> 03/09/2012 9:45 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
<a href="#">Edit</a> 03/03/2012 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
<a href="#">Edit</a> 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

## 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.

### Edit Progress Note

Contact Date: 03/09/2012 09:27 AM

Contact By: TEST, SHCN NINE [Search](#)

Contact Type: SHCN RECORD MANAGEMENT

Comments:  
 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  
 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!

[Save](#) | [Print](#) | [Cancel](#)

Entered On: 03/09/2012 9:39:45 AM  
 Entered By: TEST, SHCN NINE

Last Modified By: TEST, SHCN NINE (SHCN09) On 03/09/2012 9:39:45 AM

## Progress Notes – Edit (continued)

Field	Action
<b>Entered On</b>	If a user selects the <a href="#">View</a> 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.
<b>Entered By</b>	If a user selects the <a href="#">View</a> 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.
<b>Print link</b>	Prints the entry.
<b>Return link</b>	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.
- **Family Partnership Contact** is any contact conducted by a Family Partner to a Participant, Responsible Party, etc. (For use by Family Partners ONLY)
- **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.)

## Progress Notes Contact Type Definitions (continued)

- **Participant Visit** is any **face-to-face** contact with the participant and/or family. (Use SHCN SCA if contact is to complete the SCA.)
- **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). This contact type should not be used to document attempts to schedule the actual visit.

## Referrals – Incoming and Outgoing

The Referral screen captures both Incoming and Outgoing referrals.

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

Immunization Allergy  
 Hearing Lead EnvSurv

VAN PELT, LUCY  
 + Notes  
 + Locators  
 Medicaid Information  
 + Contacts  
 Enrollment  
 Progress Notes  
 Referrals

### Referrals

VANPELT, LUCY Party ID: 72715861 DCN: 64031753 DOB: 5/5/1955 FEMALE [Party Overview](#)  
[See All](#)

	Date	Name	County	Consent	Source Type	Referral Type
<a href="#">Edit</a>	10/28/2011		ADAIR	NO	LEGAL	INCOMING REFERRAL
<a href="#">Edit</a> <a href="#">Delete</a>	02/01/2012			YES	HOME HEALTH AGENCIES	OUTGOING REFERRAL

[Add Referral](#) [Print Grid](#)

## 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.

### Add Referral

Referral Type:

Referral Date:

[Clear](#)

Name:  [Search](#)

County:

Consent:

Referral Source Type:

[Save](#) | [Cancel](#)

### Add Referral

Referral Type:

Referral Date:

[Clear](#)

Name:  [Search](#)

County:

Consent:

Referral Source Type:

[Save](#) | [Cancel](#)

## Referrals – Add Referral screen (continued)

Field	Action
<b>Referral Type*</b>	Drop down field has two (2) options: <ul style="list-style-type: none"> <li>Incoming Referral to capture all referrals <b>made to</b> SHS concerning the participant.</li> <li>Outgoing Referral to capture all referrals <b>made by</b> SHS concerning the participant.</li> </ul>
<b>Referral Date*</b>	MM/DD/YYYY field entry to signify the actual date the referral was received or made by SHS.
<b>Name</b>	<ul style="list-style-type: none"> <li>Type the name of the entity from whom the Referral was received or made.</li> <li>Select the <a href="#">Search</a> link. <ul style="list-style-type: none"> <li>✓ 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.</li> </ul> </li> </ul>
<b>County</b>	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.
<b>Consent*</b>	<p>If SHS makes an Outgoing Referral, the participant/responsible party must have provided their permission.</p> <p>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.</p>
<b>Referral Source Type*</b>	Generic categories to capture a description of the entity, i.e., Self, Friend, School, State Agency, etc.
<b>See All Link</b>	<p><a href="#">See All Link</a> will display all active entry.</p> <p>When selected, it will change to <a href="#">Hide Inactive</a> to display all historical entry.</p>
<b>Edit Link</b>	Allows any user to change or update entry.
<b>Delete Link</b>	If entry is completed in error the author has a <a href="#">Delete</a> 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 <b>Entry Deletes</b> section of the guide.)
<b>Save Link</b>	Adds the entry to the record.
<b>Cancel Link</b>	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.

The screenshot shows the 'Forms/Letters' interface for a user named VAN PELT, LUCY. The header includes the State of Missouri logo and the Department of Health and Senior Services name. The user's username is 'shcn09' and the agency is 'DOH-CENTRAL OFFICE'. The navigation menu includes 'Home', 'Service Coordination', 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider'. The left sidebar contains various service categories like 'Immunization', 'Allergy', 'Hearing', 'Lead', 'EnvSurv', and 'Insurance'. The main content area displays the 'Forms/Letters' section for VAN PELT, LUCY, with Party ID: 72715861, DCN: 64031753, DOB: 5/5/1955, and FEMALE. A table lists the forms with columns for Name, Signed, Sent, Received, Reviewed, and Sent By. The table contains three entries: a HIPAA authorization form signed on 10/31/2011, an AHI screener form not signed, and a CC-1 enrollment information form signed on 10/31/2011. There are also links for 'Add Form' and 'Print Grid'.

Name	Signed	Sent	Received	Reviewed	Sent By
(HIPAA)AUTHORIZATION FOR DISCLOSURE OF CONSUMER/MED/HEALTH INFO	YES	10/31/2011	10/31/2011		TEST, SHCN NINE
AHI SCREENER FORM	NO			10/15/2011	TEST, SHCN NINE
CC-1 ENROLLMENT INFORMATION	YES	10/31/2011	10/31/2011		TEST, SHCN NINE

## Forms/Letters – Field Entry

To record an entry, select the [Add Form/Letter](#) link.

The 'Add Form/Letter' form is displayed on a yellow background. It includes the following fields and controls:

- Form Name:** A dropdown menu with a blue background.
- Date Sent:** A text input field with a calendar icon.
- Received:** A text input field with a calendar icon.
- Reviewed:** A text input field with a calendar icon.
- Signed:** A checkbox.
- Sent By:** A text input field containing 'TEST, SHCN NINE' and a 'Clear' link.
- Search:** A blue button.
- Save | Cancel:** Blue buttons at the bottom right.

## Forms/Letters – Field Entry (continued)

Field	Action
<b>Form Name</b>	Names of SHS forms, letters, and tools are available in a dropdown list; select the appropriate title. <ul style="list-style-type: none"> <li>Some documents are program specific and can only be used to meet the eligibility criteria for that specific program.</li> <li>If the wrong program specific document is entered, program eligibility will not be met.</li> </ul>
<b>Date Sent*</b>	Enter the date a document is issued by SHS.
<b>Received*</b>	Enter the date a document is returned to or in the custody of an SHS program person.
<b>Reviewed*</b>	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.
<b>Signed*</b>	Entry signifies that a signature is on a document that requires a signature, i.e., Application for Enrollment form (CC1) or Client Choice Statement
<b>Sent By*</b>	Enter the person's name that sent, received or reviewed the form, letter, or tool. Select the <a href="#">Search</a> link to locate the name. <ul style="list-style-type: none"> <li>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.</li> </ul>
<b>Edit Link</b>	Allows any user to change or update entry.
<b>Delete Link</b>	If entry is completed in error the author has a <a href="#">Delete</a> 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 <b>Entry Deletes</b> section of the guide.)
<b>See All Link</b>	<a href="#">See All</a> Link will display all active entry. When selected, it will change to <a href="#">Hide Inactive</a> to display all historical entry.
<b>Save Link</b>	Adds the entry to the record.
<b>Cancel Link</b>	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 (3<sup>rd</sup>) 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.

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

### Insurance

VANPELT, LINUS Party ID: 72732219 DCN : 64105459 DOB: 1/1/1992 MALE [Party Overview](#)  
[See All](#)

<a href="#">Edit</a> <a href="#">Delete</a>	<a href="#">Company Name</a>	<a href="#">Effective Date</a>	<a href="#">Discontinuation Date</a>	<a href="#">Phone Number</a>	<a href="#">Contact Person</a>	<a href="#">Insurance Type</a>
<a href="#">Edit</a> <a href="#">Delete</a>	MERCY HEALTH PLAN	07/01/2011				HEALTH
<a href="#">Edit</a> <a href="#">Delete</a>	DENTAL SERVICES	01/01/1993				DENTAL
<a href="#">Edit</a> <a href="#">Delete</a>	COMBINED INSURANCE CO OF AM	05/15/2011				HEALTH
<a href="#">Edit</a> <a href="#">Delete</a>	VISION CONTRACTING INC	01/01/2000				VISION

[Add Insurance](#) [Print Grid](#)

Exclusions

- ACCIDENT POLICY ONLY

## Insurance – Add Insurance screen

To record insurance company information, select the [Add Insurance](#) link.

### Add Insurance

Company:  [Clear](#) [Search](#) Insurance Type:

Effective Date:

Discontinue Date:

Contact Name: Last  First

Phone Number:

Insurance Type:

DENTAL  
HEALTH  
VISION

Exclusions

Available Exclusions	Selected Exclusions
OFFICE VISITS NOT COVERED	
ORTHODONTIC SERVICES NOT COVERED	
OUTPATIENT SERVICES ONLY	
PARENTS REFUSE USE OF INSURANCE	
PARTICIPANT NOT COVERED UNDER POLICY	
PHYSICAL THERAPY NOT COVERED	
PRE-EXISTING CONDITION	
REPRODUCTIVE SERVICES COVERED	
REPRODUCTIVE SERVICES NOT COVERED	

[Save](#) | [Cancel](#)

## Insurance (continued)

Field	Action
<b>Company*</b>	Type the name of the insurance company in the field and select the Search link. <ul style="list-style-type: none"> <li>If the insurance company name is not available in the search results, the name can be added to the system.</li> <li>Contact an SHS Central Office Staff Person to request the insurance company name be added to the system.</li> </ul>
<b>Insurance Type*</b>	<ul style="list-style-type: none"> <li>Dental signifies the insurance coverage is only for dental services.</li> <li>Health signifies the insurance coverage is only for medical services.</li> <li>Vision signifies the insurance coverage is only for ocular services.</li> </ul>
<b>Effective Date*</b>	Enter the date a participant's insurance coverage began (the date cannot be prior to the participant's date of birth). <ul style="list-style-type: none"> <li>Accurate entry is required due to CYSHCN Program claim processing.</li> </ul>
<b>Discontinue Date*</b>	Enter the date a participant's insurance coverage was terminated. <ul style="list-style-type: none"> <li>Accurate entry is required due to CYSHCN Program claim processing.</li> </ul>
<b>Contact Name</b>	Free Text field to capture the name of the insurance representative to contact regarding this policy.
<b>Phone Number</b>	Free Text field to capture the phone number of the insurance company, i.e., the number listed on the back of the card.
<b>Exclusions*</b>	<p>A list of common items prohibited by insurance companies is displayed in the Available Exclusions field.</p> <p>Select the appropriate exclusion and use the appropriate arrow function between the two (2) fields to move it to the Selected Exclusion field.</p> <ul style="list-style-type: none"> <li>The <math>\geq</math> moves the selected item to the Selected Exclusion field.</li> <li>The <math>\gg</math> moves all items in the Available Exclusions field to the Selected Exclusions field.</li> <li>The <math>\leq</math> field removes a selected item from the Selected Exclusions field.</li> <li>The <math>\ll</math> field removes all items from the Selected Exclusions field.</li> </ul>
<b>See All Link</b>	<p><a href="#">See All</a> Link will display all active entry.</p> <p>When selected, it will change to <a href="#">Hide Inactive</a> to display all historical entry.</p>
<b>Edit Link</b>	Allows any user to change or update entry.
<b>Delete Link</b>	If entry is completed in error the author has a <a href="#">Delete</a> 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 <b>Entry Deletes</b> section of the guide.)
<b>Save Link</b>	Adds the entry to the record.
<b>Cancel Link</b>	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						<a href="#">Party Overview</a>
<a href="#">See All</a>						
<a href="#">Code</a>	<a href="#">Code Type</a>	<a href="#">Description</a>	<a href="#">Effective Date</a>	<a href="#">Expiration Date</a>	<a href="#">Clinical Review</a>	<a href="#">Eligible Programs</a>
<a href="#">Edit</a> <a href="#">Delete</a>	997.91	ICD9	HYPERTENSION	01/22/2014	REQUIRED-DENIED	CYSHCN
<a href="#">Edit</a> <a href="#">Delete</a>	397.0	ICD9	DISEASES OF TRICUSPID VAL...	01/22/2014	NOT REQUIRED	CYSHCN
<a href="#">Edit</a> <a href="#">Delete</a>	224.5	ICD9	BENIGN NEOPLASM OF RETINA	01/22/2014	REQUIRED	CYSHCN
<a href="#">Edit</a> <a href="#">Delete</a>	Z87.790	ICD10	PERSONAL HISTORY OF (CORR...	01/22/2014	NOT REQUIRED	CYSHCN
<a href="#">Edit</a> <a href="#">Delete</a>	T07	ICD10	UNSPECIFIED MULTIPLE INJU...	01/22/2014		
<a href="#">Edit</a> <a href="#">Delete</a>	0114	ICD-LTD	LIMITED CARDIOVASCULAR	01/22/2014	REQUIRED-APPROVED	CYSHCN (Grandfathered)
<a href="#">Add Medical</a>						
<a href="#">Print Grid</a>						

## Medical – Add Medical screen

To record the participant's medical conditions, select the [Add Medical](#) link.

Add Medical	
Diagnosis:	<input type="text"/> <a href="#">Clear</a> <a href="#">Search</a>
Effective Date:	<input type="text"/> 
Expiration Date:	<input type="text"/> 
<a href="#">Save</a>   <a href="#">Cancel</a>	

## Medical – Add Medical screen (continued)

Field	Action
<b>Diagnosis*</b>	<p>Program Requirements have been maintained:</p> <ul style="list-style-type: none"> <li>ABI = both a medical diagnosis code and code describing how the injury occurred are required.</li> <li>CYSHCN = Appropriate Clinical Review status.</li> <li>HCY or MFAW = any ICD code entry based on info from the physician’s plan of care.</li> </ul> <p>Type the diagnosis code and select the Search link. The system will display the search results so a selection can be made.</p> <ul style="list-style-type: none"> <li>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.</li> </ul> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p style="text-align: center;"><b>Admin</b></p> <ul style="list-style-type: none"> <li style="padding: 2px 5px;">Lookup HCPCS/CPT/NDC</li> <li style="padding: 2px 5px;">Lookup ICD9 Codes</li> <li style="padding: 2px 5px;">Lookup ICD10 Codes</li> </ul> </div>
	<p>Limited Diagnosis Entry (for CYSHCN Program only)</p> <ul style="list-style-type: none"> <li>Type the word ‘limited’ and select the <a href="#">Search</a> link to display all limited diagnosis options.</li> <li>All Limited Diagnosis entry requires review by the CYSHCN Program Manager.</li> </ul>
	<p>Limited Diagnosis Entry (for ABI Program only)</p> <ul style="list-style-type: none"> <li>Type the word ‘limited’ and select the <a href="#">Search</a> link to display all limited diagnosis options.</li> <li>One limited code (0121) will meet the medical diagnosis requirement when medical records are non-specific.</li> </ul>
<b>Effective Date*</b>	<p>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.</p> <ul style="list-style-type: none"> <li>ABI Program uses medical records from a practitioner licensed to diagnosis.</li> <li>CYSHCN Program requires a Health Certification form or medical records from a practitioner licensed to diagnosis.</li> <li>HCY Program uses medical records obtained from the Provider Agency.</li> <li>MFAW Program uses medical records obtained from the Provider Agency.</li> </ul>
<b>Expiration Date*</b>	<p>Enter the date a participant no longer has the medical condition.</p> <ul style="list-style-type: none"> <li>The field is only required if the medical condition has been resolved and the participant no longer suffers from any effects.</li> <li><b>Do not enter</b> an Expiration Date when a participant closes from any SHS program.</li> </ul>

## Medical – Add Medical screen (continued)

<b>Clinical Review</b>	<p>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.</p> <ul style="list-style-type: none"> <li>• ‘Blank’ field indicates a diagnosis is not considered medically eligible, i.e. asthma</li> <li>• ‘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.</li> <li>• ‘Not Required’ indicates a diagnosis is medically eligible for the CYSHCN Program without any CYSHCN Program Manager intervention.</li> </ul>
<b>Eligible Programs</b>	<p>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.</p>
<b>See All Link</b>	<p>See All Link will display all active entry.</p> <p>When selected, it will change to <a href="#">Hide Inactive</a> to display all historical entry.</p>
<b>Edit Link</b>	<p>Allows any user to change or update entry.</p>
<b>Delete Link</b>	<p>If entry is completed in error the author has a <a href="#">Delete</a> 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 <b>Entry Deletes</b> section of the guide.)</p>
<b>Save Link</b>	<p>Adds the entry to the record.</p>
<b>Cancel Link</b>	<p>All entry is deleted and nothing is retained to the record.</p>
<p>* = field entry is required; additional fields are provided to record additional items if known.</p>	

## 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.

The screenshot shows the 'Financial' management interface for a participant named 'PEPPERMINT, PATTY'. The interface includes a navigation menu on the left with categories like Immunization, Allergy, Hearing, Lead, and Enviro. The main content area displays the participant's ID (76248793), DCN (64152874), and DOB (8/22/2006). There are three input fields for 'Base Income', 'Family Size', and 'Poverty Percentages'. An 'Add New' button is highlighted with a red box.

## Financial – Add Financial

To record Financial information, select the [Add New](#) link.

## Financial – Add Financial (continued)

Field	Action
<b>Income Year*</b>	<ul style="list-style-type: none"> <li>• The system will automatically display Income Year selections based on the month in which the Add Financial screen is accessed. During: <ul style="list-style-type: none"> <li>○ January, February, March, April, May and June a user will have two (2) options.</li> <li>○ July, August, September, October, November and December a user will have only one (1) option.</li> </ul> </li> <li>• A user must select the appropriate year based on the income year printed on the Federal Income Tax form a participant/responsible party provides.</li> <li>• 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 30<sup>th</sup> of the following calendar year.) <ul style="list-style-type: none"> <li>○ All edits on a single Income Year are no longer viewable. (The original entry is overwritten by the last entry.)</li> </ul> </li> <li>• A user must contact SHS Central Office Staff Person to edit Income Year data older than the eighteen (18) months.</li> </ul> <p>Example:</p> <p>2011 Income Year data can be entered from January 1, 2012 until June 30, 2013.</p> <p>2011 Income Year data can be 'edited' from January 1, 2012 until June 30, 2013.</p> <p>2011 Income Year data 'edits' after June 30, 2013 can only be done by a SHS Central Office Staff Person.</p>
<b>Adjusted Gross Income*</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• If a participant/responsible party is not required to file income tax, enter a zero (0).</li> </ul>



## 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
<b>Date Range*</b>	Select the appropriate enrollment period to access the Edit Referral Screening screen.
<b>Update Link</b>	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.

### Edit Referral Screening

MFAW Recommendation

Requires Medical Care equivalent to the level of care received in an ICF-MR

NOT living in any type of facility

NOT receiving services thru another waiver

PDN Eligible

Maintain cost-effective alternative care at the ICF-MR level

MFAW Program Approval

[Save](#) | [Cancel](#)

---

Last Modified By: ( ) On

## MFAW Referral Screening – Edit Referral Screening screen (continued)

Field	Action
<b>MFAW Recommendation*</b>	Select the checkbox and complete the date the participant is recommended for MFAW program enrollment.
<b>Requires Medical Care Equivalent to the Level of Care Received in an ICF-MR*</b>	Select the checkbox to signify the participant meets nursing facility level of care.
<b>Not Living in Facility*</b>	Select the checkbox to signify the participant lives in their own residence; not a nursing facility.
<b>Not Receiving Service from Another Waiver*</b>	Select the checkbox to signify the participant is not receiving services through any other waiver.
<b>PDN Eligible*</b>	<p>Select the checkbox to signify the participant is eligible has had a documented need at a Private Duty Nursing level of care.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> </ul>
<b>Maintain Cost-Effective Alternative Care ICF-MR level*</b>	Select the checkbox to signify the participant can be maintained in a cost effective manner at their residence vs. a nursing facility.
<b>MFAW Program Approval*</b>	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.
<b>Save Link</b>	Adds the entry to the record.
<b>Cancel Link</b>	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.

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

GRAY, VIOLET  
Advanced Search  
Search Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv

GRAY, VIOLET  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals  
Forms/Letters  
Insurance  
Medical  
Financial  
PDW Questionnaire  
Assessments  
Print Blank Form  
Create New Assess  
Service Plans

WELCOME TO  
MOHSNIC  
Service Coordination Assessment

### 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.

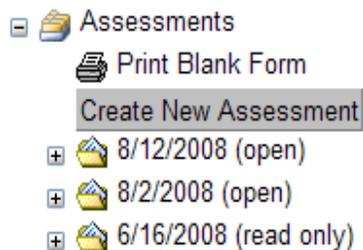
## Assessment - Pre-Population

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.

Information Sources

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

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

Yes  No

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

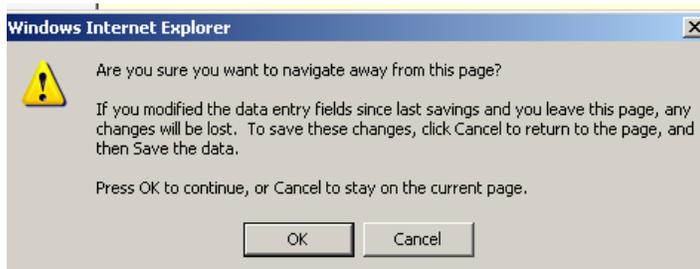
- Larger comment fields allow 3000 characters to be entered. A counter is provided at the lower right of each large comment field.

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



## Assessment – Navigation Warning Screen

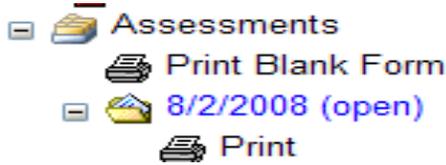
When a user changes from one section of the Assessment to another section, the system displays a notification that any changes will not be saved unless the 'save' button was selected.



## 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.
- Authorization of medically necessary services for both the HCY Paid Service Program and MFAW Paid Service Program.

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: sc01 [Sign Out](#)  
Agency: DHSS-SOUTHEASTERN DISTRICT

Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

Advanced Search   Recent Clients

Immunization Allergy  
Hearing Lead EnvSurv  
VAN, KAYLA  
Notes  
Locators  
Medicaid Information  
Contacts  
Enrollment  
Progress Notes  
Referrals  
Forms/Letters  
Insurance  
Medical  
Financial  
MFAW Referral Screening  
Assessments  
Service Plans

Refresh Tree  
Refresh Medicaid

### Service Plans

VAN, KAYLA Party ID: 2817060 DCN: 29348209 DOB: 9/27/1991 FEMALE [Party Overview](#)

	Program	Service	Modifier	Description	Provider	Initial Date	Expiration Date	Payor	Type Of Unit	Units Per Session	Delivered Units	Cost	Comments
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1019	EP	PERSONAL CARE SE...	OPTION CARE	08/01/2012	08/31/2012	MEDICAID	QUARTER HOURS	80		\$339.20	CARRY IT FORWARD
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1019	EP	PERSONAL CARE SE...	OPTION CARE	07/01/2012	07/31/2012	MEDICAID	QUARTER HOURS	70		\$296.80	CARRY IT FORWARD
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1000		PRIVATE DUTY / I...	OPTION CARE	06/01/2012	06/30/2012	MEDICAID	QUARTER HOURS	61		\$456.89	TEST PDN
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1019	EP	PERSONAL CARE SE...	OPTION CARE	06/01/2012	06/30/2012	MEDICAID	QUARTER HOURS	60		\$254.40	3RD ENTRY
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1000		PRIVATE DUTY / I...	OPTION CARE	05/01/2012	05/30/2012	MEDICAID	QUARTER HOURS	51		\$381.99	TEST PDN TEST USERID
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1019	EP	PERSONAL CARE SE...	OPTION CARE	05/01/2012	05/31/2012	MEDICAID	QUARTER HOURS	54		\$228.96	2ND ENTRY
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1000		PRIVATE DUTY / I...	OPTION CARE	04/05/2012	04/30/2012	MEDICAID	QUARTER HOURS	41		\$307.09	TEST PDN
<a href="#">Edit</a> <a href="#">Delete</a>	HCY	T1019	EP	PERSONAL CARE SE...	OPTION CARE	04/05/2012	04/30/2012	MEDICAID	QUARTER HOURS	37		\$156.88	1ST ENTRY

[Add Services](#) | [Filter](#) [Print Grid](#)

## 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.

**Add Service Plan**

Program:  Initial Date:  Expiration Date:  Fiscal Year Total Paid:

Service:  [Clear](#) [Search](#)

Modifier:  [Clear](#) [Search](#)

Provider:  [Clear](#) [Search](#)

Service Interval:  Number of Service Intervals:  Sessions Per Service Interval:  Payor:

Unit Type:  Units Per Session:  Cost Per Unit(\$):  Delivered Units:  Total Cost: 0

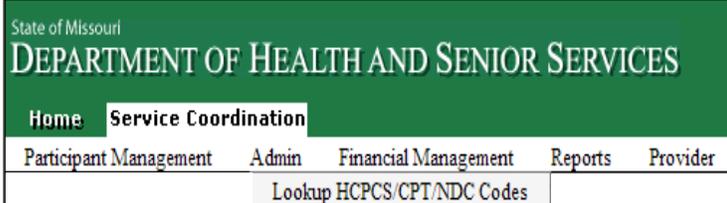
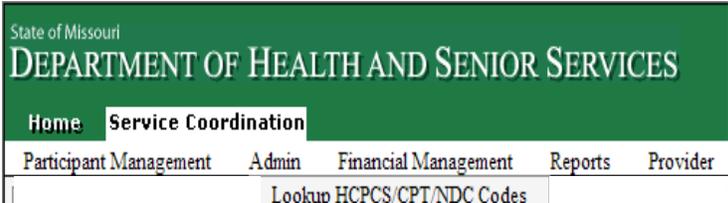
Comments:

[Save/Copy New](#) [Save](#) | [Print](#) | [Cancel](#)

### Service Plans – Add Service Plan Link (continued)

Field	Action
<b>Program*</b>	Select the appropriate Paid Service Program name. The dropdown lists all SHS programs (ABI, CYSHCN, HCY, or MFAW).
<b>Initial Date*</b>	Enter the begin date, in the date range, for the service. <ul style="list-style-type: none"> <li>• If the service is a day or one time only service, enter the day on which the service is to be delivered.</li> <li>• If the service is weekly, enter the 1<sup>st</sup> day of the week in which the service is to be delivered.</li> <li>• If the service is monthly, enter the 1<sup>st</sup> day of the month in which the service is to be delivered.</li> <li>• If the service is yearly, enter the 1<sup>st</sup> day of the year in which the service is to be delivered.</li> </ul>
<b>Expiration Date*</b>	Enter the last date, in the date range, for the service. <ul style="list-style-type: none"> <li>• If the service is a day or one time only service, enter the same date entered in the Initial Date field.</li> <li>• If the service is weekly, enter the last day of the week in which the service is to be delivered.</li> <li>• If the service is monthly, enter the last day of the month in which the service is to be delivered.</li> <li>• If the service is yearly, enter the last day of the year in which the service is to be delivered.</li> </ul>
<b>Fiscal Year Total Paid</b>	An automated field entry based on paid claims (SHS only) for the current fiscal year.

## Service Plans – Add Service Plan Link (continued)

Field	Action
<p><b>Service*</b></p>	<p>Type the Service Code or Key Word/Phrase for the service and select the <a href="#">Search</a> link.</p> <ul style="list-style-type: none"> <li>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.</li> <li>Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a service/service code in the system.</li> </ul> <p>Note:</p> <ul style="list-style-type: none"> <li>If a user entered a Service Code that automated the entry of additional fields (Modifier, Service or Unit fields), the user must select the <a href="#">Clear</a> 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.</li> </ul> <p>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</p> 
<p><b>Modifier</b> (for HCY Program or MFAW Program only)</p>	<p>Enter the Modifier Code and select the <a href="#">Search</a> link.</p> <ul style="list-style-type: none"> <li>If there are no search results, access the Admin section of MOHSAIC to conduct a HCPCS/CPT/NDC search for the correct modifier code.</li> <li>Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a modifier code in the system.</li> </ul> <p>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</p> 
<p><b>Provider*</b></p>	<p>Type the name of the provider (as it is listed in the Provider section of MOHSAIC system) and select the <a href="#">Search</a> link.</p> <ul style="list-style-type: none"> <li>If there are no search results, access the Provider section of MOHSAIC to conduct a search for the correct name of the provider.</li> <li>Contact an SHS Central Office Staff Person to request additional assistance if unable to locate a provider in the system.</li> </ul>

## Service Plans – Add Service Plan Link (continued)

Field	Action
<b>Service Interval*</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.</li> </ul>
<b>Number of Service Intervals*</b>	<ul style="list-style-type: none"> <li>• 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               <ul style="list-style-type: none"> <li>○ 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.</li> </ul> </li> <li>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.</li> </ul>
<b>Sessions per Service Interval*</b>	<ul style="list-style-type: none"> <li>• The entry is always one (1) for all CYSHCN services to be delivered.</li> <li>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.</li> </ul>
<b>Payor*</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.</li> </ul>
<b>Unit Type*</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• The ABI Program, HCY Program, and MFAW Program entry is automated according to the Service Code entry.</li> </ul>
<b>Units Per Session*</b>	Enter the appropriate number of units for service delivery for the service interval.
<b>Cost Per Unit(s) *</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Service Code entry auto populates this field entry for ABI Program, HCY Program, and MFAW Program.</li> </ul>

## Service Plans – Add Service Plan Link (continued)

Field	Action
<b>Delivered Units (HCY or MFAW only)</b>	<p>Enter the number of units delivered, as reported on the Provider Monitoring Log.</p> <p>MFAW Supply Delivered Unit entry shall be based on Monitoring log information:</p> <ul style="list-style-type: none"> <li>• If a provider delivered the total amount authorized (cost per unit field), enter one (1) in the Delivered Units field.</li> <li>• 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.</li> </ul>
<b>Total Cost</b>	System automatically calculates the Total Cost based on the Unit Per Session field entry multiplied by the Cost Per Unit(s) field entry.
<b>Comments*</b>	This is a free text field to capture any additional details regarding the service.
	<p>If the entry is a change from the original entry an explanation shall be entered by the ABI Program, HCY Program, and MFAW Program.</p> <p>HCY Program and MFAW Program Comment Field entry should always be:</p> <ul style="list-style-type: none"> <li>• Delivery Outline (if changed)</li> <li>• Delivery Outline (initial)</li> <li>• Monitoring Log or other entry</li> </ul>
	<p>CYSHCN must enter the calculation for all expenses.</p> $\begin{array}{r} \text{UCR} \\ \times \text{Quantity per Month} \\ \hline \text{Monthly UCR} \\ \times \text{Reimbursement Rate} \\ \hline \text{CYSHCN Monthly Reimbursement} \\ \times \text{Number of Months in Authorization Period} \\ \hline \text{Total Authorized Reimbursement Amount} \end{array}$
<b>Save/Copy/New Link</b>	<p>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.</p> <p>This allows multiple service plan entries to be completed simply by changing the dates in the Initial Date field and Expiration Date field.</p>
<b>Field</b>	<b>Action</b>
<b>Save Link</b>	Adds the entry to the record.
<b>Cancel Link</b>	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).

State of Missouri  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 Username: sc01 [Sign Out](#)  
 Agency: DHSS-SOUTHEASTERN DISTRICT

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  
 MFAW Referral Screening  
 Assessments  
 Service Plans

Refresh Tree  
 Refresh Medicaid

### Service Plans

VANPELT, LINUS Party ID: 72732219 DCN: 64105459 DOB: 1/1/1992 MALE [Party Overview](#)

	Program	Service	Modifier	Description	Provider	Initial Date	Expiration Date	Payor	Type Of Unit	Units Per Session	Delivered Units	Cost	Comments
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	D8080		COMPREHENSIVE OR...	ORTHODONTIC CONSULTANTS OF ST LOUIS	04/01/2012	06/30/2012	BSHCN	YEARS	1		\$1,773.00	
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	0130		PRESCRIPTION MED...	WALGREENS PHARMACY #3017	04/01/2012	04/30/2012	INSURANCE	MONTHS	1		\$99.00	
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	0016		PHYSICAL THERAPY	THERAPY FOR KIDS	10/01/2011	12/31/2011		QUARTER HOURS	32		\$336.00	1 HOUR, DAILY M
<a href="#">Ed</a> <a href="#">Delete</a>	YSHCN	0016		PHYSICAL THERAPY	THERAPY FOR KIDS	07/01/2011	09/30/2011		QUARTER HOURS	32		\$336.00	1 HOUR, DAILY M
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	T4529		PEDIATRIC SIZED ...	OPTION CARE	09/01/2009	09/30/2009	INSURANCE	MONTHS	1		\$52.00	DIAPER 80 (1) C
<a href="#">Edit</a> <a href="#">Delete</a>	CYSHCN	92597		EVALUATION FOR U...	THERAPY WORKS INC	01/01/2001	03/31/2001	BSHCN	MONTHS	1		\$526.00	AUGMENTIVE DEV

[Add Services](#) [Filter](#) [Print Grid](#)

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

Service:  [Search](#)

Modifier:  [Search](#)

Provider:  [Search](#)

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

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

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

Service	Provider	Initial Date	Expiration Date	Payer	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
<b>Filter by Date</b>	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.
<b>From</b>	This field is the first date, in a date range, that a user wants to use to sort the Service Plan screen. Example July 1 <sup>st</sup> is the first date of a State Fiscal Year.
<b>To</b>	This field is the last date, in a date range, that a user wants to use to sort the Service Plan screen. Example June 30 <sup>th</sup> is the last date of a State Fiscal Year.
<b>Filter by Provider</b>	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.
<b>Filter by Comments</b>	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 <a href="#">Filter</a> link is selected the system will only display Service Plan entries with the word 'measles' in the Service Plan entry.
<b>Filter Link</b>	Select the <a href="#">Filter</a> 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.
<b>UnFilter Link</b>	Select the <a href="#">UnFilter</a> Link to cancel the <a href="#">Filter</a> Link option and return the Service Plan screen to its normal view.
<b>Cancel Link</b>	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

Program:  Initial Date:  Expiration Date:  Fiscal Year Total Paid: \$0.00

Service:  [Clear](#) [Search](#) THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY

Modifier:  [Clear](#) [Search](#)

Provider:  [Clear](#) [Search](#)

Service Interval:  Number of Service Intervals:  Sessions Per Service Interval:  Payor:

Unit Type:  Units Per Session:  Cost Per Unit(\$):  Total Cost: \$315.00

Comments:

[Save/Copy New](#) [Save](#) [Print](#) [Cancel](#)

Last Modified By: TEST, SC ONE (SC01) On 02/29/2012 9:24:51 AM

# Edit Service Plan - Print Link (continued)

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 Service Interval: 1

Payor: BSHCN Cost Per Unit(\$): \$10.50

Legacy Frequency: Total Cost(\$): \$315.00

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:  Initial Date:  Expiration Date:  Fiscal Year Total Paid: \$0.00

Service:  [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:  [Search](#) SERVICE PROVIDED AS PART OF MEDICAID EARLY PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT) PROG

Provider:  [Search](#)

Service Interval:  Number of Service Intervals:  Sessions Per Service Interval:  Payor:

Unit Type:  Units Per Session:  Cost Per Unit(\$):  Original Authorized Units:  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
<input type="checkbox"/> T1019	PERSONAL CARE SE...	05/01/2012	05/31/2012	92	\$390.08	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> T1019	PERSONAL CARE SE...	04/01/2012	04/30/2012	84	\$356.16	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> T1019	PERSONAL CARE SE...	03/01/2012	03/31/2012	88	\$373.12	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

**IV. Provider**

Provider Name(Affix label here)

Address

City, State, ZIP

MO Healthnet Provider Identifier

Fax Number

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
<b>Prognosis*</b>	Free Text; enter the participants prognosis submitted by the Provider Agency on the Plan of Care (485).
<b>Diagnosis*</b>	<ul style="list-style-type: none"> <li>• Enter the participant’s diagnosis as submitted by the Provider Agency on the Plan of Care (485).</li> <li>• Entry can be typed as the Diagnosis Code or Diagnosis Description and then select the <a href="#">Search</a> link.</li> </ul>
<b>Detailed Explanation of Medical Necessity for Services/Equipment/Procedures/Prosthesis</b>	Free Text; enter the participant’s Medical Necessity statement submitted by the Provider Agency on the Plan of Care (485).
<b>Regional Office*</b>	Select the appropriate SHS Regional Office.
<b>Services Available*</b>	<p>Select all appropriate services.</p> <p>Example:</p> <ul style="list-style-type: none"> <li>➤ 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.</li> </ul>
<b>Provider (Section IV) *</b>	Free Text; enter the participant’s provider information submitted by the Provider Agency on the Plan of Care (485).
<b>Prescribing/Performing Practitioner (Section V) *</b>	Free Text; enter the participant’s practitioner information submitted by the Provider Agency on the Plan of Care (485).
<b><a href="#">Cancel Link</a></b>	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.

HCYPARrequest\_VANPELT\_RERUN\_72717680\_2012\_02\_29[1].pdf - Adobe Reader

File Edit View Window Help

1 / 2 102%

Comment Sign



**MISSOURI DEPARTMENT 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 guarantee 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.) VANPELT, RERUN	3. DATE OF BIRTH 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 <input type="checkbox"/> FULL <input type="checkbox"/> INTERPERIODIC <input type="checkbox"/> PARTIAL	12. TYPE OF PARTIAL HCY SCREEN
13. SCREENING PROVIDER NAME		14. PROVIDER IDENTIFIER
		15. TELEPHONE NUMBER

**III. SERVICE INFORMATION**

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	FOR STATE USE ONLY		
								APPR.	DENIED	AMOUNT ALLOWED IF PRICED BY REPORT
(1)	T1019	EP	05/01/2012	05/31/2012	PERSONAL CARE SERVICES, PER 15 MINUT	92		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00
(2)	T1019	EP	04/01/2012	04/30/2012	PERSONAL CARE SERVICES, PER 15 MINUT	84		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00
(3)	T1019	EP	03/01/2012	03/31/2012	PERSONAL CARE SERVICES, PER 15 MINUT	88		<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$0.00
(4)								<input type="checkbox"/>	<input type="checkbox"/>	
(5)								<input type="checkbox"/>	<input type="checkbox"/>	
(6)								<input type="checkbox"/>	<input type="checkbox"/>	
(7)								<input type="checkbox"/>	<input type="checkbox"/>	
(8)								<input type="checkbox"/>	<input type="checkbox"/>	
(9)								<input type="checkbox"/>	<input type="checkbox"/>	
(10)								<input type="checkbox"/>	<input type="checkbox"/>	
(11)								<input type="checkbox"/>	<input type="checkbox"/>	
(12)								<input type="checkbox"/>	<input type="checkbox"/>	

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

**IV. PROVIDER**

25. PROVIDER NAME (AFFIX LABEL HERE) ADVANTAGE NURSING SERVICES		29. NAME DR. MEL LAWSON		30. TELEPHONE 471-886-9999	
26. ADDRESS 2127 INNERBELT BUSINESS CTR., SUITE 100		31. ADDRESS 1 HOSPITAL DRIVE, ST. LOUIS, MO 63114		33. PERIOD OF MEDICAL NEED IN MONTHS	
ST. LOUIS MO 63114		FAX NUMBER		32. DATE DISABILITY BEGAN	
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	

**V. PRESCRIBING/PERFORMING PRACTITIONER**

**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 tt

MO 886-0858N (6-08) MO 8800

## 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

State of Missouri  
 DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: sc01 [Sign Out](#)  
 Agency: DOH-CENTRAL OFFICE  
 DataBase: DEVO

Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

Advanced Search  
 Search Recent Client

- Lookup HCPCS/CPT/NDC Codes
- Lookup ICD9 Codes
- Lookup ICD10 Codes
- Manage Assessment
- User Administration
- Cap Limits & Reimbursement Rates
- Inquiry

## Lookup HCPCS/CPT/NDC Codes

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

**HCPCS/CPT/NDC**

Program **CYSHCN**

Code   Perform Non-Exact Code Search

Description

Object Code

[Search](#) [Clear](#)

Recently Changed Codes:

Search returned 935 rows. Page 1 of 5 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size: 200

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.

**ICD9**

Program

Code   Perform Non-Exact Code Search

Description

Clinical Review

[Search](#) [Clear](#)

---

Program	Code	Description	Clinical Review	Status
No data is available.				

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

Program field search:

**ICD9**

Program

Code   Perform Non-Exact Code Search

Description

Clinical Review

[Search](#) [Clear](#)

---

Search returned 1142 rows. Page 3 of 6 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

<a href="#">First Page</a> <a href="#">1</a> <a href="#">2</a> <a href="#">3</a> <a href="#">4</a> <a href="#">5</a> <a href="#">6</a> <a href="#">Last Page</a>			Clinical Review	Status
Program ▲ (1)	Code ▲ (2)	Description		
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   Perform Non-Exact Code Search

Description

Clinical Review

[Search](#) [Clear](#)

---

Search returned 13 rows. Page 1 of 1 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

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

Clinical Review

[Search](#) [Clear](#)

---

Search returned 174 rows. Page 1 of 1 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

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:

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[Search](#) [Clear](#)

---

**Search returned 2 rows.** Page 1 of 1 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

1				
<a href="#">Program</a> ▲ (1)	<a href="#">Code</a> ▲ (2)	<a href="#">Description</a>	<a href="#">Clinical Review</a>	<a href="#">Status</a>
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:

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[Search](#) [Clear](#)

---

**Search returned 16 rows.** Page 1 of 1 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

1				
<a href="#">Program</a> ▲ (1)	<a href="#">Code</a> ▲ (2)	<a href="#">Description</a>	<a href="#">Clinical Review</a>	<a href="#">Status</a>
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	QUADRIPLAGIC INFANTILE CEREBRAL PALSY	NOT REQUIRED	
CYSHCN	343.3	MONOPLAGIC 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.

State of Missouri  
DEPARTMENT OF HEALTH AND SENIOR SERVICES

Username: wilkel [Sign Out](#)  
Agency: DOH-CENTRAL OFFICE

Home **Service Coordination**

Participant Management Admin Financial Management Reports Provider

### ICD9

Program:  [Locate Potentials](#)

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[Search](#) [Clear](#)

Recently Changed

Program	Code	Description	Clinical Review	Status
No data is available.				

## Lookup ICD10 Codes

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

### ICD10

Program:

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[Search](#) [Clear](#)

Program	Code	Description	Clinical Review	Status
No data is available.				

# Lookup ICD10 Codes - Program search, Code search, or Description search

## Program field search:

ICD10

Program  [Locate Potentials](#)

Code   Perform Non-Exact Code Search

Description

Clinical Review

[Search](#) [Clear](#)

---

Search returned 29 rows. Page 1 of 1 Find Text:  [Find](#) [Clear Sorts](#) [Print](#) Page Size:

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	

## Code field search:

ICD10

Program  [Locate Potentials](#)

Code   Perform Non-Exact Code Search

Description

Clinical Review

[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:

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:  [Locate Potentials](#)

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[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:

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		
		VASCULITIS LIMITED TO SKIN; NOT ELSEWHERE CLASSIFIED		

## 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:  [Locate Potentials](#)

Code:   Perform Non-Exact Code Search

Description:

Clinical Review:

[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:

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	

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

Program field and Description field search:

**ICD10**

Program  [Locate Potentials](#)

Code   Perform Non-Exact Code Search

Description

Clinical Review

[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:

1				
Program ▲ (1)	Code ▲ (2)	Description	Clinical Review	Status
CYSHCN	G80.0	SPASTIC QUADRIPLÉGIC 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 – 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.

**ICD10**

Program  [Locate Potentials](#)

Code   Perform Non-Exact Code Search

Description

Clinical Review 

Any  
 Blank  
 Not Blank  
 Not Required  
 Required

[Search](#) [Clear](#)

Recently Chang 10093 (Entire Set), 0210 (Entire Set), G80.0, G80.1, G80.2, G80.9

---

Program	Code	Description	Clinical Review	Status
No data is available.				

## Manage Assessment (CO Action)

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

**Manage Assessments**

Participant	<a href="#">Clear</a> <input type="text" value="62215312"/>	<a href="#">Lookup</a>	AID, LEMON	2/13/1999	FEMALE	PartyId: 374277819
Assessment ID	<input type="text"/>		Begin Date	<input type="text"/>		
Service Coordinator	<a href="#">Clear</a> <input type="text"/>	<a href="#">Lookup</a>	End Date	<input type="text"/>		
Created By	<a href="#">Clear</a> <input type="text"/>	<a href="#">Lookup</a>	Date to Search By	<input checked="" type="radio"/> Assessment Date <input type="radio"/> Date Created		

[Search](#)   [Clear](#)

---

**Search returned 1 rows.** Page 1 of 1   [Print Grid](#)   Page Size:

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](#)    [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:

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:  Participant:  [Clear](#) [Recent](#) [Lookup](#)

Provider Per-Diem Rates tab:

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

Program:  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:  Effective Date:  Reimbursement Category:

Type of Provider:  Hospital  Non-Hospital  All

Type of Service:  HCPCS/CPT  NDC  All

Service Code:  [Clear](#) [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.

The screenshot shows the top navigation bar with 'Home' and 'Service Coordination' tabs. Below are 'Participant Management', 'Admin', 'Financial Management', 'Reports', and 'Provider' tabs. The 'Inquiry' section is active, showing options for 'Lookup HCPCS/CPT/NDC Codes' and 'Lookup ICD9 Codes'. A note states: 'Note: this search returns information about the Affected Party, not about the Caller.' Below the note are input fields for 'Last', 'Date of Birth', and 'SSN'. The 'Inquiry' button is highlighted with a purple box.

## 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.

The screenshot shows the search form with fields for 'Last', 'First', 'Date of Birth', 'SSN', 'Street/PO', 'City', 'State', 'Zip Code', and 'County'. The 'Last' field contains 'VAN PELT'. Below the form are 'Search' and 'Clear' buttons. Below the form is a table with the following data:

<a href="#">Edit</a>	<a href="#">Affected Party Name</a>	<a href="#">Caller</a>	<a href="#">Employee</a>	<a href="#">Date</a>	<a href="#">Services</a>
<a href="#">Add Inquiry</a>	VAN PELT, KADIE	BALENTINE, MYRA	BALENTINE, MYRA	02/01/2006	

## 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

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			Affected Party Information		
Last	First	Middle	Last	First	Middle
SCHULTZ	CHARLES		VAN PELT	LINUS	
Phone Type	Phone Number		Date of Birth	SSN	Caller's Relationship to Affected Party
	555/555-5555				
Street/PO			Street/PO		
City	State	Zip Code	City	State	Zip Code
County	Type of Address		County	Type of Address	

Service/Inquiry/Reference Info

Service	Source	Type of Inquiry
Type of Service		
		E-MAIL
<a href="#">Add Service Type</a>		FAX
		MAIL
<a href="#">Remove</a>		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
<b>Caller Information Section:</b>	<b>Last</b>	Last name of the party who called.
	<b>First</b>	First name of the party who called.
	<b>Middle</b>	Middle name of the party who called.
	<b>Phone Type</b>	Select the type of phone number given: <ul style="list-style-type: none"> <li>• Beeper</li> <li>• Cellular</li> <li>• Fax</li> <li>• Typical</li> <li>• Unknown</li> </ul>
	<b>Phone Number</b>	A phone number, including area code, for the caller.
	<b>Street/PO</b>	The street address or PO Box number of the caller.
	<b>City</b>	The city where the caller resides.
	<b>State</b>	The state where the caller resides.
	<b>Zip Code</b>	The Zip Code of the city where the caller resides.
	<b>County</b>	The county where the caller resides. Selections are: <ul style="list-style-type: none"> <li>• All 114 counties in MO</li> <li>• St. Louis City</li> <li>• Kansas City</li> <li>• Central Office</li> <li>• Unknown</li> <li>• Out of State</li> <li>• Invalid</li> </ul>
	<b>Type of Address</b>	Select the best option that describes the caller's address: <ul style="list-style-type: none"> <li>AMBULANCE SITE</li> <li>BNDD MAILING ADDRESS</li> <li>BUSINESS</li> <li>CHILD CARE MAILING ADDRESS</li> <li>ERDCS INCIDENT SITE</li> <li>FCSR MAILING ADDRESS</li> <li>HOME</li> <li>MAILING</li> <li>MEDICAL PRACTICE</li> <li>MESSAGE</li> <li>PAYMENT</li> <li>SERVICE</li> <li>SHIPMENT - METABOLIC FORMULA</li> <li>UNKNOWN</li> <li>WORK</li> </ul>

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

Section	Field	Action
<b>Affected Party Information Section:</b>	<b>Last</b>	Last name of the party who the call is about.
	<b>First</b>	First name of the party who the call is about.
	<b>Middle</b>	Middle name of the party who the call is about.
	<b>Date of Birth</b>	The birthday of the party who the call is about.
	<b>SSN</b>	The social security number of the party who the call is about.
	<b>Caller's Relationship to Affected Party</b>	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.
	<b>Street/PO</b>	The street address or PO Box number of the party who the call is about.
	<b>City</b>	The city where the party who the call is about resides.
	<b>State</b>	The state where the party who the call is about resides.
	<b>Zip Code</b>	The Zip Code of the city where the party who the call is about resides.
		<b>County</b>
	<b>Type of Address</b>	Select the best option that describes the address of the party who the call is about: <ul style="list-style-type: none"> <li>AMBULANCE SITE</li> <li>BNDD MAILING ADDRESS</li> <li>BUSINESS</li> <li>CHILD CARE MAILING ADDRESS</li> <li>ERDCS INCIDENT SITE</li> <li>FCSR MAILING ADDRESS</li> <li>HOME</li> <li>MAILING</li> <li>MEDICAL PRACTICE</li> <li>MESSAGE</li> <li>PAYMENT</li> <li>SERVICE</li> <li>SHIPMENT - METABOLIC FORMULA</li> <li>UNKNOWN</li> <li>WORK</li> </ul>

# 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
<b>Service/Inquiry/Reference Info Section:</b>	<b>Type of Service</b>	Select the best description(s) that indicates why the party called, i.e., was it because the affected party: <ul style="list-style-type: none"> <li>• Has a Brain Injury</li> <li>• Has a health care concern (asthma, cancer, diabetes, etc.)</li> <li>• Needed information about another state agency/department/division</li> </ul> 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
	<b>Source</b>	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
	<b>Type of Inquiry</b>	Select the best description that indicates how the caller contacted SHS:  E-MAIL FAX MAIL OTHER TELEPHONE WALK IN
<b>Referred To Section:</b>	<b>Person Last</b>	Last name of the party the caller was referred to.
	<b>Person First</b>	First name of the party the caller was referred to.
	<b>Person Middle</b>	Middle name of the party the caller was referred to.
	<b>Organization</b>	Name of the business, organization, group, etc., the caller was referred to.

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

**Add Inquiry**

Caller/Affected Party Information
Additional Information

Third Party

Person    Last     First     Middle

Organization

Comments

Outcome     Registered in Bureau     Follow-up Needed

Outcome Comments

[Save](#) | [Cancel](#)

Section	Field	Action
<b>Additional Information Tab:</b>		
<b>Third Party Section</b>	<b>Person Last</b>	If an addition referral was given, the Last name of the party the caller was referred to.
	<b>Person First</b>	If an addition referral was given, the First name of the party the caller was referred to.
	<b>Person Middle</b>	If an addition referral was given, the Middle name of the party the caller was referred to.
	<b>Organization</b>	If an addition referral was given, the Name of the business, organization, group, etc., the caller was referred to.
	<b>Comments</b>	Free text field
	<b>Outcome</b>	<ul style="list-style-type: none"> <li>Complete to signify the Inquiry was finished and there are no additional contacts anticipated.</li> <li>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.</li> </ul>
	<b>Registered In Bureau</b>	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.
	<b>Follow-up Needed</b>	Mark this selection if the user indicated they needed to locate information for the caller and return their call.
	<b>Outcome Comments</b>	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:  First:  Date of Birth:  SSN:

Street/PO:

City:  State:  Zip Code:  County:

[Search](#) | [Clear](#)

	<a href="#">Affected Party Name</a>	<a href="#">Caller</a>	<a href="#">Employee</a>	<a href="#">Date</a>	<a href="#">Services</a>
<a href="#">Edit</a>	VAN PELT, KADIE	BALENTINE, MYRA	BALENTINE, MYRA	02/01/2006	

[Add Inquiry](#)

# REPORTS BI PORTAL

## Reports

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

The reporting tool used is BiPortal Reports.

BiPortal Reports is accessed by selecting the <https://reportal.dhss.mo.gov/biportal/Login.aspx> link.

## Reports - BiPortal

The User Name and Password will be the same as what is used to log into MOHSAIC.



Please enter a user name and password to continue.

User Name:

Password:

After a successful log in, the following screen will appear.



Welcome Jennifer Braun [Advanced Search](#)

[Log Out](#)  
[Set As Home Page](#)

Home

**Portal Menu**

- Home
- Help
- Preferences
- Change Password
- Business Objects Explorer
- Favorites
- Inbox
- Reports
- Auditing
- Data Federation
- Platform Search Scheduling
- Service Coordination
- Visual Difference

**Welcome to the BI Portal.**

Please select a category from the menu on the left.

## Reports – Service Coordinator Folder

Select the 'drop down arrows' next to Service Coordination, to display the Service Coordination folders.

To access the folders in the Service Coordination folder, select the name of the folder, i.e., SC-Participants.

Service Coordination	⌵
Copies of reports	⌴
Feature Samples	
Genetics and Healthy Childhood (GHC)	⌴
Report Samples	⌴
SC-Claims	
SC-Participants	

## 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.

Service Coordination	⌵
Copies of reports	⌴
Feature Samples	
Genetics and Healthy Childhood (GHC)	⌴
Report Samples	⌴
SC-Claims	
SC-Participants	
SC-Provider	
SC-Special Projects	
Test Reports Folder	

## Reports –Sub-Folders

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

Portal Menu > Reports > Service Coordination > SC-Participants

Move Document Copy Document Delete Document

SC-Participants		Show Filter	Total Record Count: 36
Title	Format		
<a href="#">2014-10-17 Active Participant Labels</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Assessment Report</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Caseload Report</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Caseload Summary.rpt</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Service Limits</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI-CYSHCN AFER PARTICIPANTS</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Count by Program.rpt</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Labels</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Totals by SC-Fiscal Year</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant ZIP CODE Listing</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>

Records: 1 - 10 of 36 - Pages: 1 | 2 | 3 | 4

## 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.

Portal Menu > Reports > Service Coordination > SC-Participants

Move Document Copy Document Delete Document

SC-Participants		Show Filter	Total Record Count: 36
Title	Format		
<a href="#">2014-10-17 Active Participant Labels</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Assessment Report</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Caseload Report</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Caseload Summary.rpt</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI Service Limits</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">ABI-CYSHCN AFER PARTICIPANTS</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Count by Program.rpt</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Labels</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant Totals by SC-Fiscal Year</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>
<a href="#">Active Participant ZIP CODE Listing</a> Instance Count: 0	CrystalReport Details	<a href="#">Actions</a>	<input type="checkbox"/>

Records: 1 - 10 of 36 - Pages: 1 | 2 | 3 | 4

## 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:

The screenshot shows a window titled "Select one or many Programs for this report" with a "ProgramName" label in the top right corner. The window is divided into two main sections: "Available Values:" on the left and "Selected Values:" on the right. The "Available Values:" section contains a list box with the following items: ABI, CYSHCN, HCY, and MFAW. Below the list box is a text input field labeled "Enter a Value:" with a small arrow button to its right. Between the two sections are two buttons: a single arrow button (>) and a double arrow button (>>). The "Selected Values:" section is currently empty. At the bottom right of the window are two buttons: "Remove" and "Remove All".

### Date Parameters:

The screenshot shows two stacked panels for date parameters. The top panel is titled "Enter the report's Begin Date" and has a "BeginDate" label in the top right corner. It contains a dropdown menu with "..." and a downward arrow, a text input field labeled "Enter a Value:", and a small calendar icon to the left of the input field. The bottom panel is titled "Enter the report's End Date" and has an "EndDate" label in the top right corner. It contains a dropdown menu with "..." and a downward arrow, a text input field labeled "Enter a Value:", and a small calendar icon to the left of the input field.

## 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.

Enter SERVICE COORDINATOR: SERVICE COORDINATOR

Available Values:

- ANDREA PETRIE
- BERNITA ROGERS
- BETH THOMASON
- DEE WARREN
- DENESHA SNELL
- JANELL WARDREHKOP
- JULIE ENBODEN
- KARA DAMERON

Selected Values:

- BETH THOMASON
- JULIE ENBODEN

Enter a Value:

Remove Remove All

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.

Enter SERVICE COORDINATOR: SERVICE COORDINATOR

Available Values:

- ANGELA NEEDHAM
- BOBBIE TURNER
- LISA CURTIS
- NINA KEY
- PATRICIA CARROLL
- RITA ZOTTO
- ROBERT WILSON
- SHALON SCHONHARDT

Selected Values:

- ANGELA NEEDHAM
- BOBBIE TURNER
- LISA CURTIS
- NINA KEY
- PATRICIA CARROLL
- RITA ZOTTO
- ROBERT WILSON
- SHALON SCHONHARDT
- STEFANI DAVIS
- VALERIE KLEIN
- WENDY MOORE

Enter a Value:

Remove Remove All

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.

Enter the report's Begin Date BeginDate

Please enter Date in format "yyyy-mm-dd".

...

Enter a Value:

2013-01-01

Enter the report's End Date EndDate

Please enter Date in format "yyyy-mm-dd".

...

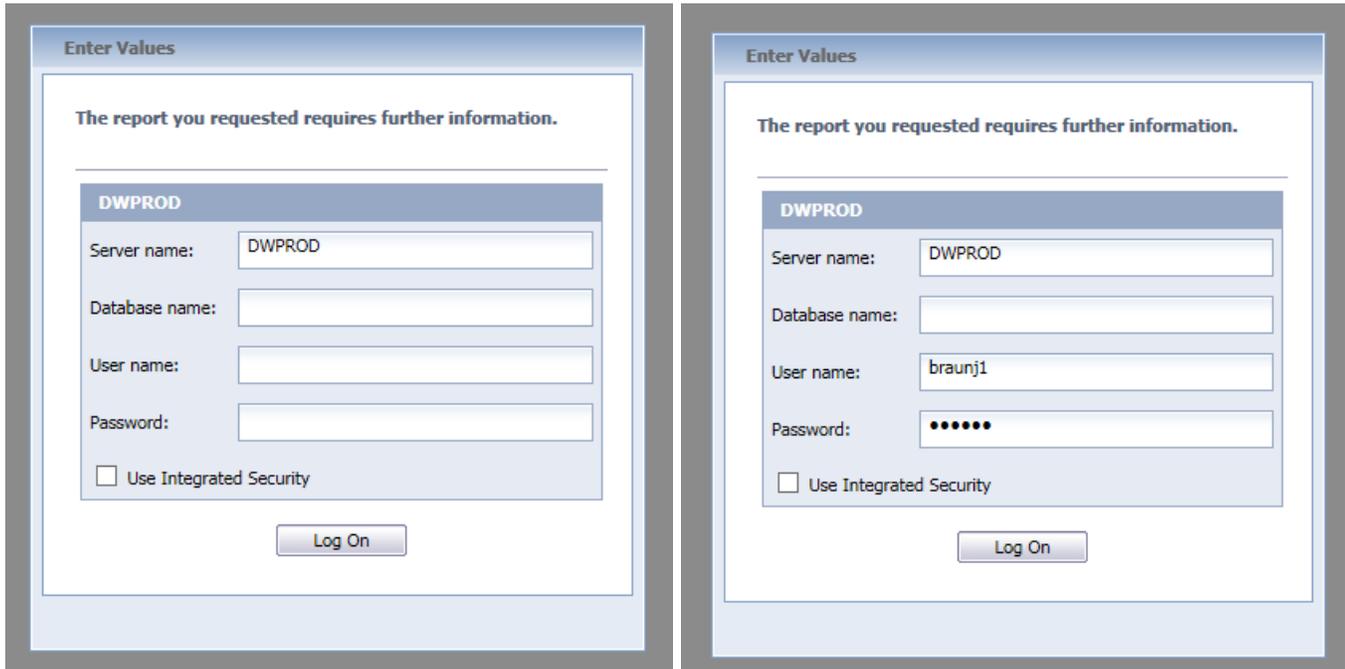
Enter a Value:

2013-01-31

## Reports –Second Login

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

- Server name is DWPROD.
- Database name will need to remain blank.
- A user ID is the same user ID used to access the MOHSIAC system.
- The password is a user's first and last initials and last four (4) digits of their Social Security Number, i.e., jb1234



The image shows two side-by-side screenshots of a web form titled "Enter Values". Both screenshots display the message: "The report you requested requires further information." Below this message is a form with the following fields:

- DWPROD** (Section Header)
- Server name: DWPROD
- Database name: (empty)
- User name: (empty)
- Password: (empty)
- Use Integrated Security
- Log On button

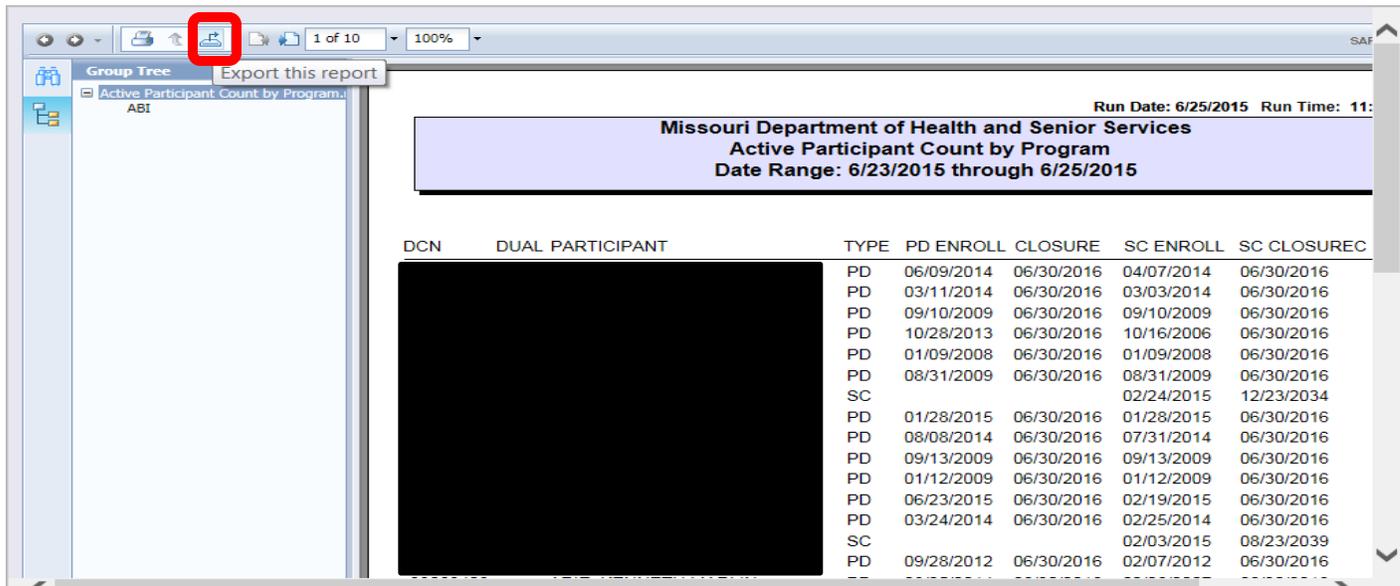
The right screenshot shows the form with the following values entered:

- Server name: DWPROD
- Database name: (empty)
- User name: braunj1
- Password: (masked with dots)
- Use Integrated Security
- Log On button

## Reports –Export (Download) Reports

The BiPortal 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).



The screenshot shows a report window with a toolbar at the top. A red box highlights the first icon in the toolbar, which is labeled "Export this report". The report content includes a title bar and a table of data.

Run Date: 6/25/2015 Run Time: 11:00

**Missouri Department of Health and Senior Services**  
**Active Participant Count by Program**  
Date Range: 6/23/2015 through 6/25/2015

DCN	DUAL PARTICIPANT	TYPE	PD ENROLL	CLOSURE	SC ENROLL	SC CLOSURE
		PD	06/09/2014	06/30/2016	04/07/2014	06/30/2016
		PD	03/11/2014	06/30/2016	03/03/2014	06/30/2016
		PD	09/10/2009	06/30/2016	09/10/2009	06/30/2016
		PD	10/28/2013	06/30/2016	10/16/2006	06/30/2016
		PD	01/09/2008	06/30/2016	01/09/2008	06/30/2016
		PD	08/31/2009	06/30/2016	08/31/2009	06/30/2016
		SC			02/24/2015	12/23/2034
		PD	01/28/2015	06/30/2016	01/28/2015	06/30/2016
		PD	08/08/2014	06/30/2016	07/31/2014	06/30/2016
		PD	09/13/2009	06/30/2016	09/13/2009	06/30/2016
		PD	01/12/2009	06/30/2016	01/12/2009	06/30/2016
		PD	06/23/2015	06/30/2016	02/19/2015	06/30/2016
		PD	03/24/2014	06/30/2016	02/25/2014	06/30/2016
		SC			02/03/2015	08/23/2039
		PD	09/28/2012	06/30/2016	02/07/2012	06/30/2016

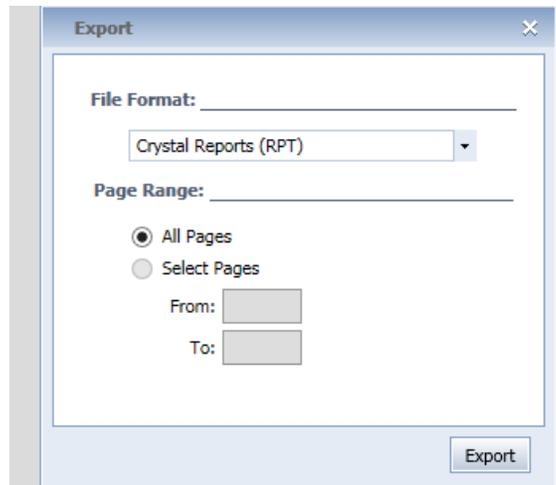
## Reports –Export (Download) Report Window

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 BiPortal 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.

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Do you want to open or save **Active Participant Count by Program.rpt.pdf** (75.1 KB) from **reportal.dhss.mo.gov?** ✕

Open

Save



Cancel