

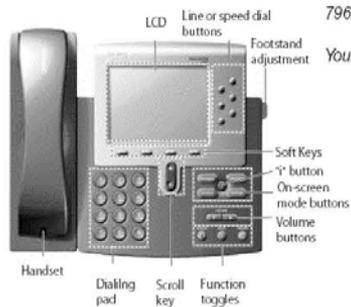
SECTION FOR SPECIAL HEALTH SERVICES

Support Staff Training

DIVISION PHONE ETIQUETTE

- Can be found
(I:\CPHDivision\DCPH\1.
Division Directors Office\DCPH
Reference Manual\CPH Reference
Manual\6.0 Informational)
- General Calls
 - Within three rings
 - Professionalism
 - Taking Electronic Messages
- Transferring Calls
 - Try to find the correct person to transfer to, rather than just “pushing them off” on another employee, who may end up having to do the same.
 - No Blind transfers
- Using Cisco and Cisco Jabber
 - Getting to know your phone training
<https://extranet.mo.gov/gettinghelp/Training/SitePages/Phones.aspx>





7960 IP Phone Diagram, front.
Your phone has six line buttons.

The Cisco 7945/7965 IP telephone provides easy access to a wide range of business features.

SOFT KEYS

Features available based upon the state of your phone

Features available with the 7945/7965 IP phone:

- Backlight line buttons
 - Green, steady – Active call on this line
 - Green, blinking – Call on hold on this line
 - Orange, steady – Privacy feature enabled
 - Orange, blinking – Incoming call ringing on this line
 - Red – Shared line, currently in use
 - No color – No call activity on this line

TO PLACE A CALL

Emergency

- Lift Handset and Dial 911 or 9 + 911 or 8 + 911

Internal

- Lift Handset, press the Speaker button, line button or the New Call soft key
- Dial 5 digit Extension

External

- Lift Handset, press the Speaker button, line button or the New Call soft key
- Local – Dial 9 + Number
- Long Distance – Dial 8 + Number (**Note:** You do not need to dial a “1” for Long Distance)

LAST NUMBER REDIAL

- Press the REDIAL soft key

iDIVERT

Personal Line

- This soft key is used to send the caller directly into your voicemail.

CALL FORWARD

To Activate

- When your phone is idle, press the CFWDALL soft key
- Enter the number, OR press MESSAGE key for sending calls directly to Voicemail

To Cancel

- Press the CFWDALL soft key

CALL HOLD

To Place a Call on Hold

- From an existing conversation, press the HOLD soft key

To Retrieve a Call on Hold

- Press the RESUME soft key
- If there are multiple calls on hold, scroll to the desired line before pressing the RESUME soft key

JOIN

This feature allows you to join two incoming calls.

To answer the second incoming call

- Press the ANSWER soft key if it's appropriate to place your first caller on hold (pressing this soft key automatically puts the first caller on hold)

To Join these two callers to create a 3-way call

- Scroll to the call that is on hold
- Press the MORE soft key
- Press the JOIN soft key

TO TRANSFER A CALL

- During a call, press the TRANSFER soft key
- Dial the number
- Announce the call
- Press the TRANSFER soft key to complete the transfer, hang up

OR

- If the person you attempt to transfer the call to is not available, press the END CALL soft key and the RESUME soft key to return to the original caller

AD-HOC CONFERENCE CALL (maximum of 8)

While a call is in progress, press the MORE soft key and then press the CONFRN soft key. Dial the extension or outside number.

- After the party answers, press the CONFRN soft key to bring the parties together

To add additional parties

- Repeat the above steps

To reconnect to the Conference when a called party isn't joining

- If the person you attempt to bring into the conference is not available, press the END CALL soft key and then the RESUME soft key to return to the conference call

To view the conference call members

- Press the MORE soft key, then press the CONFLIST soft key to view the members on the conference call

CALL PARK (180 Second Timeout)

To Park a Call

- On an existing call, press the MORE soft key and then the PARK soft key, the call is automatically placed into a park position, note the position (number on the screen)

- Hang Up

To Retrieve a Parked Call

- Dial the park position to which the call was parked, you are now connected

QUALITY REPORTING TOOL (QRT)

Soft key used to identify any problems experienced with call.

- Press the QRT soft key and follow prompts to select description that best fits your problem.



FOR ASSISTANCE CONTACT THE UC TEAM AT:

<https://helpdesk.mo.gov> (Enterprise UC)

or

573-522-0082

WebPortal: <http://oa.mo.gov/itsd/uc/>

MALICIOUS CALLER ID (MCID)

The MCID feature provides a useful method for tracking troublesome or threatening calls. If you receive a threatening or malicious call:

- Press the MORE soft key until you see the MCID soft key.
- Press the MCID soft key.
- You will hear a confirmation tone.
- The call will be logged by the system as a malicious call.
- Notify the appropriate State personnel.

DIRECTORIES

- To view Missed, Received or Placed calls, press the DIRECTORIES button
- Scroll to the directory that you would like to view
- Press the SELECT soft key
- To place a call to one of the phone numbers from within the directory, press the DIAL soft key if it's an internal number or press the EDIT DIAL soft key, press the 8 or 9 on the dialing pad as appropriate, then press the DIAL soft key if it's an external number

RING VOLUME

- With your phone idle, press the volume key to hear the current ring volume
- Press either the up or down volume key to change the ring volume
- When the ring times out, the setting will be saved

RING TYPE

- Press the SETTINGS button
- Press 1 on the dialing pad Or scroll to User Preferences and select it
- Press 1 Or select Rings
- Select DEFAULT RING
- Use the scroll key to browse the list of ring types
- Press the PLAY soft key to hear the ring type
- Press the SELECT soft key to select the ring type
- Press the SAVE soft key to save the ring type

LCD CONTRAST

- Press the SETTINGS button
- Press the 4 on the dialing pad or scroll to Brightness
- Use the UP and DOWN soft keys to change the brightness
- Press the SAVE soft key to save the setting

"I" INFORMATION BUTTON

- Press the (?) button and then any other button on your phone to get information on how to use that button or key

VOICE MAIL SETUP AND ACCESS

To enroll with Unity Connection Voice Mail (first use):

- Press the **Messages** button
- Enter the first time enrollment password = **1234**
- Follow prompts to:
 - Record your name - press # key as soon as you say your name
 - Record a greeting – press # key as soon as you say your greeting
 - Select if you wish to be listed in the system directory so that callers search for and find you.
 - Set a new password-no trivial passwords
 - Minimum length 4
 - Message retention read-30 days
unread-45 days

To log on to Voice Mail from your phone

- Press the **Messages** button
- Enter your password, press the # key

To log on to Voice Mail from another inside phone

- Press the **Messages** button or dial the internal voice mail phone number 21000.
- Press the * key when voice mail answers
- Enter your ID (extension), then press # key.
- Enter your password, then press the # key.

To log on to Voice Mail from outside

- Dial the external voice mail phone number 573-522-1000
- Press the * key when voice mail answers
- Enter your ID (10 digit number)
- Then press # key.
- Enter your password, then press the # key.

Basic Controls

Press the **Messages**:

Hear new messages	1	Set up options	4
Send new message	2	Cancel or back up	*
Review old messages	3	Skip or move ahead	#

During Message Playback

Restart message
Save
Delete
Reply
Slow Playback
Fast Playback
Rewind, small
Pause or Resume
Fast Forward

After Message Playback

Repeat
Save
Delete
Reply
Forward message
Save as new
Rewind
Play message properties
15

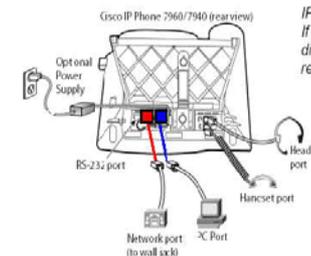
****For Additional Feature Information and Menu Options review the Unity-At-A-Glance document**

TRANSFER A CALLER INTO VOICEMAIL

- While connected to the caller, press the TRANSFER soft key,
- Press **
- Dial the person's 5-digit (or full 10-digit number) extension you are transferring the call to
- Press the TRANSFER soft key quickly

TO LEAVE A QUICK MESSAGE IN A MAILBOX WITHOUT CALLING THE EXTENSION:

- Pick up the handset
- Press ** and the 5-digit extension (or full 10-digit number)
- Leave your message
- Hang up



*IP Phone Diagram, back.
If you move your phone, this
diagram shows you how to
reconnect it.*

SHS CREATED PHONE LISTS

***Updated by Section AOSA
when staffing changes occur**

- SHS Telephone List
 - Highlighted in yellow – management of region
 - Bolded with no highlight – AOSA in region

***Updated by Central Office
when staffing changes occur**

- Service Coordinator by county Listing
 - Search by county
 - Program
 - When to send to Regional Office



COVERING FRONT DESK CENTRAL OFFICE

- All support staff added to rotation
- Central Office Times
10:00, 12:00, 3:00
- Adding to your calendar
- Lunch coverage
- Coding your phone while away
- ALPHA FUNCTIONS
 - Updated through General Services and Division
 - Sorted by category



PHONE COVERAGE – E REGIONAL OFFICE

- No “front desk receptionist” to cover
- Internal Phone Coverage
 - SOSA is primarily responsible for the incoming main line. When away from desk, forward to AOSA
 - Back up plan: calls are forwarded to Facilitator, Central Office (573-751-6246) or Child Care (with as much advance notice as is possible)
 - Covers for Child care when necessary



PHONE COVERAGE – SE REGIONAL OFFICE

- No “front desk receptionist” to cover
- Internal Phone Coverage
 - SOSA is primarily responsible for the incoming main line. When away from desk, forward to AOSA
 - Back up plan: Central Office (573-751-6246) with as much advance notice as is possible



PHONE COVERAGE – NW REGIONAL OFFICE

- There is no front desk receptionist - however, there is a sign by the telephone at the front desk listing all of the bureau's/sections/phone extensions. Visitors/vendors can call the extension they need directly or if they are not sure who to call, the sign states:

For Information and Vendors Please call - 350-5433

- SHCN rotates signs monthly with the Section for Child Care regulation. During their month their phone number is listed on the sign and are responsible for answering general calls that come to office (i.e., mailman, lab courier, Fed X, UPS). Outside calls from the main number listed in the phone book, 816-350-5400 will ring to our number if the caller chooses the option to talk to the operator.
- When SHCN needs to be away from the phones for lunch, breaks, out of the office, etc. the AOSA and SOSA cover for each other. If one is in the office, then Child Care covers.



PHONE COVERAGE – SW REGIONAL OFFICE

- Springfield has a fulltime receptionist.
- Receptionist prepares a schedule showing when each staff member will cover breaks/lunches.
 - 2 fifteen minute breaks (10:00 am & 3:00 pm)
 - One hour lunch 11:00 – 12:00
- Receptionist prepares a schedule showing when each staff member will cover breaks/lunches.
- SOSA is primarily responsible for the incoming main line. When away from desk, forward to AOSA
 - Back up plan: Central Office (573-751-6246) with as much advance notice as is possible



MAIL – CENTRAL OFFICE

○ Incoming Mail

- Picked up by I&L SOSA twice daily
- Date stamping
 - All pages of incoming mail need to be date stamped
 - Try to stamp on white areas, not over any information
 - If it is marked confidential stamp envelope, do not open
 - Do not date stamp contracts if received in SHS
- Sorting and Distributing
 - Who does the mail go to?
 - If no name listed, sort by program name – distribute to program clerical

○ Outgoing Mail

- Picked up by I&L SOSA twice daily
- Drop off times - 10:00 am; 3:00 pm
- Collecting the Mail
 - Mail boxes
 - What can be sent interoffice
 - Bulk mailing cards
 - OFABS mail



MAIL – E REGIONAL OFFICE

○ Incoming mail

- Picked up by AOSA each morning from the mail slot in the reception area
- SOSA opens and date stamps all SHCN staff mail (unless marked confidential – stamp envelope)
- SOSA routes all mail to correct employee

○ Outgoing mail

- Mail is collected in an “in-box” in SOSA cube
- Outgoing mail is processed each day at 4:30
- SOSA runs the mail through the meter and takes to the mail box at the front of the building for 5:30 pick-up



MAIL – SE REGIONAL OFFICE

○ Incoming Mail

- Picked up in the lobby by SOSA
- Delivers DSDS mail to their office
- Opens and date stamps all mail for SHCN staff (unless marked confidential – stamp envelope)
- Mail is routed to correct staff members

○ Out going Mail

- Collected by SOSA
- Adds correct postage
- Takes to the mailbox across the street for pick up



MAIL – NW REGIONAL OFFICE

○ Outgoing

- Mailbox in a general location for SHCN use
- Clerical staff collects mail from the SHCN outgoing box and postmarks at the postage machine (clerical staff only uses this machine)
- Postmarked mail is taken to the mailroom in a plastic tub for the mailman to pick up each afternoon
- On Fridays/Holidays clerical staff (from SHCN or Child Care) will physically take the mail to the post office or drop box.

○ Incoming

- Mail is collected daily from mail room by clerical
- Opens and date stamps all mail for SHCN staff (unless marked confidential – stamp envelope)
- Mail is routed to correct staff members



MAIL – SW REGIONAL OFFICE

○ Incoming Mail

- Delivered to SOSA
 - Date stamp each page of incoming mail
 - If marked confidential, date stamp the envelope, do not open
 - Distribute mail to staff as appropriate

○ Outgoing Mail

- Outgoing slots for general, telecommuters, Central Office and Satellite Office
 - The mail is to be submitted to front receptionist for postage and delivery to mailbox.



PURCHASE REQUESTS

- When do we need a purchase request?
 - Any time money is to be spent, a purchase request must be submitted through OFABS (and sometimes Division) prior to completing the purchase
- Information required to complete a purchase request:
 - O:\DCPH Operations\DCPH References and Procedures\7.0 Financial Procurement
 - Who are we ordering from? Contract info, address
 - Funding source
 - Unit/Bureau/Section/Division Approval
 - Tracking number



PURCHASE REQUESTS

FUNDING CODES

- Funding codes identify to OFABS what “pot of money” the programs would like the cost of our purchases to come from
- General rules for each of the Funding codes, subject to change based on program needs
- If you are unsure of what type of funding to use, please contact Section AOSA



SFY14 FUNDING LIST

FUNDING TO BE USED FOR:	FUND	ORG	APPR	JOB/ PROJECT	REP CAT	END DATE
Org 4405 personnel working on Head Injury activities						
Adult Head Injury - Travel to meetings, training, etc. pertaining to the Adult Head Injury Program.	0275	4405	7653	QJQ7	P620	6/30/2014
PDW Skilled Medical - Travel by nurses to home visits, meetings, etc. pertaining to PDW participants. State (dxts) 25% charged to: Federal (dxtf) 75% charged to:	0275 0143	4405 4405	7800 1966	QJ25 QJ25	DX4T DX4T	6/30/2014 6/30/2014
PDW Administrative - Travel by staff (other than nurses) for general PDW meetings, trainings, etc. State 50% charged to: Federal 50% charged to:	0275 0143	4405 4405	7800 1966	QJ25 QJ25	DW4T DW4T	6/30/2014 6/30/2014
PDW Administrative Other - Used for internet charges by telecommuters and other miscellaneous items that are not travel. State 50% charged to: Federal 50% charged to:	0275 0143	4405 4405	7800 1966	QJ25 QJ25	DW4O DW4O	6/30/2014 6/30/2014
PDW Administrative Supplies - Used for misc. office supplies - 15% of order to PDW - see example State 50% charged to: Federal 50% charged to:	0275 0143	4405 4405	7800 1966	QJ25 QJ25	DW4S DW4S	6/30/2014 6/30/2014
HCY Skilled Medical - Travel by nurses to home visits, meetings, etc. pertaining to HCY participants. State (cxts) 25% charged to: Federal (cxtf) 75% charged to:	0275 0143	4405 4405	7800 1966	QJ24 QJ24	CX4T CX4T	6/30/2014 6/30/2014
HCY Administrative - Travel by staff (other than nurses) for general HCY meetings, trainings, etc. State (cyts) 50% charged to: Federal (cytf) 50% charged to:	0275 0143	4405 4405	7800 1966	QJ24 QJ24	CY4T CY4T	6/30/2014 6/30/2014
HCY Administrative Other - Used for internet charges by telecommuters and other miscellaneous items that are not travel. State 50% charged to: Federal 50% charged to:	0275 0143	4405 4405	7800 1966	QJ24 QJ24	CY4O CY4O	6/30/2014 6/30/2014
HCY Administrative Supplies - Used for misc. office supplies - 85% of order to HCY - see example State 50% charged to: Federal 50% charged to:	0275 0143	4405 4405	7800 1966	QJ24 QJ24	CY4S CY4S	6/30/2014 6/30/2014
Family Partnership - Travel to meetings, training, etc. pertaining to Family Partnership.	0143	4405	1218	QJQ5	M24N	9/30/2014
CYSHCN Program Specific Expenses & Travel - Examples: Leadership Meetings, Expense Report Training						
MCH Block	0143	4405	1218	QJQ8	M24P	9/30/2014
Non Program Specific Expenses & Travel - Examples: Leadership Meetings, Expense Report Training - These funds will change periodically. Notification will be sent when it is necessary to switch from one to the other.						
MCH Block	0143	4405	1218	NA	M24J	9/30/2014
General Revenue:	0275	4405	7653	NA	P233	6/30/2014

SFY14 FUNDING LIST

OBJECT CODES FOR MISCELLANEOUS ITEMS:

Gas (Enterprise vehicles)	2104
Postage	2265
Convention, Conference, & Training Fees	2383
Printing (State Printing)	2460
Out-of-State Express & Freight Services/Printing & Binding	2127
Meeting Room/Exhibit Space Rentals	2610
Organization Memberships	2380

Example for HCY/PDW Administrative Supplies

Order:

Total cost of order	\$140.10
Charge 15% of total to PDW - \$21.02	
Charge 85% or total to HCY - \$119.08	
Funding for order should be as follows:	
0275 4405 7800 QJ25 DW4S	10.51
0143 4405 1966 QJ25 DW4S	10.51
0275 4405 7800 QJ24 CY4S	59.54
0143 4405 1966 QJ24 CY4S	59.54
Total	140.10

NOTES:

The Reporting Categories for State Funds (0101) will change at the beginning of each State Fiscal Year (July 1).
The Reporting Categories for Federal Funds (0143) will change at the beginning of each Grant Fiscal Year. Staff will be notified when these changes occur.

Updated 3/6/2014

Updated by OFABS. If you need additional copies, contact Section AOSA.

Updated 3/8/2014



PURCHASE REQUESTS

ORDERING OFFICE SUPPLIES

PURCHASE REQUEST				OFABS TRACKING NO.						
Date Received:		Date Processed:		Purchase Order #						
STATE CONTRACT NUMBER (if applicable): C111095004				SAM II VENDOR NUMBER (if known): 5926639542 D						
VENDOR NAME, ADDRESS & PHONE: Office Depot, Inc. 6600 North Military Trail Boca Raton, FL 33496-2434 Customer Service Rep: 888-777-4044				DELIVER TO (Include Section/Center, Bureau/Office): DHSS/SHCN St. Louis - 2nd floor 220 South Jefferson; St. Louis, MO 63103 314-877-2850						
				Org Number:						
CATALOG/ PART NO.	PA LINE NO.	DETAILED ITEM DESCRIPTION (Include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
389517		PaperPro Pro Punch 3 hole punch	1	ea	10.32	\$10.32	M24J			
710253		Smead Expanding Top Tab File Jacket Letter Size - Manilla	2	box	15.36	\$30.72	M24J			
576833		Spot-It Printed Message Flags	2	pack	5.77	\$11.54	M24J			
991505		Smead Color File Folders - Straight Cut Letter Size - Green	1	box	15.23	\$15.23	M24J			
999252		Office Depot Stacking Dest Trays 2.5 x 12 x 12 - Black - (2)	3	pack	4.42	\$13.26	M24J			
612189		3m Privacy Filter for 22" wide screen	1	ea	227.37	\$227.37	M24J			
437938		DayMinder Planner 6-7/8 x 8-3/4" Jan-Dec	2	ea	7.24	\$14.48	M24J			
444770		Office Depot Cubicle Clips Asst colors	1	pack	4.53	\$4.53	M24J			
ORDER TOTAL						\$327.45				
COMMENTS / SPECIAL INSTRUCTIONS: (If job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Gina Buchanan		Date: 2/10/2014		Telephone Number: 314-877-2850						
APPROVAL SIGNATURES										
Bureau/Office Approval <i>[Signature]</i>				Division Approval						
Date:				Date:						
Section/Center Approval				OFABS USE ONLY Funding availability checked? <input type="checkbox"/>						
Date:				BY (initials): DATE:						
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROP	ACTIVITY	OBJECT	SUB OBJ *	JOB/PROJ	FUNCTION **	REPT CAT	AMOUNT
01	0143	4405	1218				n/a		M24J	327.45
02										
03										
04										
05										
06										

* Sub Object Code must be used for expenditures from ARRA funds (fund 2264) and Stabilization funds (fund 2000)

** Function Code must be used for expenditures from ARRA funds (fund 2264)

OFABS-1 (Effective Date: 9/1/09)

DCPH Tracking Number (if applicable): **65848**

- Staples or Office Depot
 - Sign in information
 - OFABS finalizes order
 - Selecting “On Contract” items
 - Ordering Paper (Regional Offices)
 - Paper must be ordered separately
 - Put on a separate purchase request



PURCHASE REQUESTS

WORLD WIDE TECHNOLOGY

PURCHASE REQUEST				OFABS TRACKING NO.						
Date Received:		Date Processed:		Purchase Order #:						
STATE CONTRACT NUMBER (if applicable):				SAM II VENDOR NUMBER (if known):						
VENDOR NAME, ADDRESS & PHONE: World Wide Technology, Inc 58 Weldon Parkway St. Louis, MO 63043 314/301-2629				DELIVER TO (include Section/Center, Bureau/Office): DHSS/SHS - Karen Avis 1100 S. Bypass Kennett, MO 63857						
				Org Number: 4405						
CATALOG/ PART NO.	PA LINE NO.	DETAILED ITEM DESCRIPTION (include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
CMT5CA#B1H		HP Officejet Pro Quote #: 1854243.0 by Michael Lawyer This machine is to replace one that is unusable in our Kennett office.	1	ea	224.89	\$224.89	M24J			
ORDER TOTAL						\$224.89				
COMMENTS / SPECIAL INSTRUCTIONS: (if job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Nicci Trapp		Date: 01/28/14		Telephone Number: 573-751-8241						
APPROVAL SIGNATURES										
Bureau/Office Approval <i>Nicci Trapp</i> Date: 01/28/14				Division Approval Date:						
Section/Center Approval Date:				OFABS USE ONLY Funding availability checked? <input type="checkbox"/> BY (initials): DATE:						
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROP	ACTIVITY	OBJECT	SUB OBJ	JOB PROJ	FUNCTION	REPT CAT	AMOUNT
01	0143	4405	1218						M24J	\$224.89
02										
03										
04										
05										
06										

* Sub Object Code must be used for expenditures from ARRA funds (fund 2264) and Stabilization funds (fund 2000)
** Function Code must be used for expenditures from ARRA funds (fund 2264)

OFABS-1 (Effective Date: 01/09)

DCPH Tracking Number (if applicable): **64794**

- Computers, Printers, Scanners, Monitors, etc...
- A quote is required
 - How do I get a quote?
 - Send your request to Section AOSA. They will get Bureau/Section Approval and complete the quote and purchase request.



PURCHASE REQUESTS BEYOND TECHNOLOGY

PURCHASE REQUEST		OFABS TRACKING NO.								
Date Received:	Date Processed:	Purchase Order #								
STATE CONTRACT NUMBER (if applicable): C113010001		SAM # VENDOR NUMBER (if known): 8410998770 0								
VENDOR NAME, ADDRESS & PHONE: Beyond Technology 14657 E Easter Ave #G Centennial, CO 80112 Betsy@beyondtec.com (800) 548-0277 Ruiz Weisberg fax (303) 623-4943 phone (800) 548-0277		DELIVER TO (Include Section/Center, Bureau/Office): DHSS/Bureau of Special Health Care Needs 216 N Fountain Cape Girardeau MO 63701 attn: Betsy Miller								
CATALOG/ PART NO.	PA LINE NO.	DETAILED ITEM DESCRIPTION (Include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
MLT-D10L	076	Samsung CF-650, Standard, High Yield, 2.5 yard (for Health Care) Samsung SFX-4039 printer in Missouri)	1	ea	65.43	\$65.43	M24J			
CE250A	081	HP Color LJ CM3530MFP/CP3525 black (for Cape - Color LaserJet CP3525 printer)	1	ea	108.48	\$108.48	M24J			
ORDER TOTAL						\$173.91				
COMMENTS / SPECIAL INSTRUCTIONS: (if job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Betsy Miller		Date: 1/29/14		Telephone Number: 573-290-5831						
APPROVAL SIGNATURES										
Bureau/Office Approval <i>Betsy Miller</i> Date: 02/03/14				Division Approval Date:						
Section/Center Approval Date:				OFABS USE ONLY Funding availability checked? <input type="checkbox"/>						
BY (initials) _____				DATE: _____						
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROV	ACTIVITY	OBJECT	SUB OBJ	JOB/PROJ	FUNCTION	REPT CAT	AMOUNT
01	0148	4405	1218						IN40	M24J
02										
03										
04										
05										
06										
* Sub Object Code must be used for expenditures from ARRA funds (fund 2264) and Stabilization funds (fund 2000)										
** Function Code must be used for expenditures from ARRA funds (fund 2264)										
OFABS-1 Effective Date: 5/1/05		DCPH Tracking Number (if applicable): 65568								

- Ordering Toner, Ink, and other printer items
- Keep a list of what the equipment in your office needs.
- Be preemptive, but do not over stock.
- Where to order
 - www.beyondtec.com

ACCOUNT SET UP:

Agencies must first establish an account. The following are instructions for setting up your account:

Go to www.beyondtec.com

At the top, click the "Login" or "Sign Up" link

At the next screen, there will be a space to enter an email address and password but right above that, it says, "If Using Our New Website for the First Time, Click Here to Sign Up." Click to follow that link. You should then be on a page to complete your agency information to create an account. Once you've completed the information, click the "Create Account" button at the bottom of the screen. Your account should be set up. For product/price inquiry, use the password "lasercat".

PRICE:

PURCHASE REQUESTS HOTELS

- Check Direct Bill Listing
 - Located: <http://dhssnet/adminreports/>
- Check Conus Rates
 - Located: <http://www.gsa.gov/portal/category/100120>
- Reservations
 - Ask for an email confirmation when possible
 - Attach email confirmation to purchase request
 - Ensure proper funding codes
 - Who is traveling?
 - What is the purpose of their stay?
 - Separate purchase request for each employee's stay

PURCHASE REQUEST				OFABS TRACKING NO. 106621						
Date Received:		Date Processed:		Purchase Order #						
STATE CONTRACT NUMBER (if applicable):				SAM # VENDOR NUMBER (if known): 4316209330						
VENDOR NAME, ADDRESS & PHONE: Drury Inn 201 South 20th St St. Louis, MO. 63134 (314) 231-3900				DELIVER TO (include Section/Center, Bureau/Office): Department of Health and Senior Services Bureau for Special Health Care Needs (SHCN) 620 Wildwood Jefferson City, MO 65102 Org Number: 4403						
CATALOG/ PART NO.	PA LINE NO.	DETAILED ITEM DESCRIPTION (include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
		Traveler's Name: Nicol Trapp Date(s) of Stay: 3/11/2014 Traveling From (departure city): Jefferson City Traveling To (destination city): St. Louis Purpose of Stay: Travel for AOSA duties Confirmation: Not yet reserved	1	day	108.00	\$108.00	M24T			
ORDER TOTAL						\$108.00				
COMMENTS / SPECIAL INSTRUCTIONS: (if job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Nicol Trapp		Date: 3/6/2014		Telephone Number: 5737516241						
APPROVAL SIGNATURES										
Bureau/Office Approval				Division Approval						
Date:				Date:						
Section/Center Approval <i>Nicol Trapp</i>				OFABS USE ONLY Funding availability checked? <input type="checkbox"/>						
Date: 3-6-14				BY (initials): DATE:						
FUNDING INFORMATION										
LINE #	FUND.	ORG	APPROP.	ACTIVITY	OBJECT	SUB OBJ	JOB/PROJ	FUNCTION	REPT CAT	AMOUNT
01	0143	4403	1218						M24T	\$108.00
02										
03										
04										
05										
06										

* Sub Object Code must be used for expenditures from ARRA funds (Fund 2254) and Stabilization funds (Fund 2000)
** Function Code must be used for expenditures from ARRA funds (Fund 2254)

OFABS-1 Effective Date: 9/1/09

DCPH Tracking Number (if applicable):



PURCHASE REQUEST MVE

PURCHASE REQUEST				OFABS TRACKING NO.						
Date Received:		Date Processed:		Purchase Order #						
STATE CONTRACT NUMBER (if applicable):				SAM # VENDOR NUMBER (if known):						
VENDOR NAME, ADDRESS & PHONE: Missouri Vocational Enterprises P.O. Box 1898 Jefferson City, MO 65102				DELIVER TO (include Section/Center, Bureau/Office): Section for Special Health Services Bureau of Special Health Care Needs 220 South Jefferson St. Louis, MO 63103						
				Org Number:						
CATALOG PART NO.	PA. LINE NO.	DETAILED ITEM DESCRIPTION (include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
E-368		2' x 10' 2 Ply Acrylic Nameplate (no holder) Walnut wood grain/white letters Deborah Conger	1	ea	7.00	\$7.00	M24J			
						ORDER TOTAL	\$7.00			
COMMENTS / SPECIAL INSTRUCTIONS: (if job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Gina Buchanan				Date: 1/30/2014		Telephone Number: 314-877-2850				
APPROVAL SIGNATURES										
Bureau/Office Approval <i>Gina Buchanan</i> Date: 02/03/14				Division Approval Date:						
Section/Center Approval Date:				OFABS USE ONLY Funding availability checked? <input type="checkbox"/>						
				BY (initials) DATE:						
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROX	ACTIVITY	OBJECT	SUB OBJ **	JOB/PROJ	FUNCTION **	REPT CAT.	AMOUNT
01	0143	4405	1218					na	M24J	7.00
02										
03										
04										
05										
06										
* Sub Object Code must be used for expenditures from ARRA funds (fund 2264) and Stabilization funds (fund 2000)										
** Function Code must be used for expenditures from ARRA funds (fund 2264)										
OFABS-1 (Effective Date: 9/1/00)										
DCPH Tracking Number (if applicable): 65570										

- What do we order?
 - Chairs, plaques, document frames, etc...
- Where do I find what I'm looking for?
 - <http://doc.mo.gov/mve/>
- Process:
 - Select the items you wish to order
 - Fill out Purchase Request and MVE Order form
 - Send to Central Office
 - OFABS places MVE order



ENVELOPES CENTRAL OFFICE

- Make envelope choice:
 - <http://dhssnet/Warehouse/IntranetSupplies.html>
- Complete Form
- Submit to Section AOSA
 - Faxed to: 573-751-1574



ENVELOPES REGIONAL OFFICES

- Envelopes are ordered through MVE
 - <http://doc.mo.gov/mve/html/printing/envelopes.html>
- Be as descriptive as possible
- Attach a sample

PURCHASE REQUEST		OFABS TRACKING NO.								
Date Received: _____ Date Processed: _____		Purchase Order # _____								
STATE CONTRACT NUMBER (if applicable): _____		SAM # VENDOR NUMBER (if known): _____								
VENDOR NAME, ADDRESS & PHONE: Missouri Vocational Enterprises P.O. Box 1806 Jefferson City, MO 65102		DELIVER TO (Include Section/Center, Bureau/Office): Section for Special Health Services Bureau of Special Health Care Needs 220 South Jefferson St. Louis, MO 63103								
		Org Number: _____								
CATALOG/ PART NO.	PA LINE NO.	DETAILED ITEM DESCRIPTION (Include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY			
MO 580-2886		9 x 12 manila envelope (see attached) Return address: State of Missouri Department of Health and Senior Services Eastern District Office Bureau of Special Health Care Needs 220 S. Jefferson St. St. Louis, MO 63103-2612 RETURN SERVICE REQUESTED	1	500	46.00	\$46.00	M24J			
ORDER TOTAL						\$46.00				
COMMENTS / SPECIAL INSTRUCTIONS: (If job/project code and/or activity code is needed, italicize which codes to use)										
Prepared By: Gina Buchanan		Date: 2/10/2014		Telephone Number: 314-877-2660						
APPROVAL SIGNATURES										
Bureau/Office Approval <i>Gina Buchanan</i> Date: _____		Division Approval Date: _____								
Section/Center Approval Date: _____		OFABS USE ONLY Funding availability checked? <input type="checkbox"/> BY (initials): _____ DATE: _____								
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROX	ACTIVITY	OBJECT	SUB OBJ	JOB/PROJ	FUNCTION **	REPT CAT	AMOUNT
01	0143	4405	1218				na		M24J	46.00
02										
03										
04										
05										
06										

* Sub Object Code must be used for expenditures from ARRA funds (fund 2284) and Stabilization funds (fund 2200)

** Function Code must be used for expenditures from ARRA funds (fund 2284)

OFABS-1 (Effective Date: 01/01/02)

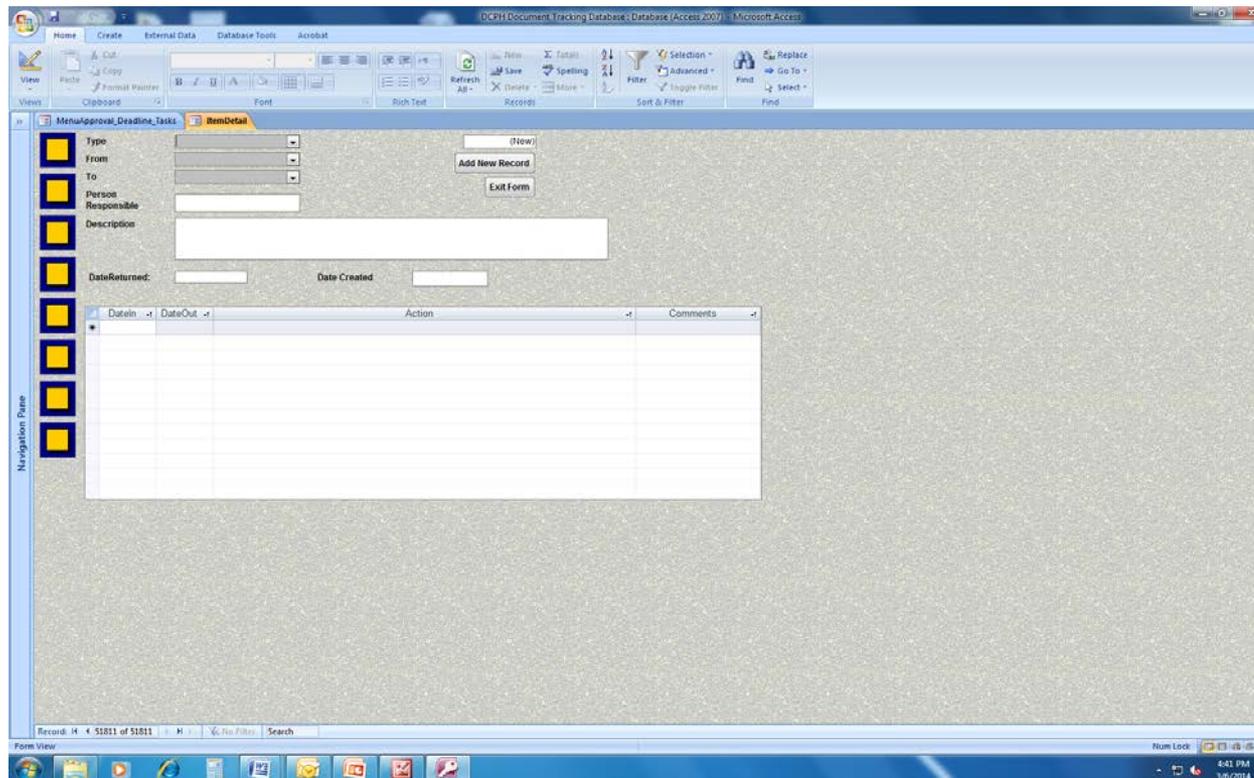
RECEIVED
FEB 13 2014
SHCN

DCPH Tracking Number (if applicable): 165850



TRACKING NUMBERS – CENTRAL OFFICE

- Where do I get a tracking number?
 - N DRIVE



The screenshot displays the Microsoft Access interface for a database titled "DCPH Document Tracking Database (Access 2007)". The ribbon includes tabs for Home, Create, External Data, Database Tools, and Acrobat. The ribbon contains various tools for data entry and management, such as Copy, Paste, Format Painter, Bold, Italic, Underline, Font Color, Text Color, Bulleted List, Numbered List, Decrease Indent, Increase Indent, Refresh All, Save, Spelling, Filter, Advanced, Find, Replace, and Go To. The main window shows a form titled "MenuApproval_Deadline_Tasks" with a subform titled "ItemDetail". The form includes fields for Type, From, To, Person Responsible, Description, Date Returned, and Date Created. There are buttons for "Add New Record" and "Exit Form". A table with columns "DateIn", "DateOut", "Action", and "Comments" is visible at the bottom of the form. The status bar at the bottom indicates "Record: H 4 51811 of 51811" and "Form View". The system tray shows the time as 4:41 PM on 3/6/2014.



HOW TO PROCESS PURCHASE REQUESTS

○ REGIONAL OFFICES

- When complete, forward to the SHCN, SHCN email address
 - Subject line should read:
“STAPLES – 11/4/13 – \$114.56”
“COMFORT INN – MT –
11/8/97 - \$87.50”
- Keep a copy for your records
 - If changes are made to your purchase request (funding, etc... a copy will be sent to the RO AOSA electronically)
- When orders come in, scan and email copy of the packing slip and/or invoices to the SHCN, SHCN email address.

○ CENTRAL OFFICE

- Incoming Purchase Requests
 - The I & L SOSA is responsible for managing the SHCN, SHCN email. (Section AOSA is back up)
 - When purchase requests come in, they are saved on the I:Drive at the following location:
I:\CPHDivision\SHCN\UNIT\
Purchase Requests
 - Assign a tracking number (N:Drive)
 - Print and submit to the Section AOSA for processing
- Central Office Purchase Requests
 - Create your purchase request, save in appropriate folder on the I:Drive
 - Assign a tracking number
 - Keep a copy for your records
 - Submit hard copy (or electronically) to Section AOSA for processing



ROUTING AND APPROVAL GUIDELINES

- Guidelines established by Division
- Outline levels of approval for specific documents
- Can be found: O:\DCPH Operation\DCPH References and Procedures\2.0 Routing and Approval Guidelines
- Updates come from Division



EXPENSE REPORTS

- The department will reimburse you for travel; including mileage, meals, and miscellaneous fees when appropriate
- The full policy on expense reports can be found:
 - <http://dhssnet/policiesprocedures/financial.php>
- Initial form to be set up as a “vendor”
 - http://content.oa.mo.gov/sites/default/files/vendor_input_ach_eftd.pdf
 - Fax to 573- 526-9813
- Find out your program staff’s preference
 - Some staff like to complete their expense reports themselves
 - Some staff like to have clerical complete their expense reports



EXPENSE REPORTS CONTINUED

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MONTHLY EXPENSE REPORT

EMPLOYEE NAME (LAST, FIRST): **Trapp, Nicol A**
 HOME ADDRESS (Only required if HOME (CHECK) is marked):
2204 Brandy Ln. Jefferson City, MO 65109
 OFFICE ADDRESS:
930 Wildwood Drive Jefferson City MO

MONTH: **Dec-13** DOCUMENT NO.: **DHSS/DCPH/SHS**
 DEBORN NO. (SOCIAL SECURITY NO.): **573751-6241**
 DIRECT (ACH) AGENCY (CHECK) HOME (CHECK) PAGE **1** OF **1**

WORK PHONE NO.: **573751-6241** CITY/COUNTY: **SHCN/Cole**

DATE	FROM TO & PURPOSE	RET. (Y)	TRAVEL OPTION*	MILES	BREAKFAST	LUNCH	DINNER	LODGING	RISER R / JAR- CAR RENTL EXP.	MISC.**	TOTAL
12/29	Jefferson City to St. Louis for AOSA duties		F	135			\$27.00	DB		61.58	\$ 88.58
12/30	St. Louis to Jefferson City		F	135							
TOTALS OF ABOVE »							27.00			61.58	\$ 88.58
TOTALS FROM OTHER PAGES »											
TOTAL STANDARD (S) MILES »							AT \$0.370 PER MILE				
TOTAL FLEET (F) MILES »					270		AT \$0.260 PER MILE				\$ 70.20
TOTAL RENTAL (R) MILES »							AT PER MILE				
TOTAL INSTATE \$ 158.78											
TOTAL OUTSTATE \$											
TOTAL REIMBURSABLE EXPENSE » \$ 158.78											

APPROVAL SIGNATURE: _____ DATE: _____
 EMPLOYEE SIGNATURE: **Nicol Trapp** DATE: _____
 TITLE: **Administrator, SHS** OFFICE: **Jefferson City**

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DISTRIBUTION: DIRECTOR OF ADMINISTRATION, SANITARY DIVISION CHIEF, PUBLIC EMPLOYEE RETIREMENT

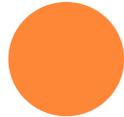
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
MONTHLY EXPENSE REPORT CODING DETAIL

EMPLOYEE NAME: **Nicol Trapp** MONTH: **November** YEAR: **2013**

IN-STATE ACCOUNTING DISTRIBUTION										IN-STATE OBJECT CODE DETAIL AMOUNT									
FUND	ORG	APPR	ACTIVITY	FUNCTION	JOB PROJECT	REP CAT	2105-06 In-State Mileage (Standard Mileage Rate)	2105-07 In-State Mileage (Reduced Mileage Rate)	2105 In-State Commercial Travel Agency	2106 In-State Commercial Travel - Other	2109 In-State Lodging	2110 In-State Meals with Overnight Lodging	2112 In-State Travel Exp. (Other)	Misc. Object Code/Sub-Object Code (if applicable)	Misc. Expense	IN-STATE TOTAL			
140	4403	1219				MSKT	70.20					27.00			97.20	158.78			
IN-STATE TOTALS										0.00	70.20	0.00	0.00	0.00	27.00	0.00	61.58	158.78	
OUT-OF-STATE ACCOUNTING DISTRIBUTION										OUT-OF-STATE OBJECT CODE DETAIL AMOUNT									
FUND	ORG	APPR	ACTIVITY	FUNCTION	JOB PROJECT	REP CAT	2115-06 Out-Of-State Mileage (Standard Mileage Rate)	2115-07 Out-Of-State Mileage (Reduced Mileage Rate)	2116 Out-Of-State Commercial Travel Agency	2117 Out-Of-State Commercial Travel - Other	2120 Out-Of-State Lodging	2121 Out-Of-State Meals	2122 Out-Of-State Travel Exp. (Other)	Misc. Object Code/Sub-Object Code (if applicable)	Misc. Expense	OUT-OF-STATE TOTAL			
OUT-OF-STATE TOTALS										0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
GRAND TOTAL EXPENSES																158.78			

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 DISTRIBUTION: HEALTH/FINANCIAL SERVICES COUNTY/PROGRAM

- Fill out the form completely, using checklists as verification
- Ensure proper funding is used
- Send to Central Office
 - If in CO – give to Section AOSA
- Central Office will submit to OFABS



EXPENSE REPORTS CONTINUED

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES		MONTH: January 2014	DOCUMENT NO.						
MONTHLY EXPENSE REPORT		MEMORANDUM SOCIAL SECURITY NO.	<input type="checkbox"/> DIRECT (ACH) <input type="checkbox"/> AGENCY (CHECK) <input type="checkbox"/> HOME (CHECK)						
EMPLOYEE NAME (LAST, FIRST) McMASTERS, Tammy J. (Telecommuter)		OFFICE ADDRESS 406 S. Dade 135, PO BOX 158, South Greenfield MO 65752	PAGE 1 OF 1						
WORK PHONE NO. 417/637-5740		DEPARTMENT/SECTION OR INSTITUTION DHSS/CIPH							
DATE	FROM/TO & PURPOSE	MILEAGE	BREAKFAST	LUNCH	DINNER	LODGING	BUS/RLY/ RENTL EXP.	MISC.*	TOTAL
1/3	So Greenfield area to Warsaw & Clin- for HCY hv (13.3mi) hv	3.4 s							243
1/9	So Greenfield area to Joplin area for HCY hv	3.4 s							131
1/10	So Greenfield area in Springfield area for HCY hv	3.4 s							129
1/14	So Greenfield area to Republic & Springfield & Buffalo areas for hv	3.4 s							146
1/15	So Greenfield area to Golden City area for HCY hv	7a s							40
1/16	So Greenfield area to El Dorado Springs for HCY (44mi) & Butler area MFAW (152mi) home visits	3.4 s							186
1/17	So Greenfield area to Stockton area for HCY hv	7a s							40
1/22	So Greenfield area to Springfield area for HCY hv	3.4 s							96
1/23	So Greenfield area to Marshfield area for transition meeting	3.4 s							141
1/29	So Greenfield area to Fair Grove & Buffalo area for HCY hv	3.4 s							140
1/30	So Greenfield area to Boivar/Bufaba area for HCY husband funeral of participant	3.4 s							135
1/10	Verizon Wireless internet service for telecommuter office						4.78		4.75
TOTALS OF ABOVE		1437						4.78	4.75
TOTALS FROM OTHER PAGES									
TOTAL STANDARD (S) MILES		1437	AT \$0.370 PER MILE						\$ 531.69
TOTAL FLEET (F) MILES			AT \$0.260 PER MILE						
TOTAL RENTAL (R) MILES			AT PER MILE						
TOTAL INSTATE	TOTAL OUTSTATE		TOTAL REIMBURSABLE EXPENSE						\$ 536.45
DATE	* EXPLANATION OF MISCELLANEOUS	So	South	** EXPLANATION OF TRAVEL OPTION (Choose all that apply for each trip)					
1/10	23.8% of Verizon internet bill \$20.00 = \$4.76	HCY	Healthy Children and Youth	1 DHSS VEHICLE NOT AVAILABLE					
		MFAW	Mentally Fragile Adult Waiver	2 RENTAL VEHICLE NOT AVAILABLE					
		HV	Home Visit(s)	3 PROXIMITY OF STATE VEHICLE					
		MS	Missouri	4 PROXIMITY OF RENTAL VEHICLE					
		DB	Direct BB	5 EMERGENCY/ANONYMITY (exp/brn)					
		SHCN	Special Health Care Needs	0 DHSS THRESHOLD OPTION					
		BRG	Springfield Regional Office	7 (a-d) EXCEPTIONS (refer to policy)					
		Dep.	Department						
I hereby certify that I have reviewed the above claim and that the expenses are accurate and in compliance with DHSS and CA Policy.				I hereby certify the above claim is correct, that these expenses were necessary to conduct state business, that payment has been made from personal funds for which I have not been reimbursed, and will reimburse from any source any payment for these expenses.					
APPROVED SIGNATURE Randell S. Havens	DATE APPROVED 2-6-14	EMPLOYEE SIGNATURE Tammy J. McMasters	DATE 2/5/14	OFFICIAL DISBURSE South Greenfield RECEIVED					

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES												DOCUMENT NUMBER						
MONTHLY EXPENSE REPORT												YEAR						
CODING DETAIL												January 20 14						
EMPLOYEE NAME McMASTERS, Tammy J.																		
IN-STATE ACCOUNTING DISTRIBUTION						IN-STATE OBJECT CODE DETAIL AMOUNT												
FUND	ORG	APPR	ACTIVITY	FUNCTION	JOB PROJECT	REF CAT	2105-00 In-State Mileage (Standard Mileage Rate)	2105-07 In-State Mileage (Reduced Mileage Rate)	2102 In-State Comm. Transp. (Toll)	2104 In-State Comm. Transp. Other	2106 In-State Lodging	2108 In-State Meals	2110 In-State Night and Overnight Lodging	2112 In-State Transp. Exp. (Other)	Misc. Object Code/Obj Code (if applicable)	Misc. Expense	IN-STATE TOTAL	
0275	4405	7803			0124	0141	100.55										100.55	
0143	4405	1985			0124	0141											319.68	
0275	4405	7803			0126	0141	20.36										20.36	
0143	4405	1985			0126	0141											79.58	
0275	4405	7803			0124	0140										1.18	1.18	
0143	4405	1985			0124	0140										1.18	1.18	
0275	4405	7803			0125	0140										1.18	1.18	
0143	4405	1985			0125	0140										1.18	1.18	
IN-STATE TOTALS							531.69	0.00	0.00	0.00	0.00	0.00	0.00	0.00			636.45	
OUT-OF-STATE ACCOUNTING DISTRIBUTION						OUT-OF-STATE OBJECT CODE DETAIL AMOUNT												
FUND	ORG	APPR	ACTIVITY	FUNCTION	JOB PROJECT	REF CAT	2115-00 Out-Of-State Mileage (Standard Mileage Rate)	2115-07 Out-Of-State Mileage (Reduced Mileage Rate)	2118 Out-Of-State Comm. Transp. (Toll)	2119 Out-Of-State Comm. Transp. Other	2120 Out-Of-State Lodging	2122 Out-Of-State Meals	2124 Out-Of-State Night and Overnight Lodging	2127 Out-Of-State Transp. Exp. (Other)	Misc. Object Code/Obj Code (if applicable)	Misc. Expense	OUT-OF-STATE TOTAL	
OUT-OF-STATE TOTALS							0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			0.00
GRAND TOTAL EXPENSES												\$36.45						

- Ensure proper funding
- Split funding mileage properly



65760 FEB 10 2014 SHCN

EXPENSE REPORTS CHECKLIST

DCPH Expense Account Check List

This checklist must be submitted along with your Monthly Expense Report and Monthly Expense Report Coding Detail. See [DCPH Division DCPH DCPH Procurement Procedures DCPH Procurement Procedures.docx](#) for the procedures for processing Monthly Expense Accounts.

Employee/Supervisor

- Month of expenditure(s) complete.
- Vendor No. (Social Security No.) in SAM II (Check with your Fiscal Processing Team if unsure) and included on the Monthly Expense Report.
- "Direct (ACH)" or "Agency (Check)" or "Home (Check)" routing category box should be checked. Select Direct (ACH) for direct deposit into bank/savings account, select Agency (Check) to have check sent to Accounts Payable for the Division/Center to distribute to the claimant, or select Home (Check) to have check mailed straight to claimant's home address.
- Employee name included and matches vendor name in SAM II (Check with your Fiscal Processing Team if unsure).
- Home Address needed if Home (Check) routing category is marked.
- Department/Division or Institution is completed (i.e., DHSS/DCPH/DP/BIAA).
- From/To and Purpose included. From/To must be name of city/municipality. Do not use "Base" in lieu of name of city/municipality of official domicile, unless "Base" is defined on Monthly Expense Report (i.e., Base = name of city/municipality of official domicile). For Purpose, "Meeting" or "Conference" or "Training" is too broad – must specify with name of meeting, conference, or training. Abbreviations must be spelled out (i.e., "HV=Home Visit").
- When departing from home (or any location other than Official Domicile), name the city/municipality of your departure address and list in the From/To & Purpose column (Do not use "home" in lieu of name of city/municipality of residence).
- "Home (or other location) closer than (or same as) Official Domicile" noted, as applicable.
- Early Departure before 7:00 a.m. (Breakfast) and/or Late Return After 7:00 p.m. (Dinner) indicated in From/To & Purpose column, as applicable. Breakfast cannot be claimed unless you have an early departure and are in 12-Hour Travel Status or had an overnight stay. Dinner cannot be claimed unless you are in 12-hour Travel status and are returning after 7:00p.m.
- "12-hour Travel Status" included in the From/To & Purpose column when meal(s) claimed (not required with an overnight stay).
- Meal(s) do not exceed allowable reimbursement caps of the city/state you are traveling to/from. Meal Rates can be found on page 6 of the Departments Reimbursable Travel Expenses and Monthly Expense Report policy.
- Explanation of Travel Option complete and correct Travel Option used and included in the From/To & Purpose
- Personal vehicle taken in lieu of a DHSS vehicle. Mileage has been reduced to the state fleet rate. No Travel Option needed.
- Personal vehicle taken in lieu of a rental vehicle. Mileage has been reduced to the cost of the rental option, including the cost of fuel, per the Trip Optimizer, or a justification signed by the Division Director or Designee attached to claim mileage above the rental option.
- Mileage has been reduced because From/To Home is claimed and From/To Official Domicile is closer.
- Correct Monthly Expense Report form used
- Correct mileage reimbursement rate used
- Approved Out of State Travel Authorization form attached, if applicable, along with any documentation in support of an "exception". Travel dates on Out of State Travel Authorization form match actual travel dates.
- Receipt(s) have a zero balance due or indicate paid in full. Original receipt(s) are attached and must be legible.

- List of attendees/agenda attached, if applicable. This applies if requesting reimbursement for expenses incurred for meetings held by DHSS.
- Justification memo signed by the Division Director or Designee attached as needed.
- Explanation of Miscellaneous is documented.
- If hotel receipt indicates more than one person – list name(s) of other individual(s) and indicate if they are state employee(s). If not a state employee, please document the single room rate for the hotel.
- Lodging does not exceed CONUS or justification signed by the Division Director or Designee attached unless the conference/meeting brochure states a conference rate that is over CONUS (need to attach copy of the brochure/rate listing). Lodging Rates can be found on page 8 of the Departments Reimbursable Travel Expenses and Monthly Expense Report policy.
- Justification signed by the Division Director or Designee attached for In-state lodging claimed within 50 miles of Official Domicile/home.
- Coding Detail form attached and complete.
- Columns and rows total vertically and horizontally.
- Column totals match Coding Detail form.
- Official Domicile (name of city/municipality where employee permanently works) is correct.
- Claimant Signature complete. (Original)
- Approval Signature complete. (Original)

OFABS

- Is Accounting Distribution valid in SAMII
- Funding is available to process the request
- The Expense has been entered into the applicable DCPH expenditure tracking system

- Each expense report must have a checklist with it
- Can be checked off by staff, supervisor, or clerical



SUBMITTING EXPENSE REPORTS FOR PROCESSING

○ Regional Offices

- Obtain signatures as necessary (bureau chief will be obtained by Section AOSA)
- Send hard copy with all pages included to I&L SOSA (Section AOSA back up)
 - Expense Report
 - Coding Detail
 - Check list
 - Supporting documentation (if necessary)

○ Central Office

- Incoming Expense Reports
 - I &L SOSA receives (Section AOSA back up)
 - Enter Expense Report funding on the spreadsheet:
I:\DCPHDivision\SHCN\UNIT\
Budget\Budget Analysis
Database\SHCN Budget
Analysis Master
 - Each line of coding is entered for each employee
 - Assign a tracking number/enter in the tracking database (N:Drive)
 - Give hard copy to Section AOSA for further processing
- Central Office Expense Reports
 - Create Expense Report, collect signature from employee & supervisor (unless Bureau Chief or Section Administrator – bring to Section AOSA)
 - Assign tracking number/enter in the tracking database (N:Drive)
 - Give hard copy to Section AOSA for further processing



CARS

- When to reserve a state car
 - When conducting state business that requires travel
 - <http://dhssnet/policiesprocedures/policiesatoz.php>
 - Cannot claim mileage on expense report
 - Only state employees can occupy a state vehicle
 - Must possess a valid driver's license
 - Parking and moving violations are responsibility of the operator
 - Should not be used when traveling to/from an airport
 - Personal property inside the vehicle is not insured by the state
 - Smoking is prohibited in all state vehicles
 - Seat belt usage is required at all times



CARS – CENTRAL OFFICE PROCESS

○ Carpool Automated Reservation System

- When new staff starts, Section AOSA will register them as a driver in the CARS system
- No purchase request necessary
- <http://content.oa.mo.gov/travel-portal>
- When work departure before 8 a.m. is required, DHSS employees may take a state vehicle home if their home is in the direction of their business travel, and the individual's residence is located outside of Jefferson City
- When using state vehicles
 - Fill out the requested information in the CARS binder
 - Use vehicle fuel card for purchases



CARS – SW REGIONAL OFFICE PROCESS

- Southwest Regional Office
 - Send email send request to LVC for dates needed
 - Receive return reply from LVC regarding location of keys & description of the assigned vehicle
 - Four possible locations:
 - Front desk
 - Section for Child Care Regulation SOSA cubicle
 - DHSS suite 429
 - DHSS suite 819
 - OR receive message “no vehicle available.”
 - Pick Up state vehicle located: 1735 West Catalpa, Springfield, MO 65807
 - Return key to pick up location as soon as return to the office



CARS – SE REGIONAL OFFICE PROCESS

- Southeast Regional Office
 - The Cape Office has a check-out (paper) calendar that is monitored by the Local Vehicle Coordinator (LVC)
 - Staff can either:
 - go upstairs and sign-up on the calendar for one of the state cars {the calendar is located next to the LVC}
 - call LVC and ask if a state car is available on the date they need it and she will sign them up for the vehicle if one is available
 - NOTE: Staff must put their name AND the location(s) where they plan to travel on the calendar for each day. If all of the state cars are all ready reserved AND our Staff can determine that their trip incurs more mileage than someone else's travel they can bump that person, BUT in order to bump someone it must be done 24 hrs in advance. The person being bumped is notified by the LVC that they have been bumped.
 - On the afternoon before travel or the morning of travel, staff goes upstairs and picks up the state car binder with the key from our LVC & then returns the binder to the LVC upon return.
 - The Hillsboro Office has an Electronic Calendar on Outlook where Heather can reserve the Hillsboro car.
 - The Kennett Office has an Electronic Calendar on Outlook where Karen can reserve the Kennett car.



CARS – NW REGIONAL OFFICE PROCESS

- All cars are on outlook Calendar
 - See if a car is available
 - Create an appointment to reserve
 - Can ask one of the “outlook owners” – currently Jan Ward, Trina McAbee, Glenda Muza
 - If all cars are reserved
 - If a staff member’s travel incurs more mileage, they can “bump” that person, with 24 hours advance notice
 - The LVC (currently Jan Ward and Glenda Muza) will notify the person who has been bumped



CARS – E REGIONAL OFFICE

- Cars are kept on Outlook Calendar
- View to see if cars are available
- Reserve by emailing or calling the LVC and requesting
- Check out and back in with LVC



CARS: GENERAL RULES/REQUIREMENTS

- Vehicle Log Books are to be kept between the passenger seat and the console
- Return car to lot with a full tank of gas and cleaned out
 - Make sure gas station accepts WEX (Wright Express) card
 - Must use current mileage to pump gas
- Gas ticket placed inside bag in vehicle book
- Enter ending mileage in Log Book
- Return to key to the proper LVC upon arrival
 - Central Office after hours dropbox



ENTERPRISE RENTAL

- When a state car is not available.
- <http://content.oa.mo.gov/travel-portal>

CATEGORI PART NO.		PA LINE NO.	DETAILED ITEM DESCRIPTION (Include who, what, when and where in description)	QTY	UNIT	UNIT PRICE	TOTAL AMOUNT	REPORTING CATEGORY		
Auto Rental for travel from St. Louis to Jefferson City			2	day	52.93	\$105.86	DW4T/CY4T			
HCY-MFAW State-Wide Meeting April 16-17, 2014 Deborah Conger										
confirmation # 736QJP State vehicles not available										
Enterprise Account # DBXM145										
7 passenger minivan Pick up 5:30 pm April 15 Return by 5:30 pm April 17 2 day - Per Casey @ Enterprise Direct Bill / gb										
ORDER TOTAL							\$105.86			
COMMENTS / SPECIAL INSTRUCTIONS: (if job/project code and/or activity code is needed, indicate which codes to use)										
Prepared By: Gina Buchanan				Date: 3/14/2014		Telephone Number: 314/877-2850				
Bureau/Office Approval				Date:		Division Approval				
Section/Center Approval				Date:		OFABS USE ONLY Funding availability checked? <input type="checkbox"/>				
						BY (initials): _____ DATE: _____				
FUNDING INFORMATION										
LINE #	FUND	ORG	APPROP	ACTIVITY	OBJECT	SUB OBJ *	JOB/PROJ	FUNCTION **	REPT CAT	AMOUNT
01	0275	4405	7800				QJ25		DW4T	26.47
02	0143	4405	1966				QJ25		DW4T	26.46
03	0275	4405	7800				QJ24		CY4T	26.47
04	0143	4405	1966				QJ24		CY4T	26.46
05										
06										

* Sub Object Code must be used for expenditures from ARRA funds (fund 2264) and Stabilization funds (fund 2000)

** Function Code must be used for expenditures from ARRA funds (fund 2264)

PHONE WORK ORDERS

- When a new staff member comes on board, leaves, or changes positions, a work order needs to be completed to have the phones updated.
- These work orders should be completed and submitted to the Section AOSA for processing.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF GENERAL SERVICES
WORK ORDER

JOB NUMBER

PART A - COMPLETED BY REQUESTING UNIT

SECTION NUMBER	TELEPHONE NUMBER	EMPLOYE NAME	DATE
SHS/SHCN	(573) 751-6241	Nicoli Trapp	5-3-13

WORK ADDRESS LOCATION
920 Building Wildwood/Bureau of Special Health Care Needs

OFFICE PHONE Safety Issue

TYPE OF WORK ORDER:
Please update phones for Cube #183. Change from Vacant to Jane Doe. Thanks!

PART B - COMPLETED BY GENERAL SERVICES

PART C - COMPLETED BY GENERAL SERVICES

Unified Communications New/Change User Worksheet	
First Name (As they want it to appear on the phone display)	Jane
Last Name	Doe
Dept	DHSS
Div	DCPH
GL or Billing Number	
Street Address	920 Wildwood
Floor (if applicable)	
Room# (if applicable)	
Telephone Number if existing. If not a new one will be assigned	573-751-6246
If new phone needed, type of phone (2 Line, 6 Line, Basic or Conference Phone)	Basic
Do you want anything programmed on the extra buttons? If so, list the number, person's name and if capability (BLF - user can see if person is on the phone and speed dial; Speed dial - user can only speed dial; Line - user can answer call)	
Lease or Purchase	Lease
Side Car - 1 or 2	
Voice Mail (Y/N)	N
Voice Mail Zero Out Option (telephone number)	573-751-6246
Call Forward Busy Destination (telephone number or voice mail)	573-751-6246
Call Forward Don't Answer Destination (telephone number or voice mail)	voicemail
NCOS or Class of Service - continental US - 5; Local and Toll Free - 4; International 6	5
Call Pickup Group- If not a new group, identify which group by telling us another user in the group you want this user in.	
External Masking, Y or N, if so what number to mask to.	N
Internal Masking - What number and or name do they want	N
Are they a Contact Center Agent or Supervisor? If so which Contact Center and what Priority?	N/A
Other Special Instructions or Requirements	



OUTLOOK – GENERAL GUIDELINES

- Be sure to complete the Subject of an e-mail message to allow the recipient to prioritize e-mail messages by scanning his/her mailbox.
- Do not put anything in an e-mail message that you do not want anyone other than the recipient to see. The privacy of e-mail messages is **not** guaranteed.
- Keep your message short and to the point. Edit and proofread each message carefully.
- Never send an e-mail message in all capital letters. This reflects an angry tone.
- Be sure that if you are replying to a message, that you “reply all” when the contents relate to all involved.



EMAIL – DEPARTMENT GUIDELINES

- Do not send communications that you would not put in a formal memo or letter.
- Do not send what you wish you could say, but only what you would say if the person were in front of you (be respectful).
- Do not send a group message unless it is appropriate for all recipients (it is not appropriate if it does not pertain to official business or if an individual does not need to know).
- Electronic communications sent to all DHSS staff must be approved by division management and the DHSS Director as outlined in Administrative Manual policy 11.23.
- Do not use “Reply to All” without viewing the distribution list.
- Do not transmit copyrighted materials except with proper permission.
- Do not distribute computer games.
- Do not use another individual's e-mail account to either send or receive messages. If there is need to read another's mail (while they are away on vacation, for instance), proxy, message forwarding, or other facilities must be used.
- E-mail is accessible through the Internet and can be accessed by non-DHSS equipment; however, attachments or DHSS documents should not be saved to non-DHSS equipment.



OUTLOOK – CREATING A SIGNATURE

- Your signature should be a block of information
 - Do not use backgrounds, pictures, quotes, etc.. As this takes up valuable inbox space
- All e-mail messages must contain the Department’s confidential statement.
 - How to create a signature
 - Open a new message. On the **Message** tab, in the **Insert** group, click **Signature**, and then click **Signatures**.
 - On the **E-mail Signature** tab, click **New**.
 - Type a name for the signature, and then click **OK**.
 - In the **Edit signature** box, type the text that you want to include in the signature.
 - This email is from the Missouri Department of Health and Senior Services. It contains confidential or privileged information that may be protected from disclosure by law. Unauthorized disclosure, review, copying, distribution, or use of this message or its contents by anyone other than the intended recipient is prohibited. If you are not the intended recipient, please immediately destroy this message and notify the sender at the following email address: **YOUR EMAIL** or by calling **YOUR PHONE NUMBER**.
 - To format the text, select the text, and then use the style and formatting buttons to select the options that you want.
 - Choose the newly created signature as your “default signature” to the right
 - Click **OK**



OUTLOOK – PRIORITY MESSAGES

- Division Guidelines dictate that all emails should be reviewed and responded to (if necessary) within a maximum of three business days.
- E-mail that requires a time-sensitive action on the part of the receiver or that the sender believes is important and ought to be opened immediately by the receiver should be sent as high priority (red). High priority mail should not be sent indiscriminately; typically no more than 10% of mail messages would be high priority.
 - Sending a High Priority Message
 - On the toolbar, click **Importance: High** 
 - or **Importance: Low** 



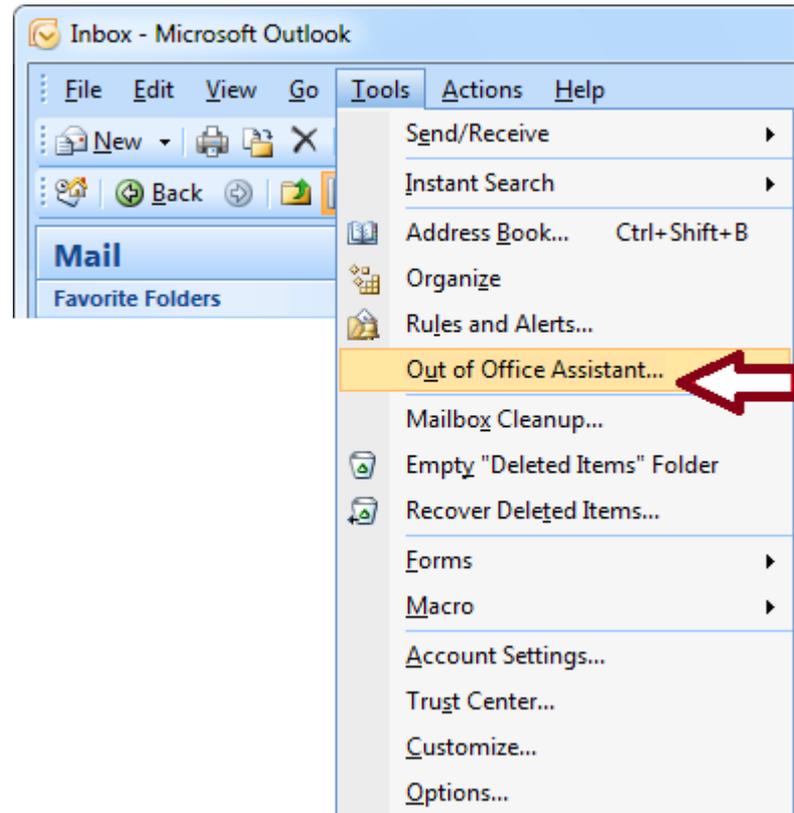
OUTLOOK – GRANTING DELEGATE ACCESS

- When out of the office for extended periods of time arrangements should be made so that high priority and other important e-mail are acted on in the user's absence.
 - Grant Access to your inbox to your supervisor
 - **Turn on Delegate Access**
 - A delegate automatically receives Send on Behalf permissions. This means your delegate can do the following:
 - Respond to a meeting request sent to you, the manager.
 - Receive meeting request responses sent to you, the manager.
 - Compose and send an e-mail message that, when received, will have ***Delegate Name on behalf of Manager Name*** next to **From**.
 - By default, the delegate can read only the meeting requests and responses sent to the manager. The delegate does not have access to read any other messages in your **Inbox**.
 - On the **Tools** menu, click **Options**.
 - Click the **Delegates** tab, and then click **Add**.
 - Type the name of the person whom you want to designate as your delegate, or search for and then click the name in the search results list.
 - **Note** The delegate must be a person in the Exchange Global Address List
 - Click **Add**, and then click **OK**.
 - In the **Delegate Permissions** dialog box, you can accept the default permission settings or select custom access levels for Exchange folders.
 - If a delegate needs permission to work with meeting requests and responses only, the default permission settings, including **Delegate receives copies of meeting-related messages sent to me**, is sufficient. You can leave the **Inbox** permission setting at **None**. Meeting requests and responses will go directly to the delegate's **Inbox**.
 - **Note** By default, the delegate is granted **Editor (can read, create, and modify items)** permission to your **Calendar** folder, because after the delegate responds to the meeting on your behalf, the meeting is automatically added to your **Calendar** folder.
 - To send a message to notify the delegate of the changed permissions, select the **Automatically send a message to delegate summarizing these permissions** check box.
 - If you want, select the **Delegate can see my private items** check box.
 - **Important** This is a global setting that affects all of your Exchange folders, including all Mail, Contacts, Calendar, Tasks, Notes, and Journal folders. You cannot allow access to private items in only one folder.
 - Click **OK**.

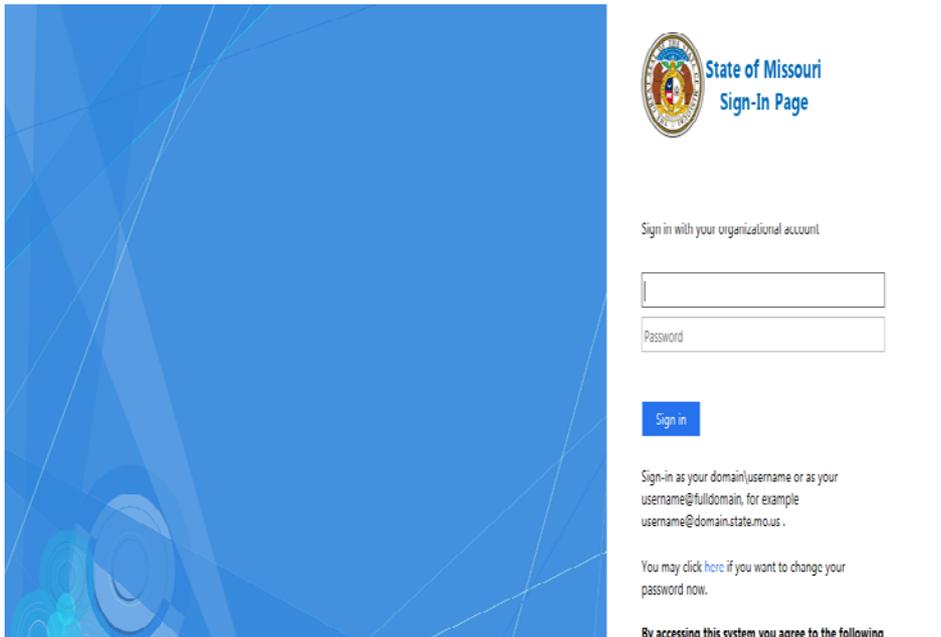


OUTLOOK – OUT OF OFFICE REPLY

- Creating an out of office reply
 - On the **Tools** menu, click **Out of Office Assistant**.
 - In the **Out of Office Assistant** dialog box, select the **Send Out of Office auto-replies** check box.
 - If you want to specify a set time and date range, select the **Only send during this time range** check box. Then set the **Start time**, and then set the **End time**.
 - In the **Inside my organization** tab, type the message that you want to send within your organization, and in the **Outside my organization** tab, type the message that you want to send outside your organization.
 - Click **OK**.
 - If you selected the “Only send during this time range” option in step 4, the **Out of Office Assistant** feature will continue to run until the date and time set for the End Time in step 5 is reached. Otherwise, the Out of Office Assistant will continue to run until you repeat step 1 and select the “**Do not send Out of Office auto-replies**” option.



OUTLOOK - ACCESSING WEBMAIL



The screenshot shows the 'State of Missouri Sign-In Page'. It features the state seal and the text 'State of Missouri Sign-In Page'. Below this, it says 'Sign in with your organizational account'. There are two input fields: the first is empty, and the second is labeled 'Password'. A blue 'Sign in' button is positioned below the password field. Further down, there is a note: 'Sign-in as your domain\username or as your username@fulldomain, for example username@domain.state.mo.us'. At the bottom, it says 'You may click [here](#) if you want to change your password now.' and 'By accessing this system you agree to the following'.

- Open Internet
- In the address bar, type:
<https://webmail.mo.gov>
- Type in the domain/username
 - CDS/username
- The password will be your network password
- Click Log On



OUTLOOK – ENCRYPTING MESSAGES TO STAFF OUTSIDE OF DHSS

- <https://extranet.mo.gov/gettinghelp/FAQ/Shared%20Documents/Outlook-How%20to%20Encrypt%20an%20Email.pdf>
- All email containing sensitive information that is sent to non-DHSS employees **MUST** be encrypted



OUTLOOK – MAINTAINING CALENDAR

○ Scheduling an appointment

- Appointments are activities that you schedule in your calendar that do not involve inviting other people or reserving resources. You can schedule recurring appointments, view your appointments by day, week, or month, and set reminders for your appointments.
 - On the **File** menu, point to **New**, and then click **Appointment**.
 - **Keyboard shortcut** To create an appointment, press Ctrl+Shift+A.
 - In the **Subject** box, type a description.
 - In the **Location** box, type the location.
 - Enter the start and end times.
 - **Tip** You can type specific words and phrases in the **Start time** and **End time** boxes instead of dates. For example you can type Today, Tomorrow, New Year's Day, Two Weeks from Tomorrow, Week from Yesterday, Three days before New Year's Day, and most holiday names.
 - Select any other options that you want.
 - To make the appointment recur, on the **Appointment** tab, in the **Options** group, click **Recurrence** .
 - Click the frequency (**Daily**, **Weekly**, **Monthly**, **Yearly**) with which the appointment recurs, and then select options for the frequency.
 - Click **OK**.
 - On the **Appointment** tab, in the **Actions** group, click **Save & Close**.



OUTLOOK – MAINTAINING CALENDAR

- Scheduling a meeting
 - A meeting is an appointment that includes other people and can include resources such as conference rooms. Responses to your meeting requests appear in your **Inbox**.
 - In Calendar, on the **Home** tab, in the **New** group, click **New Meeting**.
 - In the **Subject** box, type a description.
 - In the **Location** box, type a description or location. If you use a Microsoft Exchange account, click **Rooms** to choose from available rooms.
 - In the **Start time** and **End time** lists, click the start and end time for the meeting. If you select the **All day event** check box, the event shows as a full 24-hour event, lasting from midnight to midnight.
 - In the meeting request body, type any information that you want to share with the recipients. You can also attach files.
 - On the **Meeting** tab, in the **Show** group, click **Scheduling Assistant**.
 - The **Scheduling Assistant** helps you find the best time for your meeting.
 - Click **Add Attendees**,
 - In the **Select Attendees and Resources** dialog box, in the **Search** box, enter the name of a person or resource to include at the meeting. If you are searching with the **More Columns** option, click **Go**.
 - Click the name from the results list, then click **Required**, **Optional**, or **Resources**, and then click **OK**.
 - **Required** and **Optional** attendees appear in the **To** box on the **Meeting** tab, and **Resources** appear in the **Location** box.
 - The free/busy grid shows the availability of attendees. A green vertical line represents the start of the meeting. A red vertical line represents the end of the meeting.
 - Click send to invite all the attendees selected to the meeting.



DOCUMENT SHREDDING

- Each office has a method of shredding important documents.
- If a document does not meet the guidelines below, it should be placed in the box for recycling, rather than shredding.
- What should be shredded?
 - Any items with identifying personal information
 - Social security numbers
 - DCN
 - Birthday
 - Address/phone number
- CDD
 - Offices that contract with CDD have their shred box picked up once a month.
 - Accompany the CDD employee to the box, and also to the truck
 - Sign the notice of destruction, and keep the copy from the CDD employee
 - Send a copy of the notice to the Section AOSA for processing
 - If you receive an invoice from CDD, send to the Section AOSA to be approved for payment



MICROFILMING

- Regional Office Responsibilities:
 - See attached handout in Clerical Manual



MICROFILMING

- Central Office Process
 - See attached handout in Clerical Manual



OPI

- What needs an OPI form?
 - OPI approval is required for the following: news releases, newsletters, fact sheets, posters, cover letters, mailings, conference displays, annual burden reports, presentations (public audience), print, and other advertisements that include online banner ads, gas pump toppers, floor mats, billboards, transit, theatres, radio, TV, airports, Jumbotron, Facebook and brochures. ***The following do not require OPI approval: forms, training manuals, manuscripts, and abstracts clearance forms.***



OPI PROJECT REQUEST FORM

[HTTP://DHSSNET/](http://dhssnet/)

- Send completed form, as descriptive as possible to Section AOSA for review/signature.
- Section AOSA will send to OFABS. OFABS sends to Division. Division sends to OPI, where a staff member is assigned to the project.
- Once the project is completed, the request form and project materials are sent to the program for approval.
- Once approved by program, send to Section AOSA for review/signature.
- Section AOSA will send to Division for final approval. After division director approves, the form is sent to OPI for final approval.
- OPI will return the approved project form to Division
- Division will return the approved project form to Section AOSA
- Section AOSA will make a copy for file records and return the project form to program SOSA



OPI APPROVAL OF PROJECTS NOT CREATED BY OPI

- Complete this form for OPI approval on projects that you created.
- Printing Projects
 - You will need OPI approval before printing any project. Complete an “Office of Public Information Approval of Projects not created by OPI” form. Printed material will need to be reviewed and approved by OPI on an annual basis.
- Web Requests
 - Routine updates to existing information do not need OPI approval. Information that does not need OPI approval can be sent directly to webgroup@health.mo.gov.
 - To add new documents, make major content changes, add reports, or request assistance from IT, complete a Customer Service Request Form (CSR). <http://dhssnet/appsforms/doc/itsdcsr.doc>
 - Once OPI has approved the CSR, it will go back to the division. After the division and OPI approve, follow the CSR process. http://dhssnet/policiesprocedures/pdf/adminmanual24_12A1.pdf
- Talking Points
 - You will need approval from the department director or deputy director if you seek his or her attendance at an event. Once the director or deputy director agrees to attend an event, e-mail your talking points and event agenda to Ryan Hobart, Tracy Kramel and Debbie Mebruer two weeks prior to the event.



INTERPRETER SERVICES



How to Use Interpretive Services

- Contracted through World Wide Interpreters
- Complete Data Usage Sheet for each time the service is used
- Forward the Data Usage Sheet to SHCN Central Office for processing
- If you receive an invoice for interpreter services, forward to Section AOSA for payment
- Contracted staff (ABI and CYSHCN programs) use central office code

Step 1: Call 1 800.207.1424

Step 2: Enter Pin # **88208** (pause for greeting)

Step 3: Select 1 or say 'Spanish' to be connected to your Spanish interpreter.

or

Select 2 or say 'Operator' for any other language.

Step 4: Provider/Client # - Give the participants DCN #



DELTA – CODING YOUR TIME

- <http://dhssnet/timesheets/>
- You should receive your codes from your supervisor.
- Update your delta every day!
- Delta must be submitted to your supervisor on “Delta Days”
- Leave balances update in arrears.
- Policies involving work hours and tardiness/absenteeism are included in your clerical binder

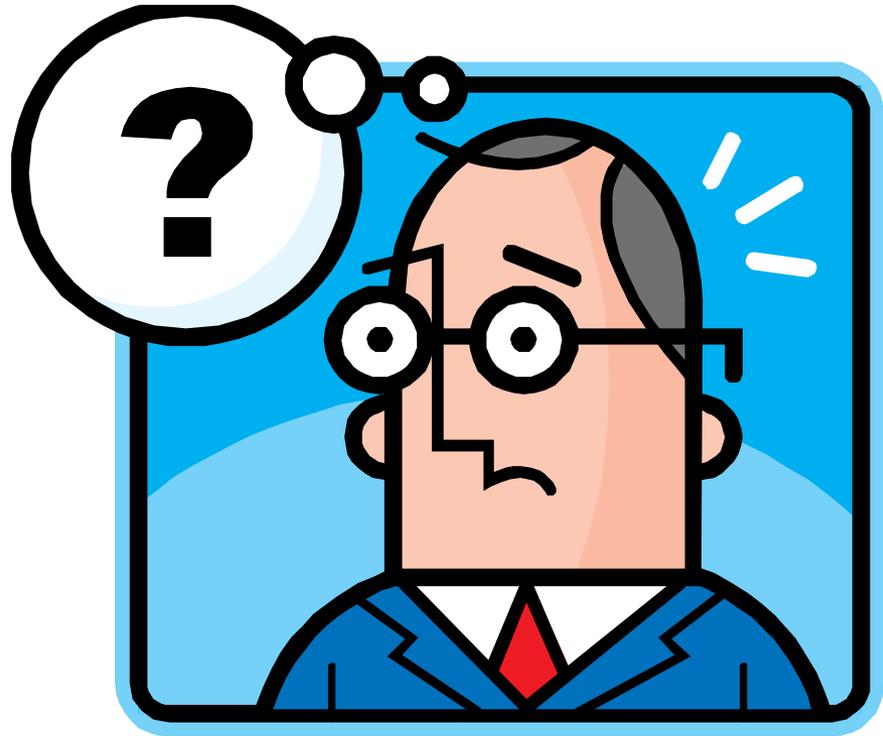
SPECIAL HEALTH CARE NEEDS LDPR's				
Default LDPR's		Override LDPR's		
CP259	CY4P HCY Admin GR	28.09%	MF005 P033 GR	47.00%
	CY4P HCY Admin Fed	28.09%	M231 MCH Block	53.00%
	DW4P MFAW Admin GR	3.11%		100.00%
	DW4P MFAW Admin Fed	3.11%	MF008 CX4P HCY Skilled GR	25.00%
	P033 GR	17.67%	CX4P HCY Skilled Fed	75.00%
	P139 Adult Brain Injury GR	0.00%		100.00%
	M231 MCH Block	19.93%	MF010 CY4P HCY Admin GR	50.00%
		100.00%	CY4P HCY Admin Fed	50.00%
				100.00%
CP341	CY4P HCY Admin GR	13.98%	MF016 DX4P MFAW Skilled GR	25.00%
	CY4P HCY Admin Fed	13.98%	DX4P MFAW Skilled Fed	75.00%
	P033 GR	22.61%		100.00%
	M231 MCH Block	25.50%		
	P139 Adult Brain Injury GR	23.93%		
		100.00%		
MF063	CX4P HCY Skilled GR	21.11%	MF018 DW4PMFAW Admin GR	50.00%
	CX4P HCY Skilled Fed	63.34%	DW4P MFAW Admin Fed	50.00%
	DX4P MFAW Skilled GR	3.68%		100.00%
	DX4P MFAW Skilled Fed	11.04%	CP472 HC4P Adult BI XIX CM	50.00%
	P033 GR	0.39%	HC4P Adult BI XIX CM	50.00%
	M231 MCH Block	0.44%		100.00%
		100.00%	CP473 P139 Adult Brain Injury GR	100.00%
				100.00%
MF066	CY4P HCY Admin GR	43.47%	CP605 IC4P ICD-10 Policy Remediation	90.00%
	CY4P HCY Admin Fed	43.47%	IC4P ICD-10 Policy Remediation GR	10.00%
	DW4P MFAW Admin GR	6.32%		100.00%
	DW4P MFAW Admin Fed	6.32%		
	P033 GR	0.19%		
	M231 MCH Block	0.23%		
		100.00%		
MF078	CX4P HCY Skilled GR	11.89%		
	CX4P HCY Skilled Fed	35.68%		
	DX4P MFAW Skilled GR	13.11%		
	DX4P MFAW Skilled Fed	39.32%		
		100.00%		
MF080	P033 GR	47.00%		
	M231 MCH Block	53.00%		
		100.00%		

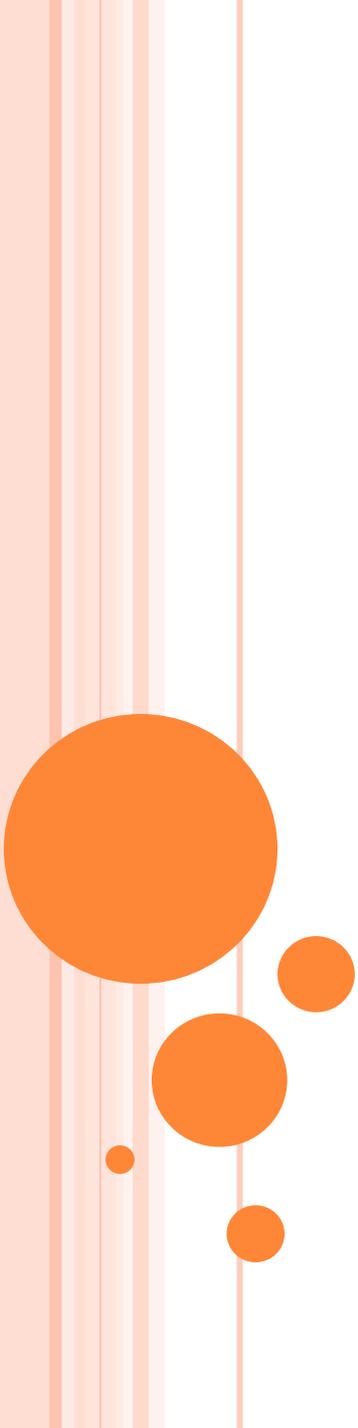
CP259	AO Other
CP341	Performance Specialists
MF063	Public Health Nurses
MF066	HCY Facilitators
MF078	HCY/MFAW Public Health Consultant Nurse
MF080	Central Office Other

Updated 7/30/2013



QUESTIONS?





END OF GENERAL CLERICAL TRAINING

AOSA specific training to follow

PERSONNEL RESPONSIBILITIES

- HR Contact for your regional office
 - You will work closely with bureau leadership and Section AOSA regarding personnel matters
 - HR Updates
 - Changes in employee information, work schedule, etc...
 - Annual Forms/Training Records
 - Expense Reports
 - Retirements
 - Name plate/phone work orders
 - Interview Scheduling/Facilitating



YOUR RESPONSIBILITIES FOR NEW EMPLOYEES

- New Employee Orientation Checklist
 - This list is generated by the Section AOSA. Initial tasks are marked by Section AOSA
 - <https://health.mo.gov/shcn/TrainingResources.htm>
 - Given to Immediate Supervisor in Central Office
 - Mailed to Regional AOSA when applicable
 - For all new employees, Regional AOSAs are responsible for duties listed under “Bureau Lead Clerical”
 - Sections that require forms to be completed for “employee unit file” should be sent to the Section AOSA
 - For new SOSAs in your office, Regional AOSAs are responsible for duties listed under “Bureau Lead Clerical” and “Immediate Supervisor”
 - The employee carries the checklist to trainings and office visits for signatures
 - When the form is completed, make copy for the employee and supervisor, mail original to Section AOSA



NEW EMPLOYEE FORMS – REGIONAL

- New Employee Forms are mailed to Regional AOSA from HR
- SHCN Regional AOSA's are considered the main contact for new employee packets for their offices
- Checklist attached to each packet, ensure all forms are completed
- If there are any questions from employee regarding how to complete form:
 - Contact Personnel Clerk (currently Yvanna Blanke)
573-522-1256
- Once all forms are completed, send to HR



GENERAL HIRING PROCESS – FOR REFERENCE

- When a vacancy occurs, a signed resignation letter showing the date of the letter and the date of the intended resignation should be submitted to central office
 - A copy may be scanned and faxed to the Section AOSA initially, but the original needs to be mailed to the Section AOSA as soon as is possible.
- Once the resignation letter is received, the appointing authority designee (bureau chief, section administrator) will complete and sign an acceptance of resignation form. A copy will be sent to the supervisor of the employee resigning. This letter must be presented within 24 hours of the resignation. The original will be mailed to the employee resigning.
- A Request To Fill (RTF) will be submitted to Division by Section AOSA
- Once the RTF is approved, Central Office begins the recruiting process
- When the recruiting period ends, a list of candidates will be chosen for interviews
- At the discretion of the bureau chief/recruiting supervisor, either the Section AOSA or Regional AOSA will schedule the interviews
 - Appointment choices will be sent to the Regional AOSA, along with contact information for each candidate
 - Send finalized interview schedule to Section AOSA



GENERAL HIRING PROCESS – FOR REFERENCE CONTINUED

- Once interviews are scheduled, either the Section AOSA or Regional AOSA prepares the interview packets. Interview packets include:
 - A signature page for each member of the interview panel:
O:\DCPH Operations\DCPH References and Procedures\14.0 Personnel
 - A file folder for each candidate (one for each member of the interview panel)
 - Includes the interview questions sent to Regional AOSA by Section AOSA
 - A copy of the candidates application and accompanying documents
 - A packet for each candidate that includes
 - SHCN brochure
 - Blurb for the vacant position
 - Missouri State Employee benefits
 - Applicable program fact sheets/maps
 - Do not dispose of the interview questions after the interview! These questions (and the signature sheets) will be sent to Central Office at the close of the hiring process



GENERAL HIRING PROCESS – FOR REFERENCE CONTINUED

- When interviews are completed, a candidate is chosen by the interview panel and approved by the Bureau Chief
- An Applicant Approval Form (or Salary Justification) is completed by the Section AOSA and submitted to Division and HR for approval
- Once approved, Division notifies Central Office that the candidate is hireable, and at what pay
- Central Office contacts the hiring supervisor to collect the necessary information to offer the position
 - The initial call to the candidate is to acquire a birthday and verify social security number. Once the birthday is acquired, it is sent to the Section AOSA. HR completes a background check.
- Upon notification of a successful background check, the position may be officially offered
 - Section AOSA notifies hiring supervisor of the approved salary, and gives the OK to offer the position to the candidate
 - The following information is collected from the candidate at the time the position is offered
 - Full name (with middle initial)
 - Address and county of residence
 - Gender
 - Agreed upon start date
 - Social Security Number



GENERAL HIRING PROCESS – FOR REFERENCE CONTINUED

- Once information is obtained, and a start date is agreed upon, the Section AOSA completes the Confirmation of Acceptance form
- HR sends a letter to the candidate detailing their acceptance, salary, and start date
- Section AOSA completes ASAPS for all new staff and work orders for Central office staff
 - When email with new employee log in is received, it is forwarded to Regional AOSA and supervisor of position
- Regional AOSA completes
 - Phone work order
 - Name plate order
 - Business cards (if applicable)
 - New Employee Orientation scheduling
 - New hire paperwork
 - Completing the New Employee Checklist
 - This checklist is to be returned to Section AOSA when complete to be held in the employee's working file



GENERAL HIRING PROCESS – FOR REFERENCE CONTINUED

○ Sorry Letters

- Once the hiring process is complete, the Section AOSA will send out sorry letters for central office vacancies, and regional AOSA vacancies.
- In regional offices, regional AOSA will complete sorry letters from the template and information sent by Section AOSA
 - A sorry letter must be completed for every applicant
 - If an applicant declined the position or interview, or did not show for a scheduled interview, a sorry letter is not required
 - The sorry letters should be signed by the supervisor of the vacant position
 - Sorry letters are mailed to applicants in DHSS envelopes, and a copy of signed letters are sent to Section AOSA for further processing (preferably by scanned email)



PERFORM/ANNUAL FORMS

- Each year, the Department requires that an evaluation be completed for all staff
- Section AOSA will email all Section supervisors the list of required forms for that year
- Supervisors complete the evaluation and objectives
- Each staff member completes their annual forms
- Regional AOSA collects all staff paperwork and submits to Section AOSA for further processing by the stated deadline
- Section AOSA processes for signature all received forms
- Copies are made of annual objectives and perform evaluations. Section AOSA mails these copies to Regional AOSA for distribution



WEX CARDS

- These fuel cards are for use by state employees who are using personal/rental vehicles for state related travel.
- AOSA is responsible for the cards assigned to their office
- Trainings available:
 - <http://archive.oa.mo.gov/gs/fm/fleetmacdata/>
 - Userid: fleetmac
 - Password: fleet63





QUESTIONS?

