Intermediate Care Facility for Persons with Mental Retardation - ICF/MR User Guide for State Facilities, SOCS, and Community MHMR Centers

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1 Introduction

Overview

About the System

The Texas Department of Mental Health and Mental Retardation (TDMHMR) has assumed the responsibility of registering and tracking ICF/MR consumers, a function previously maintained by the Texas Department of Human Services (TDHS).

Consumers entering an ICF/MR (Intermediate Care Facility for persons with Mental Retardation) must be registered into the Client Assignment and Registration (CARE) system. An Internet World Wide Web (Web) interface allows ICF/MR non-state providers to register clients into the CARE system and enter MR/RC Assessments and client movement information. State operated providers use 3270 emulation to access CARE and enter the same information. This information will establish a consumer's service authorization, which will be routed through the TDHS Service Authorization System (SAS) to the National Heritage Insurance Company Claims Management System (CMSconnect). Thereafter, the provider can enter a claim using CMSconnect.

Non-State Operated Provider

A non-state operated provider is a private business that provides ICF/MR services and is not affiliated with a state facility or SOCS. Community MHMR Centers are considered non-state operated providers.

State Operated Provider

A state operated provider is a state facility (state school or state center) or SOCS (State Operated Community Services) that provides ICF/MR services.

Documentation

This documentation has been prepared for state operated providers (state facilities and SOCS) and community MHMR centers**.**

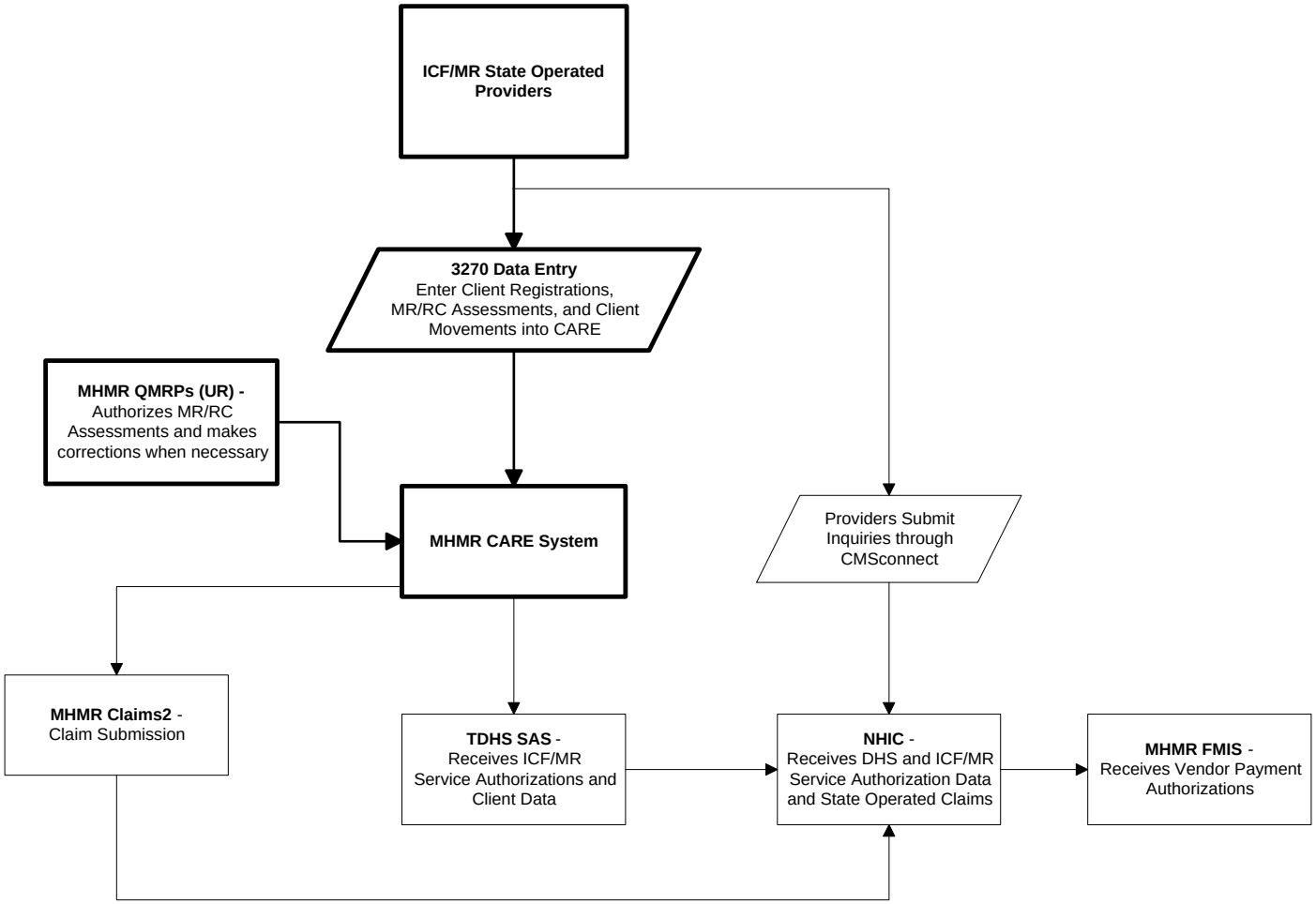
System Functions

The ICF/MR system contains three on-line functions.

Function	Description
ICF/MR Data Entry and Update	Using the ICF/MR Data Entry and Update screens, the provider can: • register a consumer • submit client movements • submit MR/RC assessments • update consumer demographics, name, and address • update correspondent information
ICF/MR Inquiry	Using the ICF/MR Inquiry screens, the provider can view: • all client movements • MR/RC Assessment summary • MR/RC pending assessments

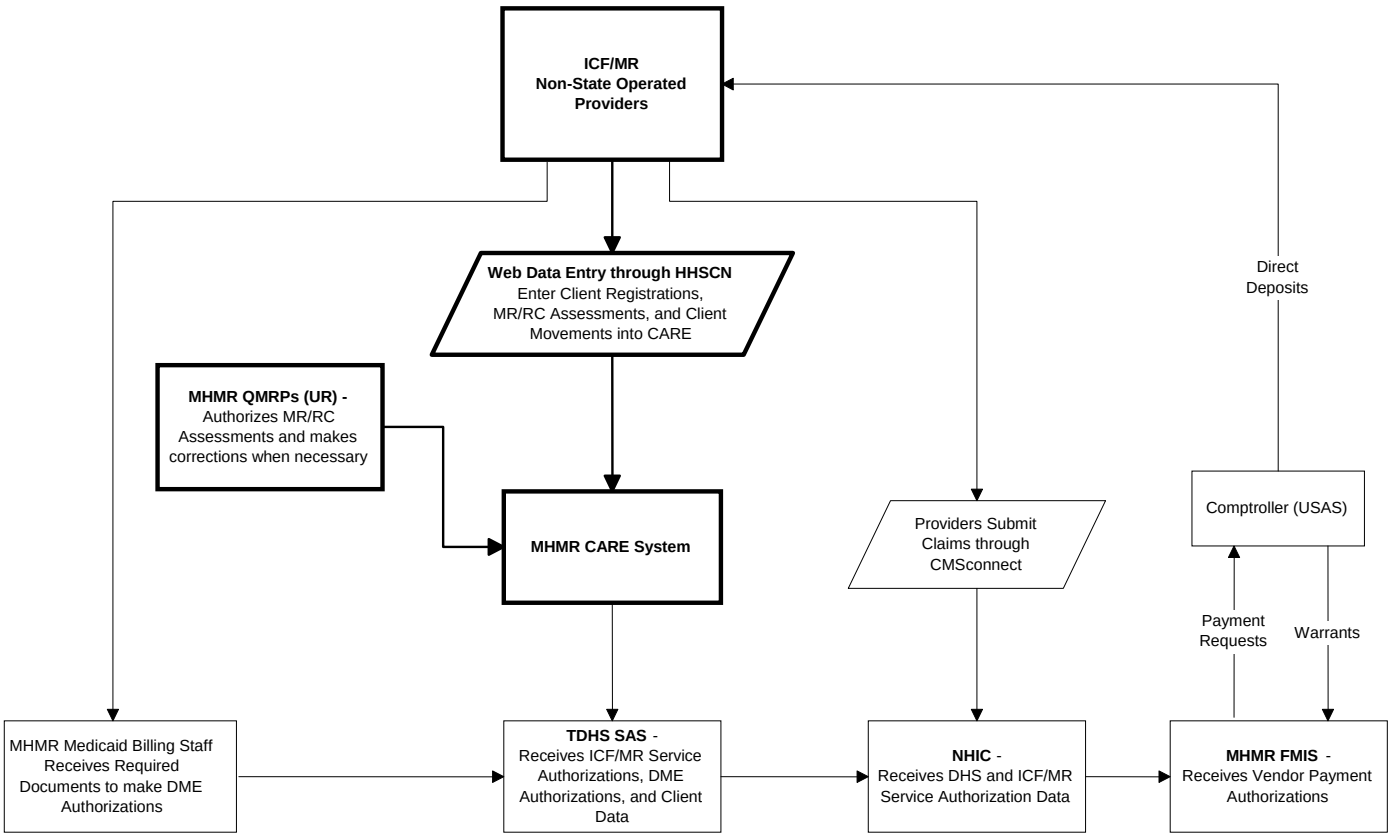
Flowchart - State Operated Providers

The following chart shows the overall picture of the ICF/MR System as it relates to state operated providers. The items in bold indicate the procedures covered in this manual.



Flowchart - Non-State Operated Providers

The following chart shows the overall picture of the ICF/MR System as it relates to non-state operated providers. The items in bold indicate the procedures covered in this manual.



Authorization

Access

To obtain access authorization to use the ICF/MR system, submit the ICF/MR Automated System Provider Access Form - IS 098 to the person listed at the bottom of the form.

The authorization process takes up to a week to complete. Information Services (IS) at Central Office will notify you of your user number and *temporary* password.

Change Password

We recommend that you change your *temporary* password to one that is meaningful to you.

You can change your password as often as you want. The system requires that you change your password periodically. See *Accessing ICF/MR – Mainframe/3270* and *Accessing ICF/MR – Web Applications* in the **Procedures** section of this manual for instructions on how this change can be accomplished.

Other Required Forms

Other forms required for authorization and access are:

- ICF/MR Automated System Access Authorization Designees
- Non-Disclosure Agreement

To obtain forms to access TDMHMR ICF/MR or HHSCNet dial-up forms, or if you have any access questions, contact Medicaid Administration at (512) 206-5577. A copy of each of the security forms is included in the *Appendices* of this document.

PC System Configuration Information

Introduction

The Texas Department of Mental Health and Mental Retardation operates an automated registration and service authorization system for the ICF/MR program. This information is being used in the Claims Management System (CMS) in conjunction with CMSconnect (NHIC's claims submission/processing system). CMSconnect allows providers to electronically submit/process claims and access service authorization information. To have access to these systems, the provider must have a PC system.

Minimum Requirements for New PC System

If you are purchasing a new PC system, the following minimum configuration should be purchased:

- Pentium 200 (or better) IBM Compatible PC
- 2GB Hard Disk (or larger to meet the user's needs)
- 32 Meg RAM
- US Robotics Sportster: 56k modem
- Windows '95

Minimum Requirements for Existing PC System

If you have an existing PC system, the following are the minimum requirements:

- 486DX-33 or better
- 500 Meg Hard Disk (or larger to meet the user's needs)
- 16 Meg RAM
- 14.4 Baud modem

  Note: If a 28.8 Baud modem is selected, *must* be v32, v33, or v34 compliant.
- Windows 3.1, Windows for Work Groups 3.11, or Windows '95

Required Software

Software required to access and use the Web applications is the latest version of one of the following Web browsers:

- Microsoft Explorer
- Netscape Navigator

Other Considerations

- Analog phone lines are required for dial-up access.
- DOS or Macintosh operating systems will not be supported.

Questions

If you have any questions or require additional information, contact Medicaid Administration at (512) 206-5577.

Hardware and Software Support

Using Applications

State operated providers and Community MHMR Centers already have the means to access the ICF/MR system. Contact the computer technical support department at your location for information.

Technical Support

To effectively use applications in this system, it is important to have the technical expertise required to install and maintain your hardware and software. TDMHMR will not install and/or maintain the customer's hardware or software.

To successfully access the applications, you must follow your hardware/software installation directions precisely and install each item according to the manufacturer's directions. TDMHMR does not take responsibility for installation of your equipment.

As there are many combinations of hardware and software that you could be using, TDMHMR cannot resolve every problem you may encounter. You will need to rely on your technical expert for information concerning your hardware, software, and communications setup.

Computer Access (for Non-State Operated Providers)

Operational Hours

The system operates 24 hours a day 7 days a week with the exception of scheduled maintenance or unexpected system downtime. Although dial-up access is available 24 hours a day, HHSCNet support is available only during regular work hours (Monday through Friday 7:00 a.m. - 7:00 p.m.). Enterprise Service Desk support is limited to the availability of the HHSCN backbone dial-up connect.

Other Required Forms

Other forms required for authorization and access are:

- ICF/MR Automated System Access Authorization Designees
- ICF/MR Automated System Provider Access Form – IS 098
- Non-Disclosure Agreement

To obtain forms to access TDMHMR ICF/MR or if you have any access questions, contact Medicaid Administration at (512) 206-5577. A copy of each of the security forms is included in the *Appendices* of this document.

2 Procedures

Introduction

The *Procedures* section of the manual contains work process flow charts or diagrams and describes the general steps used for each process. This section is not intended to provide detailed instructions for each procedure. For more detailed instructions, refer to the appropriate screen in the *Screens/Field Tables* section of this manual.

Recommendation

State operated providers and community MHMR centers can use mainframe/3270 *or* the web to access ICF/MR, but consumer registration and name search are limited on the web due to client confidentiality legislation. Therefore, *our recommendation is access through the mainframe/3270.*

In This Section

This section contains an overview of the basic work processes that ICF/MR providers must apply, followed by general steps used for the following procedures:

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ICF/MR Work Processes

Work Processes

ICF/MR providers must apply three basic work processes to allow for the registration and tracking of ICF/MR consumers:

- Client registration in CARE
- Client movement entry
- MR/RC assessment entry

Note: Unless otherwise specified, action codes are the same for both the mainframe/3270 and web applications.

CARE Registration

All consumers not in the CARE system must be registered.

- If you access ICF/MR through the mainframe/3270, use Action Code **325** to register a consumer.

Note: If a consumer is already registered, use Action Codes **410**, **413**, **420**, **430**, and **431** to update demographics.

Previous ICF/MR Consumer

If a consumer previously resided in an ICF/MR facility, the following work processes will apply.

If the consumer has a current MR/RC Assessment:

- Use Action Code **410** to add a Local Case Number if one has not been assigned.
- Enter a client movement (admission):
  - State operated campus-based providers use Action Code **305**
  - State operated community providers use Action Code **336**
  - Community MHMR centers use Action Code **337**

If the consumer has no MR/RC Assessment:

- Use Action Code **410** to add a Local Case Number if one has not been assigned.
- Enter a client movement (admission):
  - State operated campus-based providers use Action Code **305**
  - State operated community providers use Action Code **336**
  - Community MHMR centers use Action Code **337**
- Use Action Code **1123** to enter an MR/RC Assessment.

Discharges

When a consumer is discharged from an ICF/MR facility, the provider enters the discharge by entering the End Date on the current client movement as follows:

- State operated campus-based providers use Action Code **310**
- State operated community providers use Action Code **336**
- Community MHMR centers use Action Code **337**

Note: Date of discharge is *not* billable except when discharge is due to consumer's death and the consumer died at the component.

Transfers

When a consumer transfers from one ICF/MR component to another or transfers from one contract to another within the same component,

- the provider from which the consumer leaves or who holds the contract from which the consumer is transferring enters the discharge.
- the provider that admits that same consumer or who holds the new contract then enters the admission.

To accomplish these processes,

- State operated campus-based providers use Action Code **310**
- State operated community providers use Action Code **336**
- Community MHMR centers use Action Code **337**

The admission cannot be entered before the discharge.

Note: The consumer's MR/RC Assessment transfers with him/her. The new provider should look at Action Code **1168** to see when the consumer's next MR/RC Assessment is due.

Process Order for New ICF/MR Consumers

Two examples are provided to determine the process order for new ICF/MR consumers.

If the consumer is a new ICF/MR consumer and will be admitted in two weeks:

- Use Action Code **325** through the mainframe/3270 or Action Code **326** on the Web to register the consumer.
- Use Action Code **1123** to enter an MR/RC Assessment.
- Enter a client movement (admission) when the consumer is actually admitted as follows:
  - State operated campus-based providers use Action Code **305**
  - State operated community providers use Action Code **336**
  - Community MHMR centers use Action Code **337**

If the consumer is a new ICF/MR consumer and was admitted last week:

- Use Action Code **325** through the mainframe/3270 or Action Code **326** on the Web to register the consumer.
- Enter a client movement (admission) as follows:
  - State operated campus-based providers use Action Code **305**
  - State operated community providers use Action Code **336**
  - Community MHMR centers use Action Code **337**
- Use Action Code **1123** to enter an MR/RC Assessment.

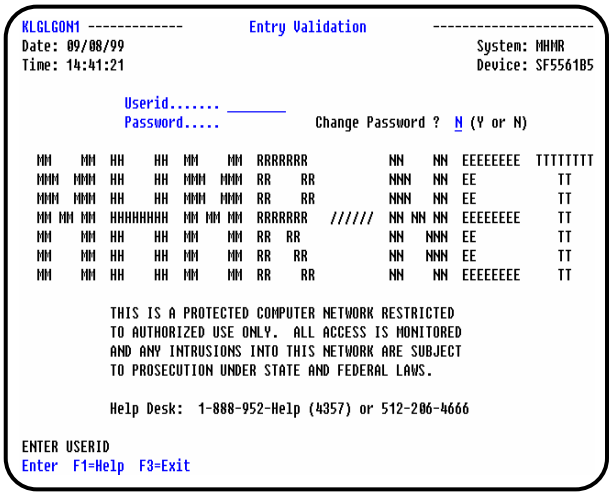
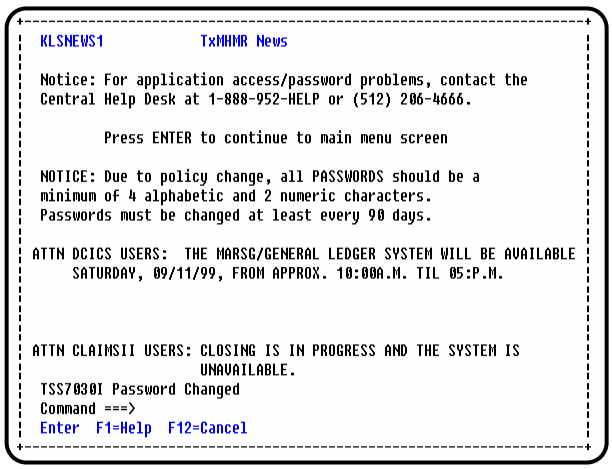
Note

Action Code 336 can be used on the web by community MHMR centers who are responsible for client movements in state operated ICF/MR facilities.

Accessing ICF/MR – Mainframe/3270

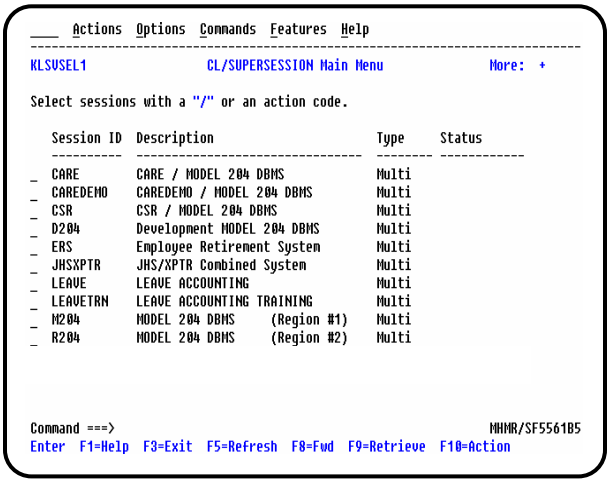
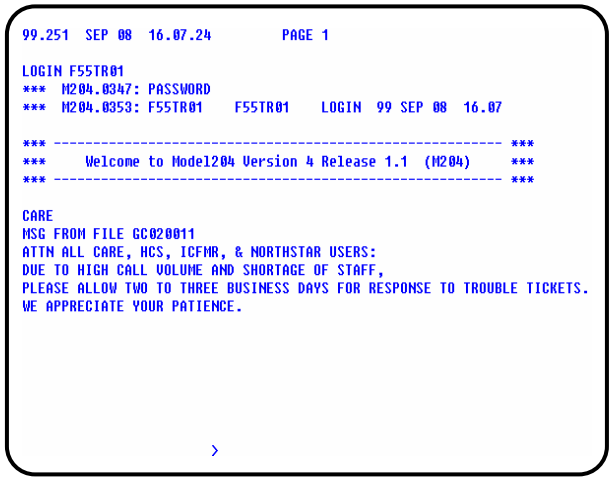
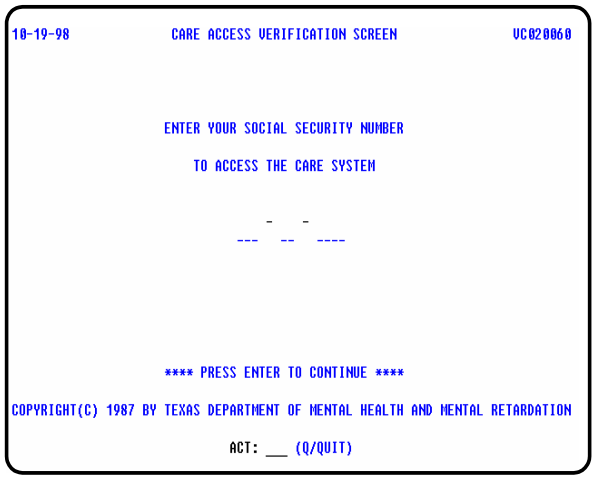
Logon Procedure

The following procedure describes the steps used to logon to CARE and access the ICF/MR automated system through the mainframe/3270 and begins at the SuperSession MHMR-NET screen.

Step	Screen	Action
1		From the SuperSession MHMR-NET screen: • Key your User ID in the USERID field. • Tab to the PASSWORD field and key your password. • Press <**Enter**>. Result: The TXMHMR News screen is displayed. Note: You can change your password from the MHMR-NET screen. To change your password: • Key your User ID in the USERID field. • Tab to the PASSWORD field and key your password. • Tab to the CHANGE PASSWORD? field. • Key **Y** (yes). • Press <**Enter**>. Result: The Change Password screen is displayed. • Key your new password in the ENTER NEW PASSWORD field. • Key your password again in the VERIFY NEW PASSWORD field. • Press <**Enter**>. Result: You are notified that your password has changed.
2		The TXMHMR News screen is provided to broadcast network information. • Read the screen for messages concerning system availability. • Press <**Enter**>. Result: The system displays the CL/SUPERSESSION Main Menu screen.

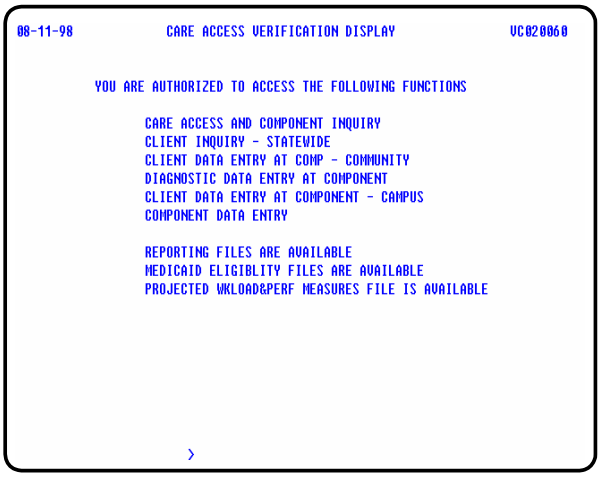
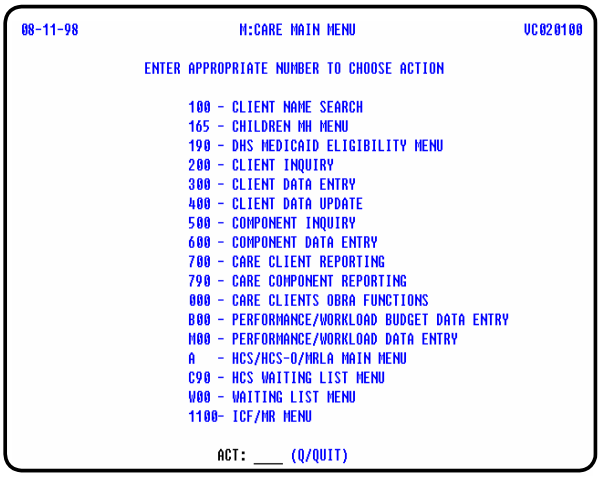
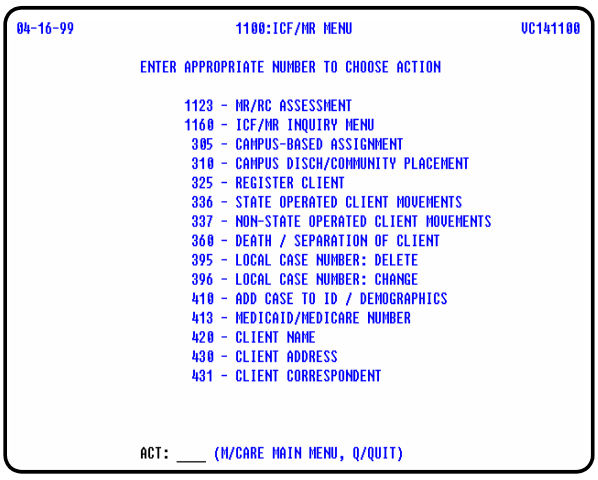
continued on next page

Logon Procedure, continued

Step	Screen	Action
3		The CL/SUPERSESSION Main Menu provides a listing of your menu applications and will vary according to the applications to which you have access. • Review the CL/SUPERSESSION Main Menu. • Select the session that allows you to access CARE. Result: Page 1 is displayed.
4		On Page 1 press **<Enter>**. Result: The CARE Access Verification Screen is displayed.
5		The CARE Access Verification Screen allows you to enter your social security number, which is linked to your User ID number. • Key your social security number. • Press **<Enter>**. The CARE Access Verification Display screen is displayed.

continued on next page

Logon Procedure, continued

Step	Screen	Action
6		On the CARE Access Verification Display screen: • Press <**Enter**>. Result: The M: CARE Main Menu is displayed.
7		The M: CARE Main Menu displays the action codes and descriptions of the CARE functions. To select one of the functions: • Key the action code in the ACT: field. Note: If you know the CARE action code you want to access, you can get there from any screen by typing it in the ACT: field. • Press <**Enter**>. Result: The screen containing the menu for the selected function is displayed. ***- or -*** To access the 1100: ICF/MR Menu: • Key **1100** in the ACT: field. • Press <**Enter**>. Result: The 1100: ICF/MR Menu is displayed.
8		On the 1100: ICF/MR Menu, the following options are displayed: 1123 MR/RC Assessment 1160 ICF/MR Inquiry Menu 305 Campus-based Assignment 310 Campus Disch/Community Placement 325 Register Client 336 State Operated Client Movements 337 Non-State Operated Client Movements 360 Death / Separation of Client 395 Local Case Number: Delete 396 Local Case Number: Change 410 Add Case to ID / Demographics 413 Medicaid/Medicare Number 420 Client Name 430 Client Address 431 Client Correspondent

Client Registration Using Mainframe/3270

Introduction

The registration function of CARE allows a provider to add, update, and display a consumer's identifying and demographic data and component identifying information. It is used to generate a unique, statewide client identification number and to record such data as consumer name, sex, ethnicity, birthdate, social security number, presenting problem, address, county of residence, Medicaid number, Medicare number, and local case number.

ICF/MR uses the CARE System database to maintain an unduplicated count of consumers. The registration process attempts to ensure that consumers are registered only once.

Consumer Registration

The 325: Register Client: Client ID screens are used to register new consumers in CARE.

Previously Registered Consumers

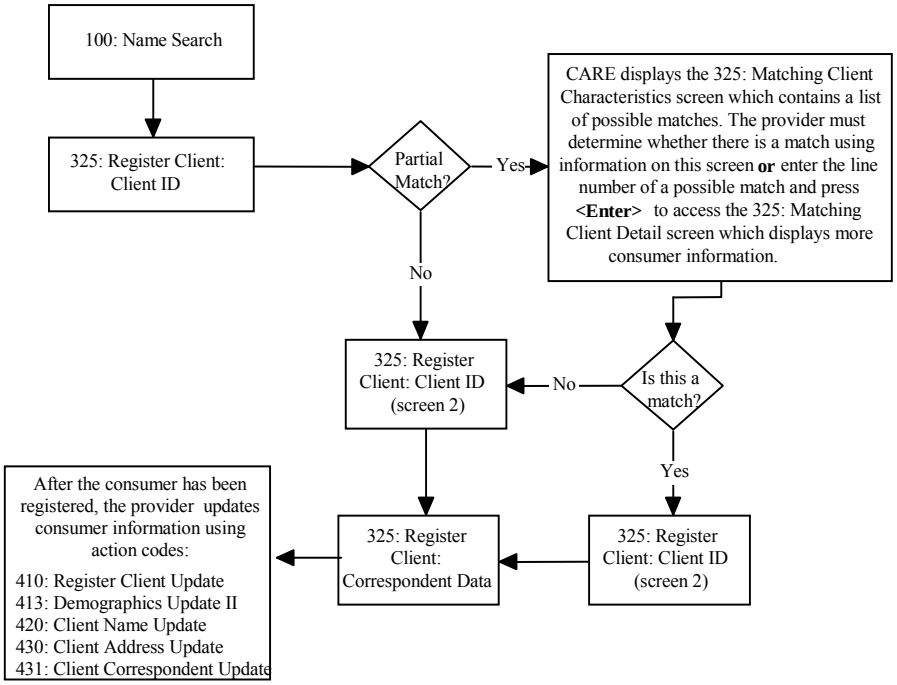
For consumers already registered in CARE, the provider must update the consumer's demographic data. Use the following CARE action codes to update consumer information:

- 410: Register Client Update
- 413: Medicaid/Medicare Number Update
- 420: Client Name Update
- 430: Client Address Update
- 431: Client Correspondent Update

Client Registration Process – Mainframe/3270

Registration Process

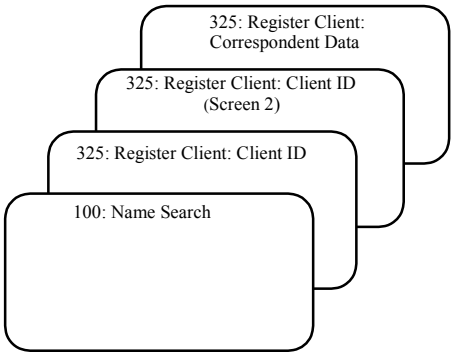
The following flow chart displays the client registration process for state operated providers or community MHMR centers using mainframe/3270.



Client Registration Procedure – Mainframe/3270

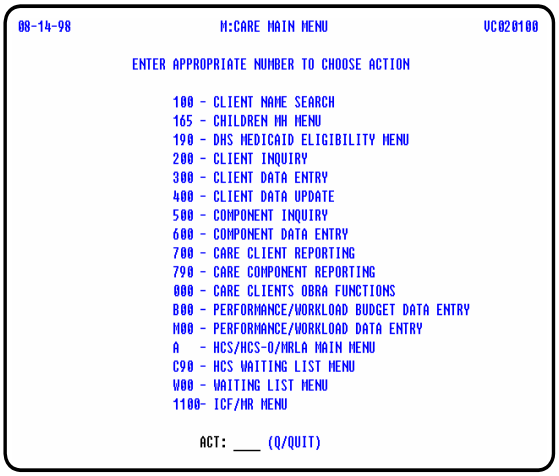
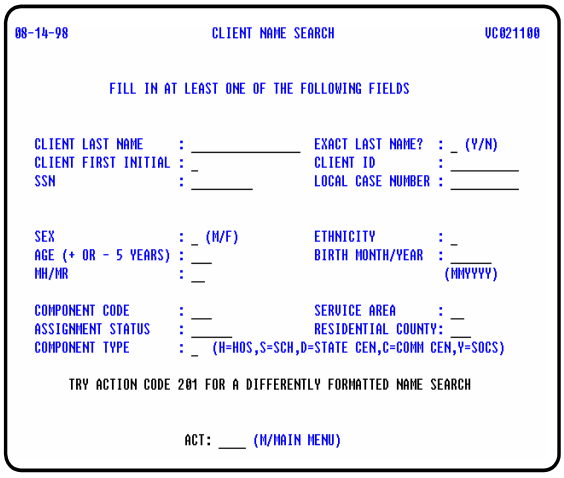
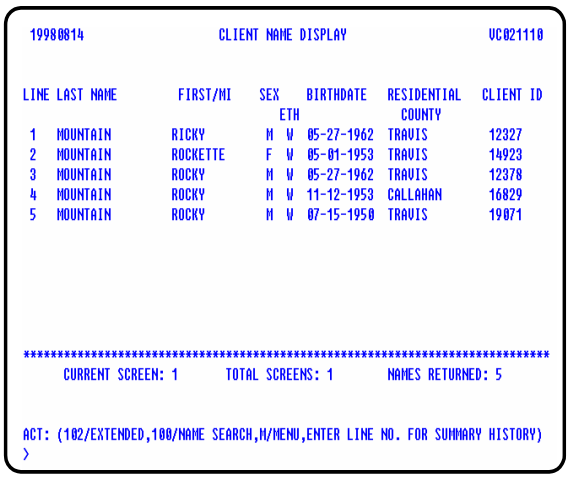
Registration Diagram

The following diagram displays the screens used when registering a consumer:



Procedure

The following table describes the steps a provider using the mainframe/3270 follows to register a consumer in CARE and begins at the M: CARE Main Menu.

Step	Screen	Action
1		On the M: CARE Main Menu, • Key **100** in the ACT: field. • Press **<Enter>**. Result: The Client Name Search screen is displayed.
2		On the Client Name Search screen: • Key the consumer's last name and first initial. (In most cases this is all you need to enter for your search.) • Press **<Enter>**. Note: If you are searching for a very common name, you might want to further limit your search. If there is a possible match, the Client Name Display screen is displayed.
3		On the sample Client Name Display screen you have several options: • Key **102** to display the Extended Name Display screen, ***or*** • Key the line number to display the Name Search: Summary Client History screen, ***or*** • Key **100** to return the Client Name Search screen, ***or*** • Key **M** to return to the M: CARE Main Menu, ***or*** • Key the action code of any screen you want to access. • Press **<Enter>**. The first two options are described in Step 4.

continued on next page

Procedure, continued

Step	Screen	Action
4	19980814 EXTENDED NAME DISPLAY VC021120 LINE LAST NAME FIRST/MI LSA MH/MR AUTHORITY SSN 1 MOUNTAIN RICKY 3 AUSTIN TRAVIS CNTY MHMR CEN 999999998 2 MOUNTAIN ROCKETTE 3 AUSTIN TRAVIS CNTY MHMR CEN 015489654 3 MOUNTAIN ROCKY 3 AUSTIN TRAVIS CNTY MHMR CEN 123234234 4 MOUNTAIN ROCKY 1 ABILENE REG MHMR CENTER 493624130 5 MOUNTAIN ROCKY 3 AUSTIN TRAVIS CNTY MHMR CEN 450947322 ACT: (LINE#/SUM HIST,101/NAME DISPLAY,100/NAME SEARCH,M/MENU) ›	If you keyed **102** on the Client Name Display screen, the Extended Name Display screen is displayed. This screen displays the names returned on the Client Name Display screen and provides the local service area, the MH/MR authority, and the social security number of all the consumers listed. Note: On any of these screens, if more than one page is returned, press **<Enter>** to page forward.
	19980814 NAME SEARCH: SUMMARY CLIENT HISTORY VC021121 CLIENT ID: 12378 CLIENT NAME :ROCKY MOUNTAIN CLIENT TYPE (MH/MR): MR SYSTEM STATUS: 1 ACTIVE PRES PROB: 5 RC OPEN ASSIGNMENTS: ACTIVITY/ ASSIGN/ COMPONENT PROGRAM SERV TYPE LOC LOCAL CASE ASSIGNMENT ABSENCE NAME CODE CODE NUMBER BEGIN DATE CODE WTCS 634 COMMUNITY H011 9100 0000008Y04 09-01-96 ___ DCCTR 300 COMMUNITY R032 807G 0000022334 09-01-90 ___ ASC 657 COMMUNITY RESIDENTIAL P06 00008Y1371 05-01-90 ___ CLOSED ASSIGNMENTS (MOST RECENT LISTED FIRST): ACTIVITY/ COMPONENT PROGRAM SERV TYPE LOC LOCAL CASE -EPISODE/ASSIGNMENT- NAME CODE CODE NUMBER BEGIN DATE END DATE BSSH 686 COMMUNITY CASEMGT 9100 0000008Y04 06-22-89 09-01-96 DCCTR 300 COMMUNITY CL&FAM SUPP 0000022334 04-04-90 10-11-90 ACT: (<ENTER>/FORWARD,100/NAME SEARCH,104/DETAIL,101/NAME DISPLAY, OR LINE#) ›	If you keyed the line number, the Name Search: Summary Client History screen displays the consumer's history. From this screen, keying **104** will allow you to access the Name Search: Detail Client History screen that provides a detailed history of the consumer previously registered in CARE.
	19980814 NAME SEARCH: DETAIL CLIENT HISTORY VC021122 CLIENT ID: 12378 CLIENT NAME :ROCKY MOUNTAIN CLIENT TYPE (MH/MR): MR SYSTEM STATUS: 1 ACTIVE PRES PROB: 5 RC COMMUNITY-BASED HISTORY (MOST RECENT LISTED FIRST): ACTIVITY/ LOCAL CASE COMP COMP SERV TYPE LOC ASSIGNMENT ASSIGNMENT NUMBER NAME CODE CODE BEGIN DATE END DATE 0000008Y04 WTCS 634 H011 9100 09-01-96 0000022334 DCCTR 300 R032 807G 09-01-90 00008Y1371 ASC 657 RESIDENTIAL P06 05-01-90 0000008Y04 BSSH 686 CASEMGT 9100 06-22-89 09-01-96 0000022334 DCCTR 300 CL&FAM SUPP 04-04-90 10-11-90 ---COUNTY OF RESIDENCE HISTORY--- COUNTY DATE OF CHANGE TRAVIS 04-04-90 JEFFERSON 03-01-90 ACT: (<ENTER>/FORWARD,100/NAME SEARCH,103/SUMMARY,101/NAME DISPLAY, OR LINE#) ›	If you determine that the consumer *has not* been previously registered: • Key **325** in the ACT: field of any screen. • Press **<Enter>**. Result: The 325: Register Client: Client ID screen is displayed. This screen allows you to begin adding the information necessary to register a consumer. Note: If you determine that the consumer *has* been previously registered, use the following screens to update consumer information: • 410: Register Client Update • 413: Medicaid/Medicare Number Update • 420: Client Name Update • 430: Client Address Update • 431: Client Correspondent Update

continued on next page

Procedure, continued

Step	Screen	Action
5	08-14-98 325:REGISTER CLIENT: CLIENT ID VC021360 ENTER THE FOLLOWING TO GENERATE TDMHMR STATEWIDE CLIENT IDENTIFICATION NUMBER CLIENT LAST NAME/SUF: _____ __ CLIENT FIRST NAME : _____ LOCAL CASE NUMBER: _____ CLIENT MIDDLE NAME : _____ COMPONENT CODE : __ SEX : _ ETHNICITY : _ CLIENT BIRTHDATE (MMDDYYYY): _____ SOCIAL SECURITY NUMBER : _____ (N=NONE, U=UNKNOWN) MEDICAID NUMBER: _____ MEDICARE NUMBER: _____ PRESENTING PROBLEM : _ (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC) REGISTRATION EFFECTIVE DATE: 081498 (MMDDYY) TIME (HHMM A/P) : 0328P STREET ADDRESS : _____ CITY : _____ STATE : _ ZIP CODE: ____ ___ COUNTY OF RESIDENCE : __ **** PRESS ENTER TO CONTINUE REGISTRATION **** ACT: ___ (300/CLIENT DATA ENTRY MENU, M/MAIN MENU)	On the 325: Register Client: Client ID screen: • Key information in the appropriate fields. • Press <**Enter**> to submit the data. Before a client ID is generated, the system searches the database to determine whether the new information matches the demographics of any previously registered consumer. To determine if there is a match, see the *Possible Client Matches* section. If there are no matches or there is an exact match, the 325: Register Client: Client ID screen is displayed with the information you just entered and the message, *"ID Will be Displayed on Next Scrn."*
6	08-14-98 325:REGISTER CLIENT: CLIENT ID VC021367 ENTER THE FOLLOWING TO GENERATE TDMHMR STATEWIDE CLIENT IDENTIFICATION NUMBER CLIENT LAST NAME/SUF: GLORY ___ ID WILL BE DISPLAYED ON NXT SCRN CLIENT FIRST NAME : MORNING LOCAL CASE NUMBER: 0000000004 CLIENT MIDDLE NAME : _____ COMPONENT CODE : 637 SEX : F ETHNICITY : W CLIENT BIRTHDATE (MMDDYYYY): 01011970 SOCIAL SECURITY NUMBER : U (N=NONE, U=UNKNOWN) MEDICAID NUMBER: _____ MEDICARE NUMBER: _____ PRESENTING PROBLEM : 2 (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC) REGISTRATION EFFECTIVE DATE: 081498 (MMDDYY) TIME (HHMM A/P) 0433P COUNTY OF RESIDENCE : 227 STREET ADDRESS : 123 ANY STREET CITY : ANYTOWN STATE : TX ZIP CODE: 78729 ___ READY TO ADD? _ (Y/N) ACT: ___ (300/CLIENT DATA ENTRY MENU, M/MAIN MENU)	On this second 325: Register Client: Client ID screen: • Key **Y** in the READY TO ADD? field. • Press <**Enter**>. Result: The 325: Register Client: Correspondent Data screen is displayed with the message, *"Previous Information Added."*
7	08-14-98 325:REGISTER CLIENT: CORRESPONDENT DATA VC021369 LAST NAME/SUF: GLORY CLIENT ID : 22004 FIRST NAME : MORNING LOCAL CASE NUMBER: 0000000004 MIDDLE NAME : _____ COMPONENT CODE : 637 SERV. PART. GRP.: _ (CB,SB,PD,HC,TS,EC,UC) LEGAL GUARDIANSHIP: _ MARITAL STATUS : _ FAMILY SIZE : _ ESTIMATED ANNUAL GROSS FAMILY INCOME : _____ PRIMARY CORRESPONDENT: CORRES. NAME : _____ CORRES. RELATIONSHIP : _ CORRES. STREET : _____ CORRES. TELEPHONE: __ _____ CORRES. CITY : _____ STATE : __ ZIP CODE : ____ ___ SECONDARY CORRESPONDENT: CORRES. NAME : _____ CORRES. RELATIONSHIP : _ CORRES. STREET : _____ CORRES. TELEPHONE: __ _____ CORRES. CITY : _____ STATE : __ ZIP CODE : ____ ___ READY TO ADD RECORD? _ (Y/N) **MSG: 1939 PREVIOUS INFORMATION ADDED ACT: ___ (300/CLIENT DATA ENTRY MENU, M/MAIN MENU)	On the 325: Register Client: Correspondent Data screen: • Key information in the appropriate fields. • Key **Y** in the READY TO ADD RECORD? field. • Press <**Enter**>. Result: The 325: Register Client: Client ID screen is displayed. The consumer has been registered in CARE.

Possible Client Matches – Mainframe/3270

Introduction

Before a client ID is generated, the system searches the database to determine whether the new information matches the demographics of any previously registered client. The following describes what happens if the system finds no match, an exact match, or a possible match.

No Match

If no match is found (the consumer is not registered), the 325: Register Client: Client ID screen is displayed with the information just entered and the message, *"ID WILL BE DISPLAYED ON NXT SCRN"* in the upper right portion of the screen. To continue with the registration:

- Key **Y** in the READY TO ADD? field
- Press <**Enter**>.

Result: The 325: Register Client: Correspondent Data screen is displayed.

Exact Match

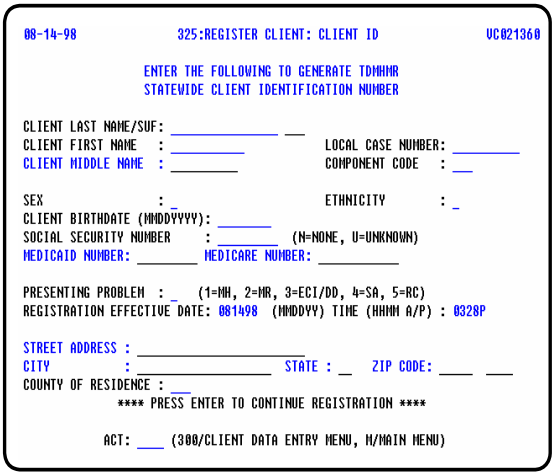
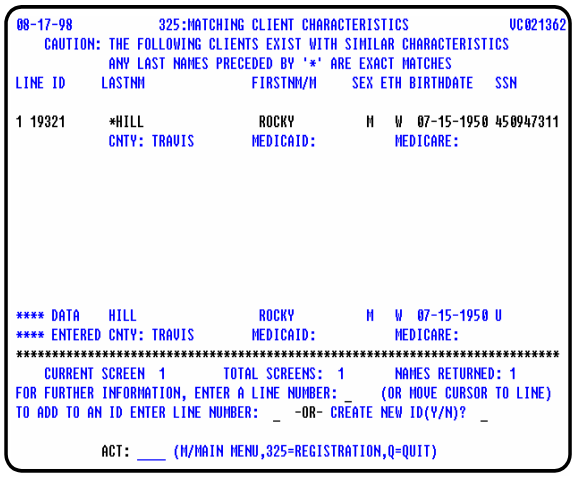
If an exact match is found (the consumer is already registered in CARE), the second 325: Register Client: Client ID screen is displayed with the information just entered and the client ID in the CLIENT ID field. To continue with the registration:

- Key **Y** in the READY TO ADD? field
- Press <**Enter**>.

Result: The 325: Register Client: Correspondent Data screen is displayed.

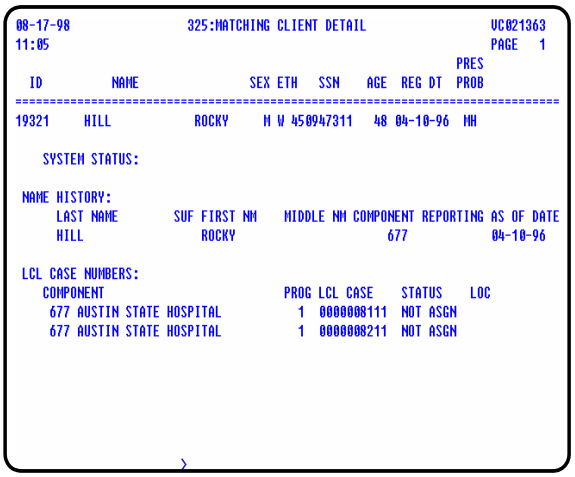
Possible Match

If a possible match is found, the 325: Matching Client Characteristics screen is displayed. Use the following steps to determine whether there is a match.

Step	Screen	Action
1		On the 325: Register Client: Client ID screen: • Complete the registration information. • Press <**Enter**>. If a possible match is found, the 325: Matching Client Characteristics screen is displayed.
2	The 325: Matching Client Characteristics screen displays a list of all consumers who match the demographic characteristics of the consumer you are attempting to register, the current screen number, the total number of screens, and the number of possible matches found. A sample screen is displayed. 	On the 325: Matching Client Characteristics screen: • Key the line number of the possible match in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field. • Press <**Enter**>. Result: The 325: Matching Client Detail screen is displayed.

continued on next page

Possible Match, continued

Step	Screen	Action
3	The 325: Matching Client Detail screen provides a detailed history of the consumer previously registered in CARE. You can compare the existing information with the information you have about the consumer you are attempting to register, and make your decision. A sample screen is displayed.  08-17-98 325:MATCHING CLIENT DETAIL VC021363 11:05 PAGE 1 PRES ID NAME SEX ETH SSN AGE REG DT PROB 19321 HILL ROCKY M W 450947311 48 04-10-96 MH SYSTEM STATUS: NAME HISTORY: LAST NAME SUF FIRST NM MIDDLE NM COMPONENT REPORTING AS OF DATE HILL ROCKY 677 04-10-96 LCL CASE NUMBERS: COMPONENT PROG LCL CASE STATUS LOC 677 AUSTIN STATE HOSPITAL 1 0000008111 NOT ASGN 677 AUSTIN STATE HOSPITAL 1 0000008211 NOT ASGN	To view the next page, press **<Enter>**. On the last page of the detailed history, press **<Enter>.** Result: The 325: Matching Client Characteristics screen is displayed and you must indicate whether a match has been found.

If...	then...
no match is found	• key **Y** in the CREATE NEW ID (Y/N)? field. • press **<Enter>**. Result: The Register Client: Client ID screen is displayed with the information just entered and ID WILL BE DISPLAYED ON NXT SCRN is displayed in the upper right portion of the screen. • key **Y** in the READY TO ADD? field. • press **<Enter>**. Continue the registration process.
a match is found	• key the line number of the match in the TO ADD TO AN ID ENTER LINE NUMBER field. • press **<Enter>**. Result: The 325: Register Client: Client ID screen is displayed with the information just entered and the client ID is displayed in the CLIENT ID field. • key **Y** in the READY TO ADD? field. • press **<Enter>**. Rule: You *must* update consumer information using the following screens: • 410: Register Client Update • 413: Medicare/Medicaid Number Update • 420: Name Update • 430: Client Address Update • 431: Client Correspondent Update Continue the registration process.

Client Movements Using Mainframe/3270

Introduction

Client Movements Using Mainframe/3270 describes the procedures involved in adding, updating, and displaying a consumer's movements. Client movements include admissions, discharges, absences, and returns from absence.

Client Movement Entry

Entry of client movements depends on the type of client movement you are processing.

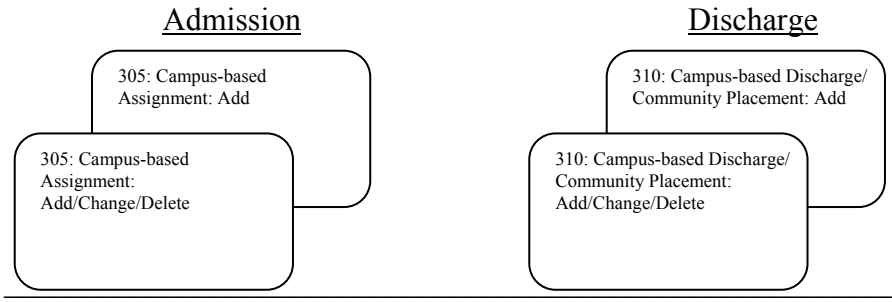
If you are entering…	then you would use…
a state operated *campus-based* client movement	the 305: Campus-based Assignment screens to enter assignments and the 310: Campus-based Discharge/Community Placement screens to enter discharges.
a state operated *community* client movement	the 336: State Operated Client Movements screens to enter client movements.
a community center client movement	the 337: Non-State Operated Client Movements screens to enter client movements.

Client Movements Using Mainframe/3270 describes the procedures for entering each of these three types of client movements.

State Operated Campus-based Client Movement Procedure - Mainframe/3270

Diagram

The following diagram displays the screens used when processing state operated campus-based client movements.



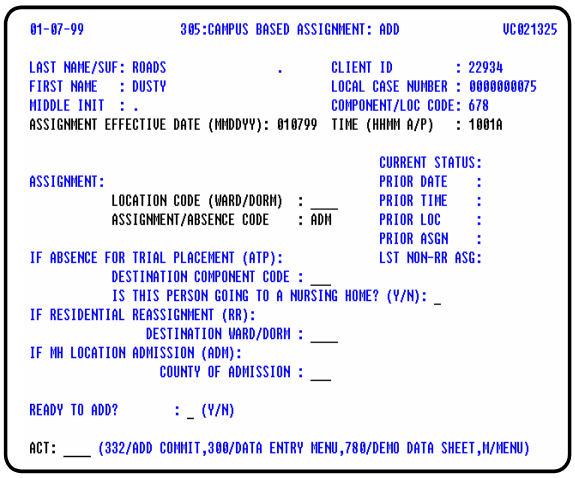
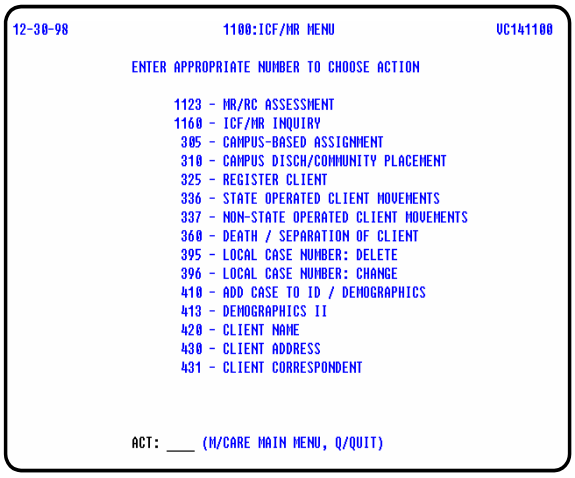
Procedure

The following table describes the steps a provider uses to process *state operated campus-based client movements* (admissions and discharges) in CARE and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1	12-30-98 1100:ICF/MR MENU VC141100 ENTER APPROPRIATE NUMBER TO CHOOSE ACTION 1123 - MR/RC ASSESSMENT 1160 - ICF/MR INQUIRY 305 - CAMPUS-BASED ASSIGNMENT 310 - CAMPUS DISCH/COMMUNITY PLACEMENT 325 - REGISTER CLIENT 336 - STATE OPERATED CLIENT MOVEMENTS 337 - NON-STATE OPERATED CLIENT MOVEMENTS 360 - DEATH / SEPARATION OF CLIENT 395 - LOCAL CASE NUMBER: DELETE 396 - LOCAL CASE NUMBER: CHANGE 410 - ADD CASE TO ID / DEMOGRAPHICS 413 - DEMOGRAPHICS II 420 - CLIENT NAME 430 - CLIENT ADDRESS 431 - CLIENT CORRESPONDENT ACT: ___ (M/CARE MAIN MENU, Q/QUIT)	To add a state operated *campus-based* **admission**, on the 1100: ICF/MR Menu: • Key **305** in the ACT: field. • Press <**Enter**>. Result: The 305: Campus-based Assignment: Add/Change/Delete request screen is displayed.
2	01-07-99 305:CAMPUS-BASED ASSIGNMENT: ADD/CHANGE/DELETE VC021320 PLEASE ENTER AT LEAST ONE OF THE FOLLOWING: CLIENT ID : _____ COMPONENT CODE/LOCAL CASE NUMBER: __ / _____ PLEASE ENTER THE FOLLOWING: TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS ENTER *** ACT: ___ (300/DATA ENTRY MENU, M/MENU)	On the 305: Campus-based Assignment: Add/Change/Delete request screen: • Key information in the CLIENT ID ***or*** LOCAL CASE NUMBER field. • Key **A** in the TYPE OF ENTRY field. • Press <**Enter**>. Note: Your component code is displayed based on your logon account number. Result: The 305: Campus Based Assignment: Add screen is displayed.

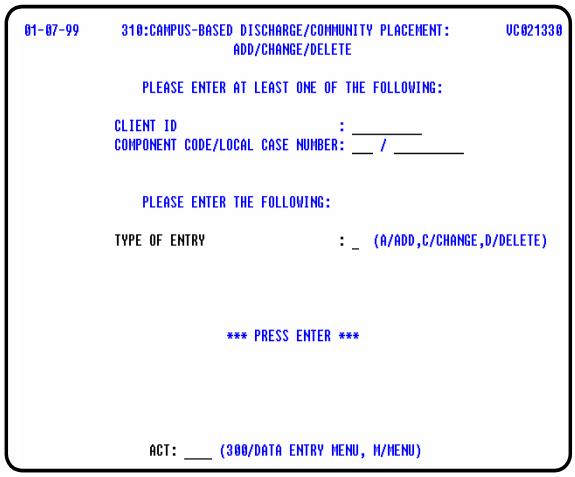
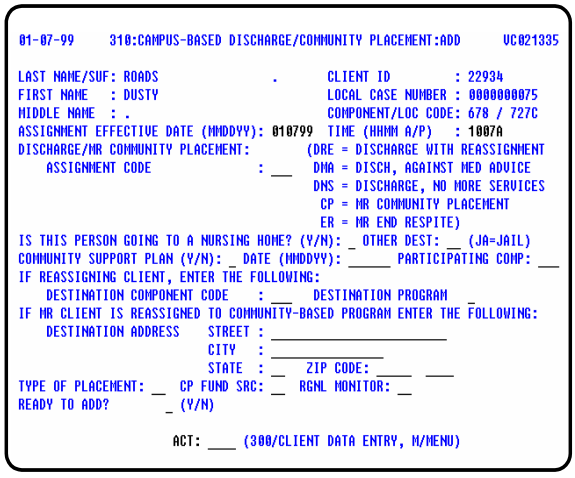
continued on next page

Procedure, continued

Step	Screen	Action
3		On the 305: Campus Based Assignment: Add screen: • Key information in the appropriate fields. Note: Some fields on this screen are required. ASSIGNMENT EFFECTIVE DATE, TIME, LOCATION CODE, and ASSIGNMENT/ABSENCE CODE are required fields. • If Absence for Trial Placement (ATP), key the Destination Component Code and **Y** (Yes) or **N** (No) to indicate if the person is going to a nursing home. • If Residential Reassignment (RR), key the Destination Ward/Dorm. • If MH location admission (ADM), key the County of Admission. • Key **Y** in the READY TO ADD? field. • Press <**Enter**>. Result: The 305: Campus-based Assignment: Add/Change/Delete request screen is displayed with the message, *"Previous Information Added."*
4		To add a state operated *campus-based* **discharge**, on the 1100: ICF/MR Menu: • Key **310** in the ACT: field. • Press <**Enter**>. Result: The 310: Campus-based Discharge/ Community Placement: Add/Change/Delete request screen is displayed.

continued on next page

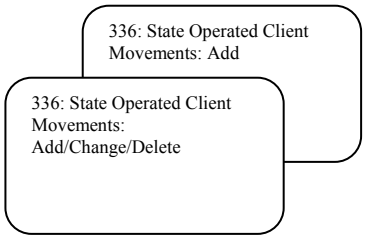
Procedure, continued

Step	Screen	Action
5		On the 310: Campus-based Discharge/Community Placement: Add/Change/Delete request screen: • Key information in the CLIENT ID ***or*** LOCAL CASE NUMBER field. • Key **A** in the TYPE OF ENTRY field. • Press <**Enter**>. Note: Your component code is displayed based on your logon account number. Result: The 310: Campus-based Discharge/Community Placement: Add screen is displayed.
6		On the 310: Campus-based Discharge/Community Placement: Add screen: • Key information in the appropriate fields. Note: Some fields on this screen are required. ASSIGNMENT EFFECTIVE DATE, TIME, ASSIGNMENT CODE, and COMMUNITY SUPPORT PLAN (Y/N) are required fields. • Key **Y** in the READY TO ADD? field. • Press <**Enter**>. Result: The 310: Campus-based Discharge/Community Placement: Add/Change/Delete request screen is displayed with the message, *"Previous Information Added."*

State Operated Community Client Movement Procedure – Mainframe/3270

Diagram

The following diagram displays the screens used when processing state operated community client movements.



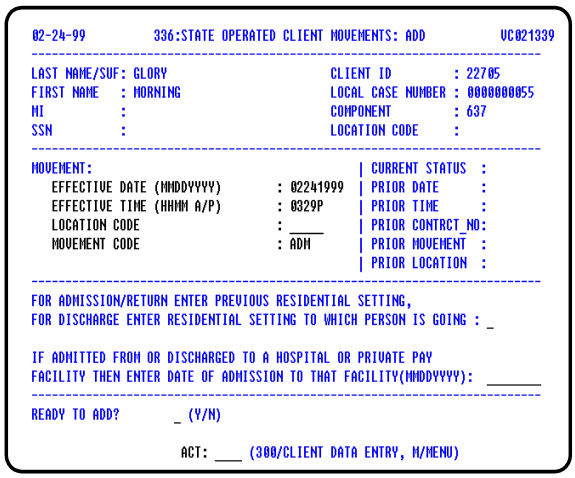
Procedure

The following table describes the steps a provider using the mainframe/3270 follows to process *state operated community client movements* in CARE and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1	02-24-99 1100:ICF/MR MENU VC141100 ENTER APPROPRIATE NUMBER TO CHOOSE ACTION 1123 - MR/RC ASSESSMENT 1160 - ICF/MR INQUIRY 305 - CAMPUS-BASED ASSIGNMENT 310 - CAMPUS DISCH/COMMUNITY PLACEMENT 325 - REGISTER CLIENT 336 - STATE OPERATED CLIENT MOVEMENTS 337 - NON-STATE OPERATED CLIENT MOVEMENTS 360 - DEATH / SEPARATION OF CLIENT 395 - LOCAL CASE NUMBER: DELETE 396 - LOCAL CASE NUMBER: CHANGE 410 - ADD CASE TO ID / DEMOGRAPHICS 413 - DEMOGRAPHICS II 420 - CLIENT NAME 430 - CLIENT ADDRESS 431 - CLIENT CORRESPONDENT ACT: ___ (M/CARE MAIN MENU, Q/QUIT)	On the 1100: ICF/MR Menu: • Key **336** in the ACT: field. • Press <**Enter**>. Result: The 336: State Operated Client Movements: Add/Change/Delete request screen is displayed.
2	02-24-99 336:STATE OPERATED CLIENT MOVEMENTS ADD/CHANGE/DELETE VC021338 PLEASE ENTER AT LEAST ONE OF THE FOLLOWING: CLIENT ID : _____ SOCIAL SECURITY NUMBER : _____ COMPONENT CODE/LOCAL CASE NUMBER: __ / _____ PLEASE ENTER THE FOLLOWING: TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *======= PLEASE NOTE THAT INSTEAD OF ENTERING =====* *======= CONTRACT, YOU MUST ENTER LOCATION =====* *** PRESS ENTER *** ACT: ___ (300/DATA ENTRY MENU, M/MENU)	On the 336: State Operated Client Movements: Add/Change/Delete request screen: • Key information in the CLIENT ID, SOCIAL SECURITY NUMBER, ***or*** LOCAL CASE NUMBER field. • Key **A** in the TYPE OF ENTRY field. • Press <**Enter**>. Note: Your component code is displayed based on your logon account number. Result: The 336: State Operated Client Movements: Add screen is displayed.

continued on next page

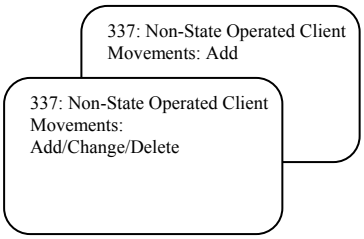
Procedure, continued

Step	Screen	Action
3		On the 336: State Operated Client Movements: Add screen: • Key information in the appropriate fields. Note: Some fields on this screen are required. EFFECTIVE DATE, EFFECTIVE TIME, LOCATION CODE, and MOVEMENT CODE are required fields. • For admission/return, key the previous residential setting; for discharge, key the residential setting to which the person is going. • If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility. • Key **Y** in the READY TO ADD? field. • Press <**Enter**>. Result: The 336: State Operated Client Movements: Add/Change/Delete request screen is displayed with the message, *"Previous Information Added."*

Non-State Operated Client Movement Procedure – Mainframe/3270

Diagram

The following diagram displays the screens used when processing non-state operated (community MHMR center) client movements.



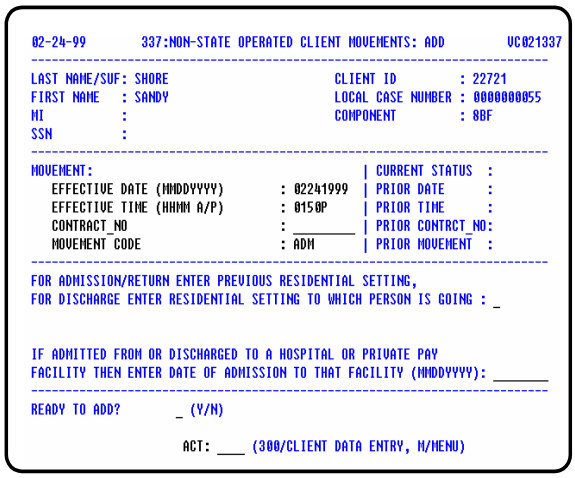
Procedure

The following table describes the steps a provider using the mainframe/3270 follows to process *non-state operated client movements* in CARE and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1	02-24-99 1100:ICF/MR MENU VC141100 ENTER APPROPRIATE NUMBER TO CHOOSE ACTION 1123 - MR/RC ASSESSMENT 1160 - ICF/MR INQUIRY 305 - CAMPUS-BASED ASSIGNMENT 310 - CAMPUS DISCH/COMMUNITY PLACEMENT 325 - REGISTER CLIENT 336 - STATE OPERATED CLIENT MOVEMENTS 337 - NON-STATE OPERATED CLIENT MOVEMENTS 360 - DEATH / SEPARATION OF CLIENT 395 - LOCAL CASE NUMBER: DELETE 396 - LOCAL CASE NUMBER: CHANGE 410 - ADD CASE TO ID / DEMOGRAPHICS 413 - DEMOGRAPHICS II 420 - CLIENT NAME 430 - CLIENT ADDRESS 431 - CLIENT CORRESPONDENT ACT: ___ (M/CARE MAIN MENU, Q/QUIT)	On the 1100: ICF/MR Menu: • Key **337** in the ACT: field. • Press <**Enter**>. Result: The 337: Non-State Operated Client Movements: Add/Change/Delete request screen is displayed.
2	02-24-99 337:NON-STATE OPERATED CLIENT MOVEMENTS ADD/CHANGE/DELETE VC021336 PLEASE ENTER AT LEAST ONE OF THE FOLLOWING: CLIENT ID : _____ SOCIAL SECURITY NUMBER : _____ COMPONENT CODE/LOCAL CASE NUMBER: __ / _____ PLEASE ENTER THE FOLLOWING: TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS ENTER *** ACT: ___ (300/DATA ENTRY MENU, M/MENU)	On the 337: Non-State Operated Client Movements: Add/Change/Delete request screen: • Key information in the CLIENT ID, SOCIAL SECURITY NUMBER, ***or*** LOCAL CASE NUMBER field. • Key **A** in the TYPE OF ENTRY field. • Press <**Enter**>. Note: Your component code is displayed based on your logon account number. Result: The 337: Non-State Operated Client Movements: Add screen is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
3		On the 337: Non-State Operated Client Movements: Add screen: • Key information in the appropriate fields. Note: Some fields on this screen are required. EFFECTIVE DATE, EFFECTIVE TIME, CONTRACT NO, and MOVEMENT CODE are required fields. • For admission/return, key the previous residential setting; for discharge, key residential setting to which the person is going. • If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility. • Key **Y** in the READY TO ADD? field. • Press <**Enter**>. Result: The 337: Non-State Operated Client Movements: Add/Change/Delete request screen is displayed with the message, *"Previous Information Added."*

MR/RC Assessments Using Mainframe/3270

Introduction

MR/RC Assessments describes the procedures involved when entering consumer assessments.

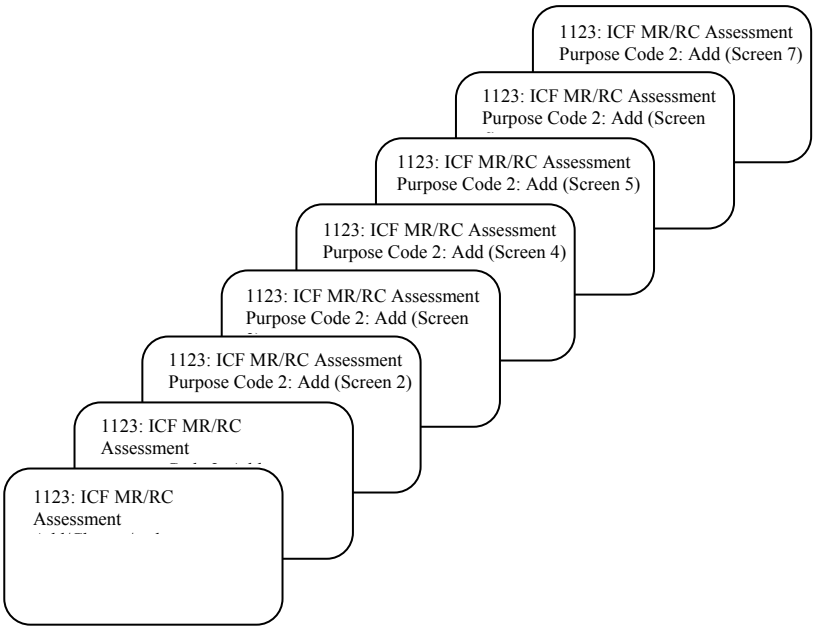
MR/RC Assessment Entry

The 1123: ICF MR/RC Assessment screens are used to enter ICF/MR consumer assessments.

MR/RC Assessment Procedure – Mainframe/3270

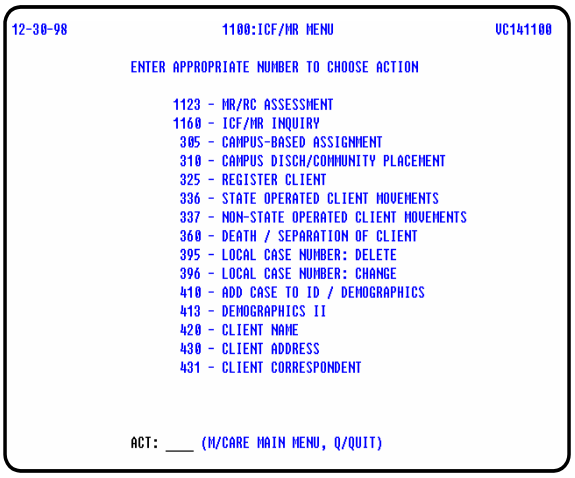
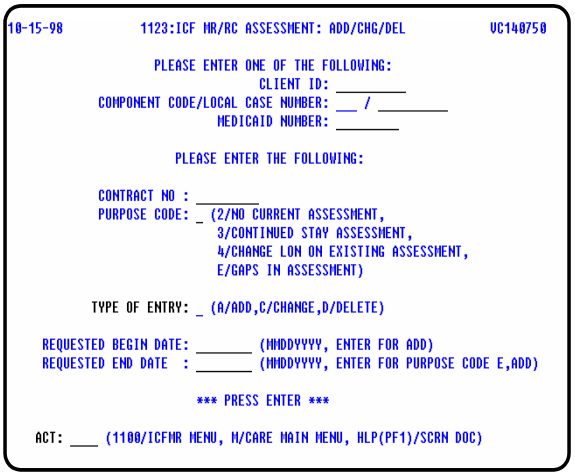
Assessment Diagram

The following diagram displays the screens used when entering consumer assessments.



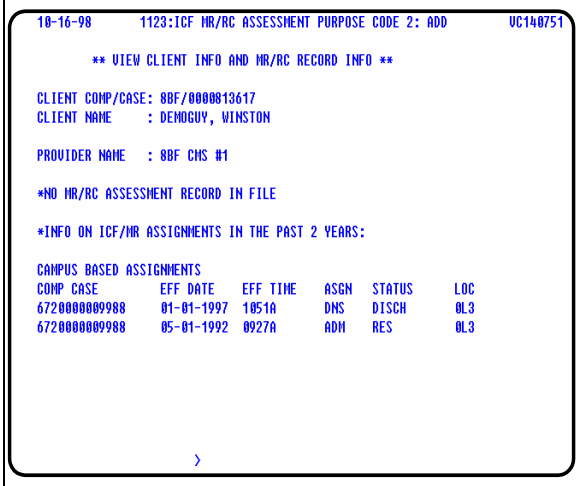
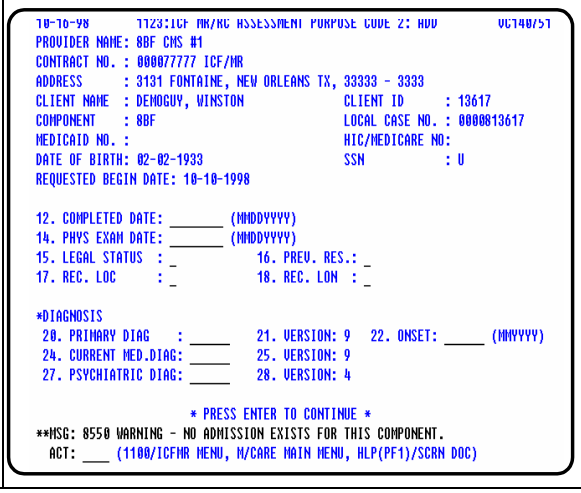
Procedure

The following table describes the steps a provider using the mainframe/3270 follows to enter MR/RC assessments in CARE and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Key **1123** in the ACT: field. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment: Add/Chg/Del request screen is displayed.
2		On the 1123: ICF MR/RC Assessment: Add/Chg/Del request screen: • Key information in the CLIENT ID, LOCAL CASE NUMBER, ***or*** MEDICAID NUMBER field. Note: Your component code is displayed based on your logon account number. • Key the Contract Number in the CONTRACT NO field. • Key the Purpose Code in the PURPOSE CODE field. • Key **A** in the TYPE OF ENTRY field. • If you are adding a new assessment, you must key the requested begin date in the REQUESTED BEGIN DATE field. • If you are adding a Purpose Code E assessment, you must key the requested end date in the REQUESTED END DATE field. Note: Purpose Code 2, Add is used in sample screens in these procedures. • Press <**Enter**>. Result: The 1123: MR/RC Assessment Purpose Code 2: Add screen is displayed.

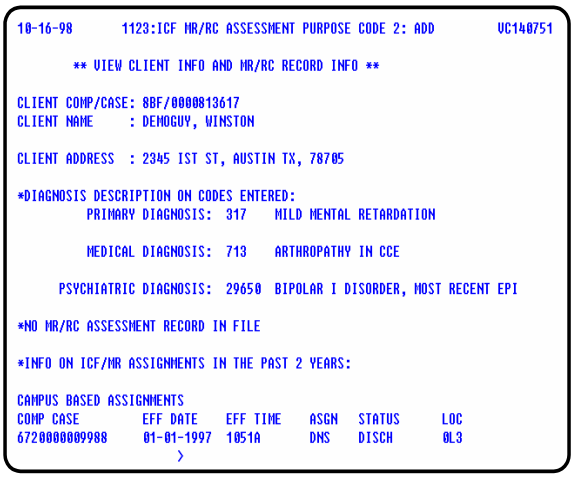
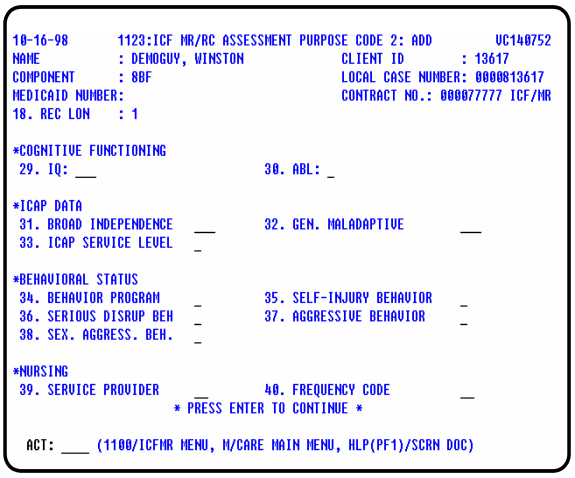
continued on next page

Procedure, continued

Step	Screen	Action
3	The Add screens for Purpose Code 2 begin with a view screen that allows you to view client information and available MR/RC record information. It displays the Client Comp/Case, Client Name, and Provider Name and information on ICF/MR assignments in the past two years. A sample screen is shown below.  10-16-98 1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD VC140751 ** VIEW CLIENT INFO AND MR/RC RECORD INFO ** CLIENT COMP/CASE: 8BF/0000813617 CLIENT NAME : DEMOGUY, WINSTON PROVIDER NAME : 8BF CMS #1 *NO MR/RC ASSESSMENT RECORD IN FILE *INFO ON ICF/MR ASSIGNMENTS IN THE PAST 2 YEARS: CAMPUS BASED ASSIGNMENTS COMP CASE EFF DATE EFF TIME ASGN STATUS LOC 6720000009988 01-01-1997 1051A DNS DISCH 0L3 6720000009988 05-01-1992 0927A ADM RES 0L3 >	On the 1123: ICF MR/RC Assessment Purpose Code 2: Add screen: • Press <**Enter**> to continue. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 2) is displayed.
4	 10-16-98 1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD VC140751 PROVIDER NAME: 8BF CMS #1 CONTRACT NO. : 000077777 ICF/MR ADDRESS : 3131 FONTAINE, NEW ORLEANS TX, 33333 - 3333 CLIENT NAME : DEMOGUY, WINSTON CLIENT ID : 13617 COMPONENT : 8BF LOCAL CASE NO. : 0000813617 MEDICAID NO. : HIC/MEDICARE NO: DATE OF BIRTH: 02-02-1933 SSN : U REQUESTED BEGIN DATE: 10-10-1998 12. COMPLETED DATE: _____ (MMDDYYYY) 14. PHYS EXAM DATE: _____ (MMDDYYYY) 15. LEGAL STATUS : _ 16. PREV. RES.: _ 17. REC. LOC : _ 18. REC. LON : _ *DIAGNOSIS 20. PRIMARY DIAG : ____ 21. VERSION: 9 22. ONSET: ____ (MMYYYY) 24. CURRENT MED.DIAG: ____ 25. VERSION: 9 27. PSYCHIATRIC DIAG: ____ 28. VERSION: 4 * PRESS ENTER TO CONTINUE * **MSG: 8550 WARNING - NO ADMISSION EXISTS FOR THIS COMPONENT. ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)	On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 2): • Key information in the appropriate fields. Note: Some fields on this screen are required. COMPLETED DATE, PHYS EXAM DATE, LEGAL STATUS, PREV. RES. , REC. LOC, REC. LON, PRIMARY DIAG, AND ONSET are required fields. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 3) is displayed.

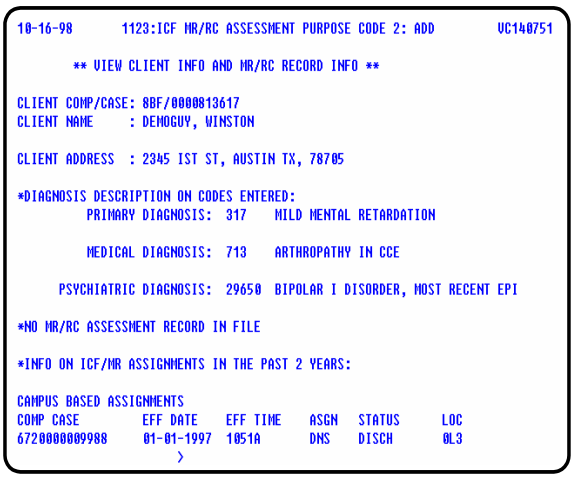
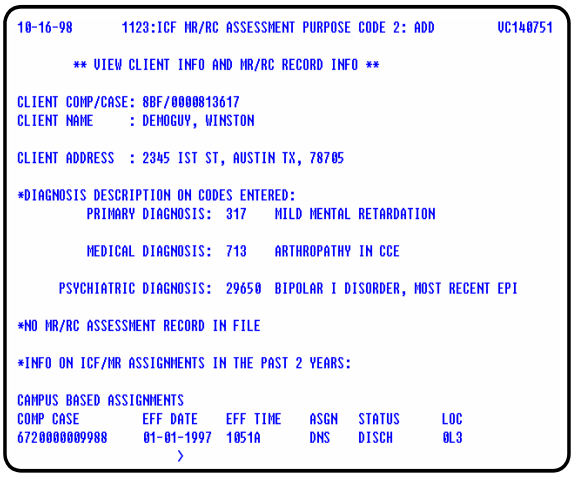
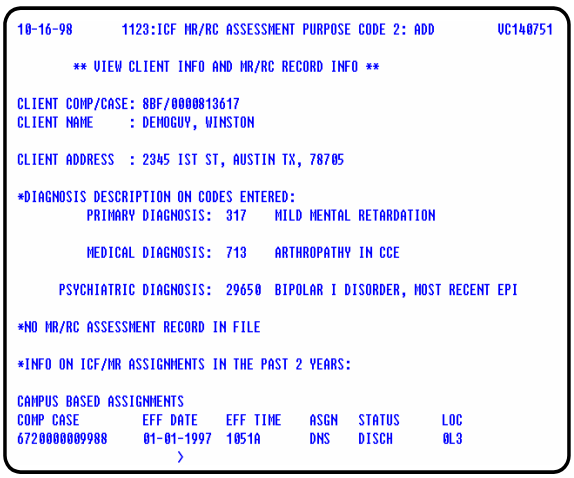
continued on next page

Procedure, continued

Step	Screen	Action
5	Screen 3 is also a view screen. The screen allows you to view Client Comp/Case, Client Name, Client Address, and diagnosis descriptions on codes entered for primary, medical, and psychiatric diagnoses. Information on ICF/MR assignments in the past two years is also included. A sample screen is shown below.  10-16-98 1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD VC140751 ** VIEW CLIENT INFO AND MR/RC RECORD INFO ** CLIENT COMP/CASE: 8BF/0000813617 CLIENT NAME : DEMOGUY, WINSTON CLIENT ADDRESS : 2345 IST ST, AUSTIN TX, 78705 *DIAGNOSIS DESCRIPTION ON CODES ENTERED: PRIMARY DIAGNOSIS: 317 MILD MENTAL RETARDATION MEDICAL DIAGNOSIS: 713 ARTHROPATHY IN CCE PSYCHIATRIC DIAGNOSIS: 29650 BIPOLAR I DISORDER, MOST RECENT EPI *NO MR/RC ASSESSMENT RECORD IN FILE *INFO ON ICF/MR ASSIGNMENTS IN THE PAST 2 YEARS: CAMPUS BASED ASSIGNMENTS COMP CASE EFF DATE EFF TIME ASGN STATUS LOC 6720000009988 01-01-1997 1051A DNS DISCH 0L3 >	On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 3): • Press <**Enter**> to continue. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 4) is displayed.
6	 10-16-98 1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD VC140752 NAME : DEMOGUY, WINSTON CLIENT ID : 13617 COMPONENT : 8BF LOCAL CASE NUMBER: 0000813617 MEDICAID NUMBER: CONTRACT NO.: 000077777 ICF/MR 18. REC LON : 1 *COGNITIVE FUNCTIONING 29. IQ: __ 30. ABL: _ *ICAP DATA 31. BROAD INDEPENDENCE __ 32. GEN. MALADAPTIVE __ 33. ICAP SERVICE LEVEL _ *BEHAVIORAL STATUS 34. BEHAVIOR PROGRAM _ 35. SELF-INJURY BEHAVIOR _ 36. SERIOUS DISRUP BEH _ 37. AGGRESSIVE BEHAVIOR _ 38. SEX. AGGRESS. BEH. _ *NURSING 39. SERVICE PROVIDER __ 40. FREQUENCY CODE _ * PRESS ENTER TO CONTINUE * ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)	On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 4): • Key information in the appropriate fields. Note: Some fields on this screen are required. IQ, ABL, BROAD INDEPENDENCE, GEN. MALADAPTIVE, ICAP SERVICE LEVEL, BEHAVIOR PROGRAM, SELF-INJURY BEHAVIOR, SERIOUS DISRUP BEH, AGGRESSIVE BEHAVIOR, and SEX. AGGRESS. BEH. are required fields. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 5) is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
7		On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 5): • Key information in the appropriate fields. Note: *All of the fields* on this screen are required. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 6) is displayed.
8		On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 6): • Key information in the appropriate fields. Note: Field Numbers 48, 49, 50, and 51 are required on this screen. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 7) is displayed.
9		On the 1123: ICF MR/RC Assessment Purpose Code 2: Add (Screen 7): • Key information in the appropriate fields. • Key **Y** (Yes) or **N** (No) in the READY TO SEND FOR AUTHORIZATION? field to indicate whether or not you are ready to send the MR/RC Assessment to Utilization Review (UR) at Central Office. • Key **Y** (Yes) or **N** (No) in the READY TO ADD? field to indicate whether or not you are ready to add the record. You may want to add the record pending further modifications even if you are not ready to send it for authorization by UR. • Press <**Enter**>. Result: The 1123: ICF MR/RC Assessment: Add/Chg/Del request screen is displayed with the message, *"Previous Information Added."*

Critical Incident Data Using Mainframe/3270

Introduction

The *Critical Incident Data* process allows a provider to add, change, or delete critical incident data.

Critical Incident Data Entry

The entry of critical incident data is required on a monthly basis for *all* of the contracts administered by a provider, including contracts for waiver programs and ICF/MR. Critical incident data must be entered *no later than* 30 days from the end of the month being reported. For example, the data reported in the month of September will reflect data that was entered in August.

When adding critical incident data, the fields on the **686: Critical Incident Data: Add** screen will clear to allow for multiple entries of the contracts for your component, and the number of contracts entered is displayed.

Providers can use the **286: Critical Incident Data: Inquiry** screen to review the Critical Incident Data entered.

Reportable Data

The following information provides terms and definitions used on the Critical Incident Data screens.

Term	Definition
Medication Error	A medication error is reported when there is a discrepancy between what a physician prescribes and what an individual actually takes and the individual self-administers medication under supervision of the Program Provider or has medication administered by the Program Provider. A medication error occurs in one of three ways: • **Wrong medication** - an individual takes medication that is not prescribed for that individual. This includes taking medication after it has been discontinued or taking the incorrect medication because it was inappropriately labeled. • **Wrong dose** - an individual takes a dose of medication other than the dose prescribed. • **Omitted dose** - an individual does not take a prescribed dose of medication within one hour before or one hour after the prescribed time, except an omitted dose does not include an individual's refusal to take medication.
Serious Injury	A serious physical injury is reported, regardless of the cause or setting in which it occurred, when an individual sustains: • a fracture; • a dislocation of any joint; • an internal injury; • a contusion larger than 2½ inches in diameter; • a concussion; • a second or third degree burn; • a laceration requiring sutures; or • an injury determined serious by a physician, physician assistant, registered nurse, or a vocational nurse.

continued on next page

Reportable Data, continued

Term	Definition
Behavior Intervention Plan Authorizing Restraint	A behavior intervention plan is reported if it authorizes a personal, mechanical or psychoactive medication, as defined below, for an individual. • **Personal restraint** - the application of pressure, except physical guidance or prompting of brief duration that restricts the free movement of part or all of an individual's body. • **Mechanical restraint** - the use of a device that restricts the free movement of part or all of an individual's body. Such a device includes an anklet, a wristlet, a camisole, a helmet with fasteners, a mitt with fasteners, a posey, a waist strap, a head strap, and a restraining sheet. Such a device does not include one used to provide support for functional body position or proper balance, such as a wheelchair belt, or one used for medical treatment, such as a helmet to prevent injury during a seizure. • **Psychoactive medication** - the use of a chemical, including a pharmaceutical, through topical application, oral administration, injection, or other means, to control an individual's activity and which is not a standard treatment for the individual's medical or psychiatric condition.
Emergency Personal Restraint	An emergency personal restraint is reported when the Program Provider uses a personal restraint, as defined above, and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Emergency Mechanical Restraint	An emergency mechanical restraint is reported when the Program Provider uses a mechanical restraint, as defined above, and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Emergency Psychoactive Medication (Formerly Chemical Restraint)	An emergency psychoactive medication is reported when the Program Provider uses a psychoactive medication, as defined above and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Individual Requiring Emergency Restraint	An individual is reported as requiring emergency restraint if the individual is restrained (by either personal or mechanical restraint or psychoactive medication) at least once during a calendar month. If an individual is restrained more than once during a calendar month, the individual is reported only once for that month.
Restraint Related Injury	A restraint related injury is a serious injury sustained by an individual that is clearly related to the application of a personal restraint, an emergency mechanical restraint, or an emergency psychoactive medication administered to an individual. Reportable injuries in this category are not due to self-injury that occurred prior to the application of restraint. Serious injuries sustained during the application of a restraint that are investigated by DFPS as an allegation of abuse, neglect or exploitation must be included in CIRS reporting for this category.

Critical Incident Data Procedure – Mainframe 3270: Add

Procedure — The following table describes the steps a provider using the mainframe/3270 will use to enter critical incident data for a specified reporting month.

Step	Screen	Action
1	_ _	• Type **686** in the ACT: field of any screen. • Press **Enter**. Result: The **686: Critical Incident Data: Add/ Change/Delete** request screen is displayed.
2	A sample **686: Critical Incident Data: Add/Change/ Delete** request screen is shown below. 06-24-09 686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE VC026510 PLEASE ENTER THE FOLLOWING: COMPONENT CODE : __ MONTH AND YEAR (MMYYYY) : _____ CONTRACT NUMBER : _____ TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS ENTER *** ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	Your component code is displayed based on your logon account number. • Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field. • Type the contract number in the CONTRACT NUMBER field. • Type **A** (Add) in the TYPE OF ENTRY field. • Press **Enter**. Result: The **686: Critical Incident Data: Add** screen is displayed.

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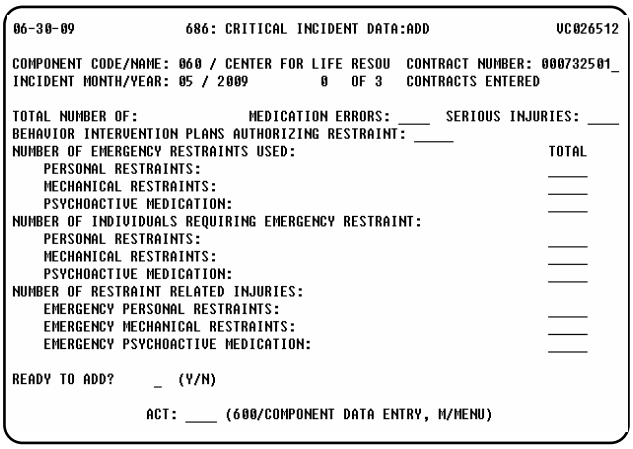
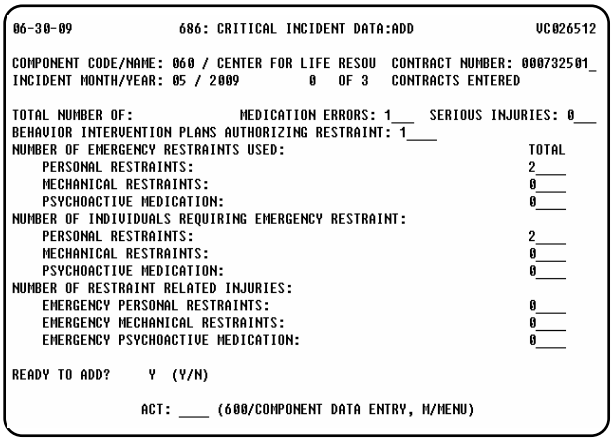
Critical Incident Data Procedure – Mainframe 3270: Add

Procedure — The following table describes the steps a provider using the mainframe/3270 will use to enter critical incident data for a specified reporting month.

Step	Screen	Action
3	A sample **686: Critical Incident Data: Add** screen is shown below.  06-30-09 686: CRITICAL INCIDENT DATA:ADD VC026512 COMPONENT CODE/NAME: 060 / CENTER FOR LIFE RESOU CONTRACT NUMBER: 000732501_ INCIDENT MONTH/YEAR: 05 / 2009 0 OF 3 CONTRACTS ENTERED TOTAL NUMBER OF: MEDICATION ERRORS: ____ SERIOUS INJURIES: ____ BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT: ____ NUMBER OF EMERGENCY RESTRAINTS USED: TOTAL PERSONAL RESTRAINTS: ____ MECHANICAL RESTRAINTS: ____ PSYCHOACTIVE MEDICATION: ____ NUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT: PERSONAL RESTRAINTS: ____ MECHANICAL RESTRAINTS: ____ PSYCHOACTIVE MEDICATION: ____ NUMBER OF RESTRAINT RELATED INJURIES: EMERGENCY PERSONAL RESTRAINTS: ____ EMERGENCY MECHANICAL RESTRAINTS: ____ EMERGENCY PSYCHOACTIVE MEDICATION: ____ READY TO ADD? _ (Y/N) ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU) The top of the screen displays the component code and name, the contract number for which you are reporting incidents, and the incident month and year. In this example, *0 of 3 Contracts Entered* is displayed at the top of the screen. As data is entered for each contract, the screen displays the total number of contracts for the component and the number of that total that has been entered. The middle portion of the screen provides fields for you to enter the number of medication errors, serious injuries, restraint information, and TOTAL fields. You will enter the following information: **Number Of Emergency Restraints Used:** These fields include the total number of times a restraint was used in each category. **Number Of Individuals Requiring Emergency Restraint:** These fields include the total number of individuals who were restrained in each category. **Number Of Restraint Related Injuries:** These fields include the total number injuries that were related to a restraint incident in each category. ***Note: Zeroes must be entered in the fields on this screen if there are no behavior intervention plans or critical incident data to be reported during the report month.*** *See the example on the following page.*	The contract number that was entered on the header screen is displayed but can be changed. • Type the contract number in the CONTRACT NUMBER field, if the contract for which you are entering data is other than the one entered on the header screen. • Type the number of medication errors during the report month for every person served in your contract in the MEDICATION ERRORS field. • Type the number of serious injuries during the report month for every person served in your contract in the SERIOUS INJURIES field. • Type the number of behavior intervention plans authorizing personal, mechanical, or psychoactive medication restraint during the report month in the BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT field. **Number Of Emergency Restraints Used** • Type the total number of emergency restraints used by category during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS, and PSYCHOACTIVE MEDICATION TOTAL fields. **Number Of Individuals Requiring Emergency Restraint** • Type the total number of individuals requiring emergency restraint during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS, and PSYCHOACTIVE MEDICATION TOTAL fields. **Number Of Restraint Related Injuries** • Type the total number of restraint related injuries during the report month in the EMERGENCY PERSONAL RESTRAINTS, EMERGENCY MECHANICAL RESTRAINTS, and EMERGENCY PSYCHOACTIVE MEDICATION TOTAL fields. • Type **Y** in the READY TO ADD? field. • Press **Enter**. Result: The screen is redisplayed with cleared fields to allow for the entry of data for additional contracts, and the message, *"Previous Information Added"* is displayed. • Repeat this step for all contracts. • When all contracts have been entered, type **N** in the READY TO ADD? field and press **Enter** to return to the header screen.

continued on next page

Procedure, continued

Step	View	Action
3, cont.	Example screen: 	Example: The following describes the data displayed on the sample screen on the left side of the page. **Number of Emergency Restraints** section: • John has had one personal restraint in a month and Sally has had one personal restraint in a month, so you would type **2** in the TOTAL field. • There were no mechanical restraints in a month, so you would type **0** in the TOTAL field. • There were no psychoactive medication restraints, so you would type **0** in the Total field. **Number of Individuals Requiring Emergency Restraint** section: • Since these fields are counting individuals, you would type **2** in the PERSONAL RESTRAINTS TOTAL field. • There were no mechanical restraints, so you would type **0** in the TOTAL field. • There were no psychoactive medication restraints, so you would type **0** in the Total field. **Number of Restraint Related Injuries** section: • Since there were no restraint related injuries, you would type zeroes in the EMERGENCY PERSONAL RESTRAINT, EMERGENCY MECHANICAL RESTRAINT, and EMERGENCY PSYCHOACTIVE MEDICATION TOTAL fields. ***Important: Remember that you must type zeroes in all fields that have no critical incident data to be reported.***

```
06-30-09              686: CRITICAL INCIDENT DATA:ADD                VC026512

COMPONENT CODE/NAME: 060 / CENTER FOR LIFE RESOU  CONTRACT NUMBER: 000732501_
INCIDENT MONTH/YEAR: 05 / 2009         0   OF 3   CONTRACTS ENTERED

TOTAL NUMBER OF:              MEDICATION ERRORS: 1___  SERIOUS INJURIES: 0___
BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT: 1___
NUMBER OF EMERGENCY RESTRAINTS USED:                                   TOTAL
    PERSONAL RESTRAINTS:                                               2____
    MECHANICAL RESTRAINTS:                                             0____
    PSYCHOACTIVE MEDICATION:                                           0____
NUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT:
    PERSONAL RESTRAINTS:                                               2____
    MECHANICAL RESTRAINTS:                                             0____
    PSYCHOACTIVE MEDICATION:                                           0____
NUMBER OF RESTRAINT RELATED INJURIES:
    EMERGENCY PERSONAL RESTRAINTS:                                     0____
    EMERGENCY MECHANICAL RESTRAINTS:                                   0____
    EMERGENCY PSYCHOACTIVE MEDICATION:                                 0____

READY TO ADD?     Y  (Y/N)

                ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)
```

Critical Incident Data Procedure – Mainframe 3270: Change

Procedure — The following table describes the steps a provider using the mainframe/3270 will use to change critical incident data that has been entered incorrectly.

Step	Screen	Action
1	_ _	• Type **686** in the ACT: field of any screen. • Press **Enter**. Result: The **686: Critical Incident Data: Add/Change/Delete** request screen is displayed.
2	A sample **686: Critical Incident Data: Add/Change/Delete** request screen is shown below. 06-24-09 686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE VC026510 PLEASE ENTER THE FOLLOWING: COMPONENT CODE : __ MONTH AND YEAR (MMYYYY) : _____ CONTRACT NUMBER : _____ TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS ENTER *** ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	Your component code is displayed based on your logon account number. • Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field. • Type the contract number in the CONTRACT NUMBER field. • Type **C** (Change) in the TYPE OF ENTRY field. • Press **Enter**. Result: The **686: Critical Incident Data: Change** screen is displayed.
3	A sample **686: Critical Incident Data: Change** screen is shown below. 06-30-09 686: CRITICAL INCIDENT DATA:CHANGE VC026512 COMPONENT CODE/NAME: 060 / CENTER FOR LIFE RESOU CONTRACT NUMBER: 000732501_ INCIDENT MONTH/YEAR: 05 / 2009 1 OF 3 CONTRACTS ENTERED TOTAL NUMBER OF: MEDICATION ERRORS: 1__ SERIOUS INJURIES: 0__ BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT: 1___ NUMBER OF EMERGENCY RESTRAINTS USED: TOTAL PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT: PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF RESTRAINT RELATED INJURIES: EMERGENCY PERSONAL RESTRAINTS: 0___ EMERGENCY MECHANICAL RESTRAINTS: 0___ EMERGENCY PSYCHOACTIVE MEDICATION: 0___ READY TO CHANGE? _ (Y/N) ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	• Type changes to the critical incident data in the appropriate fields. • Type **Y** in the READY TO CHANGE? field to submit the data to the system. • Press **Enter**. Result: The request screen is displayed with the message, *"Previous Information Changed."*

Critical Incident Data Procedure – Mainframe 3270: Delete

Procedure — The following table describes the steps a provider using the mainframe/3270 will use to delete critical incident data that has been entered in error.

Step	Screen	Action
1	_ _	• Type **686** in the ACT: field of any screen. • Press **Enter**. Result: The **686: Critical Incident Data: Add/Change/Delete** request screen is displayed.
2	A sample **686: Critical Incident Data: Add/Change/Delete** request screen is shown below. 06-24-09 686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE VC026510 PLEASE ENTER THE FOLLOWING: COMPONENT CODE : __ MONTH AND YEAR (MMYYYY) : _____ CONTRACT NUMBER : _____ TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS ENTER *** ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	Your component code is displayed based on your logon account number. • Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field. • Type the contract number in the CONTRACT NUMBER field. • Type **D** (Delete) in the TYPE OF ENTRY field. • Press **Enter**. Result: The **686: Critical Incident Data: Delete** screen is displayed.
3	A sample **686: Critical Incident Data: Delete** screen is shown below. 06-30-09 686: CRITICAL INCIDENT DATA:DELETE VC026512 COMPONENT CODE/NAME: 060 / CENTER FOR LIFE RESOU CONTRACT NUMBER: 000732501_ INCIDENT MONTH/YEAR: 05 / 2009 1 OF 3 CONTRACTS ENTERED TOTAL NUMBER OF: MEDICATION ERRORS: 1__ SERIOUS INJURIES: 0__ BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT: 1___ NUMBER OF EMERGENCY RESTRAINTS USED: TOTAL PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT: PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF RESTRAINT RELATED INJURIES: EMERGENCY PERSONAL RESTRAINTS: 0___ EMERGENCY MECHANICAL RESTRAINTS: 0___ EMERGENCY PSYCHOACTIVE MEDICATION: 0___ READY TO DELETE? _ (Y/N) ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	• Type **Y** in the READY TO DELETE? field to submit the data to the system. • Press **Enter**. Result: The request screen is displayed with the message, *"Previous Information Deleted."*

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Exiting ICF/MR – Mainframe/3270

Exit Procedure

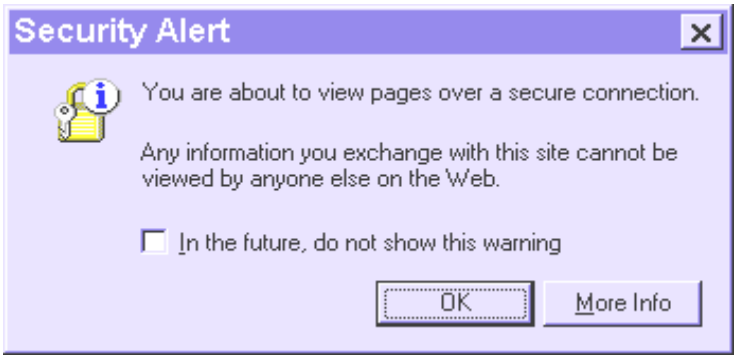
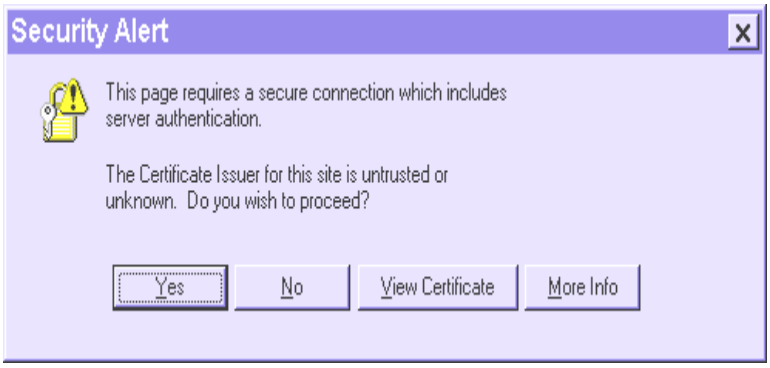
You can exit the system from any screen. To exit the system:

- Key **Q** in the ACTION field.
- Press <**Enter**>.
- Key **logoff** at the prompt.
- Press <**Enter**>.

Result: The CL/SUPERSESSION Main Menu is displayed.

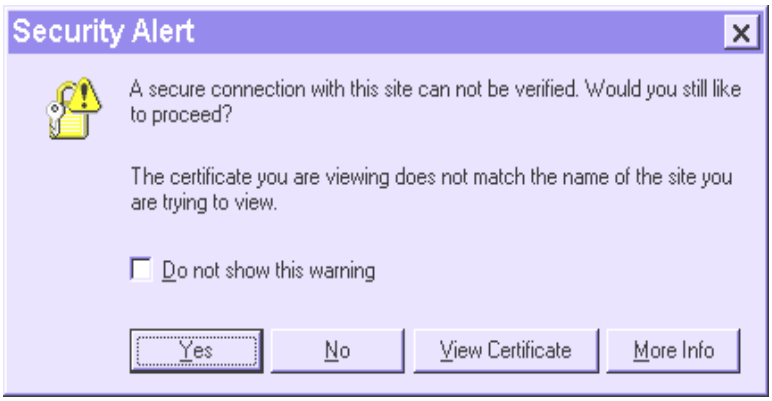
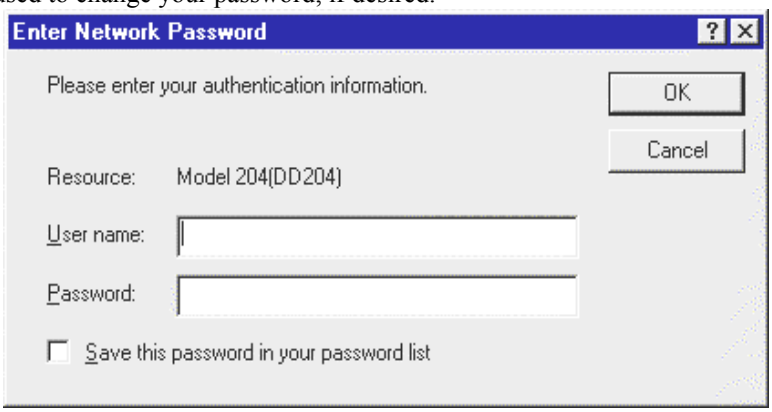
Access Procedure

The following procedure describes the steps used to access the ICF/MR automated system using the Web.

Step	Action
1	Dial in to the HHSCNet.
2	Access your browser. Note: Internet Explorer 4.0 is used in the examples below. If you are using another browser/version, your security alert and signon screens may be different.
3	Using your browser, access the following web address: **https://txmhmr.mhmr.state.tx.us:3610/prod/wcare/m** Result: Three Security Alert dialogue boxes are displayed in succession. The first is shown below.  • Read the Security Alert. • Check IN THE FUTURE, DO NOT SHOW THIS WARNING so that this dialogue box will not be displayed when you access this address again. • Click **OK** to proceed. Result: The second dialogue box is displayed.
4	A sample of the second Security Alert dialogue box is shown below.  • Read the Security Alert. • Click **Yes** to proceed. Note: This dialogue box will continue to be displayed each time you access this web address. Result: The third dialogue box is displayed.

continued on next page

Access Procedure, continued

Step	Action
5	A sample of the third Security Alert dialogue box is shown below.  • Read the Security Alert. • Check DO NOT SHOW THIS WARNING so that this dialogue box will not be displayed again. • Click **Yes** to proceed. Result: The Enter Network Password dialogue box is displayed.
6	A sample Enter Network Password dialogue box is shown below. This screen is used to enter your authentication information and can also be used to change your password, if desired.  **If…** / **then…** you are *not* changing your password → • Key your User Name in the USER NAME field. • Key your password in the PASSWORD field. • Click **OK**. Result: The CARE Access Verification screen is displayed. you want to change your password → • Key your User Name in the USER NAME field. • Key your old password, a colon, and your new password in the PASSWORD field. Example: Key **old:new** • Click **OK**. Result: Your password has been changed, and the CARE Access Verification screen is displayed. Important: **Do not check** the SAVE THIS PASSWORD IN YOUR PASSWORD LIST option.

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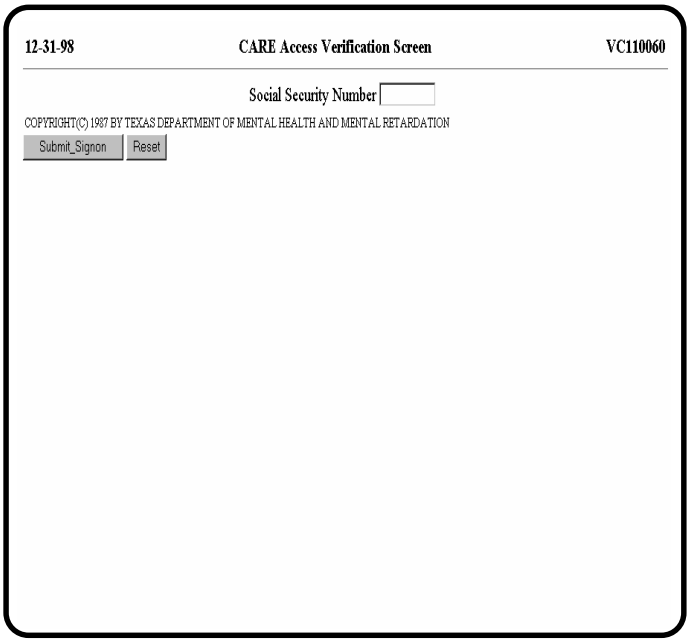
Access Procedure, continued

Step	Action
7	A sample CARE Access Verification screen is shown below.  • Key your Social Security Number. • Click **Submit Signon**. Note: If you have changed your password, the Enter Network Password dialogue box is displayed again as in Step 6. You must: • Key your new password in the PASSWORD field and • Click **OK**. Result: The M: CARE Main Menu is displayed.

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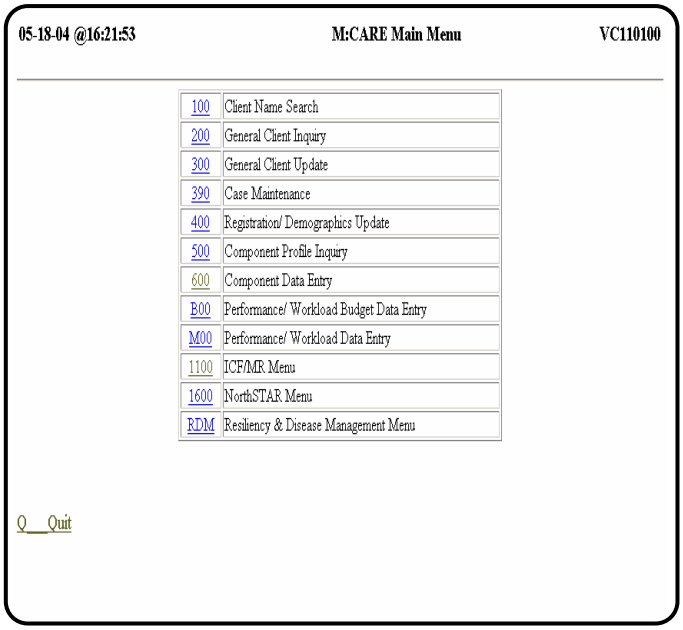
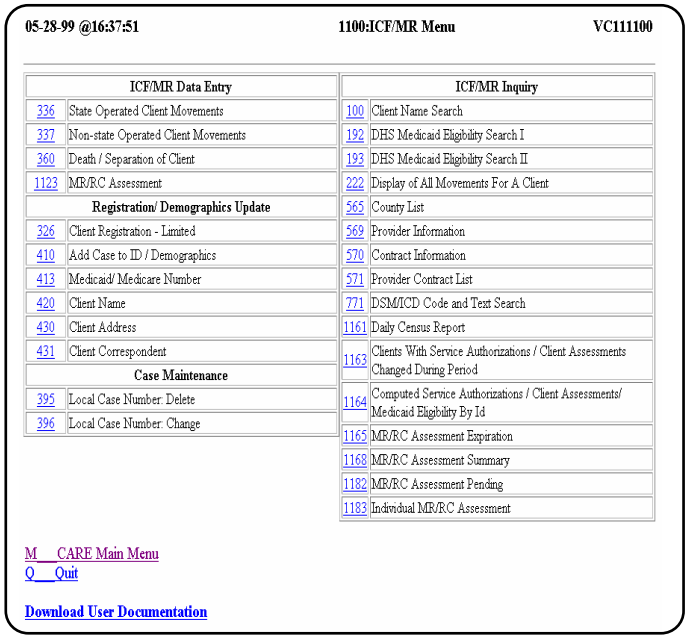
Access Procedure, continued

Step	Action
8	A sample M: CARE Main Menu is shown below.  05-18-04 @16:21:53 M:CARE Main Menu VC110100 100 Client Name Search 200 General Client Inquiry 300 General Client Update 390 Case Maintenance 400 Registration/ Demographics Update 500 Component Profile Inquiry 600 Component Data Entry B00 Performance/ Workload Budget Data Entry M00 Performance/ Workload Data Entry 1100 ICF/MR Menu 1600 NorthSTAR Menu RDM Resiliency & Disease Management Menu Q Quit Click **1100** ICF/MR Menu. Result: The 1100: ICF/MR Menu is displayed.
9	A sample 1100:ICF/MR Menu is shown below.  05-28-99 @16:37:51 1100:ICF/MR Menu VC111100 ICF/MR Data Entry 336 State Operated Client Movements 337 Non-state Operated Client Movements 360 Death / Separation of Client 1123 MR/RC Assessment Registration/ Demographics Update 326 Client Registration - Limited 410 Add Case to ID / Demographics 413 Medicaid/ Medicare Number 420 Client Name 430 Client Address 431 Client Correspondent Case Maintenance 395 Local Case Number: Delete 396 Local Case Number: Change ICF/MR Inquiry 100 Client Name Search 192 DHS Medicaid Eligibility Search I 193 DHS Medicaid Eligibility Search II 222 Display of All Movements For A Client 565 County List 569 Provider Information 570 Contract Information 571 Provider Contract List 771 DSM/ICD Code and Text Search 1161 Daily Census Report 1163 Clients With Service Authorizations / Client Assessments Changed During Period 1164 Computed Service Authorizations / Client Assessments/ Medicaid Eligibility By Id 1165 MR/RC Assessment Expiration 1168 MR/RC Assessment Summary 1182 MR/RC Assessment Pending 1183 Individual MR/RC Assessment M CARE Main Menu Q Quit Download User Documentation

Client Registration Using the Web

Introduction

Client Registration Using the Web describes the procedures involved in using web applications to interface with the CARE system to register consumers.

The registration function of CARE allows a provider to add, update, and display a consumer's identifying and demographic data and component identifying information. It is used to generate a unique, statewide client identification number and to record such data as consumer name, sex, ethnicity, birthdate, social security number, presenting problem, address, county of residence, Medicaid number, Medicare number, and local case number.

The ICF/MR automated system uses the CARE system database to maintain an unduplicated count of consumers. The registration process attempts to ensure that consumers are registered only once.

Consumer Registration

The 326: Client Registration – Limited web screen is used to register new consumers in CARE.

Note: This registration is limited due to client confidentiality legislation. ***Community MHMR centers are urged to use mainframe/ 3270 Action Code 325 for client registration.***

Previously Registered Consumers

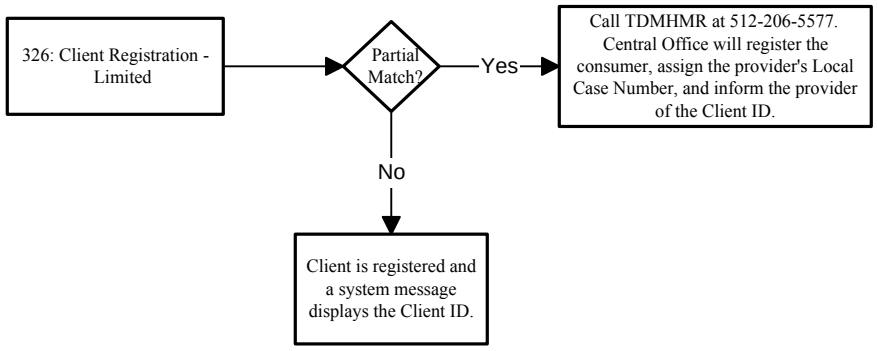
For consumers already registered in CARE, the provider must update the consumer's demographic data. Use the following demographics update screens to update consumer information:

- 413: Medicaid/Medicare Number Update
- 420: Client Name
- 430: Client Address
- 431: Client Correspondent

Client Registration Process – Web

Registration Process

The following flow chart displays the client registration process for community MHMR centers that access ICF/MR through the web.



Possible Client Matches – Web

Introduction

Before a client ID is generated, the system searches the database to determine whether the new information matches the demographics of any previously registered client. The following describes what happens if the system finds no match or a possible match.

No Match

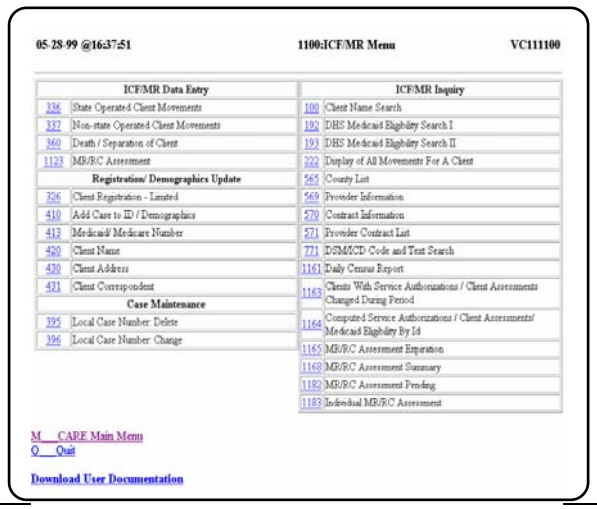
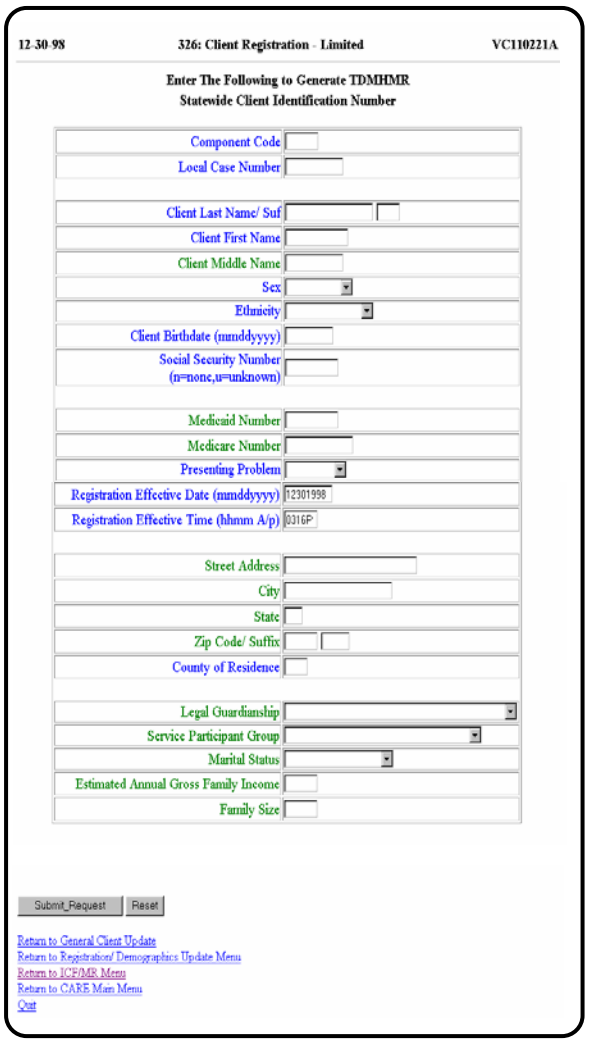
If no match is found (the consumer is not registered), the 326: Client Registration – Limited screen is displayed with the system message, *"New ID is _____."*

Possible Match

If a possible match is found (the consumer may already be registered in CARE), the 326: Client Registration – Limited screen is redisplayed with the message *"Possible Match – Call TDMHMR Central Office to Register Person"*. You must call Medicaid Administration at 512-206-5577 for assistance in registering the consumer.

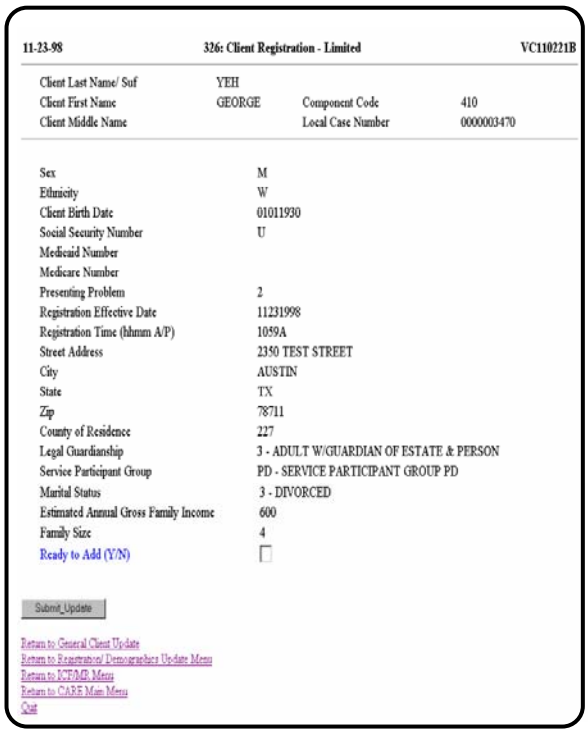
Client Registration Procedure - Web

Procedure — The following table describes the steps a provider using the web follows to register a consumer in CARE and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **326 Client Registration - Limited**. Result: The 326: Client Registration – Limited screen is displayed.
2		On the 326: Client Registration – Limited screen: • Your component code is displayed based on your logon account number. • Key information in the appropriate fields. Note: Some fields on this screen are required. LOCAL CASE NUMBER, CLIENT LAST NAME, CLIENT FIRST NAME, SEX, ETHNICITY, CLIENT BIRTHDATE, SOCIAL SECURITY NUMBER, PRESENTING PROBLEM, REGISTRATION EFFECTIVE DATE, REGISTRATION EFFECTIVE TIME, and COUNTY OF RESIDENCE are required fields. Note: You can use the drop-down list to complete the SEX, ETHNICITY, PRESENTING PROBLEM, LEGAL GUARDIANSHIP, SERVICE PARTICIPANT GROUP, and MARITAL STATUS fields. • Click **Submit Request** to submit the data. Result: The 326: Client Registration – Limited screen is displayed showing the data just entered.

continued on next page

Procedure, continued

Step	Screen	Action
3		On this sample screen: • Key **Y** (Yes) in the READY TO ADD (Y/N) field. • Click **Submit Update**. Result: The 326: Client Registration – Limited screen is displayed with the messages *"New ID is _____."* and *"Previous Information Added."* The consumer has been registered in CARE.

Client Movements Using the Web

Introduction

Client Movements Using the Web describes the procedures involved in using web applications to interface with the CARE system to add, update, and display a consumer's movements.

Client movements include admission, discharge, absences, and return from absence.

Client Movement Entry

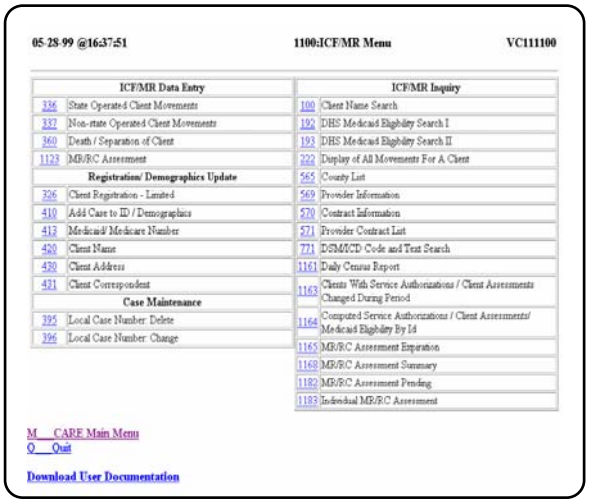
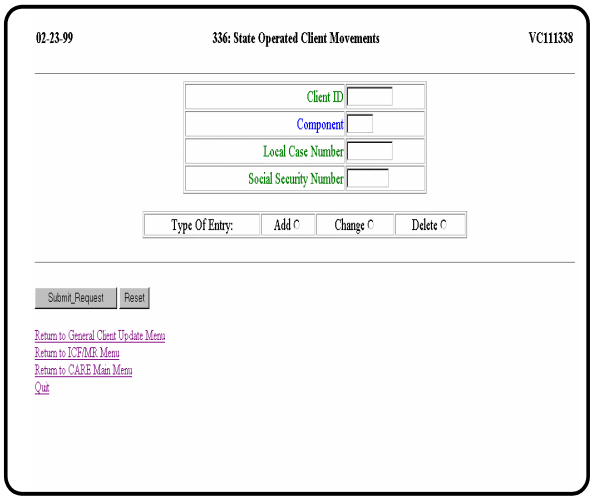
Community MHMR centers use the 337:Non-State Operated Client Movement screens on the web to enter client movements.

Note: 336: State Operated Client Movements can be used on the web by community MHMR centers who are responsible for client movements in state operated ICF/MR facilities.

State Operated Client Movements Procedure - Web

Procedure

The following table describes the steps a provider using the web follows to process *state operated* client movements and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **336 State Operated Client Movements**. Result: The 336: State Operated Client Movements request screen is displayed.
2		On the 336: State Operated Client Movements request screen: • Key information in the CLIENT ID, LOCAL CASE NUMBER, *or* SOCIAL SECURITY NO field. • Click the **Add** radio button in the TYPE OF ENTRY field. • Click **Submit Request**. Note: Your component code is displayed based on your logon account number. Result: The 336: State Operated Client Movements (Screen 2) is displayed.

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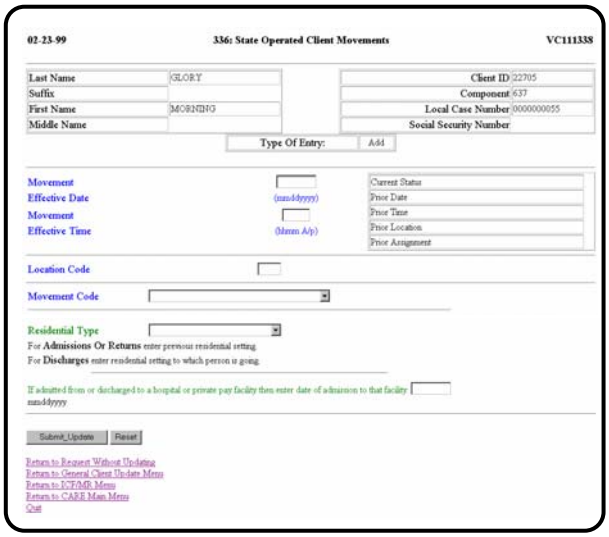
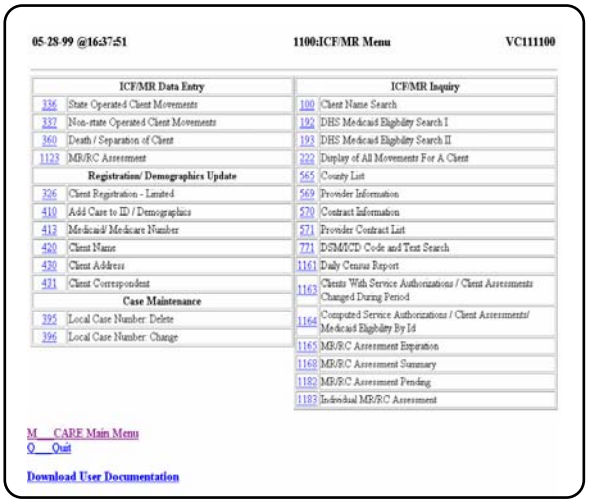
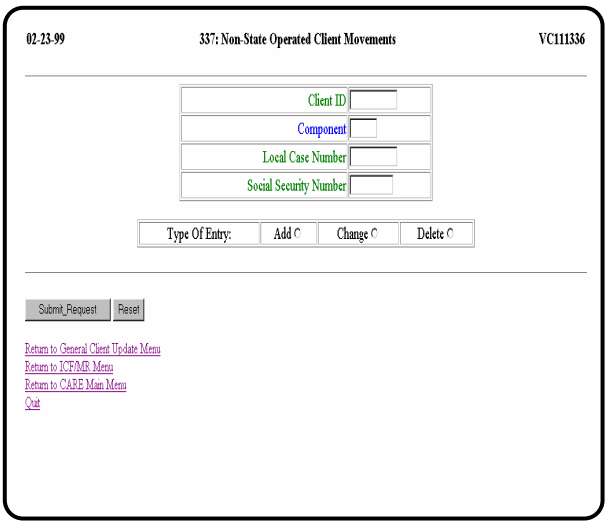
Procedure, continued

Step	Screen	Action
3		On the 336: State Operated Client Movements (Screen 2): • Key information in the appropriate fields. Note: Some fields on this screen are required. MOVEMENT EFFECTIVE DATE, MOVEMENT EFFECTIVE TIME, LOCATION CODE, and MOVEMENT CODE are required fields. • In the RESIDENTIAL TYPE field: For admissions or returns, enter previous residential setting; for discharges, enter residential setting to which person is going. Note: You can use the drop-down list to complete the MOVEMENT CODE and RESIDENTIAL TYPE fields. • If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility. • Click **Submit Update**. Result: The 336: State Operated Client Movements screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

Non-State Operated Client Movements Procedure - Web

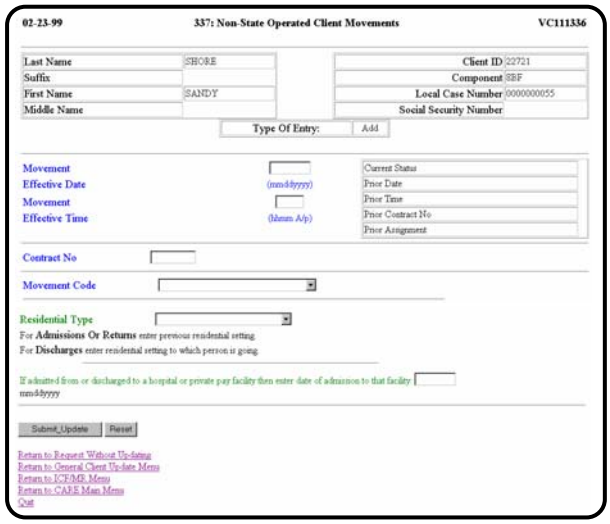
Procedure

The following table describes the steps a provider using the web follows to process *non-state operated* client movements and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **337 Non-State Operated Client Movements**. Result: The 337: Non-State Operated Client Movements request screen is displayed.
2		On the 337: Non-State Operated Client Movements request screen: • Key information in the CLIENT ID, LOCAL CASE NUMBER, *or* SOCIAL SECURITY NO. field. • Click the **Add** radio button in the TYPE OF ENTRY field. • Click **Submit Request**. Note: Your component code is displayed based on your logon account number. Result: The 337: Non-State Operated Client Movements (Screen 2) is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
3		On the 337: Non-State Operated Client Movements (Screen 2): • Key information in the appropriate fields. Note: Some fields on this screen are required. MOVEMENT EFFECTIVE DATE, MOVEMENT EFFECTIVE TIME, CONTRACT NO, and MOVEMENT CODE are required fields. • In the RESIDENTIAL TYPE field: For admissions or returns, enter previous residential setting; for discharges, enter residential setting to which person is going. Note: You can use the drop-down list to complete the MOVEMENT CODE and RESIDENTIAL TYPE fields. • If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility. • Click **Submit Update**. Result: The 337: Non-State Operated Client Movements screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

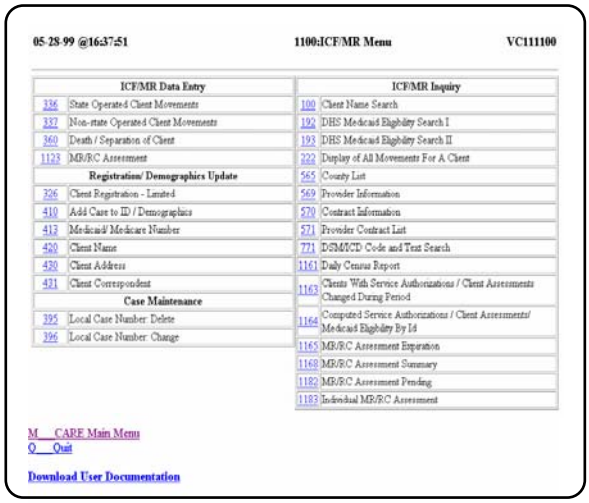
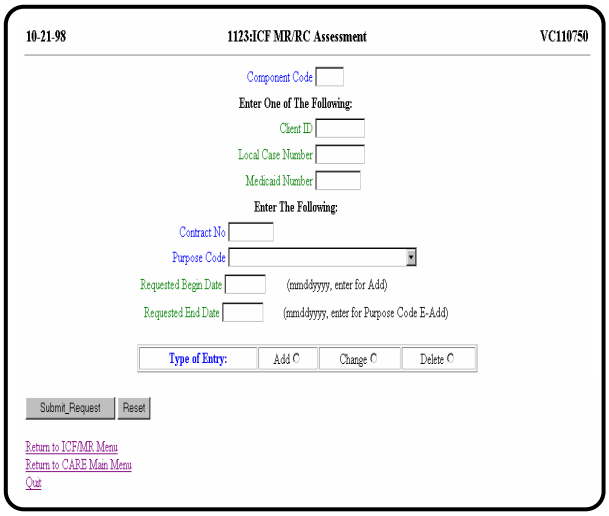
MR/RC Assessments Using the Web

Introduction	*MR/RC Assessments Using the Web* describes the procedures involved in using web applications to interface with the CARE system to enter ICF/MR consumer assessments.
MR/RC Assessment Entry	The 1123: ICF MR/RC Assessment screens are used to enter ICF/MR consumer assessments.

MR/RC Assessments Procedure - Web

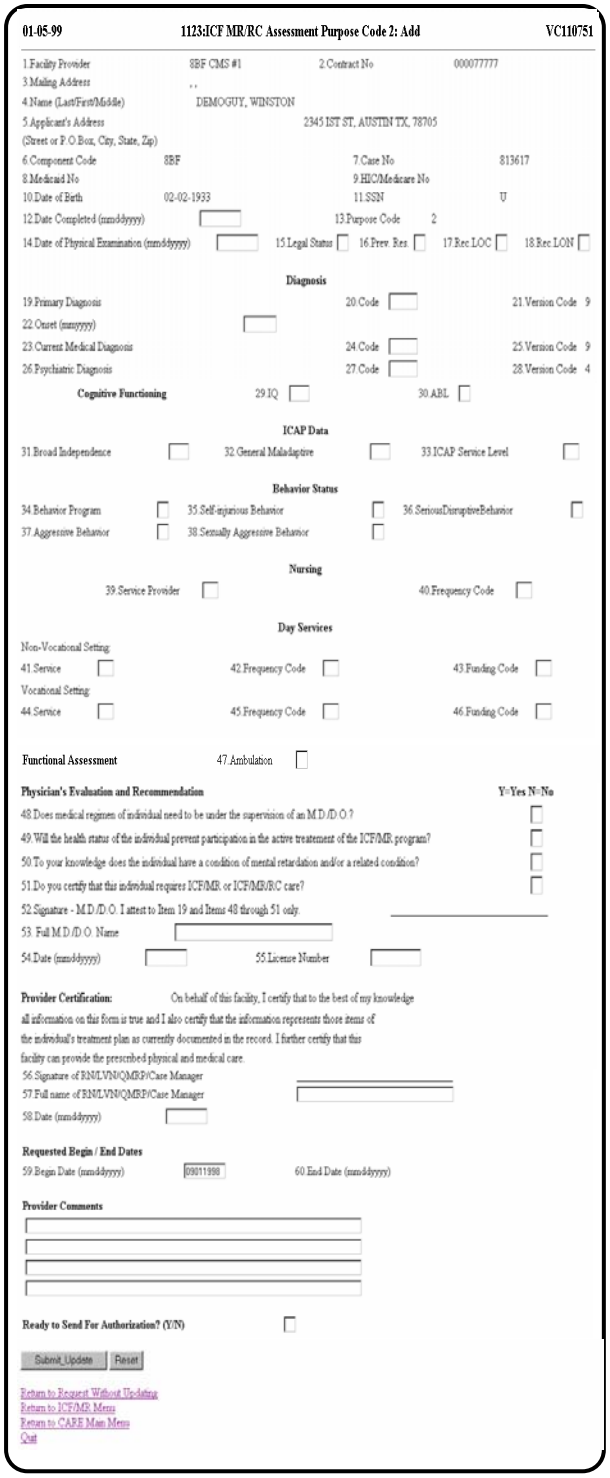
Procedure

The following table describes the steps a provider using the web follows to enter MR/RC assessments and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **1123 MR/RC Assessment**. Result: The 1123: ICF MR/RC Assessment screen is displayed.
2		On the 1123: ICF MR/RC Assessment screen: • Your component code is displayed based on your logon account number. • Key information in the CLIENT ID, LOCAL CASE NUMBER ***or*** MEDICAID NUMBER field. • Key the Contract Number in the CONTRACT NO field. • Key the Purpose Code in the PURPOSE CODE field. You can use the drop-down list to complete this field. • If you are adding a new assessment, you must enter the requested begin date in the REQUESTED BEGIN DATE field. • If you are adding a Purpose Code E assessment, you *must* enter the requested end date in the REQUESTED END DATE field. Important: For Purpose Code E, MR/RC Assessments cannot overlap. Purpose Code E dates are the dates when the consumer had *no* LOC in place. Note: Purpose Code 2, Add is used in sample screens in this procedure. • Click the **Add** radio button in the TYPE OF ENTRY field. • Click **Submit Request**. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
3		On the 1123: ICF MR/RC Assessment Purpose Code 2: Add screen: • Key information in the appropriate fields. Note: Some fields on this screen are required. DATE COMPLETED, DATE OF PHYSICAL EXAMINATION, LEGAL STATUS, PREV. RES., REC. LOC, REC. LON, PRIMARY DIAGNOSIS CODE, ONSET, IQ, ABL, BROAD INDEPENDENCE, GENERAL MALADAPTIVE, ICAP SERVICE LEVEL, BEHAVIOR PROGRAM, SELF-INJURIOUS BEHAVIOR, SERIOUS DISRUPTIVE BEHAVIOR, AGGRESSIVE BEHAVIOR, SEXUALLY AGGRESSIVE BEHAVIOR, NON-VOCATIONAL SETTING SERVICE, FREQUENCY CODE, FUNDING CODE, VOCATIONAL SETTING SERVICE, FREQUENCY CODE, FUNDING CODE, AMBULATION, and Field Numbers 48, 49, 50, and 51 are required fields. • Key **Y** (Yes) or **N** (No) in the READY TO SEND FOR AUTHORIZATION? (Y/N) field to indicate whether or not you are ready to send the MR/RC Assessment to Utilization Review (UR) at Central Office. Note: You must enter **Y** (Yes) in this field to allow the MR/RC Assessment to show up electronically for UR to authorize. You can enter **N** (No) in this field if you do not have complete MR/RC Assessment information. You will be able to enter this screen with a **C** for change to add or alter data. • Click **Submit Update**. Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed showing the data just entered and the message, *"The Following Information Has Been Processed."*

Critical Incident Data Using the Web

Introduction

Critical Incident Data Using the Web describes the procedures involved in using web applications to interface with the CARE system to enter critical incident data.

Critical Incident Data Entry

The 686: Critical Incident Data screens are used to enter critical incident data. The entry of critical incident data is required on a monthly basis for *all* of the contracts administered by a provider, including contracts for waiver programs and ICF/MR. Critical incident data must be entered *no later than* 30 days from the end of the month being reported. For example, the data reported in the month of September will reflect data that was entered in August.

Providers can use the 286: Critical Incident Data: Inquiry to review the Critical Incident Data entered.

Reportable Data

The following information provides terms and definitions used on the Critical Incident Data screens.

Term	Definition
Medication Error	A medication error is reported when there is a discrepancy between what a physician prescribes and what an individual actually takes and the individual self-administers medication under supervision of the Program Provider or has medication administered by the Program Provider. A medication error occurs in one of three ways: • **Wrong medication** - an individual takes medication that is not prescribed for that individual. This includes taking medication after it has been discontinued or taking the incorrect medication because it was inappropriately labeled. • **Wrong dose** - an individual takes a dose of medication other than the dose prescribed. • **Omitted dose** - an individual does not take a prescribed dose of medication within one hour before or one hour after the prescribed time, except an omitted dose does not include an individual's refusal to take medication.
Serious Injury	A serious physical injury is reported, regardless of the cause or setting in which it occurred, when an individual sustains: • a fracture; • a dislocation of any joint; • an internal injury; • a contusion larger than 2½ inches in diameter; • a concussion; • a second or third degree burn; • a laceration requiring sutures; or • an injury determined serious by a physician, physician assistant, registered nurse, or a vocational nurse.

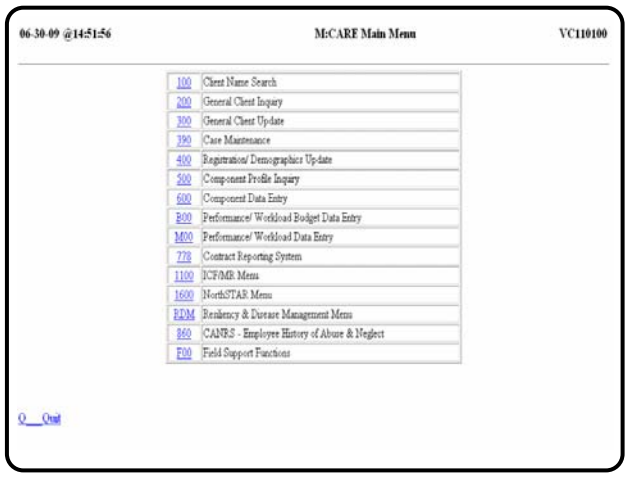
continued on next page

Reportable Data, continued

Term	Definition
Behavior Intervention Plan Authorizing Restraint	A behavior intervention plan is reported if it authorizes a personal, mechanical or psychoactive medication, as defined below, for an individual. • **Personal restraint** - the application of pressure, except physical guidance or prompting of brief duration that restricts the free movement of part or all of an individual's body. • **Mechanical restraint** - the use of a device that restricts the free movement of part or all of an individual's body. Such a device includes an anklet, a wristlet, a camisole, a helmet with fasteners, a mitt with fasteners, a posey, a waist strap, a head strap, and a restraining sheet. Such a device does not include one used to provide support for functional body position or proper balance, such as a wheelchair belt, or one used for medical treatment, such as a helmet to prevent injury during a seizure. • **Psychoactive medication** - the use of a chemical, including a pharmaceutical, through topical application, oral administration, injection, or other means, to control an individual's activity and which is not a standard treatment for the individual's medical or psychiatric condition.
Emergency Personal Restraint	An emergency personal restraint is reported when the Program Provider uses a personal restraint, as defined above, and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Emergency Mechanical Restraint	An emergency mechanical restraint is reported when the Program Provider uses a mechanical restraint, as defined above, and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Emergency Psychoactive Medication (Formerly Chemical Restraint)	An emergency psychoactive medication is reported when the Program Provider uses a psychoactive medication, as defined above and such restraint is not authorized in a written behavior intervention plan approved by the individual's IDT.
Individual Requiring Emergency Restraint	An individual is reported as requiring emergency restraint if the individual is restrained (by either personal or mechanical restraint or psychoactive medication) at least once during a calendar month. If an individual is restrained more than once during a calendar month, the individual is reported only once for that month.
Restraint Related Injury	A restraint related injury is a serious injury sustained by an individual that is clearly related to the application of a personal restraint, an emergency mechanical restraint, or an emergency psychoactive medication administered to an individual. Reportable injuries in this category are not due to self-injury that occurred prior to the application of restraint. Serious injuries sustained during the application of a restraint that are investigated by DFPS as an allegation of abuse, neglect or exploitation must be included in CIRS reporting for this category.

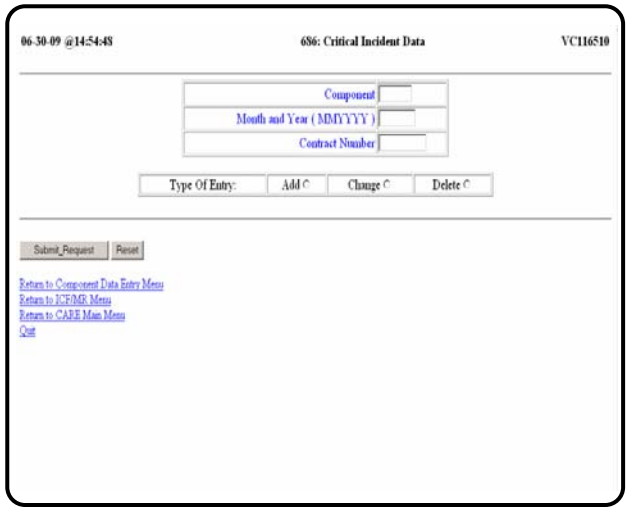
Critical Incident Data Procedure - Web

Procedure — The following table describes the steps a provider using the web follows to enter critical incident data and begins at the M: CARE Main Menu.

Step	Screen	Action
1		On the M: CARE Main Menu: • Click **600 Component Data Entry**. Result: The 600: Component Data Entry menu is displayed.
2		On the 600: Component Data Entry menu: • Click **686 Critical Incident Data**. Result: The 686: Critical Incident Data screen is displayed.

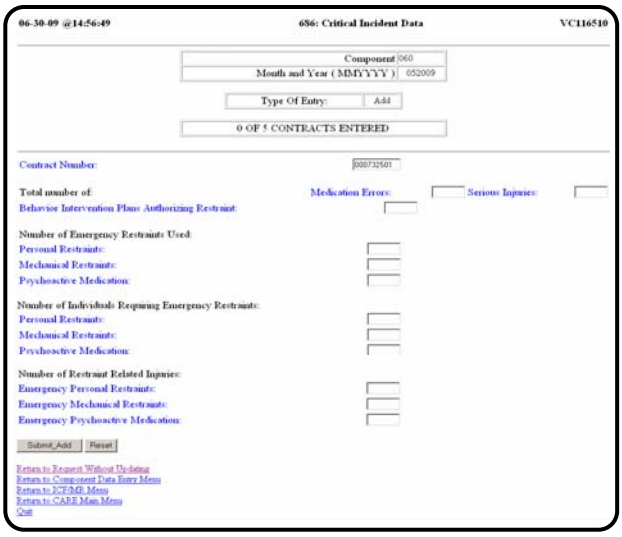
continued on next page

Procedure, continued

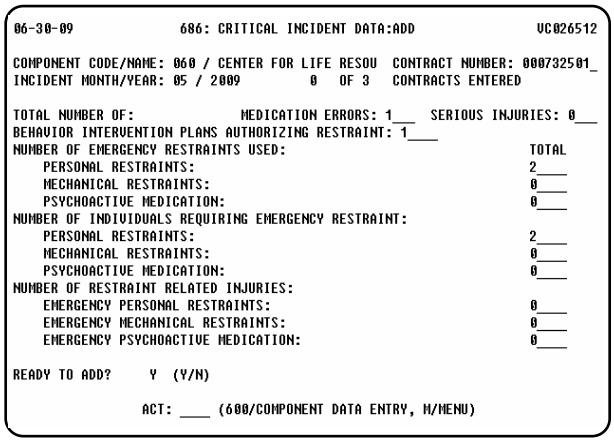
Step	Screen	Action
3		On the 686: Critical Incident Data screen: • Your component code is displayed based on your logon account number. • Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field. • Click the **Add** radio button in the TYPE OF ENTRY field. • Click **Submit Request**. Result: The 686: Critical Incident Data: Add screen is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
4	 The top of the screen displays the component code, the incident month and year, the type of entry and the number of contracts entered. In this example, *0 of 5 Contracts Entered* is displayed at the top of the screen. As data is entered for each contract, the screen displays the total number of contracts for the component and the number of that total that has been entered. The middle portion of the screen provides the contract number for which you are reporting incidents, the fields for you to enter the number of medication errors, serious injuries, restraint information, and TOTAL fields. You will enter the following information: **Number Of Emergency Restraints Used:** These fields include the total number of times a restraint was used in each category. **Number Of Individuals Requiring Emergency Restraint:** These fields include the total number of individuals who were restrained in each category. **Number Of Restraint Related Injuries:** These fields include the total number injuries that were related to a restraint incident in each category. ***Note*: Zeroes must be entered in the fields on this screen if there are no behavior intervention plans or critical incident data to be reported during the report month.** *See the example on the following page.*	The contract number that was entered on the header screen is displayed but can be changed. • Type the contract number in the CONTRACT NUMBER field, if the contract for which you are entering data is other than the one entered on the header screen. • Type the number of medication errors during the report month for every person served in your contract in the MEDICATION ERRORS field. • Type the number of serious injuries during the report month for every person served in your contract in the SERIOUS INJURIES field. • Type the number of behavior intervention plans authorizing personal, mechanical, or psychoactive medication restraint during the report month in the BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT field. **Number Of Emergency Restraints Used** • Type the total number of emergency restraints used by category during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS, and PSYCHOACTIVE MEDICATION TOTAL fields. **Number Of Individuals Requiring Emergency Restraint** • Type the total number of individuals requiring emergency restraint during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS, and PSYCHOACTIVE MEDICATION TOTAL fields. **Number Of Restraint Related Injuries** • Type the total number of restraint related injuries during the report month in the EMERGENCY PERSONAL RESTRAINTS, EMERGENCY MECHANICAL RESTRAINTS, and EMERGENCY PSYCHOACTIVE MEDICATION TOTAL fields. • Type **Y** in the READY TO ADD? field. • Press **Enter**. Result: The screen is redisplayed with cleared fields to allow for the entry of data for additional contracts, and the message, *"Previous Information Added"* is displayed. • Repeat this step for all contracts. • When all contracts have been entered, type **N** in the READY TO ADD? field and press **Enter** to return to the header screen.

Procedure, continued

Step	Screen	Action
4, cont.	Example screen:  06-30-09 686: CRITICAL INCIDENT DATA:ADD VC026512 COMPONENT CODE/NAME: 060 / CENTER FOR LIFE RESOU CONTRACT NUMBER: 000732501_ INCIDENT MONTH/YEAR: 05 / 2009 0 OF 3 CONTRACTS ENTERED TOTAL NUMBER OF: MEDICATION ERRORS: 1___ SERIOUS INJURIES: 0___ BEHAVIOR INTERVENTION PLANS AUTHORIZING RESTRAINT: 1___ NUMBER OF EMERGENCY RESTRAINTS USED: TOTAL PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT: PERSONAL RESTRAINTS: 2___ MECHANICAL RESTRAINTS: 0___ PSYCHOACTIVE MEDICATION: 0___ NUMBER OF RESTRAINT RELATED INJURIES: EMERGENCY PERSONAL RESTRAINTS: 0___ EMERGENCY MECHANICAL RESTRAINTS: 0___ EMERGENCY PSYCHOACTIVE MEDICATION: 0___ READY TO ADD? Y (Y/N) ACT: ___ (600/COMPONENT DATA ENTRY, M/MENU)	Example: The following describes the data displayed on the sample screen on the left side of the page. **Number of Emergency Restraints** section: • John has had one personal restraint in a month and Sally has had one personal restraint in a month, so you would type **2** in the TOTAL field. • There were no mechanical restraints in a month, so you would type **0** in the TOTAL field. • There were no psychoactive medication restraints, so you would type **0** in the Total field. **Number of Individuals Requiring Emergency Restraint** section: • Since these fields are counting individuals, you would type **2** in the PERSONAL RESTRAINTS TOTAL field. • There were no mechanical restraints, so you would type **0** in the TOTAL field. • There were no psychoactive medication restraints, so you would type **0** in the Total field. **Number of Restraint Related Injuries** section: • Since there were no restraint related injuries, you would type zeroes in the EMERGENCY PERSONAL RESTRAINT, EMERGENCY MECHANICAL RESTRAINT, and EMERGENCY PSYCHOACTIVE MEDICATION TOTAL fields. ***Important: Remember that you must type zeroes in all fields that have no critical incident data to be reported.***

ICF/MR Inquiry Using the Web

Introduction

The inquiry screens allow you to access and view various types of ICF/MR information.

When accessing inquiry information, the procedure followed is the same for all screens even though the information entered will vary. The following documentation presents a general procedure to follow for accessing the inquiry screens.

Inquiry Screens

The following list of inquiry screens is displayed on the 1100: ICF/MR Menu.

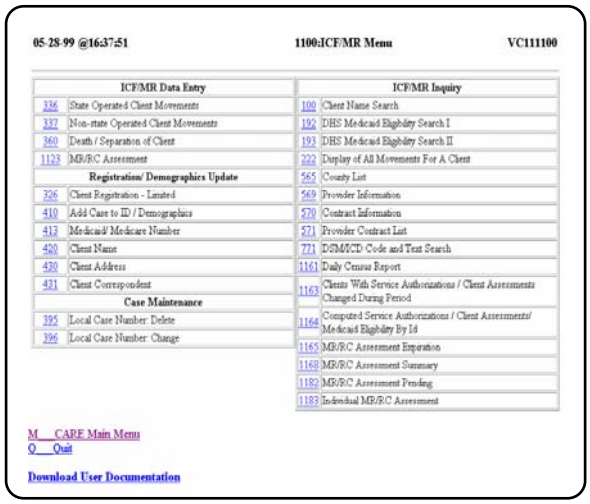
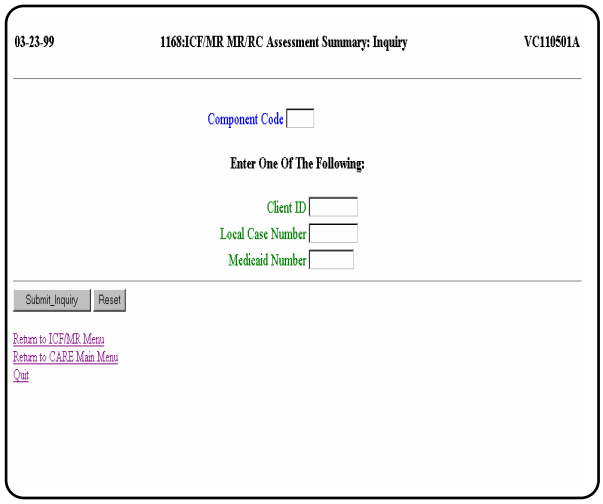
- 100 Client Name Search
- 192 DHS Medicaid Eligibility Search I
- 193 DHS Medicaid Eligibility Search II
- 201 Alternate Client Name Search
- 222 Display of All Movements for a Client
- 286 Critical Incident Data Inquiry
- 565 County List
- 569 Provider Information
- 570 Contract Information
- 571 Provider Contract List
- 771 DSM/ICD Code and Text Search
- 1165 MR/RC Assessment Expiration
- 1166 MR/RC Assessment Exp (Loc Seq)
- 1168 MR/RC Assessment Summary
- 1180 ICF/MR Provider Roster: Inquiry
- 1182 MR/RC Assessment Pending
- 1183 Individual MR/RC Assessment

Inquiry Procedure - Web

Procedure

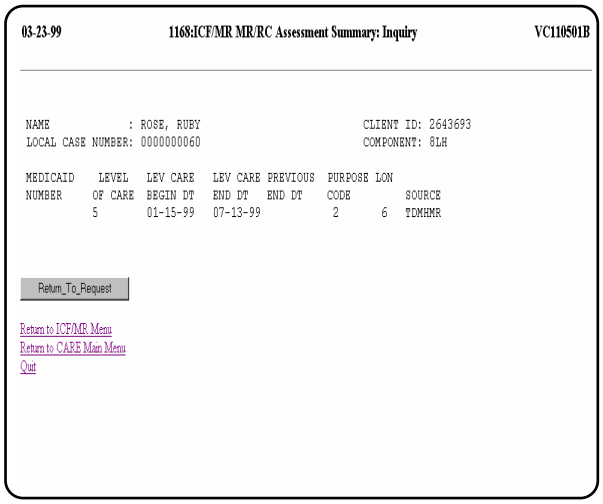
The following table describes the steps a non-state operated provider using the web will use in the inquiry process.

For this procedure, the 1168: ICF/MR MR/RC Assessment Summary screens are used as an example. Other inquiry screens will use a similar procedure.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **1168 MR/RC Assessment. Summary**. Result: The 1168: ICF/MR MR/RC Assessment Summary: Inquiry request screen is displayed.
2		On the 1168: ICF/MR MR/RC Assessment Summary: Inquiry request screen: • Key information in the CLIENT ID, LOCAL CASE NUMBER, *or* SOCIAL SECURITY NO. field. • Click **Submit Inquiry.** Note: Your component code is displayed based on your logon account number. Result: The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen is displayed.

continued on next page

Procedure, continued

Step	Screen	Action
3		The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen displays the following information: • Name • Client ID • Local Case Number • Component • Medicaid Number • Level of Care • Level of Care Begin Date • Level of Care End Date • Previous End Date • Purpose Code • LON (Level of Need) • Source

Exiting ICF/MR – Web Applications

Exit Procedure

You can exit the system by using the **Q** (Quit) option available on any of the ICF/MR web screens.

Step	Action
1	Click **Q Quit** at the bottom of any screen. Result: The CARE Signoff screen is displayed.
2	Exit your Internet browser.

Note: The CARE Signoff screen also offers the option to Return to Signon. By clicking that option, you are returned to the CARE Access Verification screen to logon to the system again.

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3 Screens/Field Tables

Introduction

The *Screens/Field Tables* section of the User Guide displays sample mainframe/3270 and Web screens containing fictitious consumer information. These screens are followed by field tables that list the fields on each screen and provide specific descriptions about those fields.

Add/Change/Delete

When using the data entry screens, you will add, change, and delete records.

Use...	to...
Add	add a new record.
Change	change incorrect information on a record.
Delete	erase a record entered in error.

Mainframe/3270 Screens

Introduction

The following pages contain screen images and screen field tables for the 3270/mainframe applications.

Mainframe/3270 Screens

Documentation provides information on the mainframe/3270 applications and contains information on the following ICF/MR menus, data entry, update, and inquiry screens:

Screen	Page
1100: ICF/MR Menu	3 - 3
1160: ICF/MR Inquiry Menu	3 - 4
1123: ICF MR/RC Assessment	3 - 5
305: Campus-based Assignment	3 - 13
310: Campus-based Discharge/Community Placement	3 - 16
325: Register Client	3 - 21
336: State Operated Client Movements	3 - 30
337: Non-State Operated Client Movements	3 - 33
360: Death/Separation of Client	3 - 36
395: Local Case Number: Delete	3 - 39
396: Local Case Number: Change	3 - 42
410: Add Case to ID/Demographics	3 - 45
413: Medicaid/Medicare Number	3 - 48
420: Client Name Update	3 - 51
430: Client Address Update	3 - 54
431: Client Correspondent Update	3 - 57
100: Client Name Search	3 - 60
192: DHS Medicaid Eligibility Search I	3 - 64
193: DHS Medicaid Eligibility Search II	3 - 68
201: (Alternate) Client Name Search	3 - 73
222: Display All Assignments for Client	3 - 78
565: County Inquiry	3 - 80
569: ICF/MR Provider Information	3 - 81
570: ICF/MR Contract Information	3 - 83
571: ICF/MR Provider/Contract List	3 - 85
771: DSM/ICD Code and Text Search	3 - 87
1165: ICF/MR MR/RC Level of Care Expiration: Inquiry	3 - 90
1168: ICF/MR MR/RC Assessment Summary: Inquiry	3 - 92
1182: ICF/MR MR/RC Assessment Pending: Inquiry	3 - 94
1183: ICF/MR MR/RC Assessment: Inquiry	3 - 96

1100: ICF/MR Menu

1100: ICF/MR Menu

The 1100: ICF/MR Menu screen provides a list of data entry and update action codes and screen names.

How to Access

To access the 1100: ICF/MR Menu:

- Key **1100** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The 1100: ICF/MR Menu is displayed.

ICF/MR Menu

The ICF/MR Menu is shown below.

```
06-10-99                    1100:ICF/MR MENU                    VC141100

              ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

                   1123 - MR/RC ASSESSMENT
                   1160 - ICF/MR INQUIRY MENU
                    305 - CAMPUS-BASED ASSIGNMENT
                    310 - CAMPUS DISCH/COMMUNITY PLACEMENT
                    325 - REGISTER CLIENT
                    336 - STATE OPERATED CLIENT MOVEMENTS
                    337 - NON-STATE OPERATED CLIENT MOVEMENTS
                    360 - DEATH / SEPARATION OF CLIENT
                    395 - LOCAL CASE NUMBER: DELETE
                    396 - LOCAL CASE NUMBER: CHANGE
                    410 - ADD CASE TO ID / DEMOGRAPHICS
                    413 - MEDICAID/MEDICARE NUMBER
                    420 - CLIENT NAME
                    430 - CLIENT ADDRESS
                    431 - CLIENT CORRESPONDENT



              ACT: ___ (M/CARE MAIN MENU, Q/QUIT)
```

1160: ICF/MR Inquiry Menu

1160: ICF/MR Inquiry Menu

The 1160: ICF/MR Inquiry Menu screen provides a list of inquiry action codes and screen names.

Note: Action Codes 100, 192, 193, 201, and 222 are only available to users who have access to general CARE inquiry.

How to Access

To access the 1160: ICF/MR Inquiry Menu:

- Key **1160** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The 1160: ICF/MR Inquiry Menu is displayed.

Inquiry Menu

The 1160: ICF/MR Inquiry Menu is shown below.

```
06-11-99                1160:ICF/MR INQUIRY MENU                  VC141160
                ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

                      100 - CLIENT NAME SEARCH  **
                      192 - DHS MEDICAID ELIGIBILITY SEARCH I **
                      193 - DHS MEDICAID ELIGIBILITY SEARCH II **
                      201 - ALTERNATE CLIENT NAME SEARCH **
                      222 - DISPLAY ALL ASSIGNMENTS FOR CLIENT **
                      565 - COUNTY LIST
                      569 - PROVIDER INFORMATION
                      570 - CONTRACT INFORMATION
                      571 - PROVIDER CONTRACT LIST
                      771 - DSM/ICD CODE AND TEXT SEARCH
                     1165 - MR/RC ASSESSMENT EXPIRATION
                     1168 - MR/RC ASSESSMENT SUMMARY
                     1182 - MR/RC ASSESSMENT PENDING
                     1183 - INDIVIDUAL MR/RC ASSESSMENT

** - THIS 3270 DIALOGUE IS ONLY AVAILABLE TO USERS WHO HAVE ACCESS TO
    GENERAL CARE INQUIRY.  THE PARALLEL WEB INQUIRIES ARE AVAILABLE TO
    USERS WHO ONLY HAVE ACCESS TO ICF/MR INQUIRY

       ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, Q/QUIT)
```

1123: ICF MR/RC Assessment: Add/Chg/Del

Introduction

The 1123: ICF MR/RC Assessment screens consist of seven screens that allow you to add, change, or delete a consumer's MR/RC assessment information. The following pages display the **Add** screens. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

MR/RC Assessment Instructions

Refer to the MR/RC Assessment Instructions in the Appendix for detailed instructions in completing these screens.

How to Access

To access the 1123: ICF MR/RC Assessment: Add/Chg/Del request screen:

- Key **1123** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample screen is shown below.

```
10-23-98          1123:ICF MR/RC ASSESSMENT: ADD/CHG/DEL          VC140750

                  PLEASE ENTER ONE OF THE FOLLOWING:
                                CLIENT ID: _________
          COMPONENT CODE/LOCAL CASE NUMBER: __ / _________
                             MEDICAID NUMBER: ________

                     PLEASE ENTER THE FOLLOWING:

          CONTRACT NO : ________
          PURPOSE CODE: _ (2/NO CURRENT ASSESSMENT,
                           3/CONTINUED STAY ASSESSMENT,
                           4/CHANGE LON ON EXISTING ASSESSMENT,
                           E/GAPS IN ASSESSMENT)

        TYPE OF ENTRY: _ (A/ADD,C/CHANGE,D/DELETE)

   REQUESTED BEGIN DATE: ________ (MMDDYYYY, ENTER FOR ADD)
   REQUESTED END DATE  : ________ (MMDDYYYY, ENTER FOR PURPOSE CODE E,ADD)

                       *** PRESS ENTER ***

  ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)
```

Screen Field Table

The following table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
CONTRACT NO	Key the contract number under which services are provided to the consumer.
PURPOSE CODE	Key the code to indicate the purpose of this assessment. 2 = No Current Assessment 3 = Continued Stay Assessment 4 = Change LON on Existing Assessment (requires supporting documentation to be forwarded to TDMHMR, UR/UC, Medicaid Administration, P.O. Box 12668, Austin, TX 78711) E = Gaps in Assessment
TYPE OF ENTRY	Key **A** (Add), **C** (Change) or **D** (Delete).
REQUESTED BEGIN DATE	Key the requested effective date of the LOC determination/LON assignment. Note: Enter REQUESTED BEGIN DATE *only* for Add.
REQUESTED END DATE	Key the requested end date of the LOC determination/ LON assignment. Note: Enter REQUESTED END DATE *only* to add a Purpose Code E.

Submit Request

Press **<Enter>** to submit request.

Note: Purpose Code 2 is used in sample screens in this documentation.

1123: ICF MR/RC Assessment Purpose Code 2: Add

Note

If you need to add or change information on these screens, you can page backward to correct any entry on previous screens. Use **F7** (function key) or enter **B** in the ACT: field to page backward to the previous screen. You will not lose the information you have already entered.

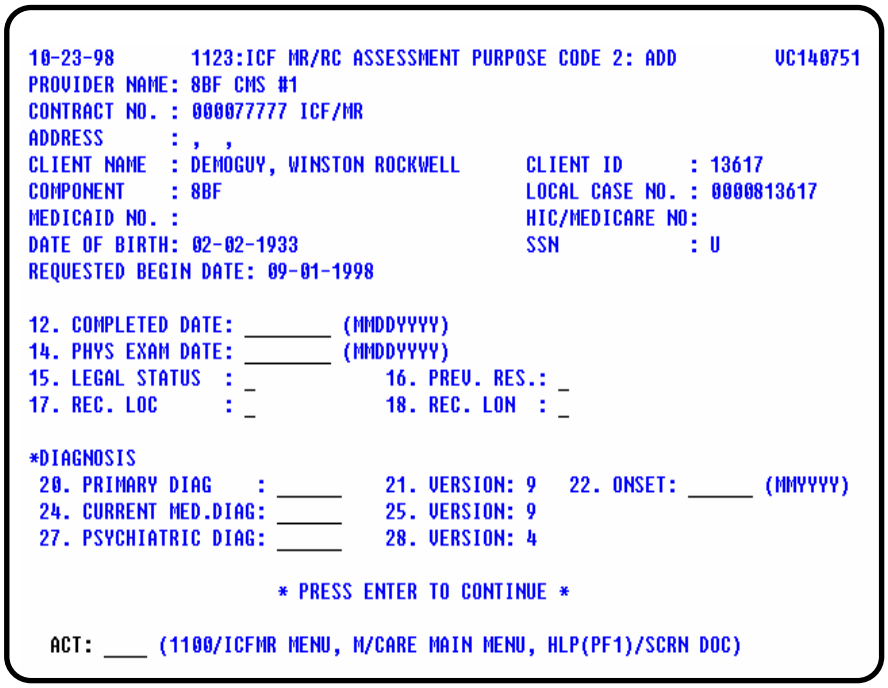
Screen 1

The Add screens for Purpose Code 2 begin with a view screen. This screen allows you to view client information and available MR/RC record information. It displays the Client Comp/Case, Client Name, and Provider Name and information on ICF/MR assignments in the past two years. A sample screen is shown below.

```
10-23-98      1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD        VC140751

       ** VIEW CLIENT INFO AND MR/RC RECORD INFO **

CLIENT COMP/CASE: 8BF/0000813617
CLIENT NAME     : DEMOGUY, WINSTON ROCKWELL

PROVIDER NAME   : 8BF CMS #1

*NO MR/RC ASSESSMENT RECORD IN FILE

*INFO ON ICF/MR ASSIGNMENTS IN THE PAST 2 YEARS:

PRIVATE RESIDENTIAL ASSIGNMENTS
COMP CASE         EFF DATE    EFF TIME    ASGN   STATUS      LOC
8BF0000813617     09-01-1998  0923A       ADM    RES

CAMPUS BASED ASSIGNMENTS
COMP CASE         EFF DATE    EFF TIME    ASGN   STATUS      LOC
6720000009988     01-01-1997  1051A       DNS    DISCH       0L3
6720000009988     05-01-1992  0927A       ADM    RES         0L3


                    >
```

Screen 2

A sample screen is shown below.



Screen Field Table

The following table describes the fields that are displayed on this screen and cannot be changed.

Field	Description
PROVIDER NAME	Displays the provider name.
CONTRACT NO.	Displays the contract number under which services are provided to this consumer.
ADDRESS	Displays the provider's mailing address.
CLIENT NAME	Displays the consumer's last name, first name, and middle name or initial.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the code to indicate the agency component at which the consumer is or will be receiving services.
LOCAL CASE NO.	Displays the consumer's local case number assigned by the component.
MEDICAID NO.	Displays the consumer's Medicaid number, if known.
HIC/MEDICARE NO.	Displays the consumer's Health Insurance Claim (HIC) number and letters or Medicare number, if known.

continued on next page

Screen Field Table, continued

Field	Description
DATE OF BIRTH	Displays the consumer's date of birth in MMDDYYYY format.
SSN	Displays the consumer's social security number or U for unknown.
REQUESTED BEGIN DATE	Displays the requested begin date in MMDDYYYY format.

Screen 3

Screen 3 is also a view screen. This screen allows you to view Client Comp/Case, Client Name, Client Address, and diagnosis descriptions on codes entered for primary, medical, and psychiatric diagnoses. Information on ICF/MR assignments in the past two years is also included. A sample screen is shown below.

```
10-23-98       1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD        VC140751

        ** VIEW CLIENT INFO AND MR/RC RECORD INFO **

CLIENT COMP/CASE: 8BF/0000813617
CLIENT NAME     : DEMOGUY, WINSTON ROCKWELL

CLIENT ADDRESS  : 2345 IST ST, AUSTIN TX, 78705

*DIAGNOSIS DESCRIPTION ON CODES ENTERED:
          PRIMARY DIAGNOSIS:  317    MILD MENTAL RETARDATION

          MEDICAL DIAGNOSIS:

      PSYCHIATRIC DIAGNOSIS:

*NO MR/RC ASSESSMENT RECORD IN FILE

*INFO ON ICF/MR ASSIGNMENTS IN THE PAST 2 YEARS:

PRIVATE RESIDENTIAL ASSIGNMENTS
COMP CASE         EFF DATE    EFF TIME    ASGN   STATUS      LOC
8BF0000813617     09-01-1998  0923A       ADM    RES
                        >
```

Screen Field Table

The following table describes the fields as they are displayed on each subsequent screen that cannot be changed.

Field	Description
NAME	Displays the consumer's name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the component code.
LOCAL CASE NUMBER	Displays the consumer's local case number.
MEDICAID NUMBER	Displays the consumer's Medicaid number.
CONTRACT NO.	Displays the contract number under which the consumer is receiving services.

Screen 4

A sample screen is shown below.

```
10-23-98      1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD        VC140752
NAME          : DEMOGUY, WINSTON ROCKWELL     CLIENT ID       : 13617
COMPONENT     : 8BF                           LOCAL CASE NUMBER: 0000813617
MEDICAID NUMBER:                              CONTRACT NO.: 000077777 ICF/MR
18. REC LON   : 5

*COGNITIVE FUNCTIONING
 29. IQ: ___                        30. ABL: _

*ICAP DATA
 31. BROAD INDEPENDENCE   ___       32. GEN. MALADAPTIVE        ___
 33. ICAP SERVICE LEVEL   _

*BEHAVIORAL STATUS
 34. BEHAVIOR PROGRAM     _         35. SELF-INJURY BEHAVIOR    _
 36. SERIOUS DISRUP BEH   _         37. AGGRESSIVE BEHAVIOR     _
 38. SEX. AGGRESS. BEH.   _

*NURSING
 39. SERVICE PROVIDER     __        40. FREQUENCY CODE          __
                     * PRESS ENTER TO CONTINUE *

  ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)
```

Screen 5

A sample screen is shown below.

```
10-23-98       1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD          VC140/53
NAME           : DEMOGUY, WINSTON ROCKWELL     CLIENT ID        : 13617
COMPONENT      : 8BF                           LOCAL CASE NUMBER: 0000813617
MEDICAID NUMBER:                               CONTRACT NO.: 000077777 ICF/MR


*DAY SERVICES

     *NON-VOCATIONAL SETTING
 41. SERVICE          __   42. FREQUENCY CODE  __   43. FUNDING CODE  __

     *VOCATIONAL SETTING
 44. SERVICE          __   45. FREQUENCY CODE  __   46. FUNDING CODE  __



*FUNCTIONAL ASSESSMENT
47. AMBULATION        _


                    * PRESS ENTER TO CONTINUE *

 ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)
```

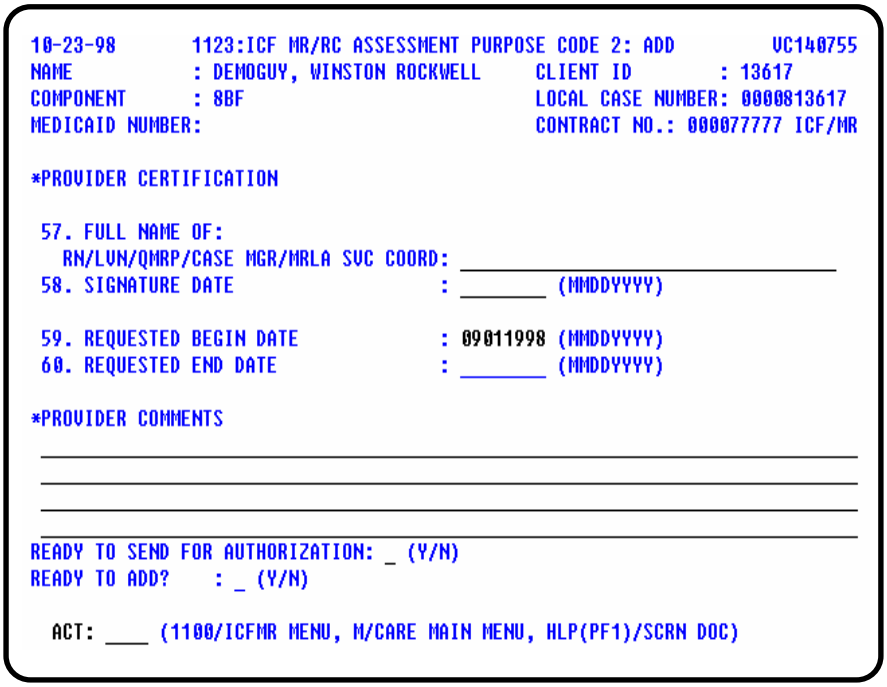
Screen 6

A sample screen is shown below.

```
10-23-98       1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD          VC140/54
NAME           : DEMOGUY, WINSTON ROCKWELL     CLIENT ID        : 13617
COMPONENT      : 8BF                           LOCAL CASE NUMBER: 0000813617
MEDICAID NUMBER:                               CONTRACT NO.: 000077777 ICF/MR

*PHYSICIANS EVALUATION AND RECOMMENDATION

 48. DOES MEDICAL REGIMEN OF INDIVIDUAL NEED TO BE UNDER THE SUPERVISION
     OF AN MD/DO?                                  48. _ (Y/N)
 49. WILL THE HEALTH STATUS OF THE INDIVIDUAL PREVENT PARTICIPATION IN THE
     ACTIVE TREATMENT OF THE ICF/MR PROGRAM?       49. _ (Y/N)
 50. TO YOUR KNOWLEDGE DOES THE INDIVIDUAL HAVE A CONDITION OF MENTAL
     RETARDATION AND/OR A RELATED CONDITION?       50. _ (Y/N)
 51. DO YOU CERTIFY THAT THIS INDIVIDUAL REQUIRES ICF/MR OR ICF/MR/RC CARE?
                                                   51. _ (Y/N)

 53. PHYSICIAN NAME: _____
 54. SIGNATURE DATE: _______ (MMDDYYYY)   55. LICENSE NO.: _________


                    * PRESS ENTER TO CONTINUE *

 ACT: ___ (1100/ICFMR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)
```

Screen 7

A sample screen is shown below.



READY TO SEND FOR AUTHORIZATION?

Key **Y** (Yes) or **N** (No) in the READY TO SEND FOR AUTHORIZATION? field to indicate whether or not you are ready to send the MR/RC Assessment to Utilization Review (UR) at Central Office.

READY TO ADD?

Key **Y** (Yes) or **N** (No) in the READY TO ADD? field to indicate whether or not you are ready to add the record. You may want to add the record pending further modifications even if you are not ready to send it for authorization by UR.

305: Campus-Based Assignment: Add/Change/Delete

Introduction

The 305: Campus-based Assignment screens allow state operated campus-based providers to add, change, and delete client assignments.

How to Access

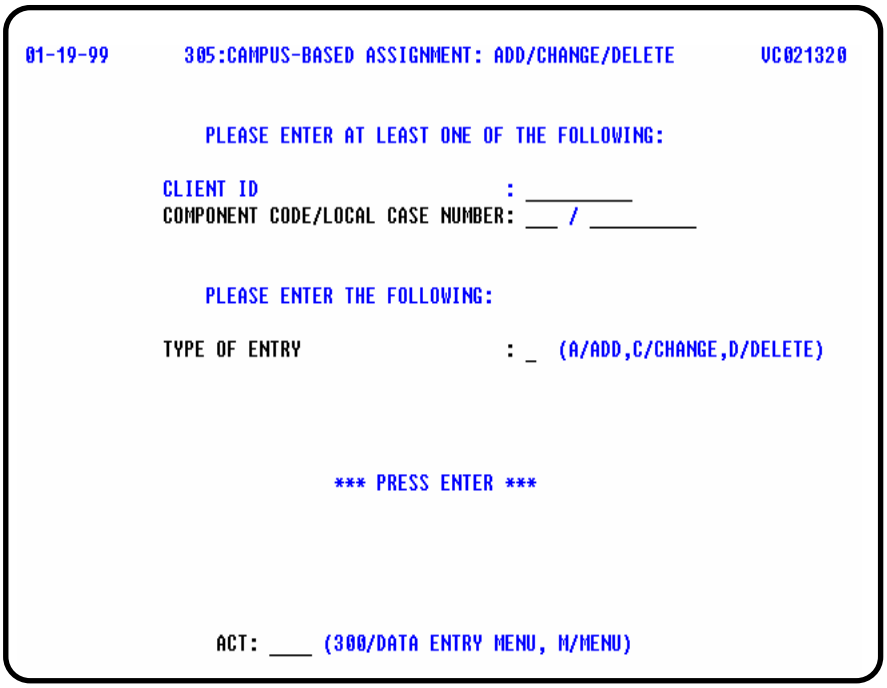
To access the 305: Campus-based Assignment: Add/Change/Delete request screen:

- Key **305** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID *or* local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID *or* local case number.
TYPE OF ENTRY	Key the type of action you want to take. **A** = Add, **C** = Change, **D** = Delete.

305: Campus Based Assignment: Add

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Add Screen

A sample screen is shown below.

```
01-19-99            305:CAMPUS BASED ASSIGNMENT: ADD              VC021325

LAST NAME/SUF: ROADS              .      CLIENT ID         : 22934
FIRST NAME   : DUSTY                     LOCAL CASE NUMBER : 0000000075
MIDDLE INIT  : .                         COMPONENT/LOC CODE: 678
ASSIGNMENT EFFECTIVE DATE (MMDDYY): 011999  TIME (HHMM A/P)   : 0352P

                                                  CURRENT STATUS:
ASSIGNMENT:                                       PRIOR DATE    :
          LOCATION CODE (WARD/DORM)  : ___        PRIOR TIME    :
          ASSIGNMENT/ABSENCE CODE    : ADM        PRIOR LOC     :
                                                  PRIOR ASGN    :
IF ABSENCE FOR TRIAL PLACEMENT (ATP):             LST NON-RR ASG:
          DESTINATION COMPONENT CODE : __
          IS THIS PERSON GOING TO A NURSING HOME? (Y/N): _
IF RESIDENTIAL REASSIGNMENT (RR):
               DESTINATION WARD/DORM : ___
IF MH LOCATION ADMISSION (ADM):
                 COUNTY OF ADMISSION : __

READY TO ADD?       : _ (Y/N)

ACT: ___ (332/ADD COMMIT,300/DATA ENTRY MENU,780/DEMO DATA SHEET,M/MENU)
```

Screen Field Table

The following table describes the fields that are displayed on this screen and cannot be changed.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE INIT	Displays the consumer's middle initial.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number.
COMPONENT/LOC CODE	Displays the component code/location code.

Screen Field Table

The following table describes the remaining fields displayed on this screen.

Field	Description
ASSIGNMENT EFFECTIVE DATE	Key the assignment effective date. MMDDYY format.
TIME	Key the assignment effective time. HHMM A/P format.
ASSIGNMENT LOCATION CODE	Key the location code (ward/dorm).
ASSIGNMENT/ABSENCE CODE	Key the assignment/absence code. ADM = Admission AHI = Absent-Comm. Hosp. w/Priv. Ins. AHN = Absent-Comm. Hosp. w/o Priv. Ins. AHV = Absent-Home Visit ATV = Absent-Home Visit: Therapeutic ANS = Absent-Special Activity ASA = Absent-Special Activity: Therapeutic ATT = Absent-Temporary Transfer to Another Comp AUD = Absent-Unauthorized Departure ATP = Absent-Trial Placement AX = Absent-Other RET = Return from Absence RR = Residential Reassignment
IF ABSENCE FOR TRIAL PLACEMENT (ATP): DESTINATION COMPONENT CODE	If ATP, key the destination component code.
IS THIS PERSON GOING TO A NURSING HOME?	If ATP, key **Y** (Yes) or **N** (No) to indicate if this person is going to a nursing home.
IF RESIDENTIAL REASSIGNMENT (RR): DESTINATION WARD/DORM	If RR, key the destination ward or dorm code.
IF MR LOCATION ADMISSION (ADM): COUNTY OF ADMISSION	If MR ADM, key the code for the person's county of admission.

READY TO ADD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD? field. • Press <**Enter**>.	The 305: Campus-Based Assignment: Add/Change/Delete screen is displayed with the message, *"Previous Information Added."*
cancel your request to add an assignment	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 305: Campus-Based Assignment: Add/Change/Delete screen is displayed.

310: Campus-Based Discharge/Community Placement: Add/Change/Delete

Introduction

The 310: Campus-Based Discharge/Community Placement screens allow state operated campus-based providers to add, change, and delete campus-based discharges.

How to Access

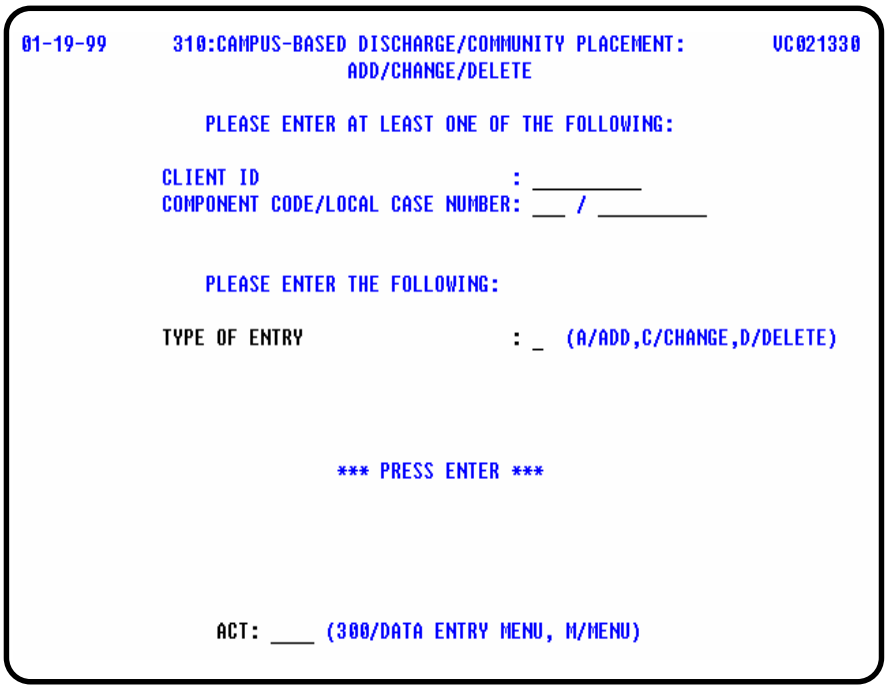
To access the 310: Campus-Based Discharge/Community Placement: Add/Change/Delete request screen:

- Key **310** in the ACT: field of any screen.
- Press <**Enter**>.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID *or* local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID *or* local case number.
TYPE OF ENTRY	Key the type of action you want to take. **A** = Add, **C** = Change, **D** = Delete.

310: Campus-Based Discharge/Community Placement: Add

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Add Screen

A sample screen is shown below.

```
01-19-99     310:CAMPUS-BASED DISCHARGE/COMMUNITY PLACEMENT:ADD      VC021335

LAST NAME/SUF: ROADS               .      CLIENT ID         : 22934
FIRST NAME   : DUSTY                      LOCAL CASE NUMBER : 0000000075
MIDDLE NAME  : .                          COMPONENT/LOC CODE: 678 / 727C
ASSIGNMENT EFFECTIVE DATE (MMDDYY): 011999  TIME (HHMM A/P)   : 0945A
DISCHARGE/MR COMMUNITY PLACEMENT:        (DRE = DISCHARGE WITH REASSIGNMENT
    ASSIGNMENT CODE              : __     DMA = DISCH, AGAINST MED ADVICE
                                          DNS = DISCHARGE, NO MORE SERVICES
                                           CP = MR COMMUNITY PLACEMENT
                                           ER = MR END RESPITE)
IS THIS PERSON GOING TO A NURSING HOME? (Y/N): _ OTHER DEST: __ (JA=JAIL)
COMMUNITY SUPPORT PLAN (Y/N): _ DATE (MMDDYY): _____ PARTICIPATING COMP: __
IF REASSIGNING CLIENT, ENTER THE FOLLOWING:
    DESTINATION COMPONENT CODE    : ___    DESTINATION PROGRAM   _
IF MR CLIENT IS REASSIGNED TO COMMUNITY-BASED PROGRAM ENTER THE FOLLOWING:
    DESTINATION ADDRESS    STREET : ____________________
                           CITY   : _____________
                           STATE  : __   ZIP CODE: _____  ____
TYPE OF PLACEMENT: __  CP FUND SRC: __  RGNL MONITOR: __
READY TO ADD?       _ (Y/N)

                    ACT: ___ (300/CLIENT DATA ENTRY, M/MENU)
```

Screen Field Table

The following table describes the fields that are displayed on this screen and cannot be changed.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number.
COMPONENT/LOC CODE	Displays the component code/location code.

Screen Field Table

The following table describes the remaining fields displayed on this screen.

Field	Description
ASSIGNMENT EFFECTIVE DATE	Key the assignment effective date. MMDDYY format.
TIME	Key the assignment effective time. HHMM A/P format.
DISCHARGE/MR COMMUNITY PLACEMENT: ASSIGNMENT CODE	Key the assignment code. Must be DRE, DMA, DNS, CP, or ER.
IS THIS PERSON GOING TO A NURSING HOME?	Key **Y** (Yes) or **N** (No) to indicate if this person is going to a nursing home.
OTHER DEST	Key **JA** to indicate that the person is discharged or community placed with a destination to jail.
COMMUNITY SUPPORT PLAN	Key **Y** (Yes) or **N** (No) to indicate whether a Joint Community Support Plan has been made.
DATE	Key the date the Joint Community Support Plan was made. MMDDYY format.
PARTICIPATING COMP	Key the code of the community-based component participating in the Joint Community Support Plan.
IF REASSIGNING CLIENT, ENTER THE FOLLOWING: DESTINATION COMPONENT CODE	If reassigning client, key the destination component code.
DESTINATION PROGRAM	If reassigning client, key the destination program
IF MR CLIENT IS REASSIGNED TO COMMUNITY-BASED PROGRAM ENTER THE FOLLOWING DESTINATION ADDRESS	If MR community-based reassignment, key the person's street, city, state, and zip code.
TYPE OF PLACEMENT	Key the code for the type of placement in community. Required for MR community placements.
CP FUND SRC	Key the code for the funding source used in the transition of consumers to the community. Required for MR community placements.
RGNL MONITOR	Key the code for the person assigned as regional monitor. Required for MR community placements.

READY TO ADD? Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD? field. • Press <**Enter**>.	The 310: Campus-Based Discharge/Community Placement: Add/Change/Delete screen is displayed with the message, *"Previous Information Added."*
cancel your request to add a discharge	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 310: Campus-Based Discharge/Community Placement: Add/Change/Delete screen is displayed.

Registration - Mainframe/3270

Introduction

The registration function of CARE allows a provider to add, update, and display a consumer's identifying and demographic data and component identifying information. It is used to generate a unique, statewide client identification number and to record such data as consumer name, sex, ethnicity, birthdate, social security number, presenting problem, address, county of residence, Medicaid number, Medicare number, and local case number.

ICF/MR uses the CARE System database to maintain an unduplicated count of consumers. The registration process attempts to ensure that consumers are registered only once.

Consumer Registration

The 325: Register Client: Client ID screens are used to register new consumers in CARE.

Previously Registered Consumers

For consumers already registered in CARE, the provider must update the consumer's demographic data. Use the following CARE action codes to update consumer information:

- 410: Register Client Update
- 413: Medicaid/Medicare Number Update
- 420: Client Name Update
- 430: Client Address Update
- 431: Client Correspondent Update

325: Register Client: Client ID

Introduction

The 325: Register Client: Client ID screens are used to register consumers in CARE and to generate a statewide client ID. When you have completed the information on screen 1, before a client ID is generated, the system searches the database to determine whether the new information matches the demographics of any previously registered consumer. If no match is found, screen 2 is displayed.

How to Access

To access the 325: Register Client: Client ID screen:

- Key **325** in the ACT: field of any screen.
- Press **<Enter>**.

Register Client: Client ID (Screen 1)

Use the 325: Register Client: Client ID screen to register a consumer. A sample screen is shown below.

```
08-28-98              325:REGISTER CLIENT: CLIENT ID                VC021360

                ENTER THE FOLLOWING TO GENERATE TDMHMR
                STATEWIDE CLIENT IDENTIFICATION NUMBER

CLIENT LAST NAME/SUF: _____ __
CLIENT FIRST NAME   : _____          LOCAL CASE NUMBER: _____
CLIENT MIDDLE NAME  : _____          COMPONENT CODE   : __

SEX                 : _              ETHNICITY        : _
CLIENT BIRTHDATE (MMDDYYYY): _____
SOCIAL SECURITY NUMBER     : _____  (N=NONE, U=UNKNOWN)
MEDICAID NUMBER: _____ MEDICARE NUMBER: _____

PRESENTING PROBLEM  : _   (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC)
REGISTRATION EFFECTIVE DATE: 082898  (MMDDYY) TIME (HHMM A/P) : 0236P

STREET ADDRESS : _____
CITY           : _____          STATE : __   ZIP CODE: _____  ____
COUNTY OF RESIDENCE : ___
             **** PRESS ENTER TO CONTINUE REGISTRATION ****

           ACT: ___ (300/CLIENT DATA ENTRY MENU, M/MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME/SUF	Key the consumer's last name and suffix, if any.
CLIENT FIRST NAME	Key the consumer's first name.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
CLIENT MIDDLE NAME	Key the consumer's middle name.

continued on next page

Screen Field Table, continued

Field	Description
COMPONENT CODE	Your three-digit component code is displayed.
SEX	Key the consumer's sex. (M=Male, F=Female)
ETHNICITY	Key the consumer's ethnicity. B = Black H = Hispanic W = White A = Asian I = American Indian O = Other
CLIENT BIRTHDATE (MMDDYYYY)	Key the consumer's birthdate. MMDDYYYY format.
SOCIAL SECURITY NUMBER	Key the consumer's social security number, if known, or key **N** (None) or **U** (Unknown).
MEDICAID NUMBER	Key the consumer's Medicaid number. Note: This field is extremely important for matching level of care and Medicaid eligibility information.
MEDICARE NUMBER	Key the consumer's Medicare number.
PRESENTING PROBLEM	Key the one-digit code to indicate presenting problem. Note: Only codes 2 and 5 will be used when registering ICF/MR consumers. 1 = MH (Mental Health) 2 = MR (Mental Retardation) 3 = ECI/DD (Early Childhood Intervention/ Developmentally Delayed 4 = SA (Substance Abuse) 5 = Related Condition−MR
REGISTRATION EFFECTIVE DATE	Displays the registration effective date. This date can be changed to a prior date.
TIME	Displays the registration effective time. This time can be changed to a prior time of day.
STREET ADDRESS	Key the consumer's street address.
CITY	Key the consumer's city of residence.
STATE	Key the consumer's state of residence.
ZIP CODE	Key the zip code for the consumer's address.
COUNTY OF RESIDENCE	Key the consumer's county of residence.

Submit the Record

When all the information has been completed, press **<Enter>** to submit the record.

Possible Client Matches

Introduction

Before a client ID is generated, the system searches the database to determine whether the new information matches the demographics of any previously registered consumer. The following describes what happens if the system finds no match, an exact match, or a possible match.

No Match

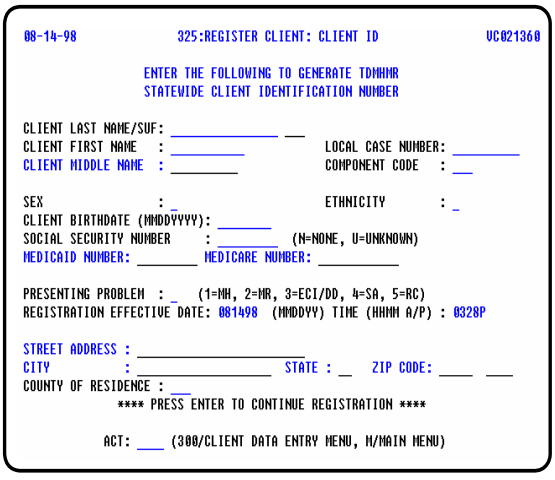
If no match is found (the consumer is not registered), the 325: Register Client: Client ID screen is displayed with the information just entered and the message, *"ID WILL BE DISPLAYED ON NXT SCRN"* in the upper right portion of the screen.

Exact Match

If an exact match is found (the consumer is already registered in CARE), the second 325: Register Client: Client ID screen is displayed with the information just entered and the client ID in the CLIENT ID field.

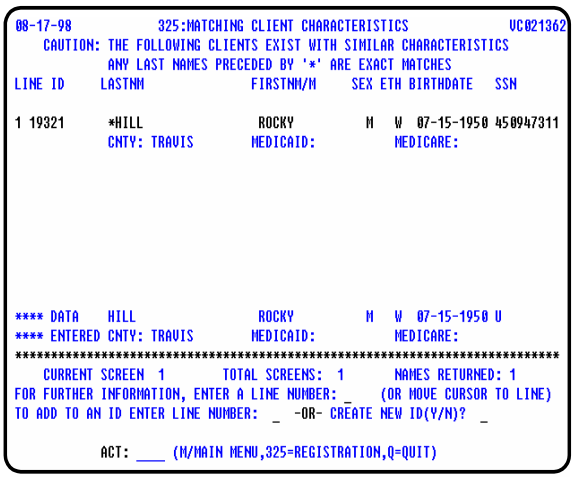
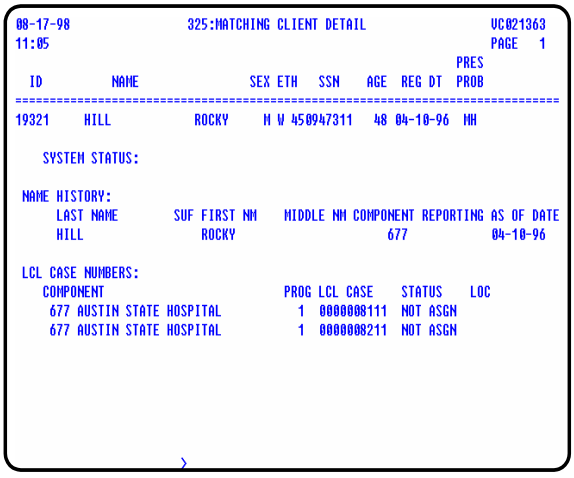
Possible Match

If a possible match is found, the 325: Matching Client Characteristics screen is displayed. Use the following steps to determine whether there is a match. Begin with the 325: Register Client: Client ID screen as displayed below.

Step	Screen	Action
1		On the 325: Register Client: Client ID screen: • Complete the registration information. • Press **<Enter>**. If a possible match is found, the 325: Matching Client Characteristics screen is displayed.

continued on next page

Possible Match, continued

Step	Screen	Action
2	The 325: Matching Client Characteristics screen displays a list of all consumers who match the demographic characteristics of the consumer you are attempting to register, the current screen number, the total number of screens, and the number of possible matches found. A sample screen is displayed.  08-17-98 325:MATCHING CLIENT CHARACTERISTICS VC021362 CAUTION: THE FOLLOWING CLIENTS EXIST WITH SIMILAR CHARACTERISTICS ANY LAST NAMES PRECEDED BY '*' ARE EXACT MATCHES LINE ID LASTNM FIRSTNM/M SEX ETH BIRTHDATE SSN 1 19321 *HILL ROCKY M W 07-15-1950 450947311 CNTY: TRAVIS MEDICAID: MEDICARE: **** DATA HILL ROCKY M W 07-15-1950 U **** ENTERED CNTY: TRAVIS MEDICAID: MEDICARE: CURRENT SCREEN 1 TOTAL SCREENS: 1 NAMES RETURNED: 1 FOR FURTHER INFORMATION, ENTER A LINE NUMBER: _ (OR MOVE CURSOR TO LINE) TO ADD TO AN ID ENTER LINE NUMBER: _ -OR- CREATE NEW ID(Y/N)? _ ACT: ___ (M/MAIN MENU,325=REGISTRATION,Q=QUIT)	On the 325: Matching Client Characteristics screen: • Key the line number of the possible match in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field. • Press **<Enter>**. Result: The 325: Matching Client Detail screen is displayed.
3	The 325: Matching Client Detail screen provides a detailed history of the consumer previously registered in CARE. You can compare the existing information with the information you have about the consumer you are attempting to register, and make your decision. A sample screen is displayed.  08-17-98 325:MATCHING CLIENT DETAIL VC021363 11:05 PAGE 1 ID NAME SEX ETH SSN AGE REG DT PRES PROB 19321 HILL ROCKY M W 450947311 48 04-10-96 MH SYSTEM STATUS: NAME HISTORY: LAST NAME SUF FIRST NM MIDDLE NM COMPONENT REPORTING AS OF DATE HILL ROCKY 677 04-10-96 LCL CASE NUMBERS: COMPONENT PROG LCL CASE STATUS LOC 677 AUSTIN STATE HOSPITAL 1 0000008111 NOT ASGN 677 AUSTIN STATE HOSPITAL 1 0000008211 NOT ASGN	To view the next page, press **<Enter>**. On the last page of the detailed history, press **<Enter>.** Result: The 325: Matching Client Characteristics screen is displayed.

Possible Match, continued

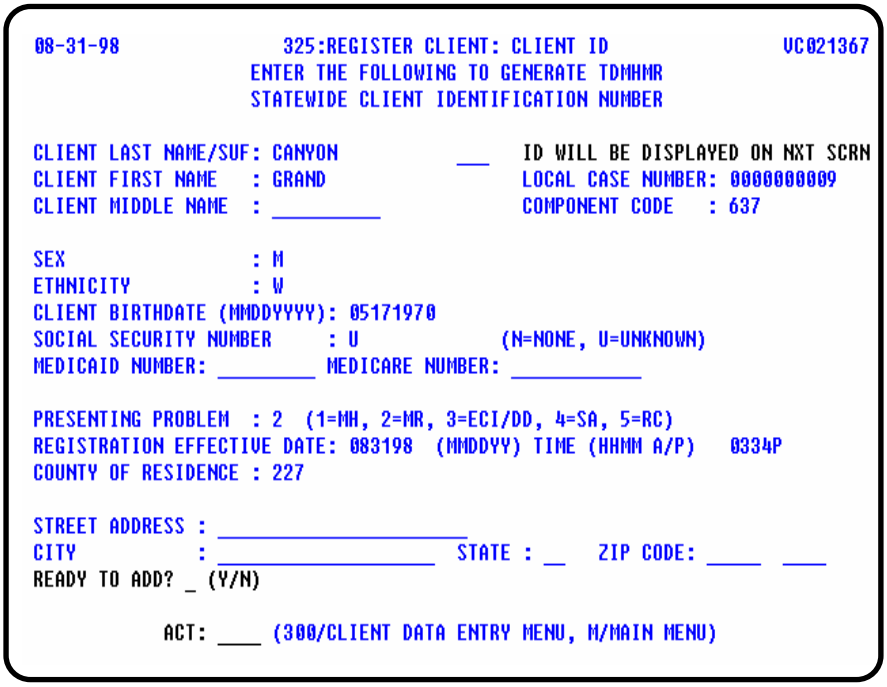
When you return to the 325: Matching Client Characteristics screen, you must indicate whether a match has been found.

If...	then...
no match is found	• key **Y** in the CREATE NEW ID (Y/N)? field. • press <**Enter**>. Result: The Register Client: Client ID screen is displayed with the information just entered and, in the upper right portion of the screen, the ID WILL BE DISPLAYED ON NXT SCRN field. • key **Y** in the READY TO ADD? field. • press <**Enter**>.
a match is found	• key the line number of the match in the TO ADD TO AN ID ENTER LINE NUMBER field. • press <**Enter**>. Result: The 325: Register Client: Client ID screen is displayed with the information just entered and the client ID is displayed in the CLIENT ID field. • key **Y** in the READY TO ADD? field. • press <**Enter**>. Rule: You *must* update consumer information using the following screens: • 410: Register Client Update • 413: Medicaid/Medicare Number Update • 420: Name Update • 430: Client Address Update • 431: Client Correspondent Update

325: Register Client: Client ID (Screen 2)

Register Client: Client ID (Screen 2)

When information has been entered and no matching records are found, screen 2 is displayed with the information you entered on screen 1. A sample screen is shown below.



Screen Field Table

Refer to the 325: Register Client: Client ID Screen Field Table for a description of the fields. The screen contains the same fields displayed on screen 1 and contains the message, *"ID WILL BE DISPLAYED ON NXT SCRN."*

READY TO ADD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	**Y** and press **<Enter>**.	The 325: Register Client: Correspondent Data screen is displayed with the message, *"Previous Information Added."*
cancel your request to add data	**N** and press **<Enter>**.	The 325: Register Client: Client ID screen is displayed.

325: Register Client: Correspondent Data

Register Client: Correspondent Data Screen

The 325: Register Client: Correspondent Data screen is used to enter guardianship, marital, family, and correspondent information. A sample screen is shown below. (The screen is used for no match and exact match.)

```
08-31-98          325:REGISTER CLIENT: CORRESPONDENT DATA          VC021369

LAST NAME/SUF: CANYON                      CLIENT ID        : 22110
FIRST NAME   : GRAND                       LOCAL CASE NUMBER: 0000000009
MIDDLE NAME  : _________                   COMPONENT CODE   : 637

SERV. PART. GRP.: __ (CB,SB,PD,HC,TS,EC,UC) LEGAL GUARDIANSHIP: _
MARITAL STATUS  : _
FAMILY SIZE     : __     ESTIMATED ANNUAL GROSS FAMILY INCOME : _________

PRIMARY CORRESPONDENT:
CORRES. NAME   : ____________________________  CORRES. RELATIONSHIP : __
CORRES. STREET : ____________________________  CORRES. TELEPHONE: ___ _______
CORRES. CITY   : ____________________  STATE : __   ZIP CODE : _____ ____

SECONDARY CORRESPONDENT:
CORRES. NAME   : ____________________________  CORRES. RELATIONSHIP : __
CORRES. STREET : ____________________________  CORRES. TELEPHONE: ___ _______
CORRES. CITY   : ____________________  STATE : __   ZIP CODE : _____ ____

READY TO ADD RECORD? _ (Y/N)
**MSG: 1939 PREVIOUS INFORMATION ADDED
           ACT: ___ (300/CLIENT DATA ENTRY MENU, M/MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
COMPONENT CODE	Displays your component code.
SERV. PART. GRP.	The consumer's service participant group. CB = Challenging Behavior SB = Severely Challenging Behavior PD = Physical Disability HC = Health Care TS = Training or Support EC = Early Childhood Intervention UC = Unclassified

continued on next page

Screen Field Table, continued

Field	Description
LEGAL GUARDIANSHIP	Key the number that represents the consumer's legal guardianship status. 1 = Minor 2 = Minor w/Conservator 3 = Adult w/Guardian of Estate and Person 4 = Adult w/Guardian of Estate 5 = Adult w/Guardian of Person 6 = Adult w/Limited Guardian 7 = Adult w/Temporary Guardian 8 = Adult, No Guardian
MARITAL STATUS	Key the number that represents the consumer's marital status. 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never Married 6 = Unknown/NA
FAMILY SIZE	Key the number of persons supported on the consumer's estimated annual gross family income including: • the number of parents living in the household, • the number of dependent children, • the consumer, and • any other persons dependent on the family for support.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the total annual gross income of all family members living with the consumer, rounded to the nearest thousand. Do not enter commas or decimal points.
PRIMARY CORRESPONDENT: CORRES. NAME	Key the name of the first person to contact on behalf of the consumer in case of an emergency.
CORRES.	Key the number that represents the primary correspondent's relationship to the consumer. 01 = Parent 02 = Child 03 = Spouse/Posslq 04 = Sibling 05 = Grandparent 06 = Step-child 07 = Step-parent 08 = Step-sibling 09 = Child-in-law 10 = Sibling-in-law 11 = Foster Parent 12 = Aunt/Uncle 13 = Niece/Nephew 14 = Cousin 15 = Guardian 16 = Trustee 17 = Executor 18 = Attorney 19 = Legal Representative 20 = Sponsor 21 = Friend 22 = Parent-in-law 23 = Other Relation 24 = This Component 25 = Case Manager 26 = Unknown 27 = Self
CORRES. STREET	Key the primary correspondent's street address.

continued on next page

Screen Field Table, continued

Field	Description
CORRES.	Key the primary correspondent's telephone number.
CORRES. CITY	Key the primary correspondent's city of residence.
STATE	Key the primary correspondent's state of residence.
ZIP CODE	Key the primary correspondent's zip code and zip code suffix.
SECONDARY CORRESPONDENT: CORRES. NAME	Key the name of the person to contact on behalf of the consumer in case of an emergency if the primary correspondent cannot be reached.
CORRES.	Key the number that represents the secondary correspondent's relationship to the consumer. 01 = Parent 02 = Child 03 = Spouse/Posslq 04 = Sibling 05 = Grandparent 06 = Step-child 07 = Step-parent 08 = Step-sibling 09 = Child-in-law 10 = Sibling-in-law 11 = Foster Parent 12 = Aunt/Uncle 13 = Niece/Nephew 14 = Cousin 15 = Guardian 16 = Trustee 17 = Executor 18 = Attorney 19 = Legal Representative 20 = Sponsor 21 = Friend 22 = Parent-in-law 23 = Other Relation 24 = This Component 25 = Case Manager 26 = Unknown 27 = Self
CORRES. STREET	Key the secondary correspondent's street address.
CORRES. TELEPHONE	Key the secondary correspondent's telephone number.
CORRES. CITY	Key the secondary correspondent's city of residence.
STATE	Key the secondary correspondent's state of residence.
ZIP CODE	Key the secondary correspondent's zip code and zip code suffix.

READY TO ADD RECORD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD RECORD? field. • Press **<Enter>.**	The 325: Register Client: Client ID screen is displayed.
cancel the data entered on this screen	• **N** in the READY TO ADD RECORD? field. • Press **<Enter>.**	Registration is ended and you are returned to the 325: Register Client: Client ID screen.

336: State Operated Client Movements Add/Change/Delete

Introduction

The 336: State Operated Client Movements screens allow state operated providers to add, change, and delete client movements.

How to Access

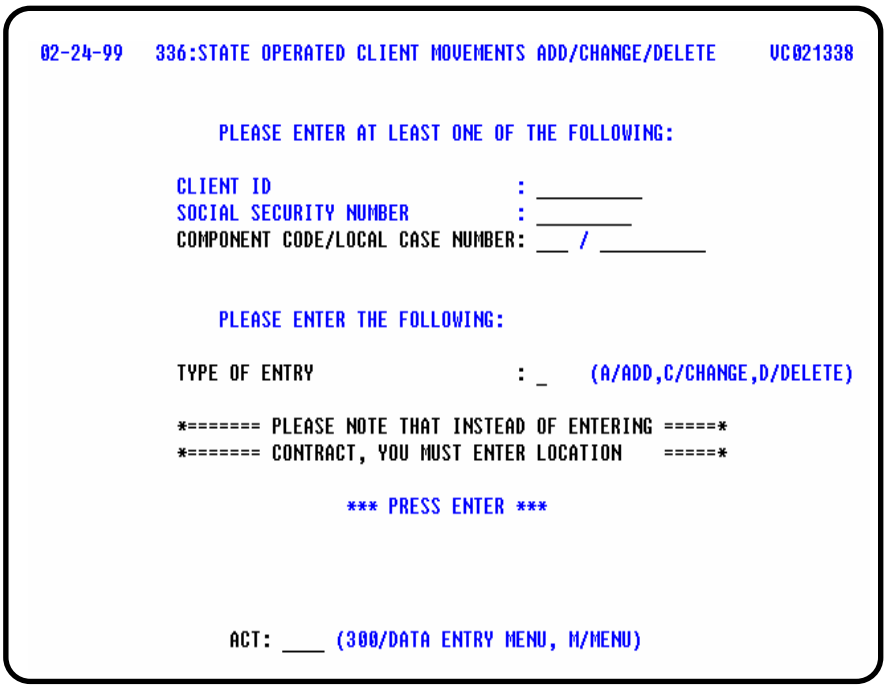
To access the 336: State Operated Client Movements: Add/Change/Delete request screen:

- Key **336** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, **or** Social Security Number.
SOCIAL SECURITY NUMBER	Key the consumer's social security number. Rule: You *must* enter the client ID, local case number, **or** Social Security Number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, **or** Social Security Number.
TYPE OF ENTRY	Key the type of action you want to take.

	A = Add, **C** = Change, **D** = Delete.

336: State Operated Client Movements: Add

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Add Screen

A sample screen is shown below.

```
02-24-99          336:STATE OPERATED CLIENT MOVEMENTS: ADD          VC021339
-------------------------------------------------------------------------------
LAST NAME/SUF: GLORY                        CLIENT ID         : 22705
FIRST NAME   : MORNING                      LOCAL CASE NUMBER : 0000000055
MI           :                              COMPONENT         : 637
SSN          :                              LOCATION CODE     :
-------------------------------------------------------------------------------
MOVEMENT:                                   | CURRENT STATUS  :
   EFFECTIVE DATE (MMDDYYYY)       : 02241999 | PRIOR DATE      :
   EFFECTIVE TIME (HHMM A/P)       : 0329P    | PRIOR TIME      :
   LOCATION CODE                   : _____    | PRIOR CONTRCT_NO:
   MOVEMENT CODE                   : ADM      | PRIOR MOVEMENT  :
                                              | PRIOR LOCATION  :
-------------------------------------------------------------------------------
FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING,
FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING : _

IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY
FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY(MMDDYYYY):  _______
-------------------------------------------------------------------------------
READY TO ADD?       _ (Y/N)

                    ACT: ___ (300/CLIENT DATA ENTRY, M/MENU)
```

Screen Field Table

The following table describes the fields that are displayed on this screen and cannot be changed.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix, if any.
FIRST NAME	Displays the consumer's first name.
MI	Displays the consumer's middle initial.
SSN	Displays the consumer's social security number or **U** for unknown.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number.
COMPONENT	Displays the component code.
LOCATION CODE	Displays the location code.

Screen Field Table

The table describes the remaining fields displayed on this screen.

Field	Description
MOVEMENT EFFECTIVE DATE	Key the movement effective date. MMDDYYYY format.
EFFECTIVE TIME	Key the movement effective time. HHMM A/P format.
LOCATION CODE	Key the location code.
MOVEMENT CODE	Key the movement code. ADM = Admission DRE = Discharge: With Reassignment AHI = Absent-Comm. Hosp. w/Priv. Ins. AHN = Absent-Comm. Hosp. w/o Priv. Ins. AHV = Absent-Home Visit ANS = Absent-Special Activity ASA = Absent-Special Activity: Therapeutic ATV = Absent-Home Visit: Therapeutic AUD = Absent-Unauthorized Departure AX = Absent-Other RET = Return from Absence
FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING	For admission/return from absence, key the consumer's previous residential setting. For discharge, key the residential setting to which the consumer is going. 1 = Hospital 2 = Nursing Facility 3 = Non-state Operated Facility 4 = Medicare/SNF 5 = Home 6 = State Operated Facility 7 = Hospice 8 = Private Pay 9 = Other/Unknown
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY	Key the date of admission if admitted from or discharged to a hospital or private pay facility. MMDDYYYY format.

READY TO ADD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD? field. • Press <**Enter**>.	The 336: State Operated Client Movements: Add/Change/Delete screen is displayed with the message, *"Previous Information Added."*
cancel your request to add a movement	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 336: State Operated Client Movements: Add/Change/Delete screen is displayed.

337: Non-State Operated Client Movements Add/Change/Delete

Introduction

The 337: Non-State Operated Client Movements screens allow non-state operated providers to add, change, and delete client movements.

How to Access

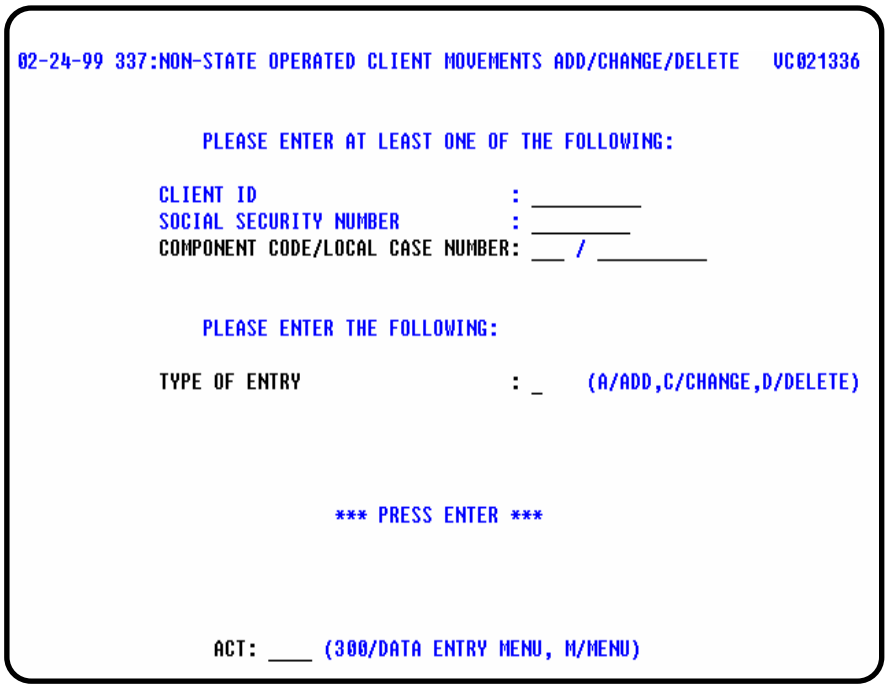
To access the 337: Non-State Operated Client Movements: Add/Change/Delete request screen:

- Key **337** in the ACT: field of any screen.
- Press <**Enter**>.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
SOCIAL SECURITY NUMBER	Key the consumer's social security number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Key the type of action you want to take. **A** = Add, **C** = Change, **D** = Delete.

337: Non-State Operated Client Movements: Add

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Add Screen

A sample screen is shown below.

```
02-24-99        337:NON-STATE OPERATED CLIENT MOVEMENTS: ADD         VC021337
------------------------------------------------------------------------------
LAST NAME/SUF: SHORE                        CLIENT ID         : 22721
FIRST NAME   : SANDY                        LOCAL CASE NUMBER : 0000000055
MI           :                              COMPONENT         : 8BF
SSN          :
------------------------------------------------------------------------------
MOVEMENT:                                     | CURRENT STATUS  :
   EFFECTIVE DATE (MMDDYYYY)       : 02241999 | PRIOR DATE      :
   EFFECTIVE TIME (HHMM A/P)       : 0150P    | PRIOR TIME      :
   CONTRACT_NO                     : ________ | PRIOR CONTRCT_NO:
   MOVEMENT CODE                   : ADM      | PRIOR MOVEMENT  :
------------------------------------------------------------------------------
FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING,
FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING : _


IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY
FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY (MMDDYYYY): _______
------------------------------------------------------------------------------
READY TO ADD?        _ (Y/N)

                    ACT: ___ (300/CLIENT DATA ENTRY, M/MENU)
```

Screen Field Table

The following table describes the fields that are displayed on this screen and cannot be changed.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix, if any.
FIRST NAME	Displays the consumer's first name.
MI	Displays the consumer's middle initial.
SSN	Displays the consumer's social security number or U for unknown.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number.
COMPONENT	Displays the component code.

Screen Field Table

The table describes the remaining fields displayed on this screen.

Field	Description
MOVEMENT EFFECTIVE DATE	Key the movement effective date. MMDDYYYY format.
EFFECTIVE TIME	Key the movement effective time. HHMM A/P format.
CONTRACT NO	Key the contract number under which services are provided to this consumer.
MOVEMENT CODE	Key the movement code. ADM = Admission DRE = Discharge: With Reassignment AEV = Absent-Extended Visit ASA = Absent-Special Activity: Therapeutic ATH = Absent-Therapeutic Visit AX = Absent-Other RET = Return from Absence
FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING	For admission/return from absence, key the consumer's previous residential setting. For discharge, key the residential setting to which the consumer is going. 1 = Hospital 2 = Nursing Facility 3 = Non-state Operated Facility 4 = Medicare/SNF 5 = Home 6 = State Operated Facility 7 = Hospice 8 = Private Pay Facility 9 = Other/Unknown
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY	Key the date of admission if admitted from or discharged to a hospital or private pay facility. MMDDYYYY format.

READY TO ADD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY to ADD? field. • Press <**Enter**>.	The 337: Non-State Operated Client Movements: Add/Change/Delete screen is displayed with the message, *"Previous Information Added."*
cancel your request to add the movement	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 337: Non-State Operated Client Movements: Add/Change/Delete screen is displayed.

360: Death/Separation of Client: Add/Change/Delete

Introduction

The 360: Death/Separation of Client screens allows you to add, change, and delete client separations.

How to Access

To access the 360: Death/Separation of Client: Add/Change/Delete request screen:

- Key **360** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-11-99      360:DEATH/SEPARATION OF CLIENT:ADD/CHANGE/DELETE      VC021450

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

          CLIENT ID                      : _________
          COMPONENT CODE/LOCAL CASE NUMBER: __ / _________

              PLEASE ENTER THE FOLLOWING:

          TYPE OF ENTRY                  : _  (A/ADD,C/CHANGE,D/DELETE)

      NOTE THAT THE DATE HAS BEEN CHANGED TO MMDDYYYY FORMAT

                          *** PRESS ENTER ***


             ACT: ___ (300/CLIENT DATA ENTRY, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Key the type of action you want to take. **A** = Add, **C** = Change, **D** = Delete.

360: Death/Separation of Client: Add

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Add Screen

A sample screen is shown below.

```
06-11-99            360:DEATH/SEPARATION OF CLIENT:ADD            VC021455

LAST NAME/SUF: ROADS              .      CLIENT ID         : 22934
FIRST NAME   : DUSTY                     LOCAL CASE NUMBER : 0000000075
MIDDLE NAME  : .                         COMPONENT         : 678



         REASON FOR SEPARATION           : _    (1 = MOVED OUT OF STATE
                                                 2 = DECEASED)

         DATE OF SEPARATION  (MMDDYYYY)  : _______
         TIME OF SEPARATION  (HHMM A/P)  : ____



READY TO ADD?       _ (Y/N)

                    ACT: ___ (300/CLIENT DATA ENTRY, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number.
COMPONENT	Displays the component code.

continued on next page

Screen Field Table, continued

Field	Description
REASON FOR SEPARATION	Key the one-digit code to indicate the reason for separation. 1=Moved out of state, 2=Deceased.
DATE OF SEPARATION	Key the date of separation. MMDDYYYY format.
TIME OF SEPARATION	Key the time of separation. HHMM A/P format.

READY TO ADD? Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD? field. • Press <**Enter**>.	The 360: Death/Separation of Client: Add/Change/Delete screen is displayed with the message, *"Previous Client Separated."*
cancel your request to add the separation	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 360: Death/Separation of Client: Add/Change/Delete screen is displayed.

395: Local Case Number: Delete

Introduction

The 395: Local Case Number: Delete screen allows you to delete a local case number.

Note: Use **caution** when deleting a case number. If done in error, movement and demographic records may have to be rebuilt for the consumer whose case number was deleted.

How to Access

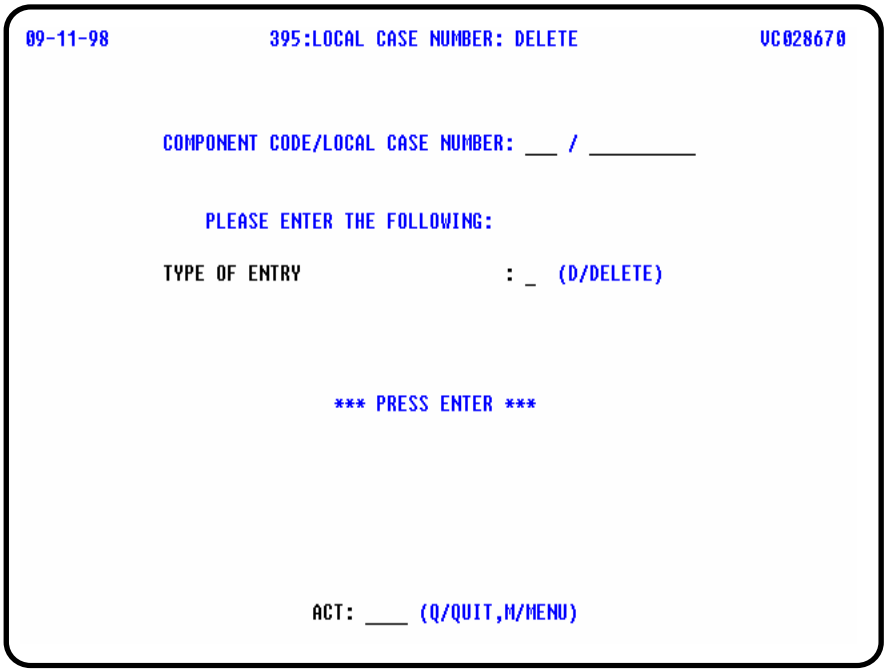
To access the 395: Local Case Number: Delete request screen:

- Key **395** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Key **D** to delete the local case number.

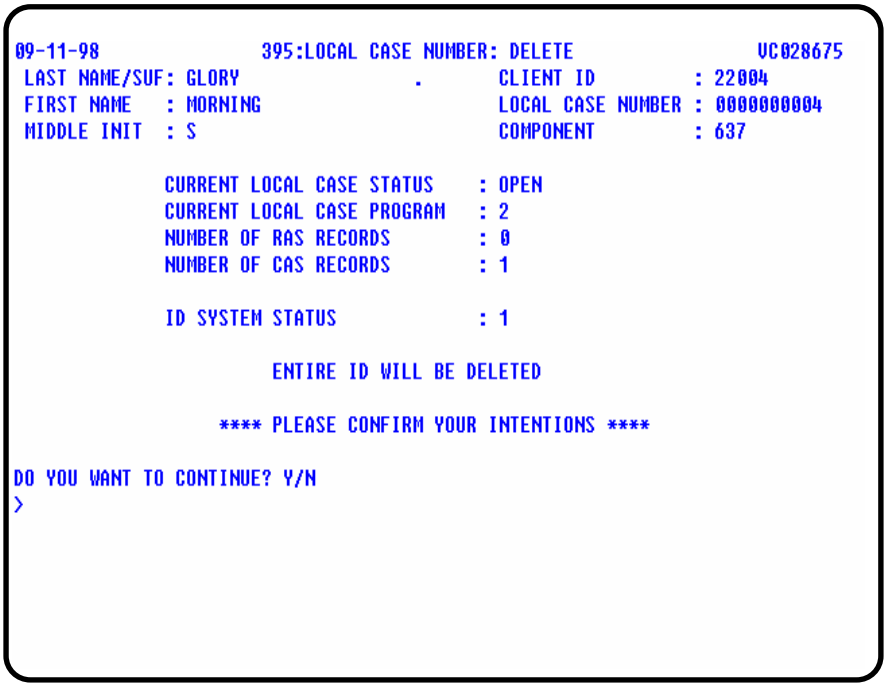
Submit Request

Press **<Enter>** to submit your request.

Result: The 395: Local Case Number: Delete (Screen 2) is displayed.

Screen 2

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name/suffix.
FIRST NAME	Displays the consumer's first name.
MIDDLE INIT	Displays the consumer's middle initial.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number assigned by your component.
COMPONENT	Displays your component code based on your logon account number.

continued on next page

Screen Field Table, continued

Field	Description
CURRENT LOCAL CASE STATUS	Displays consumer's case status.
CURRENT LOCAL CASE PROGRAM	Displays 1 (campus-based) or 2 (community-based) program.
NUMBER OF RAS RECORDS	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

DO YOU WANT TO CONTINUE?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the DO YOU WANT TO CONTINUE? field. • Press **<Enter>.**	The 395: Local Case Number: Delete screen is displayed with the message, *"Case Has Been Deleted."*
cancel your request to delete the local case number	• **N** in the DO YOU WANT TO CONTINUE? field. • Press **<Enter>.**	The 395: Local Case Number: Delete screen is displayed.

396: Local Case Number: Change

Introduction

Local case numbers identify consumers at your component only. The 396: Local Case Number: Change screen allows you to change a local case number.

How to Access

To access the 396: Local Case Number: Change request screen:

- Key **396** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
09-11-98            396:LOCAL CASE NUMBER: CHANGE              VC028680

          CLIENT ID                      : _________
          COMPONENT CODE/LOCAL CASE NUMBER: __ / _________
          TARGET CASE NUMBER             :    _________

             PLEASE ENTER THE FOLLOWING:

          TYPE OF ENTRY                  : _  (C/CHANGE)

                          *** PRESS ENTER ***

                          ACT: ___ (Q/QUIT,M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TARGET CASE NUMBER	Key the new local case number.
TYPE OF ENTRY	Key **C** to change the local case number.

Submit Request

Press **<Enter>** to submit your request.

Result: The 396: Local Case Number: Change (Screen 2) is displayed.

Screen 2

A sample screen is shown below.

```
09-16-98              396:LOCAL CASE NUMBER: CHANGE                VC028685
 LAST NAME/SUF: ALONZO              .      CLIENT ID         : 11550
 FIRST NAME   : THOMAS                     LOCAL CASE NUMBER : 0000003233
 MIDDLE INIT  : .                          COMPONENT         : 030

              CHANGING CASE NUMBER TO A     :
                       NEW  NUMBER          : 0300000003245
              PROGRAM                       : COMMUNITY(2)
              NUMBER OF RAS RECORDS IN OLD : 0
              NUMBER OF CAS RECORDS IN OLD : 0

              ID SYSTEM STATUS              : 2

                  **** PLEASE CONFIRM YOUR INTENTIONS ****

DO YOU WANT TO CONTINUE? Y/N
>
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name/suffix.
FIRST NAME	Displays the consumer's first name.
MIDDLE INIT	Displays the consumer's middle initial.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number assigned by your component.
COMPONENT	Displays your component code based on your logon account number.
CHANGING CASE NUMBER TO A NEW NUMBER	Displays the new (target) local case number.

continued on next page

Screen Field Table, continued

Field	Description
PROGRAM	Displays 1 (campus) or 2 (community) program.
NUMBER OF RAS RECORDS IN OLD	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS IN OLD	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

DO YOU WANT TO CONTINUE?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the DO YOU WANT TO CONTINUE? field. • Press **<Enter>.**	The 396: Local Case Number: Change screen is displayed with the message, *"Case Has Been Changed."*
cancel your request to change the local case number	• **N** in the DO YOU WANT TO CONTINUE? field. • Press **<Enter>.**	The 396: Local Case Number: Change screen is displayed.

410: Add Case to ID/Demographic Update

Introduction

The 410: Add Case to ID/Demographic Update screen allows you to update a record by adding a Local Case Number to an ID and/or updating demographics on a client.

Use Add to add a case number for your component. Use Change to update general demographics information, such as birthdate, social security number, etc.

How to Access

To access the 410: Add Case to ID/Demographic Update screen:

- Key **410** in the ACT: field of any screen.
- Press <**Enter**>.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
10-30-98          410:ADD CASE TO ID/DEMOGRAPHIC UPDATE          VC021840

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

          CLIENT ID                      : _________

          COMPONENT CODE/LOCAL CASE NUMBER: __ / _________

          TYPE OF ENTRY                  : _  (A/ADD CASE,C/CHANGE
                                              DEMOGRAPHICS FOR
                                              EXISTING CASE)



                              *** PRESS ENTER ***



           ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter Client ID if no local case number exists at your component.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either Client ID **or** Local Case Number for changes to demographics.
TYPE OF ENTRY	Key **A** (Add Case) or **C** (Change Demographics for Existing Case).

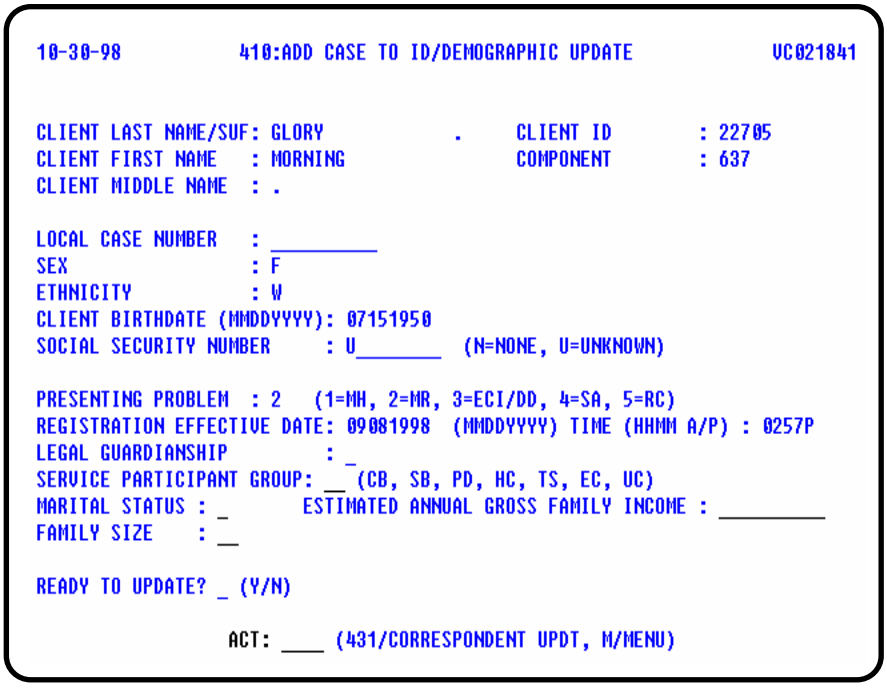
Submit Request

Press **<Enter >** to submit request.

Result: The 410: Add Case to ID/Demographic Update screen is displayed.

Update Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME/SUF	Displays the consumer's last name and suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays your component code.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
SEX	Key the consumer's sex.
ETHNICITY	Key the consumer's ethnicity.
CLIENT BIRTHDATE	Key the consumer's date of birth.
SOCIAL SECURITY NUMBER	Key the consumer's social security number or **N** (None) or **U** (Unknown).
PRESENTING PROBLEM	Key the consumer's presenting problem.
REGISTRATION EFFECTIVE DATE	Key the effective date of the consumer's registration.
TIME	Key the effective time of the consumer's registration.
LEGAL GUARDIANSHIP	Key the code for the consumer's legal guardianship.
SERVICE PARTICIPANT GROUP	Key the code for the consumer's service participant group.
MARITAL STATUS	Key the consumer's marital status.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the consumer's estimated annual gross family income.
FAMILY SIZE	Key the consumer's family size.

READY TO UPDATE?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO UPDATE? field. • Press <**Enter**>.	The 410: Add Case to ID/ Demographic Update screen is displayed with the message, *"Previous Information Changed."*
cancel your request to update demographics	• **N** in the READY TO UPDATE? field. • Press <**Enter**>.	The 410: Add Case to ID/ Demographic Update screen is displayed.

413: Medicaid/Medicare Number Update

Introduction

The 413: Medicaid/Medicare Number Update screen allows you to enter a consumer's Medicaid number and/or Medicare number.

Note: Entering the Medicaid number on this screen will not update Action 1165 until a Medicaid number match is performed once a week on Monday evening.

How to Access

To access the 413: Medicaid/Medicare Number Update screen:

- Key **413** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
04-30-99          413:MEDICAID/MEDICARE NUMBER UPDATE          VC021854

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

          CLIENT ID                    : ________

          COMPONENT CODE/LOCAL CASE NUMBER: __ / ________




                          *** PRESS ENTER ***




          ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID *or* local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID *or* local case number.

Submit Request

Press **<Enter >**to submit request.

Result: The 413: Medicaid/Medicare Number Update screen is displayed.

Medicaid/Medicare Number Update Screen

A sample screen is shown below.

```
04-30-99          413:MEDICAID/MEDICARE NUMBER UPDATE          VC021855

LAST NAME/SUF: GLORY                    CLIENT ID        : 22187
FIRST NAME   : MORNING                  LOCAL CASE NUMBER : 0000000004
MIDDLE NAME  : F                        COMPONENT CODE    : 637


                MEDICAID/RECIPIENT NO.: _______

                MEDICARE/HIC NO.      : __________









READY TO UPDATE? _ (Y/N)

           ACT: ___ (400/CLIENT DATA UPDATE,M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
COMPONENT CODE	Displays your component code.
MEDICAID/RECIPIENT NO.	Key the consumer's Medicaid/Recipient number.
MEDICARE/HIC NO.	Key the consumer's Medicare/HIC number.

READY TO UPDATE?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO UPDATE? field. • Press **<Enter>.**	The 413: Medicaid/Medicare Number Update screen is displayed with the message, *"Previous Information Changed."*
cancel your request to update demographics	• **N** in the READY TO UPDATE? field. • Press **<Enter>.**	The 413: Medicaid/Medicare Number Update screen is displayed.

420: Client Name Update Request

Introduction

The 420: Client Name Update Request screen allows you to update a client's name record.

Important: The name entered in CARE must match the name on the client's Medicaid card for billing to take place.

If a client's name changes, *add* a new name to retain the name history. If either name matches the name on the Medicaid card, billing will not be hampered.

How to Access

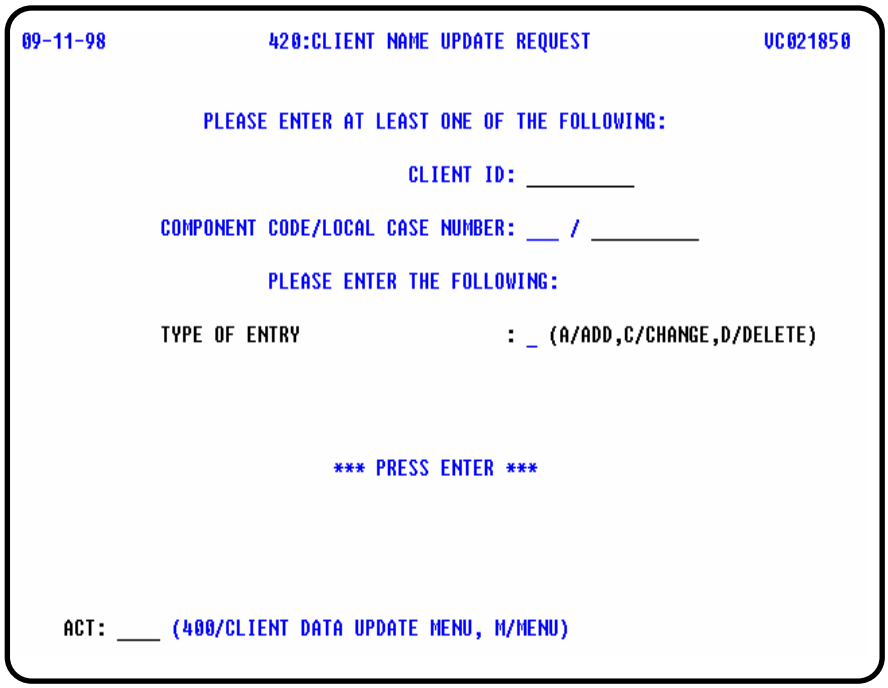
To access the 420: Client Name Update Request screen:

- Key **420** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either Rule: You *must* enter either the client ID *or* local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID *or* local case number.
TYPE OF ENTRY	Key **A** (Add), **C** (Change), or **D** (Delete).

Submit Request

Press **<Enter >** to submit request.

Result: The 420: Client Name Update screen is displayed.

Note

The example displays the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

Client Name Update Screen

A sample screen is shown below.

```
09-11-98                  420:CLIENT NAME UPDATE                  VC021858



                  CLIENT LAST NAME : GLORY
                  CLIENT ID        : 22004
                  COMPONENT CODE   : 637
                  LOCAL CASE NUMBER: 0000000004


                            ADD CLIENT NAME

                  LAST NAME/SUF    : GLORY___________ ._
                  FIRST NAME       : MORNING___
                  MIDDLE NAME      : ._______




READY TO ADD?     _ (Y/N)

    ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Displays the consumer's last name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
LAST NAME/SUF	Key the last name/suffix to be added.
FIRST NAME	Key the first name to be added.
MIDDLE NAME	Key the middle name to be added.

READY TO ADD?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO ADD? field. • Press <**Enter**>.	The 420: Client Name Update Request screen is displayed with the message, *"Previous Information Added."*
cancel your request to update the client's name record	• **N** in the READY TO ADD? field. • Press <**Enter**>.	The 420: Client Name Update Request screen is displayed.

430: Client Address Update Request

Introduction

The 430: Client Address Update Request screen allows you to update a client's address record.

Note: The address record should reflect the client's current ICF/MR living situation.

How to Access

To access the 430: Client Address Update Request screen:

- Key **430** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
09-11-98          430:CLIENT ADDRESS UPDATE REQUEST          VC021860

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

                                  CLIENT ID: _________

            COMPONENT CODE/LOCAL CASE NUMBER: __ / _________




                             *** PRESS ENTER ***



   ACT: ___ (440/COUNTY UPDATE,400/CLIENT DATA UPDATE MENU,M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID **or** local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID **or** local case number.

Submit Request

Press **<Enter >**to submit request.

Result: The 430: Client Address Update screen is displayed.

Address Update Screen

A sample screen is shown below.

```
09-11-98              430:CLIENT ADDRESS UPDATE                VC021868


               CLIENT LAST NAME : GLORY
               CLIENT ID        : 22004
               COMPONENT CODE   : 637
               LOCAL CASE NUMBER: 0000000004


                      CLIENT'S CURRENT ADDRESS

               STREET ADDRESS   : 123 ANY STREET__________
               CITY             : ANYTOWN_____________
               STATE            : TX
               ZIP CODE/SUFFIX  : 78729 ____
               ADDRESS DATE     : 081498 (MMDDYY)
               CP FUNDING SOURCE: __
               TYPE OF PLACEMENT: __


READY TO UPDATE?  _ (Y/N)

    ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Displays the consumer's last name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
STREET ADDRESS	Key the consumer's current street address.
CITY	Key the consumer's current city of residence.
STATE	Key the consumer's current state of residence.
ZIP CODE/SUFFIX	Key the consumer's current zip code/zip code suffix.
ADDRESS DATE	Key the effective date of the consumer's address.
CP FUNDING SOURCE	Key the CP funding source.
TYPE OF PLACEMENT	Key the type of placement.

READY TO UPDATE?

Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO UPDATE? field. • Press **<Enter>.**	The 430: Client Address Update Request screen is displayed with the message, *"Previous Information Changed."*
cancel your request to update the client's address record	• **N** in the READY TO UPDATE? field. • Press **<Enter>.**	The 430: Client Address Update Request screen is displayed.

431: Client Correspondent Update Request

Introduction

The 431: Client Correspondent Update screen allows you to update a client's correspondent information.

How to Access

To access the 431: Client Address Update Request screen:

- Key **431** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
09-11-98          431:CLIENT CORRESPONDENT UPDATE REQUEST          VC021842

                PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

                                    CLIENT ID: _________

              COMPONENT CODE/LOCAL CASE NUMBER: __ / _________




                                *** PRESS ENTER ***




   ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID *or* local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID *or* local case number.

Submit Request

Press **<Enter >**to submit request.

Result: The 431: Client Correspondent Update screen is displayed.

Update Screen

A sample screen is shown below.

```
09-11-98            431:CLIENT CORRESPONDENT UPDATE              VC021845

LAST NAME/SUF: GLORY                      CLIENT ID        : 22004
FIRST NAME   : MORNING                    LOCAL CASE NUMBER : 0000000004
MIDDLE NAME  : SUE                        COMPONENT        : 637


PRIMARY CORRESPONDENT:
CORRES. NAME   : ____________________     CORRES. RELATIONSHIP : __
CORRES. STREET : ____________________ CORRES. TELEPHONE : ___ _______
CORRES. CITY   : ________________  STATE : __   ZIP CODE : _____ ____

SECONDARY CORRESPONDENT:
CORRES. NAME   : ____________________     CORRES. RELATIONSHIP : __
CORRES. STREET : ____________________ CORRES. TELEPHONE : ___ _______
CORRES. CITY   : ________________  STATE : __   ZIP CODE : _____ ____


READY TO UPDATE? _ (Y/N)

   ACT: ___ (400/CLIENT DATA UPDATE MENU, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME/SUF	Displays the consumer's last name and suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
COMPONENT	Displays your component code.

continued on next page

Screen Field Table, continued

Field	Description
PRIMARY CORRESPONDENT:	Key the name of the first person to contact on behalf of the consumer in case of an emergency.
CORRES. RELATIONSHIP	Key the relationship of the primary correspondent to the consumer.
CORRES. STREET	Key the primary correspondent's street address.
CORRES. TELEPHONE	Key the primary correspondent's telephone number.
CORRES. CITY	Key the primary correspondent's city of residence.
STATE	Key the primary correspondent's state of residence.
ZIP CODE	Key the primary correspondent's zip code and zip code suffix (if available).
SECONDARY CORRESPONDENT: CORRES. NAME	Key the name of the second person to contact on behalf of the consumer in case of an emergency if the Primary Correspondent cannot be reached.
CORRES. RELATIONSHIP	Key the relationship of the secondary correspondent to the consumer.
CORRES. STREET	Key the secondary correspondent's street address.
CORRES. TELEPHONE	Key the secondary correspondent's telephone number.
CORRES. CITY	Key the secondary correspondent's city of residence.
STATE	Key the secondary correspondent's state of residence.
ZIP CODE	Key the secondary correspondent's zip code and zip code suffix (if available).

READY TO UPDATE? Determine the action you want to take.

If you want to…	key…	Result
submit the data to the system	• **Y** in the READY TO UPDATE? field. • Press <**Enter**>.	The 431: Client Correspondent Update Request screen is displayed with the message, *"Previous Information Changed."*
cancel your request to update the correspondent information	• **N** in the READY TO UPDATE? field. • Press <**Enter**>.	The 431: Client Correspondent Update Request screen is displayed.

100: Client Name Search

Introduction

Use the Client Name Search function to attempt to determine whether a consumer has been previously registered in CARE and, if so, to review the consumer's demographic data and assignment history.

How to Access

To access the Client Name Search screen:

- Key **100** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The Client Name Search screen is displayed

Client Name Search Screen

A sample screen is shown below.

```
08-27-98                    CLIENT NAME SEARCH                    VC021100
FILL IN AT LEAST ONE OF THE FOLLOWING FIELDS

   CLIENT LAST NAME     : _______________   EXACT LAST NAME?  : _ (Y/N)
   CLIENT FIRST INITIAL : _                 CLIENT ID         : _________
   SSN                  : _________         LOCAL CASE NUMBER : _________

   SEX                  : _ (M/F)           ETHNICITY         : _
   AGE (+ OR - 5 YEARS) : ___               BIRTH MONTH/YEAR  : _____
   MH/MR                : __                                   (MMYYYY)

   COMPONENT CODE       : ___               SERVICE AREA      : __
   ASSIGNMENT STATUS    : _____             RESIDENTIAL COUNTY: ___
   COMPONENT TYPE       : _  (H=HOS,S=SCH,D=STATE CEN,C=COMM CEN,Y=SOCS)

        TRY ACTION CODE 201 FOR A DIFFERENTLY FORMATTED NAME SEARCH

                        ACT: ____ (M/MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen. You *must* enter information in at least one field.

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
EXACT LAST NAME?	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Key **N** (No) or leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling.

continued on next page

Screen Field Table continued

Field	Description
CLIENT FIRST INITIAL	Key the consumer's first initial.
CLIENT ID	Key the consumer's statewide identification number.
SSN	Key the consumer's social security number.
LOCAL CASE NUMBER	Key the consumer's local case number.
SEX	Key the consumer's sex. (M=Male, F=Female)
ETHNICITY	Key the consumer's ethnicity. B = Black H = Hispanic W = White A = Asian I = American Indian O = Other
AGE (+ OR – 5 YEARS)	Key the age of the consumer. The system displays a list of consumers within five years of the age entered.
BIRTH MONTH/YEAR	Key the consumer's birth month and year in MMYYYY format.
MH/MR	Key **MH** to search for MH consumers. Key **MR** to search for MR consumers.
COMPONENT CODE	Key a three-digit component code to select consumers served by that component. Leave this field blank to search all components.
SERVICE AREA	Key the service area.
ASSIGNMENT STATUS	Key the consumer's assignment status.
RESIDENTIAL COUNTY	Key the consumer's county of residence.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = SOCS

Client Name Display Screen

The Client Name Display screen displays a list of all consumers who match the selection criteria you entered. Up to ten names are listed per Screen. At the bottom of each screen, the system displays the current screen number, the total number of screens, and the number of names returned. If more than one page is returned, press **<Enter>** to page forward. A sample screen is shown below.

```
 19980828                  CLIENT NAME DISPLAY                    VC021110


LINE LAST NAME        FIRST/MI    SEX    BIRTHDATE   RESIDENTIAL   CLIENT ID
                                    ETH                COUNTY
 1   MOUNTAIN         RICKY        M  W  05-27-1962  TRAVIS         12327
 2   MOUNTAIN         ROCKETTE     F  W  05-01-1953  TRAVIS         14923
 3   MOUNTAIN         ROCKY        M  W  05-27-1962  TRAVIS         12378
 4   MOUNTAIN         ROCKY        M  W  11-12-1953  CALLAHAN       16829
 5   MOUNTAIN         ROCKY        M  W  07-15-1950  TRAVIS         19071




********************************************************************************
      CURRENT SCREEN: 1       TOTAL SCREENS: 1       NAMES RETURNED: 5


ACT: (102/EXTENDED,100/NAME SEARCH,M/MENU,ENTER LINE NO. FOR SUMMARY HISTORY)
>
```

Extended Name Display Screen

Key **102** and press **<Enter>** on the Client Name Display screen to display the Extended Name Display screen. This screen provides additional information about the consumers listed on the Client Name Display screen. Additional fields include the local service area, the MH/MR Authority, and the social security number. If more than one page is returned, press **<Enter>** to page forward. A sample screen is shown below.

```
19980828                 EXTENDED NAME DISPLAY                   VC021120


LINE  LAST NAME      FIRST/MI   LSA  MH/MR AUTHORITY              SSN

1  MOUNTAIN         RICKY        3   AUSTIN TRAVIS CNTY MHMR CEN  999999998
2  MOUNTAIN         ROCKETTE     3   AUSTIN TRAVIS CNTY MHMR CEN  015489654
3  MOUNTAIN         ROCKY        3   AUSTIN TRAVIS CNTY MHMR CEN  123234234
4  MOUNTAIN         ROCKY        1   ABILENE REG MHMR CENTER      493624130
5  MOUNTAIN         ROCKY        3   AUSTIN TRAVIS CNTY MHMR CEN  450947322









ACT: (LINE#/SUM HIST,101/NAME DISPLAY,100/NAME SEARCH,M/MENU)
>
```

Name Search: Summary Client History Screen

The Name Search: Summary Client History screen can be accessed from either of the name display screens by entering the Line # of the person you want to view. The screen contains a summary of the consumer's assignment history. Assignment histories are divided into three sections with open assignments displayed first, followed by open destination assignments (if any), followed by closed assignments. Both campus-based and community-based assignments are listed. To page forward, press **<Enter>**. A sample screen is shown below.

```
19980828          NAME SEARCH: SUMMARY CLIENT HISTORY              VC021121

CLIENT ID: 12378         CLIENT NAME  :ROCKY  MOUNTAIN
CLIENT TYPE (MH/MR): MR  SYSTEM STATUS: 1 ACTIVE    PRES PROB: 5 RC
OPEN ASSIGNMENTS:
                              ACTIVITY/                                 ASSIGN/
  COMPONENT    PROGRAM        SERV TYPE  LOC  LOCAL CASE  ASSIGNMENT   ABSENCE
 NAME   CODE                             CODE   NUMBER    BEGIN DATE    CODE
WTCS    634   COMMUNITY      H011         9100 0000000Y04   09-01-96      ___
DCCTR   300   COMMUNITY      R032         807G 0000022334   09-01-90      ___
ASC     657   COMMUNITY      RESIDENTIAL  P06  00000Y1371   05-01-90      ___

CLOSED ASSIGNMENTS (MOST RECENT LISTED FIRST):
                              ACTIVITY/
 COMPONENT    PROGRAM         SERV TYPE    LOC  LOCAL CASE  -EPISODE/ASSIGNMENT-
 NAME  CODE                               CODE   NUMBER    BEGIN DATE  END DATE
BSSH   686   COMMUNITY       CASEMGT      9100 0000000Y04   06-22-89   09-01-96
DCCTR  300   COMMUNITY       CL&FAM SUPP        0000022334   04-04-90   10-11-90


ACT: (<ENTER>/FORWARD,100/NAME SEARCH,104/DETAIL,101/NAME DISPLAY, OR LINE#)
>
```

Name Search: Detail Client History Screen

Key **104** and press **<Enter>** on the Name Search: Summary Client History screen to see a more detailed history on the Name Search: Detail Client History screen. The screen provides a name history (if any), the consumer's assignment history, and additional information. To page forward, press **<Enter>**. A sample screen is shown below.

```
19980828          NAME SEARCH: DETAIL CLIENT HISTORY              VC021122

CLIENT ID: 12378         CLIENT NAME  :ROCKY  MOUNTAIN
CLIENT TYPE (MH/MR): MR  SYSTEM STATUS: 1 ACTIVE    PRES PROB: 5 RC
COMMUNITY-BASED HISTORY (MOST RECENT LISTED FIRST):
                                ACTIVITY/
 LOCAL CASE    COMP   COMP       SERV TYPE      LOC   ASSIGNMENT  ASSIGNMENT
   NUMBER      NAME   CODE                      CODE  BEGIN DATE   END DATE
 0000000Y04    WTCS    634     H011             9100   09-01-96
 0000022334    DCCTR   300     R032             807G   09-01-90
 00000Y1371    ASC     657     RESIDENTIAL      P06    05-01-90
 0000000Y04    BSSH    686     CASEMGT          9100   06-22-89    09-01-96
 0000022334    DCCTR   300     CL&FAM SUPP             04-04-90    10-11-90

   ---COUNTY OF RESIDENCE HISTORY---

       COUNTY          DATE OF CHANGE
    TRAVIS                 04-04-90
    JEFFERSON              03-01-90

ACT: (<ENTER>/FORWARD,100/NAME SEARCH,103/SUMMARY,101/NAME DISPLAY, OR LINE#)
>
```

192: DHS Medicaid Eligibility Search I

Introduction

The 192: DHS Medicaid Eligibility Search I screens are used to display Medicaid eligibility detail. This function begins with a name search against CARE data and displays available Medicaid detail for those clients selected.

How to Access

To access the 192: DHS Medicaid Eligibility Search screen:

- Key **192** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99          192:DHS MEDICAID ELIGIBILITY SEARCH            VC100195
       THE CARE FILES WILL BE SCANNED FOR MATCHES TO INFORMATION ENTERED
   ON THIS SCREEN, AND CARE DATA WILL BE DISPLAYED ON THE NEXT SCREEN, BUT
           ELIGIBILITY DETAILS CAN BE REQUESTED FROM THAT SCREEN.

   DISPLAY CLIENTS THAT MIGHT MATCH TO THOSE SELECTED BELOW?:  Y
   (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED)
   USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW    : _
   (MUST ENTER LAST NAME,FIRST NAME,SEX,DOB,ETHNIC, AND SSN OPTIONAL)
   CLIENT LAST NAME     : _______________  EXACT LAST NAME? :  _ (Y/N)
   CLIENT FIRST NAME    : __________
   CLIENT ID            : _________        MEDICAID RECIP NO : ________
   COMPONENT CODE       : __               LOCAL CASE NUMBER : _________
   SSN                  : ________

   SEX                  : _ (M/F)          ETHNICITY         : _
   AGE (+ OR - 5 YEARS) : ___              BIRTH DT -MMDDYYYY: _______
   MH/MR                : _                OR MONTH/YEAR-MMYYYY
   MH AUTHORITY         : ___              MR AUTHORITY      : ___
   ASSIGNMENT STATUS    : _____            RESIDENTIAL COUNTY: ___
   COMPONENT TYPE       : _  (H=HOS,S=SCH,D=ST CEN,C=COMM CEN,Y=SOCS)

                        ACT: __ (M/MAIN MENU)
```

Search Options

The 192: DHS Medicaid Eligibility Search screen provides two search options:

- Display Clients That Might Match To Those Selected Below
  The screen default is **Y** (Yes) to select this option.

- Use Match Algorithm With Characteristics Entered Below
  If you select this option, you must enter Client Last Name, Client First Name, Sex, Birth Date, and Ethnicity. SSN is optional but desirable.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
EXACT LAST NAME?	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Key **N** (No) or leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT ID	Key the consumer's statewide identification number.
MEDICAID RECIP NO	Key the consumer's Medicaid recipient number.
COMPONENT CODE	Your component code is displayed based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number.
SSN	Key the consumer's social security number.
SEX	Key the consumer's sex. (M=Male, F=Female)
ETHNICITY	Key the consumer's ethnicity. B = Black H = Hispanic W = White A = Asian I = American Indian O = Other
AGE (+ OR – 5 YEARS)	Key the age of the consumer.
BIRTH DT – MMDDYYYY OR MONTH/YEAR -MMYYYY	Key the consumer's birth date or birth month and year.
MH/MR	Key **MH** to search for MH consumers. Key **MR** to search for MR consumers.
MH AUTHORITY	Key the code of the MH Authority for this consumer.
MR AUTHORITY	Key the code of the MR Authority for this consumer.
ASSIGNMENT STATUS	Key the consumer's assignment status.
RESIDENTIAL COUNTY	Key the consumer's county of residence.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = SOCS

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 192: Client ID Information screen is displayed.

Client ID Information Screen

The 192: Client ID Information screen displays a list of all consumers who match the selection criteria you entered. A sample screen is shown below.

```
06-10-99                192:CLIENT ID INFORMATION                    VC100196
            INFORMATION ON THIS SCREEN IS CARE DATA-REQUEST DETAIL
              TO SEE INFORMATION FROM MEDICAID ELIGIBILITY FILE
LINE ID      LASTNM              FIRSTNM/M     SEX ETH BIRTHDATE   SSN
1      12335 MONTAIN             ROCKY          M   W 05-27-1961 255665891*
             CNTY: TRAVIS        MEDICAID: 249289202 MEDICARE:
2      12327 MOUNTAIN            RICKY          M   W 05-27-1962 999999998*
             CNTY: TRAVIS        MEDICAID: 249066604 MEDICARE:
3      14923 MOUNTAIN            ROCKETTE       F   W 05-01-1953 015489654
             CNTY: TRAVIS        MEDICAID: 445962351 MEDICARE: 3642135432C1
4      12378 MOUNTAIN            ROCKY          M   W 05-27-1962 123234234
             CNTY: TRAVIS        MEDICAID:           MEDICARE:
5      16829 MOUNTAIN            ROCKY          M   W 11-12-1953 493624130
             CNTY: CALLAHAN      MEDICAID: 887798899 MEDICARE: 887798899C1
********************************************************************************
    CURRENT SCREEN       1   TOTAL SCREENS:       2  NAMES RETURNED: 9
FOR FURTHER INFORMATION, ENTER A LINE NUMBER: _    (OR MOVE CURSOR TO LINE)
******** MSG: PRESS <ENTER> TO DISPLAY NEXT SCREEN********
* AFTER SSN DENOTES PRE-EXISTING MATCH TO THE MEDICAID FILE, BUT
  REQUESTING DETAIL FOR AN ID NOT TAGGED WILL  PERFORM AN AD-HOC MATCH
  AGAINST THE MEDICAID FILE DECODE ELIGIBILITY FIELDS (Y/N):  N

                        ACT: ___ (192/NAME SEARCH,M/MENU)
```

Using the Screen

At the bottom of each screen, the system displays the number of the screen currently displayed, the total number of screens, and the number of names returned. If more than one screen is returned, press **<Enter>** to page to the next screen. If only one screen is returned, press **<Enter>** to return to the request screen.

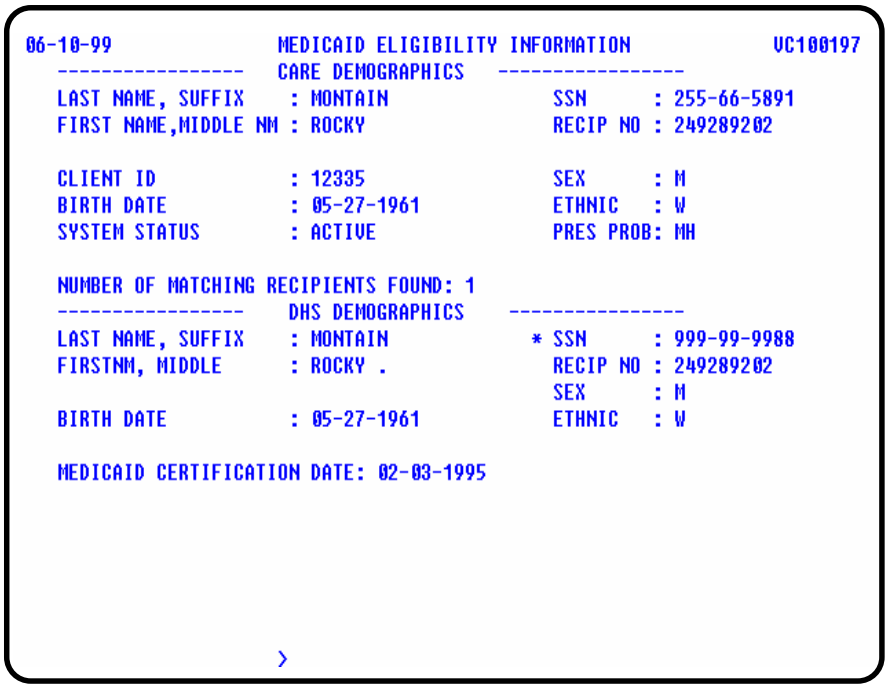
If you need eligibility fields for the Medicaid Eligibility Information fields to display as decoded, key **Y** in the DECODE ELIGIBILITY FIELDS field. The default for this field is **N** (No).

Medicaid Eligibility Information Screen

The 192: Medicaid Eligibility Information screen is provided to allow you to view Medicaid eligibility information, including CARE demographics, number of matching recipients found, DHS demographics, and Medicaid certification date for a specific consumer. The screen can be accessed from the 192: Client ID Information screen shown above by entering the Line # of the consumer you want to view in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field. A sample screen is shown on the next page.

continued on next page

Medicaid Eligibility Information Screen, continued



193: DHS Medicaid Eligibility Search II

Introduction

The 193: DHS Medicaid Eligibility Search II screens are also used to display Medicaid eligibility detail. This function searches directly against the Medicaid demographics.

How to Access

To access the 193: DHS Medicaid Eligibility Search screen:

- Key **193** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99          193:DHS MEDICAID ELIGIBILITY SEARCH            VC100192
                 FILL IN ONE OF THE FOLLOWING SECTIONS

  ENTER CARE IDENTIFIER, AND THE PROGRAM WILL SCAN THE MEDICAID ELIGIBILITY
      FILE FOR MATCHES TO THE DEMOGRAPHIC FIELDS ENTERED IN CARE
  CLIENT ID           : _________
  COMP/LCL CASE NUMBER : __ / _________

                      ----   OR   -----
           ENTER AT LEAST TWO OF NAME, SSN, AND BIRTH DATE
             MEDICAID ELIGIBLE CLIENTS THAT MATCH TO AT
             LEAST TWO OF THOSE FIELDS WILL BE DISPLAYED
  CLIENT NAME-LAST: _______________ FIRST: __________ MIDDLE: _________
  SSN                 : _________
  BIRTH DATE(MMDDYYYY) : ________

                      ----   OR   -----
              ENTER MEDICAID NUMBER AND THE MEDICAID
                 FILE WILL BE SEARCHED DIRECTLY
  MEDICAID RECIP NO    : _________


                       ACT: __ (M/MAIN MENU)
```

Search Options

The 193: DHS Medicaid Eligibility Search screen provides a choice of three search options, but only one must be completed.

- Enter the CARE identifier. (The program will scan the Medicaid eligibility file for matches to the demographic fields entered in CARE.)

-or-

- Enter at least two of Name, SSN, and Birth Date. (Medicaid eligible clients that match to at least two of those fields will be displayed.)

-or-

- Enter Medicaid number. (The Medicaid file will be searched directly.)

Screen Field Table

The table describes the fields as they are displayed on the screen and has been divided into three sections to match the screen.

Option 1: *Enter CARE Identifier, and the Program Will Scan The Medicaid Eligibility File for Matches to The Demographic Fields Entered in CARE.*

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
COMP	Your component code is displayed based on your logon account number.
LCL CASE NUMBER	Key the consumer's local case number issued by your component (if available).

Option 2: *Enter at least Two of Name, SSN, and Birth Date. Medicaid Eligible Clients that Match to at least Two of those Fields will be displayed.*

Field	Description
CLIENT NAME – LAST	Key the consumer's last name.
FIRST	Key the consumer's first name.
MIDDLE	Key the consumer's middle name.
SSN	Key the consumer's social security number.
BIRTH DATE (MMDDYYYY)	Key the consumer's birth date in MMDDYYYY format.

Option 3: *Enter Medicaid number and the Medicaid file will be searched directly.*

Field	Description
MEDICAID RECIP NO	Key the consumer's Medicaid recipient number.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 193: Medicaid Recipient Information screen is displayed.

Medicaid Recipient Information Screen

The 193: Medicaid Recipient Information screen displays persons in the system who match the selection criteria submitted. The sample screen below displays Medicaid recipient information for the consumer whose Client ID was entered on the request screen.

```
06-10-99            193:MEDICAID RECIPIENT INFORMATION              VC100193
            INFORMATION ON THIS SCREEN IS FROM THE MEDICAID FILE
LINE CARE ID LASTNM              FIRSTNM/M     SEX ETH BIRTHDATE   SSN
1      12335 MONTAIN             ROCKY .        M   W 05-27-1961 999999988
                                MEDICAID: 249289202 MEDICARE:









********************************************************************************
    CURRENT SCREEN       1   TOTAL SCREENS:       1  NAMES RETURNED: 1
FOR FURTHER INFORMATION, ENTER A LINE NUMBER: _    (OR MOVE CURSOR TO LINE)
DECODE ELIGIBILITY FIELDS (Y/N)            : N

********* MSG: PRESS <ENTER> TO RETURN TO REQUEST SCREEN*******

                     ACT: ___ (193/REQUEST SCREEN,M/MENU)
```

Using the Screen

At the bottom of each screen, the system displays the number of the screen currently displayed, the total number of screens, and the number of names returned.

If more than one screen is returned, press **<Enter>** to page to the next screen. If only one screen is returned, press **<Enter>** to return to the request screen.

If you need eligibility fields for the Medicaid Eligibility Information fields to display as decoded, key **Y** in the DECODE ELIGIBILITY FIELDS field. The default for this field is **N** (no).

Medicaid Eligibility Information Screens

The 193: Medicaid Eligibility Information screens are provided to allow you to view DHS demographics for the selected person. These screens can be accessed from the 193: Medicaid Recipient Information screen shown above by entering the Line # of the consumer you want to view in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field. Sample screens are shown on the following two pages.

continued on next page

Medicaid Eligibility Information Screens, continued

```
06-10-99              MEDICAID ELIGIBILITY INFORMATION            VC100194
   -----------------    DHS DEMOGRAPHICS    ----------------
   LAST NAME,SUFFIX     : MONTAIN              SSN     : 999-99-9988
   FIRST NAME, MIDDLE   : ROCKY .              RECIP NO: 249289202

   BIRTH DATE           : 05-27-1961           ETHNIC  : W
   CARE CLIENT ID       : 12335                SEX     : M

   MEDICAID CERTIFICATION DATE: 02-03-1995

                        >
```

```
06-10-99              MEDICAID ELIGIBILITY INFORMATION            VC100194
   -----------------    DHS DEMOGRAPHICS    ----------------
   LAST NAME,SUFFIX     : MONTAIN              SSN     : 999-99-9988
   FIRST NAME, MIDDLE   : ROCKY .              RECIP NO: 249289202

   MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 249289202
            CVG  TYPE   BEG        END          SPENDDOWN
   CATEGORY CODE PROG   DATE       DATE            CODE
     02      R    01   01-01-95
     02      R    01   08-01-94   10-31-94
     02      R    55   01-01-93   07-31-94
     02      P    55   12-01-92   12-31-92
     02      R    55   12-01-91   10-31-92
     02      R    55   06-01-91   11-30-91
     02      R    55   12-01-90   03-31-91
     02      R    07   07-01-90   11-30-90
     02      R    01   07-01-87   06-30-90
     02      R    01   03-01-84   09-30-84
     02      R    01   09-01-82   02-29-84
     02      R    07   07-01-82   08-31-82
     02      R    01   02-01-82   06-30-82
     02      R    01   08-01-79   12-31-81
     02      R    01   08-01-74   07-31-79
                      >
```

continued on next page

Medicaid Eligibility Information Screens, continued

```
06-10-99              MEDICAID ELIGIBILITY INFORMATION            VC100194
   -----------------    DHS DEMOGRAPHICS    ----------------
   LAST NAME,SUFFIX     : MONTAIN              SSN     : 999-99-9988
   FIRST NAME, MIDDLE   : ROCKY .              RECIP NO: 249289202

COORDINATED CARE INFO FOR DHS RECIPIENT NUMBER: 249289202

PLAN              BEG DT    END DT    RES CNTY          CONTRACTOR
20 PCCM           05-01-95                              PCCC22778

20 PCCM           04-01-95  04-30-95                    PCCP00022
                            END REASON: 11 PCP CHANGE

20 PCCM           09-01-94  10-31-94                    PCCB20946
                            END REASON: 32 LOSS OF MEDICAID ELIGIBILITY

                          >
```

```
06-10-99              MEDICAID ELIGIBILITY INFORMATION            VC100194
   -----------------    DHS DEMOGRAPHICS    ----------------
   LAST NAME,SUFFIX     : MONTAIN              SSN     : 999-99-9988
   FIRST NAME, MIDDLE   : ROCKY .              RECIP NO: 249289202

   CASE INFORMATION FOR DHS RECIPIENT NUMBER: 249289202
   DHS CASE NUMBER      : 056109923
   DHS CASE NAME        : MONTAIN.,ROCKY .
   DHS CASE COUNTY      :
   DHS CASE GUARDIAN    :
   DHS CASE ADDRESS     :

                          >
```

201: (Alternate) Client Name Search

Introduction

The 201: Client Name Search screen provides an alternate means of attempting to determine whether a consumer has been previously registered in CARE and, if so, to review the consumer's demographic data and assignment history.

How to Access

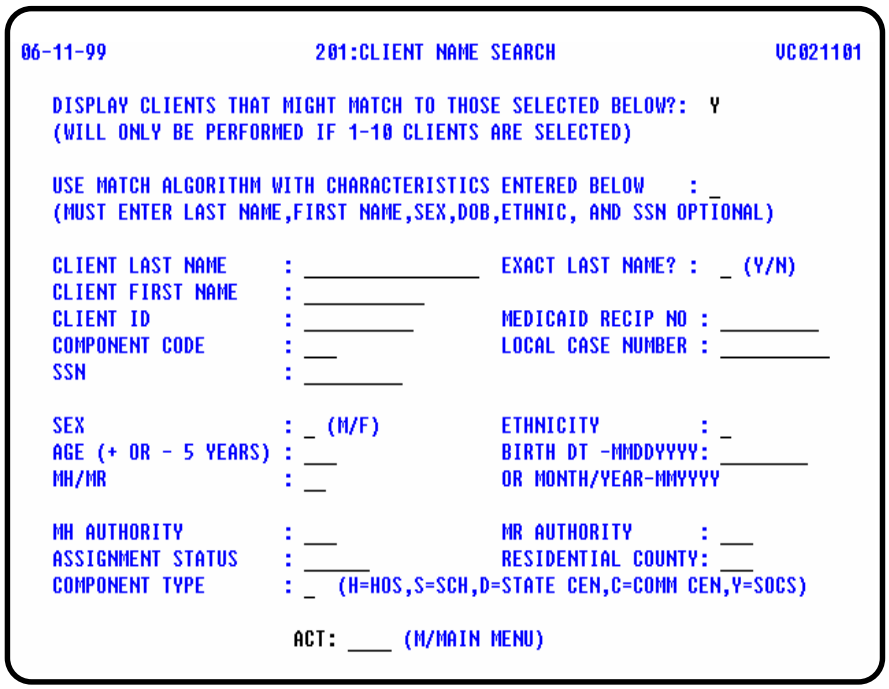
To access the 201: Client Name Search screen:

- Key **201** in the ACT: field of any screen.
- Press <**Enter**>.

Result: The 201: Client Name Search screen is displayed.

Client Name Search Screen

A sample screen is shown below.



Search Options

The 201: Client Name Search screen provides a choice of two name search options:

- Display clients that might match to those selected below? (Will only be performed if 1-10 clients are selected). The screen default is **Y** (Yes) to select this option.
- Use match algorithm with characteristics entered below. (Must enter Last Name, First Name, Sex, Birth Date, and Ethnicity. SSN is optional).

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
EXACT LAST NAME?	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Key **N** (No) or leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT ID	Key the consumer's statewide identification number.
MEDICAID RECIP NO	Key the consumer's Medicaid recipient number.
COMPONENT CODE	Your component code is displayed based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number.
SSN	Key the consumer's social security number.
SEX	Key the consumer's sex. (M=Male, F=Female)
ETHNICITY	Key the consumer's ethnicity. B = Black H = Hispanic W = White A = Asian I = American Indian O = Other
AGE (+ OR – 5 YEARS)	Key the age of the consumer.
BIRTH DT – MMDDYYYY OR MONTH/YEAR - MMYYYY	Key the consumer's birth date or birth month and year.
MH/MR	Key **MH** to search for MH consumers. Key **MR** to search for MR consumers.
MH AUTHORITY	Key the code of the MH Authority for this consumer.
MR AUTHORITY	Key the code of the MR Authority for this consumer.
ASSIGNMENT STATUS	Key the consumer's assignment status.
RESIDENTIAL COUNTY	Key the consumer's county of residence.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = SOCS

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 201: Client Name Search (Screen 2) is displayed.

Client Name Search Screen

The 201: Client Name Search screen displays a list of all consumers who match the selection criteria you entered. A sample screen is shown below.

```
06-11-99                  201:CLIENT NAME SEARCH                    VC021111

LINE ID     LASTNM              FIRSTNM/M     SEX ETH BIRTHDATE   SSN

1      12327 MOUNTAIN            RICKY         M   W 05-27-1962 999999998
             CNTY: TRAVIS        MEDICAID: 249066604 MEDICARE:
2      14923 MOUNTAIN            ROCKETTE      F   W 05-01-1953 015489654
             CNTY: TRAVIS        MEDICAID: 445962351 MEDICARE: 364213543 2C1
3      12378 MOUNTAIN            ROCKY         M   W 05-27-1962 123234234
             CNTY: TRAVIS        MEDICAID:           MEDICARE:
4      16829 MOUNTAIN            ROCKY         M   W 11-12-1953 493624130
             CNTY: CALLAHAN      MEDICAID: 887798899 MEDICARE: 887798899C1
5      19071 MOUNTAIN            ROCKY         M   W 07-15-1950 450947322
             CNTY: TRAVIS        MEDICAID:           MEDICARE:
********************************************************************************
    CURRENT SCREEN       1   TOTAL SCREENS:       2  NAMES RETURNED: 8
FOR FURTHER INFORMATION, ENTER A LINE NUMBER: _    (OR MOVE CURSOR TO LINE)



******** MSG: PRESS <ENTER> TO DISPLAY NEXT SCREEN********

                     ACT: ___ (201/NAME SEARCH,M/MENU)
```

Note: In the example above, the first of two screens is displayed. To view the second screen, press **<Enter>**.

Matching Client Detail Screens

The Matching Client Detail screens are provided to allow you to view name history, local case numbers, community assignments, latest address, county of residence history, and destination assignments for a specific consumer. The screens can be accessed from the 201: Client Name Search screen shown above by entering the Line # of the consumer you want to view in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field. Sample screens are shown on the following two pages.

continued on next page

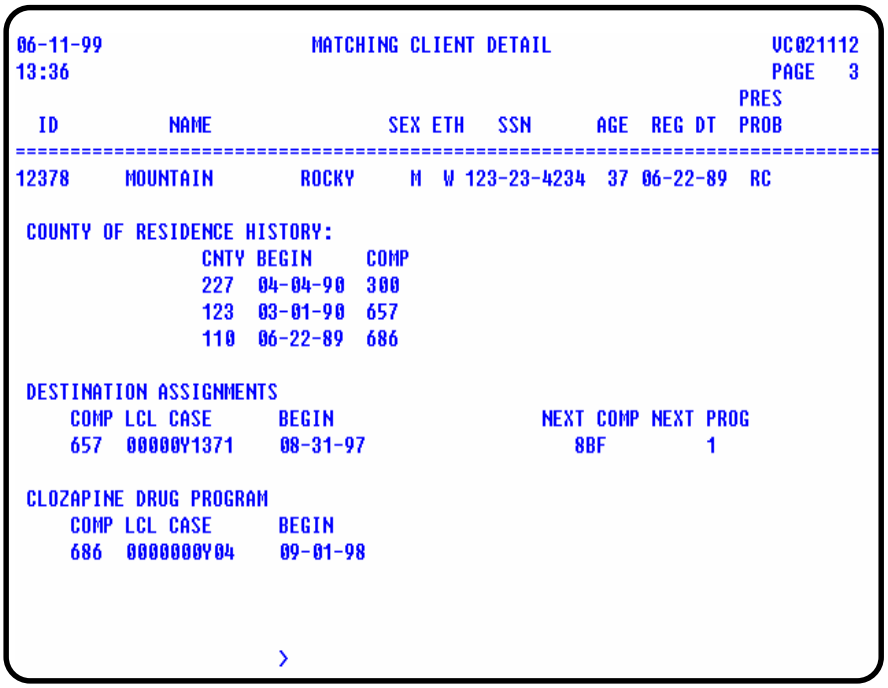
Matching Client Detail Screens, continued

```
06-11-99                    MATCHING CLIENT DETAIL                    VC021112
13:36                                                                 PAGE   1
                                                                     PRES
  ID          NAME                SEX ETH   SSN       AGE  REG DT  PROB
================================================================================
12378     MOUNTAIN        ROCKY     M  W 123-23-4234  37 06-22-89  RC

 SYSTEM STATUS: ACTIVE

 NAME HISTORY:
      LAST NAME        SUF FIRST NM    MIDDLE NM COMPONENT REPORTING AS OF DATE
      MOUNTAIN             ROCKY                    300           04-04-90

 LCL CASE NUMBERS:
    COMPONENT                          PROG LCL CASE    STATUS    LOC
     300 DALLAS COUNTY MHMR CENTER       2  0000022334  CLOSED
     030 AUSTIN-TRAVIS CO MHMR CENTER    2  0000000011  NOT ASGN
     686 BIG SPRING STATE HOSPITAL       2  0000000Y04  CLOSED
     657 AMARILLO STATE CENTER           2  00000Y1371  CLOSED
     634 WEST TEXAS SOCS                 2  0000000Y04  OPEN
     010 ABILENE REGIONAL MHMR CENTER    2  0012378010  NOT ASGN
     8BF S & N CMS JEWELRY REPAIR        2  008BF12378  OPEN
     804 EDUCARE COMMUNITY LIVING        2  0000804123  NOT ASGN
                        >
```

```
06-11-99                    MATCHING CLIENT DETAIL                    VC021112
13:36                                                                 PAGE   2
                                                                     PRES
  ID          NAME                SEX ETH   SSN       AGE  REG DT  PROB
================================================================================
12378     MOUNTAIN        ROCKY     M  W 123-23-4234  37 06-22-89  RC


MR AUTHORITY: 030 AUSTIN-TRAVIS CO MHMR CENTER

 COMMUNITY ASSIGNMENTS:
     COMP LCL CASE      BEGIN     END           ACTIVITY  SVC TYPE LOC
     8BF  008BF12378    10-10-97                COMM RES    D030
     634  0000000Y04    09-01-96                CASEMGMT    H011   9100
     657  00000Y1371    05-01-90  08-31-97      COMM RES    D030   P06
     300  0000022334    04-04-90  10-11-90      CLI&FAM     D020
     686  0000000Y04    06-22-89  09-01-96      CASEMGMT    D011   9100

 LATEST ADDRESS AS OF: 10-21-98
 STREET              : 123 NORTH. LOOP
 CITY,ST,ZIP         : AUSTIN , TX 78759-


                     >
```

continued on next page

Matching Client Detail Screens, continued



222: Request Display of All Assignments for a Client

Introduction

The 222: Request Display of All Assignments for a Client screen allows you to view all assignments (movements) for a consumer.

How to Access

To access the 222: Request Display of All Assignments for a Client screen:

- Key **222** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The 222: Request Display of All Assignments for a Client screen is displayed.

Request Display of All Assignments Screen

A sample request screen is shown below.

```
06-11-99    222:REQUEST DISPLAY OF ALL ASSIGNMENTS FOR A CLIENT      VC021227

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

            CLIENT ID                      : _________

            COMPONENT CODE/LOCAL CASE NUMBER: __ / _________

              IF DESIRED, SPECIFY DISPLAY PERIOD (MMDDYY):

           PERIOD BEGIN DATE:  _____    PERIOD END DATE:  _____



                          *** PRESS ENTER ***


                   ACT: ___ (200/CLIENT INQUIRY, M/MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID **or** local case number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID **or** local case number.

continued on next page

Screen Field Table, continued

Field	Description
PERIOD BEGIN DATE	If you want to specify a begin date for your inquiry, key a date in MMDDYY format.
PERIOD END DATE	If you want to specify an end date for your inquiry, key a date in MMDDYY format.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 222: Display of All Assignments for a Client is displayed.

Display Screen

A sample screen is shown below.

```
06-11-99        222:DISPLAY OF ALL ASSIGNMENTS FOR A CLIENT        VC021228
                          AS OF: 06-11-99                    PAGE  1 OF  1

CLIENT ID: 9334        CLIENT NAME:  IMA        C   TESTCASE         2

                                  CM/                                 ASGN
COMP LOCAL CASE PROG ACTIV/   LOC  ---------ASSIGNMENT----------  ABS   ASGN
CODE  NUMBER    CODE SVC TYPE CODE BEGIN DT/TIME  END DATE LOS    CODE STATUS
686  0000001411  1           81A  08-14-92 0206P 08-14-92 0      DMA  DISCH
686  0000001411  1           81A  04-01-92 0205P 08-14-92 135    ADM  RES
686  0000001411  1           82A  04-01-92 0111P 04-01-92 0      DRE  DISCH
686  0000001411  1           82A  11-05-91 1200P 04-01-92 0      ATP  ABSENT
686  0000001411  1           82A  11-01-91 0228P 11-05-91 4      ADM  RES
686  0000001411  1           82A  10-29-91 0158P 10-29-91 0      DRE  DISCH
010  0000001234  2    1      0806 09-10-90 ____ 09-11-90 1      ___  CLOSED
686  0000001411  1           82A  03-05-87 1120A 10-29-91 1699   ADM  RES
___  _________  _    ___    ___  ________ ____ ________ ____   ___  ______
___  _________  _    ___    ___  ________ ____ ________ ____   ___  ______
___  _________  _    ___    ___  ________ ____ ________ ____   ___  ______
___  _________  _    ___    ___  ________ ____ ________ ____   ___  ______

                    ACT: ___ (200/CLIENT INQUIRY MENU, M/MENU)
```

Note: Information on this screen is displayed in chronological order with the latest assignment (movement) listed first.

Display Data

The 222: Display of All Assignments for a Client screen displays the following information: Client ID, Client Name, Component Code, Local Case Number, Program Code, Activity/Service Type, CM/Location Code, Assignment Begin Date/Time, Assignment End Date, LOS, Assignment Absence Code, and Assignment Status.

565: County Inquiry

Introduction

The 565: County Inquiry screen provides a listing of all the counties in Texas. Information is displayed as a 26-screen listing (10 counties per screen) in numerical/alphabetical order by county code and includes codes 255 (TX Resident-County Unknown) and 256 (Out-of-State).

How to Access

To access the 565: County Inquiry screen:

- Key **565** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The 565: County Inquiry screen is displayed.

County Inquiry

A sample screen (Page 1 of 26) is shown below.

```
06-10-99                    565:COUNTY INQUIRY                    VC026257
                                                                PAGE  1 OF  26

CNTY      COUNTY      SRV  REGION  -SERVICE DISTR- ------POPULATION---------
                          MH  MR            ST
CODE       NAME       AREA REG REG   HOS SCH CTR    2001     2000      1999

 001   ANDERSON        41  05  08    679 669                          52256
 002   ANDREWS         38  01  07    686 687                          15507
 003   ANGELINA        11  05  08    679 669                          74224
 004   ARANSAS         65  03  04    681 670                          19561
 005   ARCHER          52  07  01    656 676                           8294
 006   ARMSTRONG        2  07  07    656 687                           1971
 007   ATASCOSA        47  03  12    681 650                          36880
 008   AUSTIN          33  04  03    677 688                          20673
 009   BAILEY           7  01  07    686 687                           7449
 010   BANDERA         40  02  02    674 678                          13900




        ACT: ___ (500/COMPONENT INQUIRY, M/MENU)
```

Display Data

The 565: County Inquiry screen displays the following information: County Code, County Name, Service Area, MH Region, MR Region, Service District (Hospital, School, State Center), and Population (three preceding years).

569: ICF/MR Provider Information

Introduction

The 569: ICF/MR Provider Information screens provide general information about a specific provider.

How to Access

To access the 569: ICF/MR Provider Information: Inquiry screen:

- Key **569** in the ACT: field of any screen.
- Press <**Enter**>.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99          569:ICF/MR PROVIDER INFORMATION: INQUIRY          VC140550


                  PLEASE ENTER ONE OF THE FOLLOWING:

                     FEDERAL ID NUMBER: _________
                        COMPONENT CODE: __




                              ENTER IF DESIRED:

                  PRINTER CODE: _____ (ENTER FOR HARD-COPY)


                              *** PRESS ENTER ***


     ACT: ___ (500/COMP INQ MENU, 1160/ICF INQ MENU, M/CARE MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
FEDERAL ID NUMBER	Key the Federal ID Number.
COMPONENT CODE	Your component code is displayed based on your logon account number.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of your inquiry results. Note: If you leave the field blank, the inquiry results will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 569: ICF/MR Provider Information screen is displayed.

Display Screen

A sample screen is shown below.

```
06-10-99                  569:ICF/MR PROVIDER INFORMATION          VC140555
COMPONENT: 650 SAN ANTONIO STATE SCHOOL                          PROFIT: NO
FED_ID: 000000650

LEGAL NAME : SAN ANTONIO STATE SCHOOL
DBA NAME(S):


CEO CONTACT NAME:  SAN ANTONIO STATE SC              PHONE:
PHYSICAL ADDRESS: 5000 CAMPUS DRIVE                    FAX:
                  FORT WORTH TX 76119

MAILING ADDRESS : 5000 CAMPUS DRIVE
                  FORT WORTH TX 76119

BILLING CONTACT NAME:  TOM DELIGANIS                 PHONE:
BILLING ADDRESS : 6711 S. NEW BRAUNFELS                FAX:
                  SAN ANTONIO TX 78214


CONTRACT NO.  CONTRACT NAME                             STATUS   SVC GRP
000711401     SAN ANTONIO STATE SCHOOL                  ACTIVE   4

                     >
```

Display Data

The 569: ICF/MR Provider Information screen displays general information for the specific provider selected.

Information displayed includes: Component (code and name), Federal ID, Legal Name, CEO Contact Name, Telephone and Fax Numbers, Physical Address, Mailing Address, Billing Contact Name, Telephone and Fax Numbers, Billing Address, Contract Number, Contract Name, Status, and Service Group.

570: ICF/MR Contract Information

Introduction

The 570: ICF/MR Contract Information screens provide general information about a specific contract.

How to Access

To access the 570: ICF/MR Contract Information: Inquiry screen:

- Key **570** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99          570:ICF/MR CONTRACT INFORMATION: INQUIRY          VC140560

                  PLEASE ENTER ONE OF THE FOLLOWING:

                     FEDERAL ID NUMBER: ________
                        COMPONENT CODE: __

                     PLEASE ENTER THE FOLLOWING:

                      CONTRACT NUMBER: ________

                         ENTER IF DESIRED:

                PRINTER CODE: _____ (ENTER FOR HARD-COPY)


                          *** PRESS ENTER ***


     ACT: ___ (500/COMP INQ MENU, 1160/ICF INQ MENU, M/CARE MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
FEDERAL ID NUMBER	Key the Federal ID Number.
COMPONENT CODE	Your component code is displayed based on your logon account number.
CONTRACT NUMBER	Key the number of the contract you want to display.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of your inquiry results. Note: If you leave the field blank, the inquiry results will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 570: ICF/MR Contract Information screen is displayed.

Display Screen

A sample screen is shown below.

```
06-10-99                  570:ICF/MR CONTRACT INFORMATION          VC140565
COMPONENT: 678 AUSTIN STATE HOSPITAL
VENDOR/CONTRACT NO: 678678678
CONTRACT NAME: TESTING TESTING                        SERVICE GROUP: 6

CONTRACT BEGIN DATE  : 09-01-1989     CONTRACT END DATE:
MAX NUMBER OF CLIENTS: 10             STATUS: ACTIVE
COMPTROLLER VENDOR NO:                MARSG VENDOR NO:
FEDERAL ID NUMBER    : 000000678
PROGRAM CONTACT : Y Y YYY                              PHONE:
PHYSICAL ADDRESS:                                      FAX  :


MAILING ADDRESS :


                          CONTRACT SERVICE AREA(S)
ANDERSON
```

Display Data

The 570: ICF/MR Contract Information screen displays general information for the specific contract selected.

Information displayed includes: Component (code and name), Vendor/ Contract Number, Contract Name, Service Group, Contract Begin and End Dates, Maximum Number of Clients, Status, Comptroller Vendor Number, MARSG Vendor Number, Federal ID Number, Program Contact, Physical Address, Telephone and Fax Numbers, Mailing Address, and Contract Service Area(s).

571: ICF/MR Provider/Contract List

Introduction

The 571: ICF/MR Provider/Contract List screens provide a list of providers and the contract names and numbers for each. Information is displayed as a continuous listing in component code or component name order.

How to Access

To access the 571: Request ICF/MR Provider/Contract List screen:

- Key **571** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99        571:REQUEST ICF/MR PROVIDER/CONTRACT LIST          VC140540


                     PLEASE ENTER THE FOLLOWING:

               REPORT OPTION  : _ (1=BY COMP CODE, 2=BY COMP NAME)
               PROVIDER TYPE  : _ (1=STATE OPERATED CAMPUS)
                                  (2=STATE OPERATED COMMUNITY)
                                  (3=NON - STATE OPERATED)
                                  (4=ALL)
               PROVIDER STATUS: _ (1=ALL, 2=ACTIVE, 3=INACTIVE)


                       ENTER IF DESIRED:

                PRINTER CODE: _________ (ENTER FOR HARD COPY)


                       *** PRESS ENTER ***


    ACT: ___ (500/COMP INQ MENU, 1160/ICF INQ MENU, M/CARE MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
REPORT OPTION	Key **1** (By Component Code) or **2** (By Component Name) to select the report option.
PROVIDER TYPE	Key **1** (State Operated Campus), **2** (State Operated Community), **3** (Non-state Operated), or **4** (All) to select the type of provider for which you want to display information.

continued on next page

Screen Field Table, continued

Field	Description
PROVIDER STATUS	Key **1** (All), **2** (Active), or **3** (Inactive) to select the provider status for which you want to display information.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of the contract list. Note: If you leave the field blank, the inquiry results will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 571: ICF/MR Provider/Contract In Component Code Order screen is displayed.

Display Screen

A sample screen (page 1 of 3) is shown below.

```
06-10-99    571:ICF/MR PROVIDER/CONTRACT IN COMPONENT CODE ORDER     VC140545
  TOTAL STATE OPERATED CAMPUS PROVIDER: 15    CONTRACT: 15   PAGE  1  OF   3

  COMPONENT CODE/COMPONENT NAME
      CONTRACT NUMBER/STATUS/CONTRACT NAME

  650 SAN ANTONIO STATE SCHOOL
      000711401   ACTIVE SAN ANTONIO STATE SCHOOL
  659 RIO GRANDE STATE CENTER
      000711201   ACTIVE RIO GRANDE STATE CENTER
  660 DENTON STATE SCHOOL
      000710201   ACTIVE DENTON STATE SCHOOL
  661 EL PASO STATE CENTER
      000711601   ACTIVE EL PASO STATE CENTER
  667 FORT WORTH STATE SCHOOL
      000711301 INACTIVE FT WORTH STATE SCHOOL
  668 RICHMOND STATE SCHOOL
      000710601   ACTIVE RICHMOND STATE SCHOOL
  669 LUFKIN STATE SCHOOL
      000710301   ACTIVE LUFKIN STATE SCHOOL


  ACT: ___ (<ENTER>/NXT PAGE, 500/COMP INQUIRY MENU, HLP(PF1)/SCRN DOC)
```

Note: In the sample above, the listing displays state operated campus providers in component code order as selected on the request screen.

Display Data

The 571: ICF/MR Provider/Contract In Component Code Order screen displays a list of providers and the contract names and numbers for each.

Information displayed includes: Total State Operated Campus Providers and Contracts, Component Code, Component Name, Contract Number, Status, and Contract Name.

771: DSM/ICD Code and Text Search

Introduction

The 771: DSM/ICD Code and Text Search screens display a set of DSM or ICD codes based on a pattern search either for the diagnosis code or the text (diagnosis description).

How to Access

To access the 771: DSM/ICD Code and Text Search screen:

- Key **771** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
06-10-99            771:DSM/ICD CODE AND TEXT SEARCH              VC028530

              PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

          DIAGNOSIS CODE       :  ____
          DIAGNOSIS DESCRIPTION:  ______________
          SEARCH FOR STRING ANYWHERE
          IN DESCRIPTION (Y/N) :  N   (DSM ONLY)

          SORT ORDER           :  1 (1=CODE,2=DESCRIPTION)
          GROUP DSM CODES BY   :  _ (1=1 DIGIT GRPS,2=2 DIGIT GRPS)
          AXIS (DSM 3,3R,4,T  ):  _ (1=AXIS1,2=AXIS2,BLANK FOR BOTH)

          TYPE OF DIAGNOSIS    :  I (I=ICD, D=DSM ,5=ICD CHAPTER 5)
          DIAGNOSIS VERSION    :  9 (9=ICD-9-CM,
                                     4 = DSM 4,
                                     R = DSM 3R,
                                     3 = DSM 3,
                                     T = DC0-3)
          INPUT PRINTER CODE   :  _________
                            *** PRESS ENTER ***

 ACT: ___ (790/REPORT MENU, 330/DIAG DATA ENTRY, 1160/ICF INQ MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
DIAGNOSIS CODE	Key the specific diagnosis code. Rule: You *must* key the Diagnosis Code **or** the Diagnosis Description.
DIAGNOSIS DESCRIPTION	Key the diagnosis description. Rule: You *must* key the Diagnosis Description **or** the Diagnosis Code.

continued on next page

Screen Field Table, continued

Field	Description
SEARCH FOR STRING ANYWHERE IN DESCRIPTION	Key **Y** (Yes) or **N** (No) to indicate whether you want to search for a string anywhere in the diagnosis description (for DSM only). Note: This field defaults to **N**.
SORT ORDER	Key the order by which you want to sort your report. (1=Code, 2=Description) Note: This field defaults to **1**.
GROUP DSM CODES BY	Key the one-digit or two-digit diagnostic grouping for DSM 3, DSM 3R, or DSM 4. (1=1 Digit Groups, 2=2 Digit Groups)
AXIS (DSM 3, 3R, 4, T)	Key the Axis used to record the diagnosis for DSM 3, DSM 3R, DSM 4, or DCO 3. (1=Axis 1, 2=Axis 2, or blank to indicate both)
TYPE OF DIAGNOSIS	Key the code for the type of diagnosis. (I=ICD, D=DSM, 5=ICD Chapter 5) Note: This field defaults to **I**.
DIAGNOSIS VERSION	Key the code for the diagnosis version. 9=ICD-9-CM 4=DSM 4 R=DSM 3R 3=DSM 3 T=DCO 3 Note: This field defaults to **9**.
INPUT PRINTER CODE	Key the printer code for your printer if you want a hard copy of the contract list. Note: If you leave the field blank, the inquiry results will be displayed on your screen.

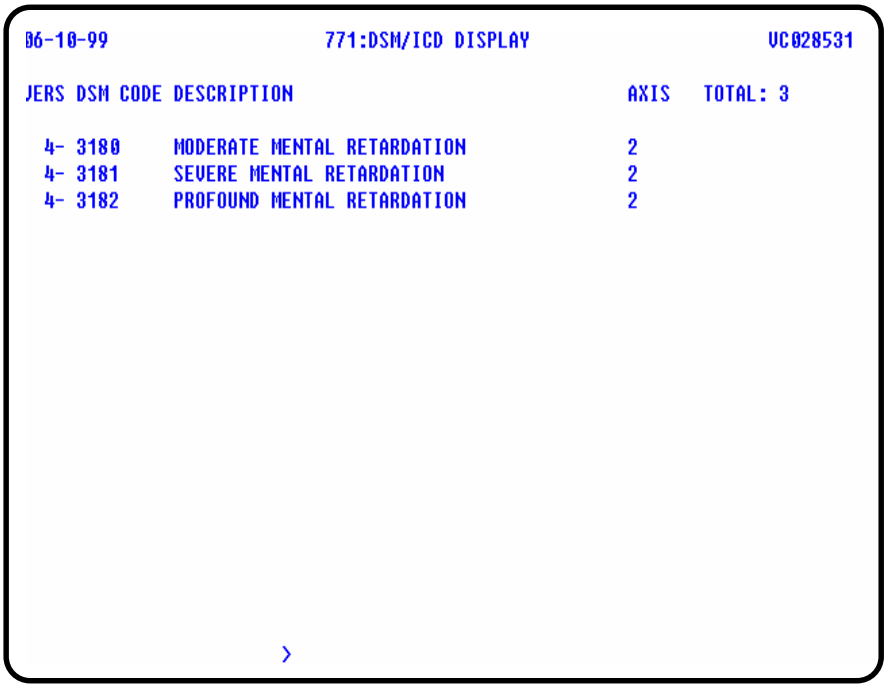
Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 771: DSM/ICD Display screen is displayed.

Display Screen

A sample screen is shown below.



Note: In the sample above, the search results are displayed using **D** (DSM) as Type of Diagnosis and **4** (DSM 4) as Diagnosis Version as selected on the request screen.

Display Data

The 771: DSM/ICD Display screen displays the following information: Version, DSM Code, Description, Axis, and Total.

1165: ICF/MR MR/RC Level of Care Expiration: Inquiry

Introduction

The 1165: ICF/MR MR/RC Level of Care Expiration: Inquiry screen allows you to view all ICF/MR consumers at your component with Level of Care that has expired, will expire by the end date that you enter, or is missing.

How to Access

To access the 1165: ICF/MR MR/RC Level of Care Expiration: Inquiry screen:

- Key **1165** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
01-19-99    1165:ICF/MR MR/RC LEVEL OF CARE EXPIRATION: INQUIRY      VC140510

                  PLEASE ENTER THE FOLLOWING:

                     COMPONENT CODE: __
                          END DATE: 02181999 (MMDDYYYY)

                    ENTER IF DESIRED:

                  CONTRACT NUMBER: ________

                  PRINTER CODE: _____ (ENTER FOR HARD COPY)

                         *** PRESS ENTER ***




     ACT: ___ (1160/ICF INQ MENU, 1100/ICF MENU, M/CARE MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
END DATE	Displays a future date calculated by adding 30 days to today's date. You can change this field. Example: If today's date is January 19, 1999, the END DATE displayed is 02181999.

continued on next page

Screen Field Table, continued

Field	Description
CONTRACT NUMBER	Key the contract number on which you want to base your inquiry, if desired.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of your inquiry. Note: If you leave the field blank, the inquiry will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 1165: ICF/MR MR/RC Level of Care Expiration screen is displayed.

Inquiry Results Screen

A sample inquiry screen is shown below.

```
01-15-99        1165:ICF/MR MR/RC LEVEL OF CARE EXPIRATION         VC140515
                          THROUGH 02-14-1999
 COMPONENT: 8BF S & N CMS JEWELRY REPAIR

                              CONTRACT  MEDICAID        LEV CARE LEV CARE
 CLIENT NAME                  NUMBER    NUMBER   LOC/LON BEGIN DT END DT
    LOCAL CASE NUMBER
 ALTOIDS, PEPPERMINT          000077777          NO ASSESSMENT FOUND
    0000121698
 BROWN, BOB                   000077777          NO ASSESSMENT FOUND
    0000005678
 BROWN, JANICE                000077777          NO ASSESSMENT FOUND
    0000001234
 MOUNTAIN, ROCKY              000077777          1/6   12-20-97 01-18-98
    008BF12378

                          >
```

Display Data

The 1165: ICF/MR MR/RC Level of Care Expiration screen displays the following information: Through (End Date requested), Component, Client Name, Contract Number, Medicaid Number, LOC (Level of Care)/LON (Level of Need), Level of Care Begin Date, Level of Care End Date (expiration date), and Local Case Number.

1168: ICF/MR MR/RC Assessment Summary: Inquiry

Introduction

The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen allows you to view a summary of all MR/RC Assessments for a consumer.

How to Access

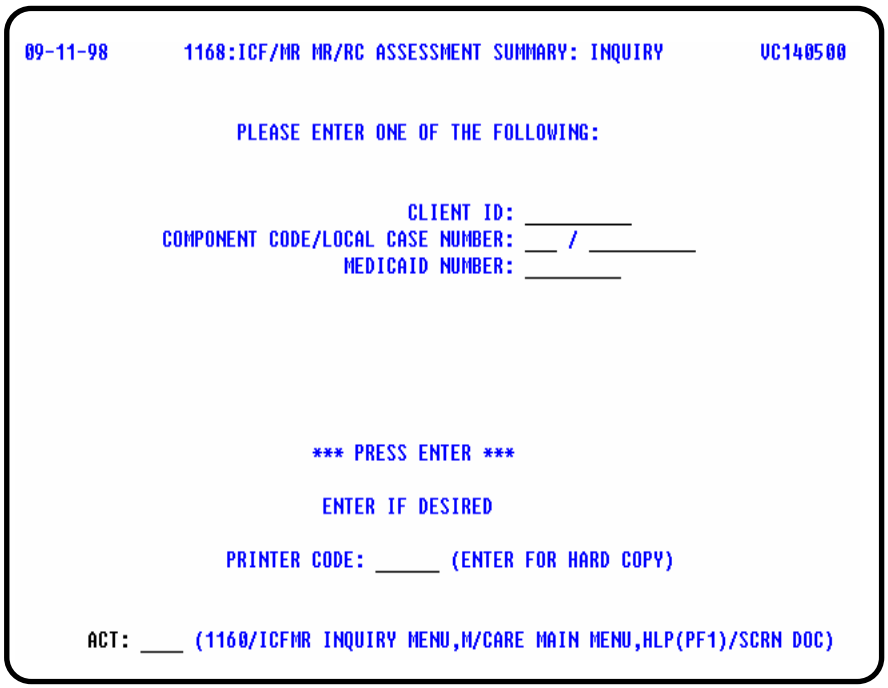
To access the 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen:

- Key **1168** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, ***or*** Medicaid number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, ***or*** Medicaid number.

continued on next page

Screen Field Table, continued

Field	Description
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You *must* enter the client ID, local case number, ***or*** Medicaid number.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of your inquiry. Note: If you leave the field blank, the inquiry will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 1168: ICF/MR MR/RC Assessment Summary screen is displayed.

Inquiry Screen

A sample inquiry screen is shown below.

```
09-11-98            1168:ICF/MR MR/RC ASSESSMENT SUMMARY            VC140505
 NAME             : MOUNTAIN, ROCKY                      CLIENT ID: 12378
 LOCAL CASE NUMBER: 008BF12378                           COMPONENT: 8BF

 MEDICAID    LEVEL   LEV CARE   LEV CARE PREVIOUS  PURPOSE LON
 NUMBER     OF CARE  BEGIN DT   END DT   END DT    CODE         SOURCE
            NOT SENT 09-11-98                       2           TDMHMR
            1        04-11-97   09-01-97 09-01-97   2       6   TDMHMR
            1        04-01-97   04-10-97 09-01-97   4       1   TDMHMR
            1        03-21-97   03-31-97 09-01-97   2       6   TDMHMR
            1        03-10-97   03-20-97 09-01-97   4       1   TDMHMR
            1        03-01-97   03-09-97 09-01-97   2       6   TDMHMR
            1        02-01-97   02-28-97 09-01-97   4       1   TDMHMR
            1        01-01-97   01-31-97 09-01-97   2       6   TDMHMR

                    >
```

Display Data

The 1168: ICF/MR MR/RC Assessment Summary screen displays the following information: Name, Client ID, Local Case Number, Component, Medicaid Number, Level of Care, Level of Care Begin Date, Level of Care End Date**,** Previous End Date, Purpose Code, LON (Level of Need), and Source.

1182: ICF/MR MR/RC Assessment Pending: Inquiry

Introduction

The 1182: ICF/MR MR/RC Assessment Pending: Inquiry screen allows you to view a list of consumers whose MR/RC Assessments are pending approval through TDMHMR Central Office Utilization Review.

How to Access

To access the 1182: ICF/MR MR/RC Assessment Pending: Inquiry screen:

- Key **1182** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
01-15-99      1182:ICF/MR MR/RC ASSESSMENT PENDING: INQUIRY        VC140520


                PLEASE ENTER THE FOLLOWING:

                   COMPONENT CODE:

                  ENTER IF DESIRED:

               CONTRACT NUMBER: _______

               STATUS: _  (P: NOT SENT TO TDMHMR
                           U: SENT TO TDMHMR
                           X: RETURNED TO PROVIDER FOR MORE INFORMATION
                           BLANK: FOR ALL STATUS)

               PRINTER CODE: _____ (ENTER FOR HARD COPY)


                      *** PRESS ENTER ***


    ACT: ___ (1160/ICF INQ MENU, 1100/ICF MENU, M/CARE MAIN MENU)
```

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CONTRACT NUMBER	Key the contract number under which the consumer is receiving services, if desired.
STATUS	Key the assessment status to limit your inquiry. P = Not sent to TDMHMR U = Sent to TDMHMR X = Returned to Provider for More Information Blank = For all Status
PRINTER CODE	Key your printer code if you want a hard copy of your inquiry.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 1182: ICF/MR MR/RC Assessment Pending screen is displayed.

Inquiry Screen

A sample inquiry screen is shown below.

```
01-15-99          1182:ICF/MR MR/RC ASSESSMENT PENDING            VC140525

 COMPONENT: 8BF S & N CMS JEWELRY REPAIR

                                CONTRACT  MEDICAID PURPOSE REQ CARE REQ CARE
 CLIENT NAME                    NUMBER    NUMBER   CODE    BEGIN DT END DT
    LOCAL CASE NUMBER / STATUS
 ASSEMBLER, BOBBY               000077777 556999222  3     09-18-98
    0000074431  STATUS: SENT TO TDMHMR
 ASTASPUMANTE, IZZY             000077777            E     02-01-98 09-01-98
    008BF13706  STATUS: NOT SENT TO TDMHMR
 BROWN, BOB                     000077777            2     08-01-98
    0000005678  STATUS: SENT TO TDMHMR
 DEMOGUY, WINSTON R             000077777            2     09-01-98
    0000813617  STATUS: NOT SENT TO TDMHMR
 MOUNTAIN, ROCKY                000077777            3     12-02-98
    008BF12378  STATUS: NOT SENT TO TDMHMR

                        >
```

Display Data

The 1182: ICF/MR MR/RC Assessment Pending screen displays the following information: Component, Client Name, Contract Number, Medicaid Number, Purpose Code, Requested Care Begin Date, Requested Care End Date, Local Case Number, and Status.

1183: ICF/MR MR/RC Assessment: Inquiry

Introduction

The 1183: ICF/MR MR/RC Assessment: Inquiry screen allows you to view a mirror image of the MR/RC Assessment record for the consumer you request and displays its current status.

Note: Only records entered through Action Code 1123 will be displayed on this screen.

How to Access

To access the 1183: ICF/MR MR/RC Assessment: Inquiry screen:

- Key **1183** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

A sample request screen is shown below.

```
01-27-99          1183: ICF/MR MR/RC ASSESSMENT: INQUIRY          VC140530

    *** CONVERTED TDHS RECORDS WILL NOT DISPLAY, SEE ACTION 1168 ***

                PLEASE ENTER ONE OF THE FOLLOWING:

                                  CLIENT ID: _________
        COMPONENT CODE/LOCAL CASE NUMBER: __ / _________
                               MEDICAID NUMBER: ________


                          ENTER IF DESIRED:

        BEGIN DATE (FOR A SPECIFIC PLAN): _______ (MMDDYYYY)


             PRINTER CODE: _____ (ENTER FOR HARD-COPY)


                        *** PRESS ENTER ***


   ACT: ___ (1160/ICF INQ MENU, 1100/ICF MENU, M/CARE MAIN MENU)
```

Note: The request screen indicates that converted TDHS records will *not* display using this action code and directs you to use Action Code 1168 for those records.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the Client ID, Local Case Number, **or** Medicaid Number.
COMPONENT CODE	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the Client ID, Local Case Number, **or** Medicaid Number.
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You must enter the Client ID, Local Case Number, **or** Medicaid Number.
BEGIN DATE	Key the begin date for a specific plan.
PRINTER CODE	Key the printer code for your printer if you want a hard copy of your inquiry. Note: If you leave the field blank, the inquiry will be displayed on your screen.

Submit Request

When all the information has been completed, press **<Enter>** to submit your request.

Result: The 1183: ICF/MR MR/RC Assessment Inquiry screen is displayed.

Inquiry Screens

Sample inquiry screens are shown below and on the following pages.

```
  01-27-99                1183:ICF/MR MR/RC ASSESSMENT INQUIRY     VC140535
                                                                 REC 1  OF 1
1. FACILITY/PROVIDER NAME:                    2. CONTRACT NO.: 000077777
    8BF CMS #1
3. MAILING ADDR  :
4. CLIENT NAME   : DEMOGUY, WINSTON ROCKWELL
5. APPLICANT ADDR: 2345 IST ST, AUSTIN TX, 78705
6. COMPONENT CODE: 8BF                        7. CASE NUMBER : 0000813617
8. MEDICAID NUMBER :                          9. HIC/MEDICARE:
10. DATE OF BIRTH  : 02-02-1933               11. SSN        : U
12. DATE COMPLETED : 09-01-1998               13. PURPOSE CD : 2
14. DATE PHYS. EXAM: 09-01-1998               15. LEGAL STAT : 5
16. PREV. RES.     : 5    17. REC. LOC: 5     18. REC. LON   : 6

DIAGNOSIS:
19. PRIN. DIAG  : MILD MENTAL RETARDATION           20.CD: 317    21.VERS: 9
22. ONSET       : 02-1933
23. CUR MED DIAG:                                   24.CD:        25.VERS:
26. PSYCH. DIAG :                                   27.CD:        28.VERS:
COGNITIVE FUNCTIONING:    29. IQ: 50      30. ABL: 1

ICAP DATA:
31. BROAD INDEPENDENCE: 1    32. GEN MALADAPTIVE: 1    33. ICAP SVC LEVEL: 1
                      >
```

```
  01-27-99                1183:ICF/MR MR/RC ASSESSMENT INQUIRY     VC140535
                                                                 REC 1  OF 1

BEHAVIORAL STATUS:
34. BEHAVIOR PGM  : N  35. SELF-INJURY BEH  : 0  36. SERIOUS DISRUP BEH: 0
37. AGGRESSIVE BEH: 0  38. SEX. AGGRESS. BEH: 0

NURSING:   39. SERVICE PROVIDER:      40. FREQUENCY CODE: 0

DAY SERVICES -
NON-VOCATIONAL SETTING:
41. SERVICE: 0            42. FREQUENCY CODE: 0    43. FUNDING CODE: 0
DAY SERVICES -
VOCATIONAL SETTING:
44. SERVICE: 0            45. FREQUENCY CODE: 0    46. FUNDING CODE: 0

FUNCTIONAL ASSESSMENT:   47. AMBULATION: 1

PHYSICIANS EVALUATION AND RECOMMENDATION
48. DOES MEDICAL REGIMEN OF INDIVIDUAL NEED TO BE UNDER THE SUPERVISION
     OF AN MD/DO?                                  48. Y (Y/N)
49. WILL THE HEALTH STATUS OF THE INDIVIDUAL PREVENT PARTICIPATION IN THE
     ACTIVE TREATMENT OF THE ICF/MR PROGRAM?    49. N (Y/N)
                      >
```

continued on next page

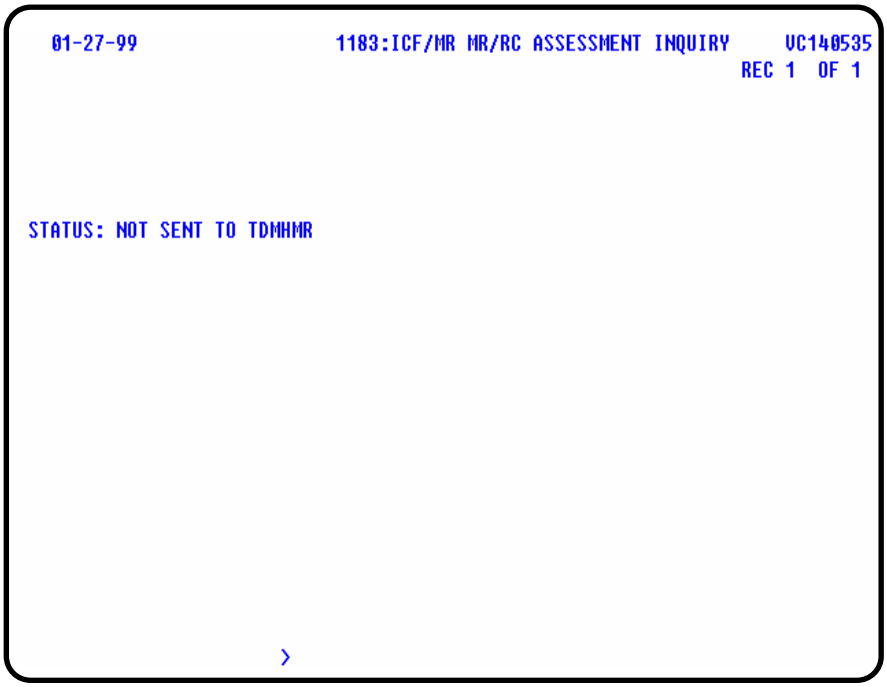
Inquiry Screens, continued

```
 01-27-99                1183:ICF/MR MR/RC ASSESSMENT INQUIRY     VC140535
                                                                REC 1  OF 1
50. TO YOUR KNOWLEDGE DOES THE INDIVIDUAL HAVE A CONDITION OF MENTAL
    RETARDATION AND/OR A RELATED CONDITION?    50. Y (Y/N)
51. DO YOU CERTIFY THAT THIS INDIVIDUAL REQUIRES ICF/MR OR ICF/MR/RC CARE?
                                               51. Y (Y/N)
53. FULL M.D./D.O. NAME:
54. SIGNATURE DATE:                       55. LICENSE NO.:
```

```
 01-27-99                1183:ICF/MR MR/RC ASSESSMENT INQUIRY     VC140535
                                                                REC 1  OF 1
PROVIDER CERTIFICATION
57. FULL NAME OF -
   RN/LVN/QMRP/CASE MGR/MRLA SVC COORD:
58. SIGNATURE DATE:

REQUESTED BEGIN/END DATES
59. BEGIN DATE: 09-01-1998            60. END DATE:

FOR DEPARTMENTAL USE ONLY
61. LOC:                              62. LON:
63. EFFECTIVE DATE   :                64. EXPIRATION DATE:
65. REVIEWER NAME    :                66. DATE REVIEWED  :
67. NAME OF PHYSICIAN:

PROVIDER COMMENTS




REVIEWER COMMENTS
```

continued on next page

Inquiry Screens, continued



Web Screens

Introduction

The following pages contain screen images and screen field tables for the web applications.

Links

Each screen includes links at the bottom of the screen. These generally include one or more "Return to…" links that allows you to return to a menu (CARE Main Menu, ICF/MR Menu, etc.) from a given screen. Some screens also include a link that allows you to return to the previous request screen without updating. All of the web screens include a "Quit" link that allows you to exit the ICF/MR system. Click on these links to access the desired function.

Web Screens

Documentation provides information on the web applications and contains information on the following ICF/MR data entry, registration/ demographics update, case maintenance, and inquiry screens.

Screen	Page
1100: ICF/MR Menu	3 - 103
ICF/MR Data Entry	
336: State Operated Client Movements	3 - 104
337: Non-State Operated Client Movements	3 - 108
360: Death/Separation of Client	3 - 112
1123: MR/RC Assessment	3 - 115
Registration/Demographics Update	
326: Client Registration – Limited	3 - 119
410: Add Case to ID/Demographic Update	3 - 123
413: Medicaid/Medicare Number Update	3 - 126
420: Client Name Update Request	3 - 129
430: Client Address Update	3 - 132
431: Client Correspondent Update	3 - 135
Case Maintenance	
395: Local Case Number: Delete	3 - 138
396: Local Case Number: Change	3 - 141

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Web Screens, continued

Screen	Page
ICF/MR Inquiry	
100: Client Name Search	3 - 144
192: DHS Medicaid Eligibility Search I	3 - 148
193: DHS Medicaid Eligibility Search II	3 - 153
222: Display of All Movements for a Client	3 - 157
565: County List	3 - 159
569: ICF/MR Provider Information	3 - 160
570: ICF/MR Contract Information	3 - 162
571: ICF/MR Provider/Contract List	3 - 164
771: DSM/ICD Code and Text Search	3 - 166
1161: Daily Census Report	3 - 169
1163: Clients With Service Authorizations/Client Assessments Changed During Period	3 - 171
1164: Service Authorizations/Client Assessments	3 - 173
1165: MR/RC Level of Care Expiration	3 - 175
1168: MR/RC Assessment Summary	3 - 177
1182: MR/RC Assessment Pending	3 - 179
1183: ICF MR/RC Assessment Inquiry	3 - 181

1100: ICF/MR Menu

Introduction

The 1100: ICF/MR Menu provides a list of data entry, registration/ demographics update, case maintenance, and inquiry action codes and screen names. The menu allows you to click on the underscored action codes to access the corresponding functions.

ICF/MR Menu

The 1100: ICF/MR Menu is shown below.

05-28-99 @16:37:51 **1100:ICF/MR Menu** **VC111100**

ICF/MR Data Entry	
336	State Operated Client Movements
337	Non-state Operated Client Movements
360	Death / Separation of Client
1123	MR/RC Assessment
Registration/ Demographics Update	
326	Client Registration - Limited
410	Add Case to ID / Demographics
413	Medicaid/ Medicare Number
420	Client Name
430	Client Address
431	Client Correspondent
Case Maintenance	
395	Local Case Number: Delete
396	Local Case Number: Change

ICF/MR Inquiry	
100	Client Name Search
192	DHS Medicaid Eligibility Search I
193	DHS Medicaid Eligibility Search II
222	Display of All Movements For A Client
565	County List
569	Provider Information
570	Contract Information
571	Provider Contract List
771	DSM/ICD Code and Text Search
1161	Daily Census Report
1163	Clients With Service Authorizations / Client Assessments Changed During Period
1164	Computed Service Authorizations / Client Assessments/ Medicaid Eligibility By Id
1165	MR/RC Assessment Expiration
1168	MR/RC Assessment Summary
1182	MR/RC Assessment Pending
1183	Individual MR/RC Assessment

M___CARE Main Menu
Q___Quit

Download User Documentation

Note: You can click the **M CARE Main Menu** link to return to the CARE Main Menu or the **Q Quit** link to exit the ICF/MR system.

Click the **Download User Documentation** link to download the ICF/MR User Guide to your workstation for viewing and/or printing.

ICF/MR Data Entry

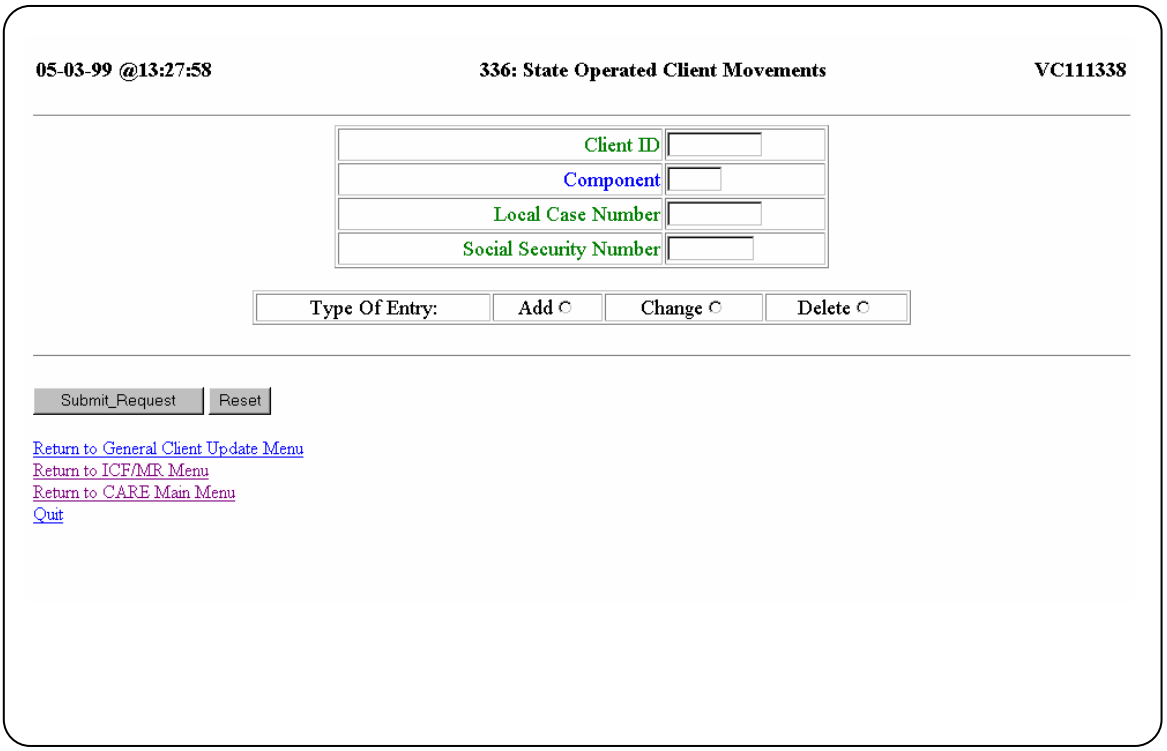
336: State Operated Client Movements

Introduction

The 336: State Operated Client Movements screens allow state operated providers to add, change, and delete client movements.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
SOCIAL SECURITY NUMBER	Key the consumer's social security number. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

Submit Request

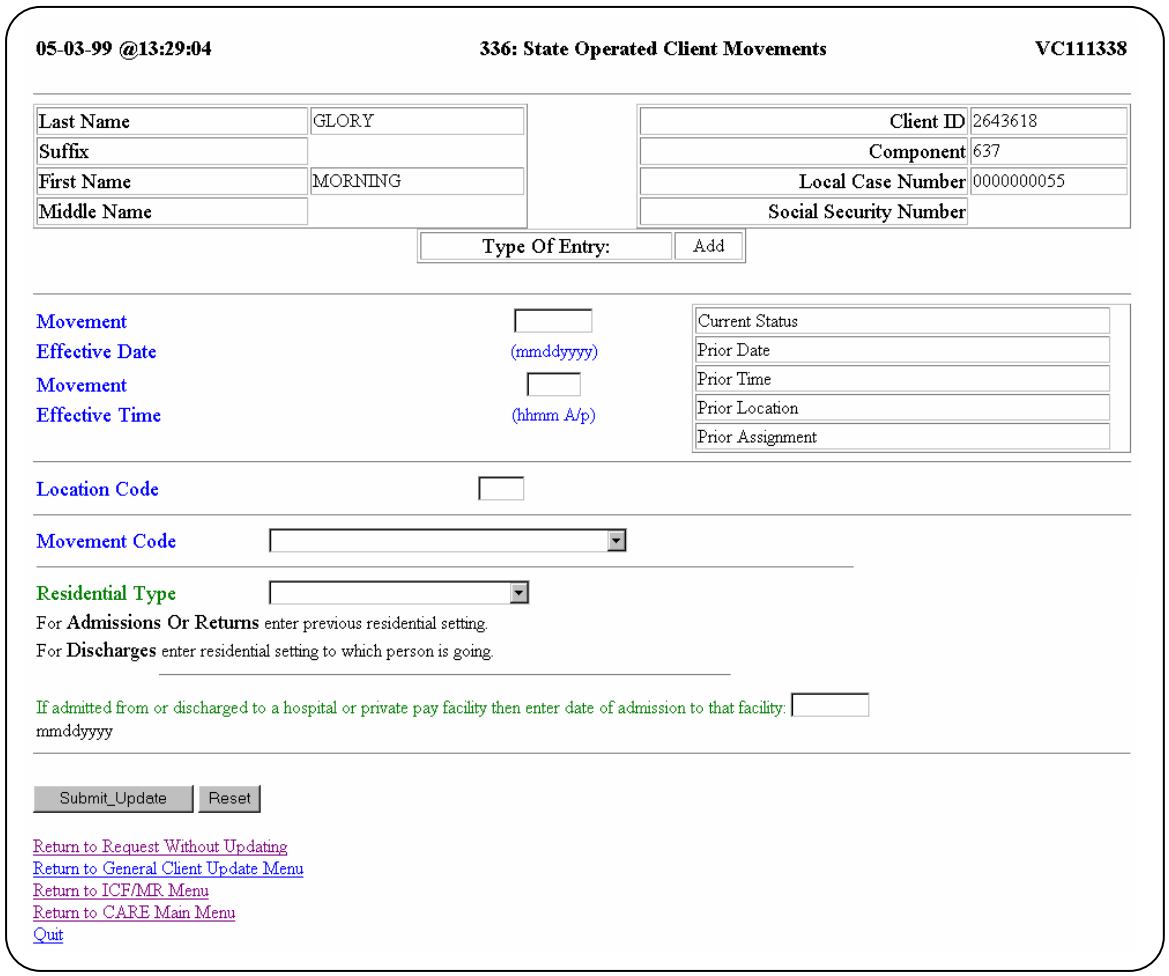
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 336: State Operated Client Movements (Screen 2) is displayed.

Add Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the component code.
LOCAL CASE NUMBER	Displays the consumer's local case number.
SOCIAL SECURITY NUMBER	Displays the consumer's social security number if the consumer's record was requested by social security number.
MOVEMENT EFFECTIVE DATE	Key the movement effective date. MMDDYYYY format.
MOVEMENT EFFECTIVE TIME	Key the movement effective time. HHMM A/P format.
LOCATION CODE	Key the location code.
MOVEMENT CODE	Key the movement code. ADM = Admission DRE = Discharge AHI = Absent-Comm. Hosp. w/Priv. Ins AHN = Absent-Comm. Hosp. w/o Priv. Ins. AHV = Absent-Home Visit ANS = Absent-Special Activity ASA = Absent-Special Activity: Therapeutic ATV = Absent-Home Visit: Therapeutic AUD = Absent-Unauthorized Departure AX = Absent-Other RET = Return from Absence Note: You can use the drop-down list to complete this field.

continued on next page

Screen Field Table, continued

Field	Description
RESIDENTIAL TYPE	For *admissions or returns from absence*, key the consumer's previous residential setting. For *discharges*, key the residential setting to which the consumer is going. 1 = Hospital 2 = Nursing Facility 3 = Non-state Operated Facility 4 = Medicare/SNF 5 = Home 6 = State Operated Facility 7 = Hospice 8 = Private Pay Facility 9 = Other/Unknown Note: You can use the drop-down list to complete this field.
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY	Key the date of admission if admitted from or discharged to a hospital or private pay facility. MMDDYYYY format.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 336: State Operated Client Movements screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

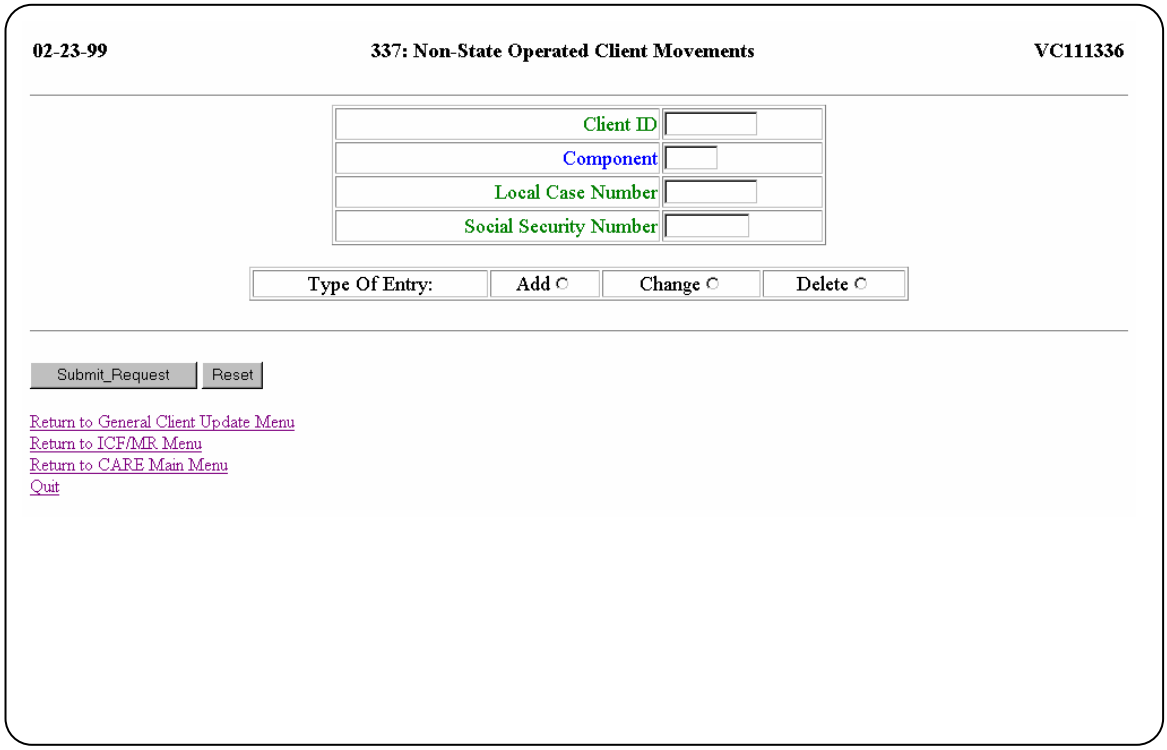
337: Non-State Operated Client Movements

Introduction

The 337: Non-State Operated Client Movements screens allow non-state operated providers to add, change, and delete client movements.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
SOCIAL SECURITY NUMBER	Key the consumer's social security number. Rule: You *must* enter the client ID, local case number, ***or*** Social Security Number.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

Submit Request

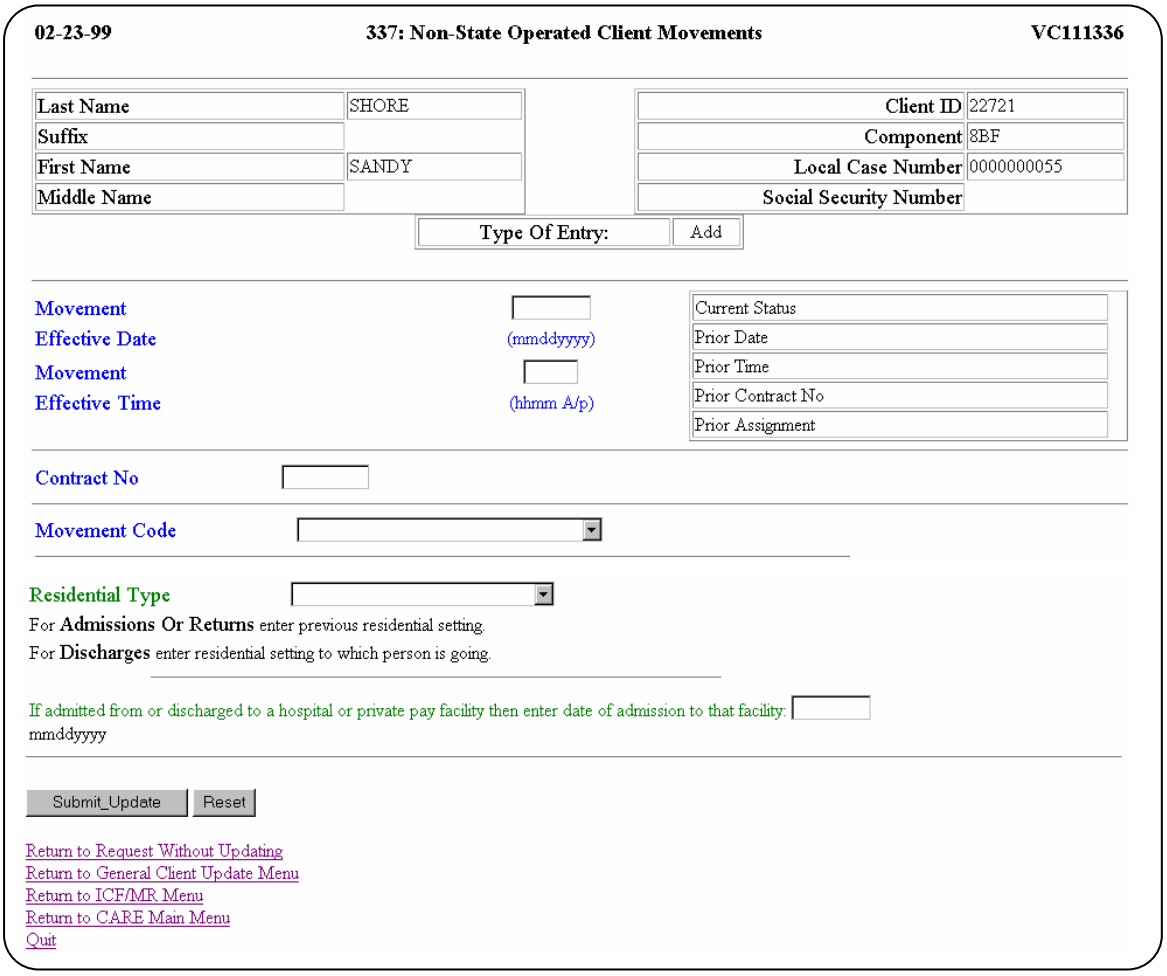
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 337: Non-State Operated Client Movements (Screen 2) is displayed.

Add Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the component code.
LOCAL CASE NUMBER	Displays the consumer's local case number.
SOCIAL SECURITY NUMBER	Displays the consumer's social security number if the consumer's record was requested by social security number.
MOVEMENT EFFECTIVE DATE	Key the movement effective date. MMDDYYYY format.
MOVEMENT EFFECTIVE TIME	Key the movement effective time. HHMM A/P format.
CONTRACT NO.	Key the contract number under which services are provided to this consumer.
MOVEMENT CODE	Key the movement code. ADM = Admission DRE = Discharge AEV = Absent-Extended Visit ASA = Absent-Special Activity: Therapeutic ATH = Absent-Therapeutic Visit AX = Absent-Other RET = Return from Absence Note: You can use the drop-down list to complete this field.

continued on next page

Screen Field Table, continued

Field	Description
RESIDENTIAL TYPE	For *admissions or returns from absence*, key the consumer's previous residential setting. For *discharges*, key the residential setting to which the consumer is going. 1 = Hospital 2 = Nursing Facility 3 = Non-state Operated Facility 4 = Medicare/SNF 5 = Home 6 = State Operated Facility 7 = Hospice 8 = Private Pay Facility 9 = Other/Unknown Note: You can use the drop-down list to complete this field.
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY	Key the date of admission if admitted from or discharged to a hospital or private pay facility. MMDDYYYY format.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 337: Non-State Operated Client Movements screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

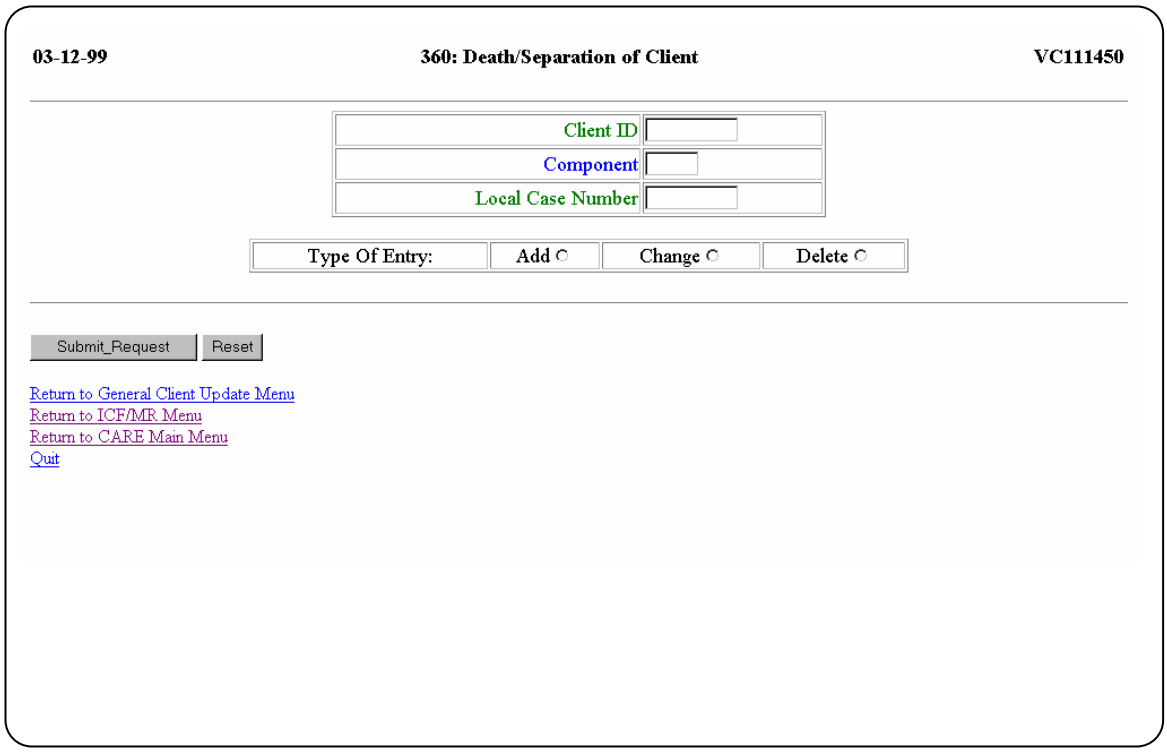
360: Death/Separation of Client

Introduction

The 360: Death/Separation of Client screens allows you to add, change, and delete client separations.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

Submit Request

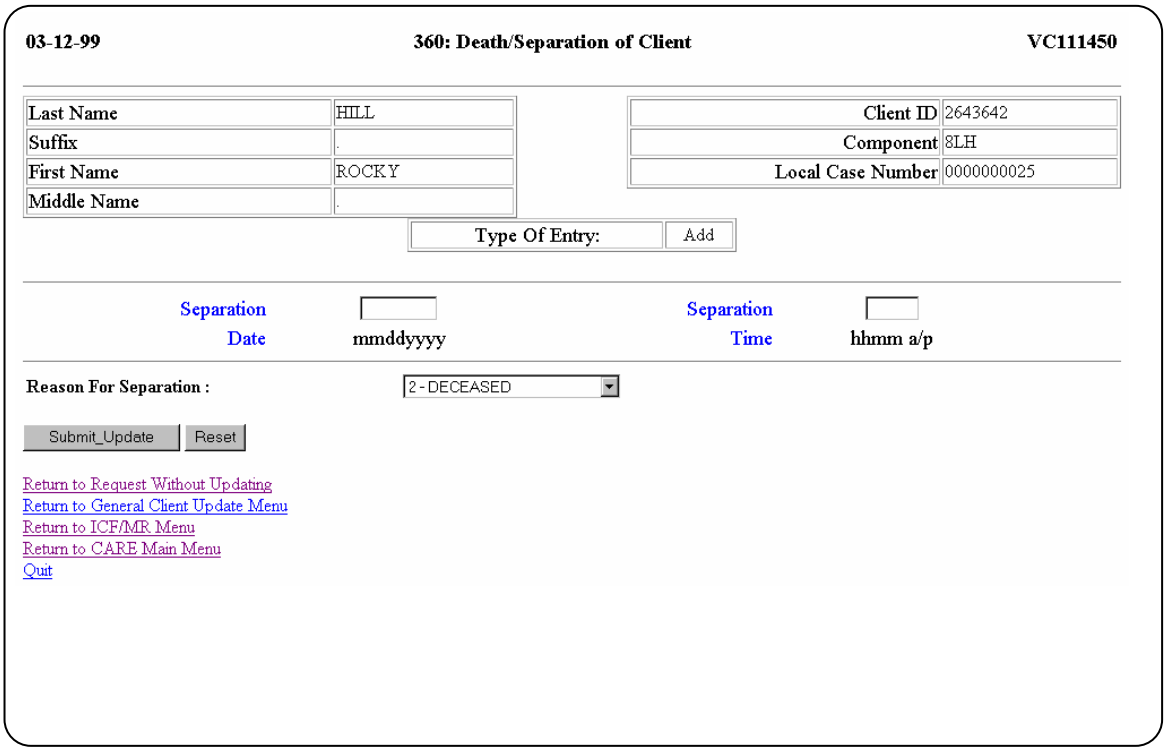
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 360: Death/Separation of Client (Screen 2) is displayed.

Add Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the component code.
LOCAL CASE NUMBER	Displays the consumer's local case number.
SEPARATION DATE	Key the date of separation. MMDDYYYY format.

continued on next page

Screen Field Table, continued

Field	Description
SEPARATION TIME	Key the time of separation. HHMM A/P format.
REASON FOR SEPARATION	Key the one-digit code to indicate the reason for separation. 1=Moved out of state, 2=Deceased. Note: 2 – DECEASED is the default for this field and is displayed. You can use the drop-down list to complete this field.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 360: Death/Separation of Client screen is displayed showing the data just entered and the message *"The Following Form Has Been Processed."* You can click **Return to Request** to return to the request screen.

1123: ICF MR/RC Assessment

Introduction

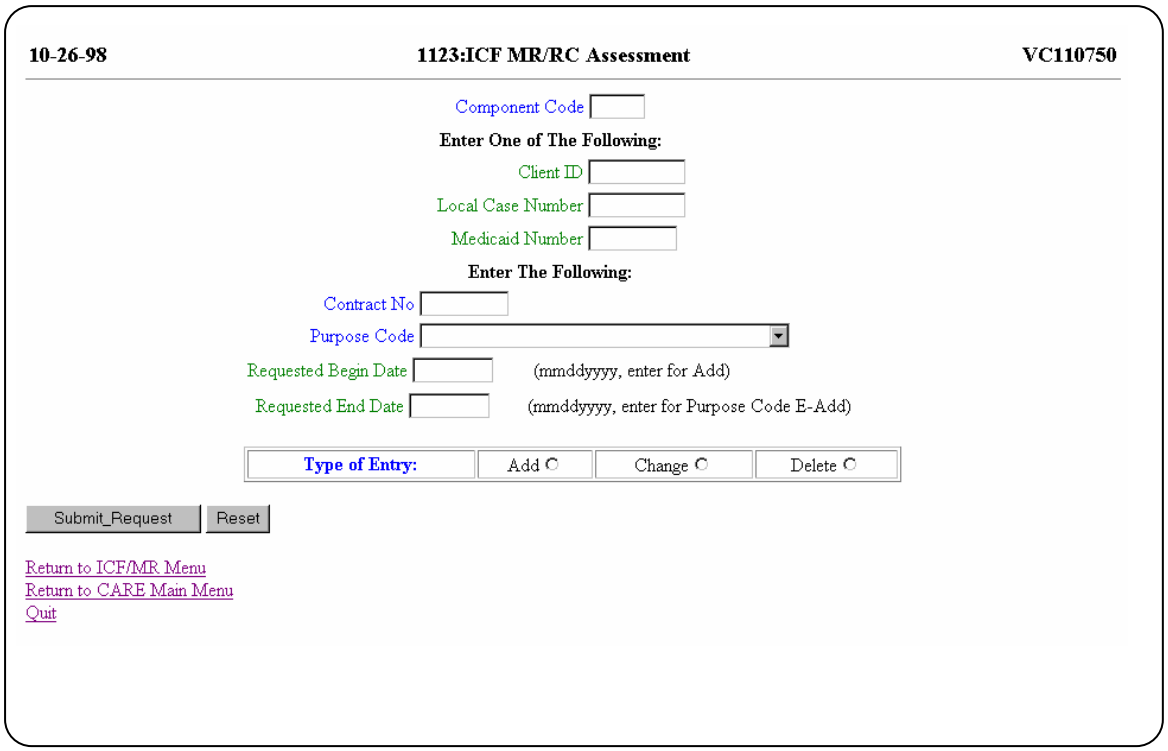
The 1123: ICF MR/RC Assessment screens allow you to add, change, or delete a consumer's MR/RC assessment information. The following pages display the **Add** screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.

MR/RC Assessment Instructions

Refer to the *MR/RC Assessment Instructions* in the Appendix for detailed instructions in completing these screens.

Request Screen

A sample screen is shown below.



Screen Field Table

The following table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You *must* enter the client ID, local case number, *or* Medicaid number.
CONTRACT NO	Key the contract number under which services are provided to the consumer.
PURPOSE CODE	Key the code to indicate the purpose of this assessment. 2 = No Current Assessment 3 = Continued Stay Assessment 4 = Change LON on Existing Assessment (requires supporting documentation to be forwarded to TDMHMR, UR/UC, Medicaid Administration, P.O. Box 12668, Austin, TX 78711) E = Gaps in Assessment Note: You can use the drop-down list to complete this field.
REQUESTED BEGIN DATE	Key the requested effective date of the LOC determination/LON assignment. Note: Enter REQUESTED BEGIN DATE *only* for Add.
REQUESTED END DATE	Key the requested end date of the LOC determination/ LON assignment. Note: Enter REQUESTED END DATE *only* to add a Purpose Code E.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

Submit Request

Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request. Purpose Code 2, Add is used in the sample screen in this documentation.

Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed.

Purpose Code 2 Add Screen

A sample screen is shown below and continued on the next page.

10-26-98 **1123:ICF MR/RC Assessment Purpose Code 2: Add** **VC110751**

1.Facility Provider 8BF CMS #1 2.Contract No 000077777
3.Mailing Address , ,
4.Name (Last/First/Middle) DEMOGUY, WINSTON ROCKWELL
5.Applicant's Address 2345 IST ST, AUSTIN TX, 78705
(Street or P.O.Box, City, State, Zip)
6.Component Code 8BF 7.Case No 813617
8.Medicaid No 9.HIC/Medicare No
10.Date of Birth 02-02-1933 11.SSN U
12.Date Completed (mmddyyyy) 13.Purpose Code 2
14.Date of Physical Examination (mmddyyyy) 15.Legal Status 16.Prev. Res. 17.Rec.LOC 18.Rec.LON

Diagnosis

19.Primary Diagnosis 20.Code 21.Version Code 9
22.Onset (mmyyyy)
23.Current Medical Diagnosis 24.Code 25.Version Code 9
26.Psychiatric Diagnosis 27.Code 28.Version Code 4

Cognitive Functioning 29.IQ 30.ABL

ICAP Data

31.Broad Independence 32.General Maladaptive 33.ICAP Service Level

Behavior Status

34.Behavior Program 35.Self-injurious Behavior 36.SeriousDisruptiveBehavior
37.Aggressive Behavior 38.Sexually Aggressive Behavior

Nursing

39.Service Provider 40.Frequency Code

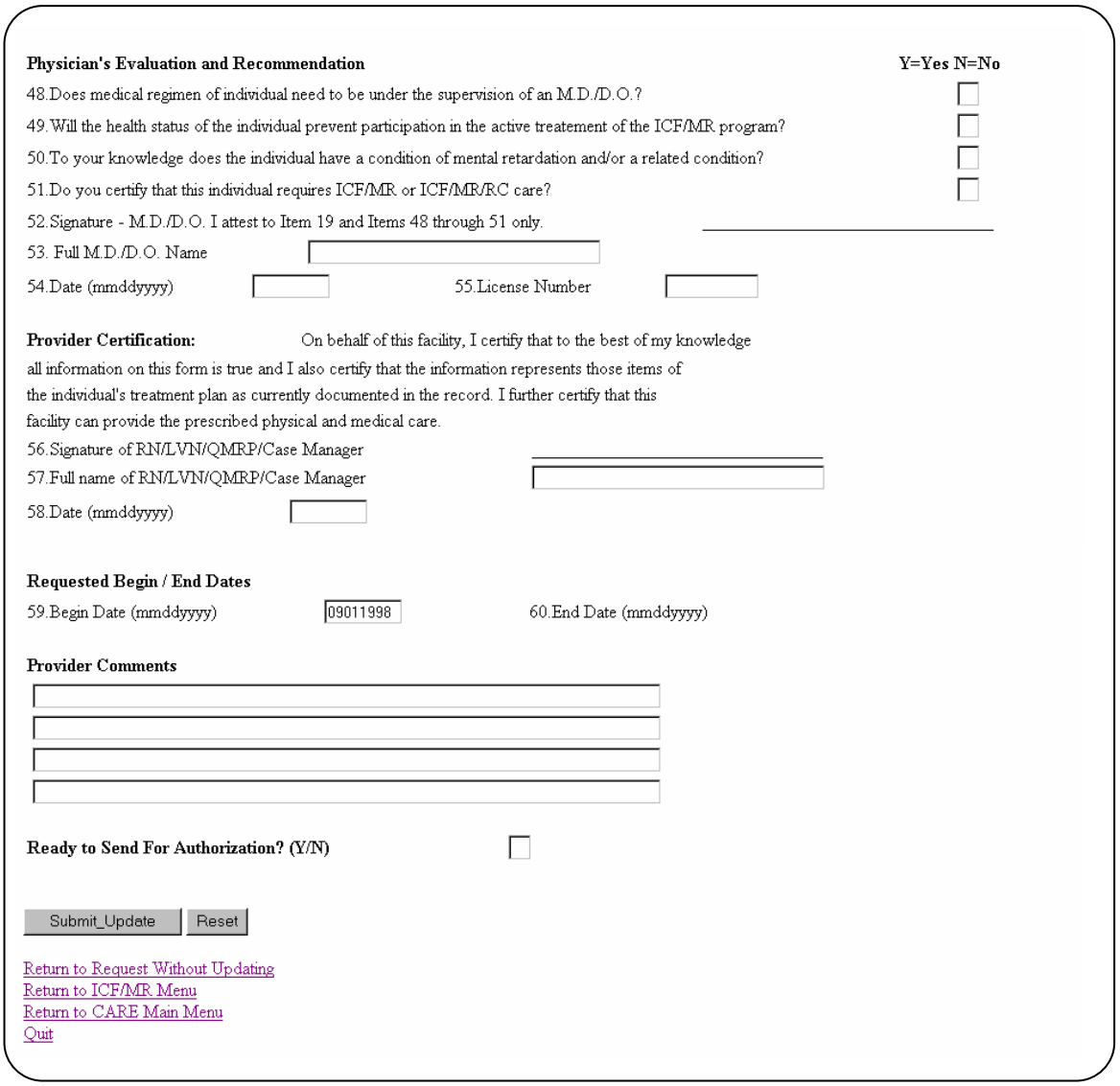
Day Services

Non-Vocational Setting:
41.Service 42.Frequency Code 43.Funding Code
Vocational Setting:
44.Service 45.Frequency Code 46.Funding Code

Functional Assessment 47.Ambulation

continued on next page

Purpose Code 2 Add Screen, continued



Physician's Evaluation and Recommendation Y=Yes N=No

48.Does medical regimen of individual need to be under the supervision of an M.D./D.O.?

49.Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?

50.To your knowledge does the individual have a condition of mental retardation and/or a related condition?

51.Do you certify that this individual requires ICF/MR or ICF/MR/RC care?

52.Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only.

53. Full M.D./D.O. Name

54.Date (mmddyyyy) 55.License Number

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents those items of the individual's treatment plan as currently documented in the record. I further certify that this facility can provide the prescribed physical and medical care.

56.Signature of RN/LVN/QMRP/Case Manager

57.Full name of RN/LVN/QMRP/Case Manager

58.Date (mmddyyyy)

Requested Begin / End Dates

59.Begin Date (mmddyyyy) 09011998 60.End Date (mmddyyyy)

Provider Comments

Ready to Send For Authorization? (Y/N)

Submit_Update Reset

Return to Request Without Updating
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Ready to Send for Authorization?

Key **Y** (Yes) or **N** (No) in the READY TO SEND FOR AUTHORIZATION? field to indicate whether or not you are ready to send the MR/RC Assessment to Utilization Review (UR) at Central Office.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

Registration/Demographics Update

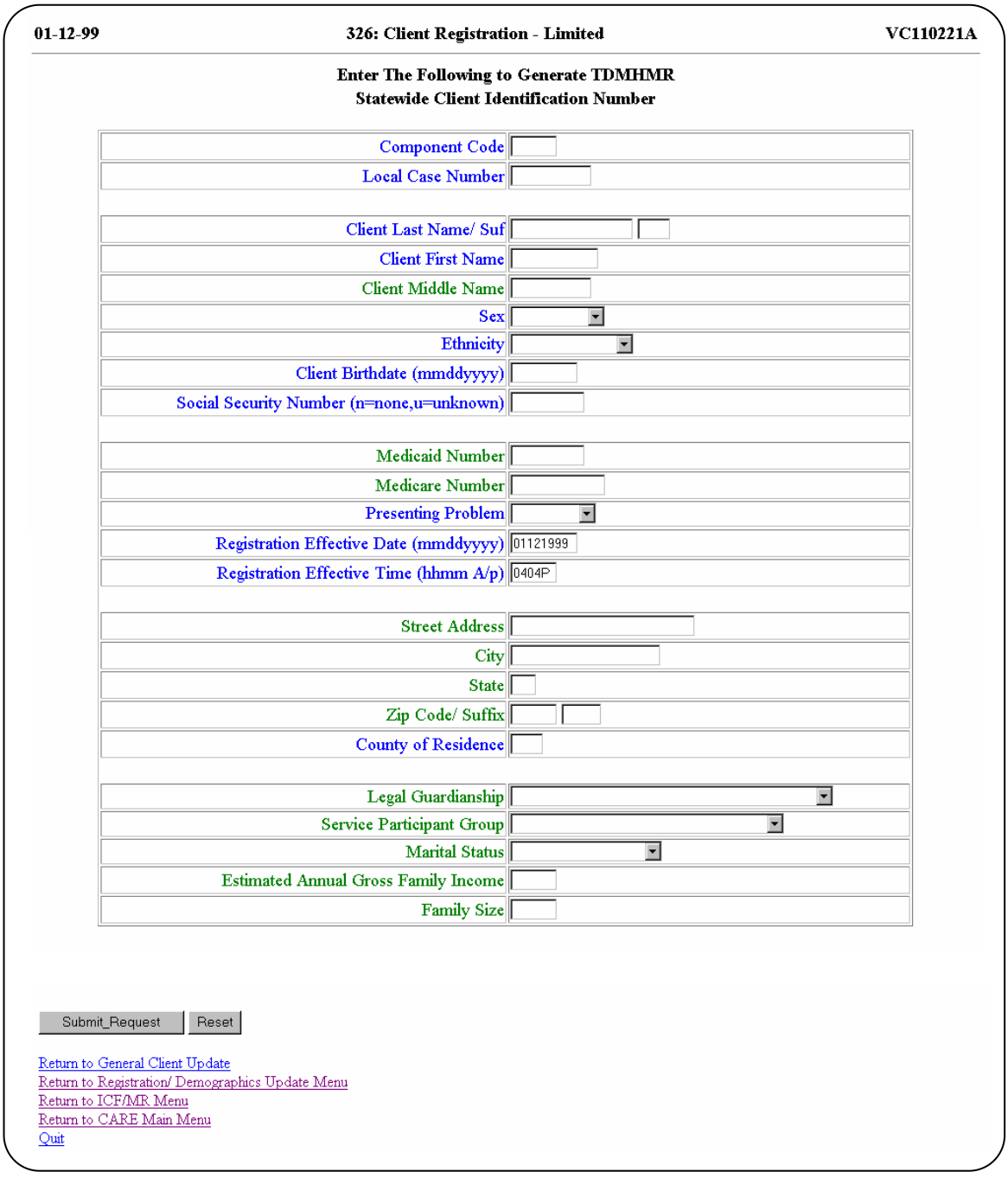
326: Client Registration – Limited

Introduction

The 326: Client Registration – Limited screen is used to register consumers in CARE and to generate a statewide client ID.

Registration Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Your component code is displayed.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
CLIENT LAST NAME/SUF	Key the consumer's last name/last name suffix.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT MIDDLE NAME	Key the consumer's middle name.
SEX	Key the consumer's sex. (M=Male, F=Female) Note: You can use the drop-down list to complete this field.
ETHNICITY	Key the consumer's ethnicity. Note: You can use the drop-down list to complete this field.
CLIENT BIRTHDATE	Key the consumer's birthdate. MMDDYYYY format.
SOCIAL SECURITY NUMBER	Key the consumer's social security number, if known, or key **N** (None) or **U** (Unknown).
MEDICAID NUMBER	Key the consumer's Medicaid number.
MEDICARE NUMBER	Key the consumer's Medicare number.
PRESENTING PROBLEM	Key the one-digit code to indicate the consumer's presenting problem. Note: You can use the drop-down list to complete this field.
REGISTRATION EFFECTIVE DATE	Displays the registration effective date. This date can be changed to a prior date.
REGISTRATION EFFECTIVE TIME	Displays the registration effective time. This time can be changed to a prior time of day.
STREET ADDRESS	Key the consumer's street address.
CITY	Key the consumer's city of residence.
STATE	Key the consumer's state of residence.
ZIP CODE/SUFFIX	Key the zip code/zip code suffix for the consumer's address.
COUNTY OF RESIDENCE	Key the consumer's county of residence.

continued on next page

Screen Field Table, continued

Field	Description
LEGAL GUARDIANSHIP	Key the number that represents the consumer's legal guardianship status. Note: You can use the drop-down list to complete this field.
SERVICE PARTICIPANT GROUP	Key the consumer's service participant group. Note: You can use the drop-down list to complete this field.
MARITAL STATUS	Key the number that represents the consumer's marital status. Note: You can use the drop-down list to complete this field.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the total annual gross income of all family members living with the consumer, rounded to the nearest thousand. Do not enter commas or decimal points.
FAMILY SIZE	Key the number of persons supported on the consumer's estimated annual gross family income including: • the number of parents living in the household, • the number of dependent children, • the consumer, and • any other persons dependent on the family for support.

Record Submission

When all the information has been completed, click **Submit Request** to submit your request.

Result: The 326: Client Registration – Limited screen is displayed showing the data just entered as shown on the next page.

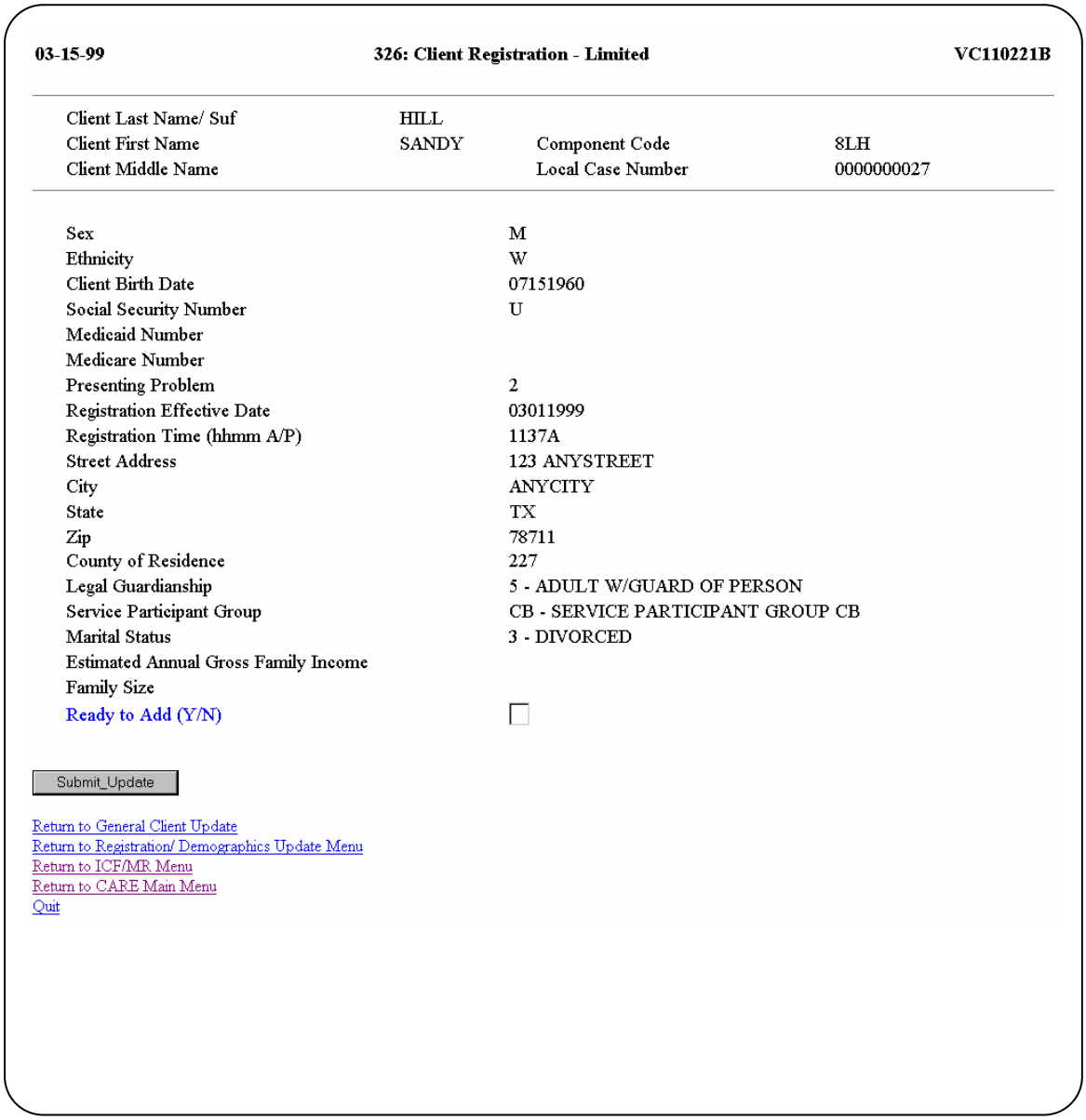
Messages

If a message indicating a possible match is displayed, you must call TDMHMR Medicaid Administration at (512) 206-5577 and select the option for ICF/MR. Then select option **6** for assistance with completion of registration.

If a message to check demographics is displayed, use Action Codes 410, 413, 420, 430, and 431 to verify demographics.

Sample Screen

A sample screen displaying the data just entered is shown below.



03-15-99 **326: Client Registration - Limited** **VC110221B**

Client Last Name/ Suf	HILL		
Client First Name	SANDY	Component Code	8LH
Client Middle Name		Local Case Number	0000000027

Sex	M
Ethnicity	W
Client Birth Date	07151960
Social Security Number	U
Medicaid Number	
Medicare Number	
Presenting Problem	2
Registration Effective Date	03011999
Registration Time (hhmm A/P)	1137A
Street Address	123 ANYSTREET
City	ANYCITY
State	TX
Zip	78711
County of Residence	227
Legal Guardianship	5 - ADULT W/GUARD OF PERSON
Service Participant Group	CB - SERVICE PARTICIPANT GROUP CB
Marital Status	3 - DIVORCED
Estimated Annual Gross Family Income	
Family Size	
Ready to Add (Y/N)	☐

Submit_Update

Return to General Client Update
Return to Registration/ Demographics Update Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Ready to Add

On this sample screen:

- Key **Y** (Yes) in the READY TO ADD field.
- Click **Submit Update**

Result: The 326: Client Registration – Limited screen is displayed with the messages *"New ID is _____."* And *"Previous Information Added."* The consumer has been registered in CARE.

410: Add Case to ID/Demographic Update

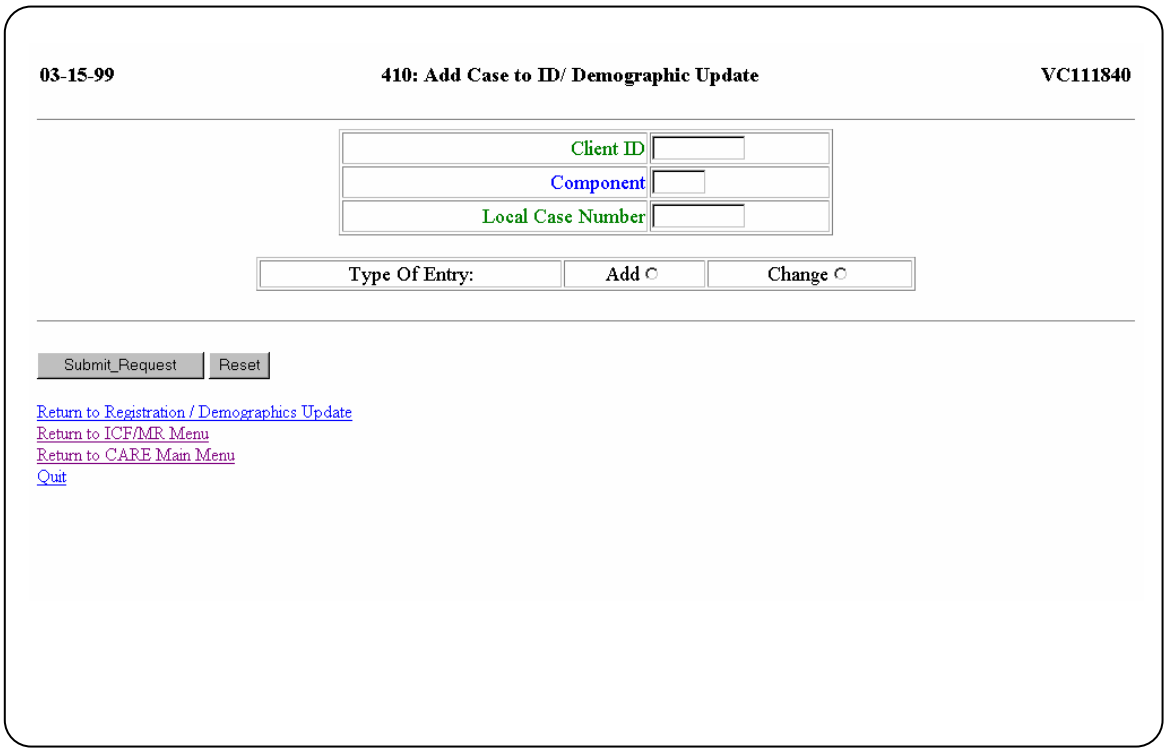
Introduction

The 410: Add Case to ID/Demographic Update screen allows you to update a record by adding a Local Case Number to an ID and/or updating demographics on a client.

Use add to add a case number for your component. Use change to update general demographics information, such as birthdate, social security number, etc.

Request Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter Client ID if no Local Case Number exists at your component.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either Client ID ***or*** Local Case Number for changes to demographics.
TYPE OF ENTRY	Click the **Add** or **Change** radio button to indicate the type of entry.

Submit Request

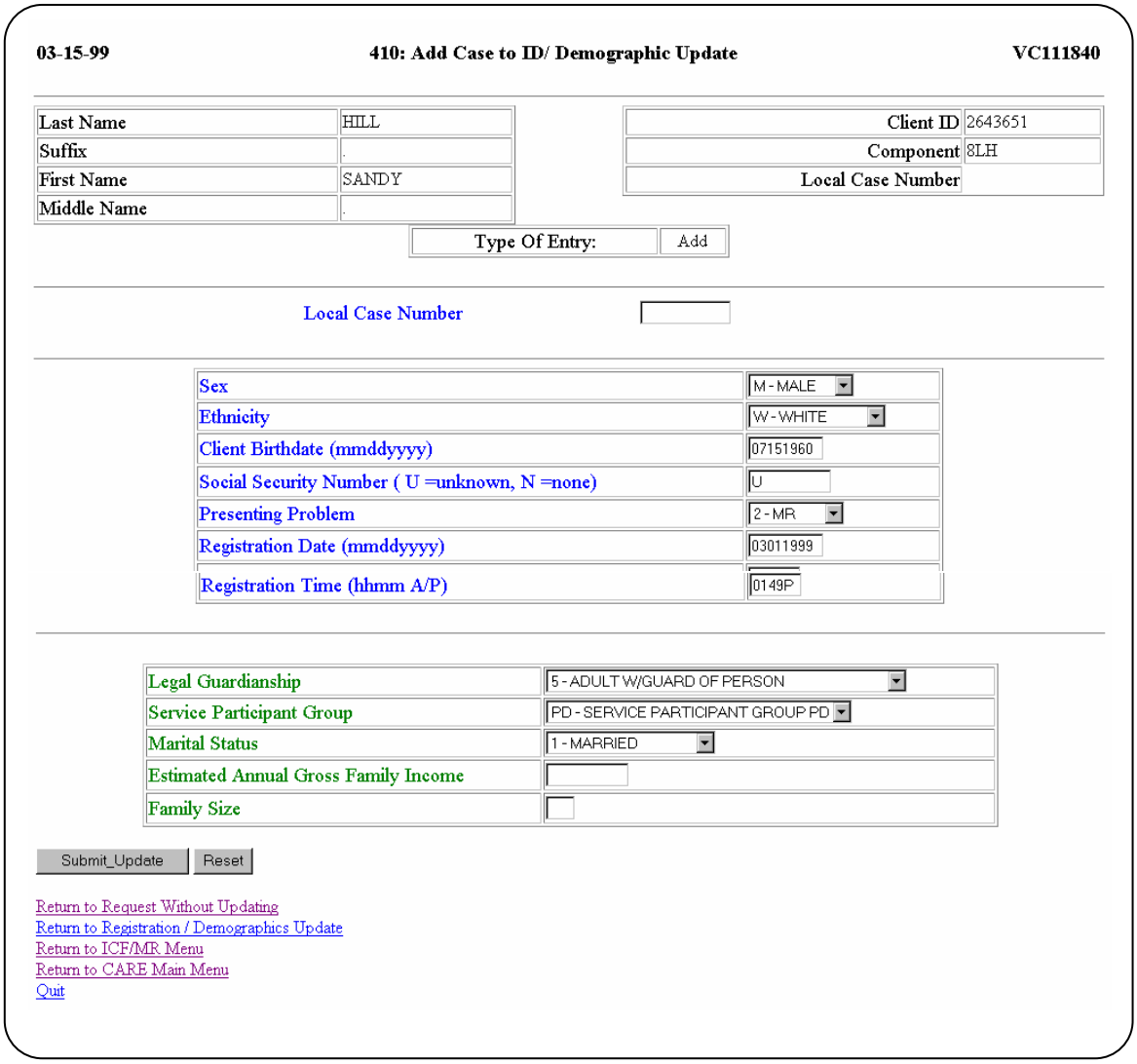
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 410: Add Case to ID/Demographic Update screen is displayed.

Update Screen

A sample screen is shown below.



03-15-99 **410: Add Case to ID/ Demographic Update** **VC111840**

Last Name	HILL
Suffix	
First Name	SANDY
Middle Name	

Client ID	2643651
Component	8LH
Local Case Number	

Type Of Entry: Add

Local Case Number

Sex	M - MALE
Ethnicity	W - WHITE
Client Birthdate (mmddyyyy)	07151960
Social Security Number (U =unknown, N =none)	U
Presenting Problem	2 - MR
Registration Date (mmddyyyy)	03011999
Registration Time (hhmm A/P)	0149P

Legal Guardianship	5 - ADULT W/GUARD OF PERSON
Service Participant Group	PD - SERVICE PARTICIPANT GROUP PD
Marital Status	1 - MARRIED
Estimated Annual Gross Family Income	
Family Size	

Submit_Update Reset

Return to Request Without Updating
Return to Registration / Demographics Update
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Note: You can use the drop-down list to complete the following fields: SEX, ETHNICITY, PRESENTING PROBLEM, LEGAL GUARDIANSHIP, SERVICE PARTICIPANT GROUP, and MARITAL STATUS.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays the component code.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
NOTE: SEX	*The following fields are/may be displayed but can be changed.* Key the consumer's sex.
ETHNICITY	Key the consumer's ethnicity.
CLIENT BIRTHDATE	Key the consumer's date of birth.
PRESENTING PROBLEM	Key the consumer's presenting problem.
REGISTRATION DATE	Key the effective date of the consumer's registration.
REGISTRATION TIME	Key the effective time of the consumer's registration.
LEGAL GUARDIANSHIP	Key the code for the consumer's legal guardianship.
SERVICE PARTICIPANT GROUP	Key the code for the consumer's service participant group.
MARITAL STATUS	Key the consumer's marital status.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the consumer's estimated annual gross family income.
FAMILY SIZE	Key the consumer's family size.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 410: Add Case to ID/Demographic Update screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen

413: Medicaid/Medicare Number Update

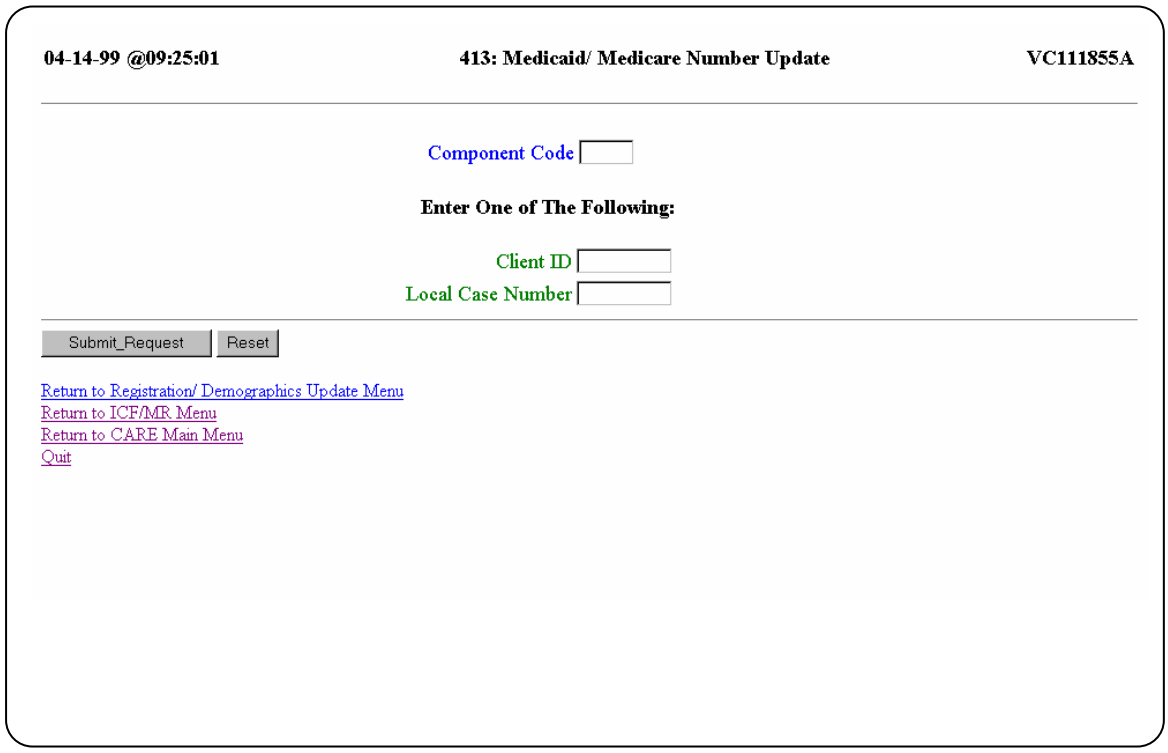
Introduction

The 413: Medicaid/Medicare Number Update screen allows you to enter a consumer's Medicaid number and/or Medicare number.

Note: Entering the Medicaid number on this screen will not update Action Code 1165 until a Medicaid number match is performed once a week on Monday evening.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID ***or*** local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID ***or*** local case number.

Submit Request

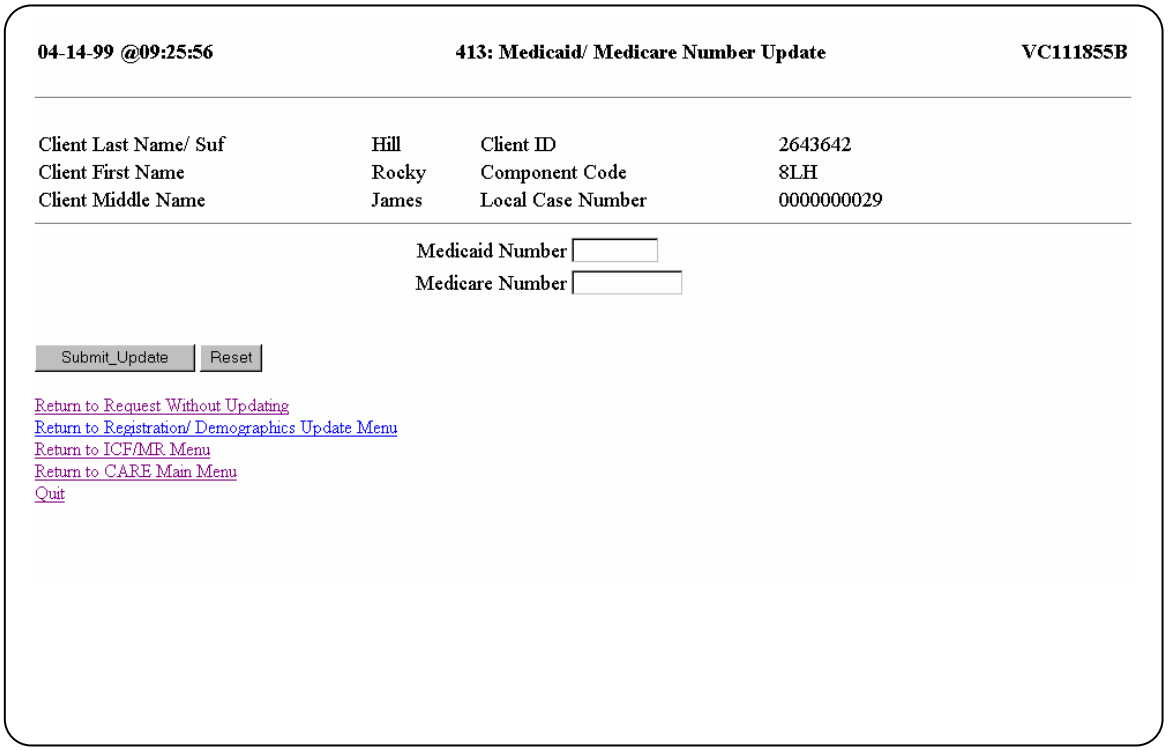
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 413: Medicaid/Medicare Number Update screen is displayed.

Update Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME/SUF	Displays the consumer's last name/last name suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
MEDICAID NUMBER	Key the consumer's Medicaid number.
MEDICARE NUMBER	Key the consumer's Medicare number.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 413: Medicaid/Medicare Number Update screen is displayed with the message *"Previous Information Changed.*

420: Client Name Update Request

Introduction

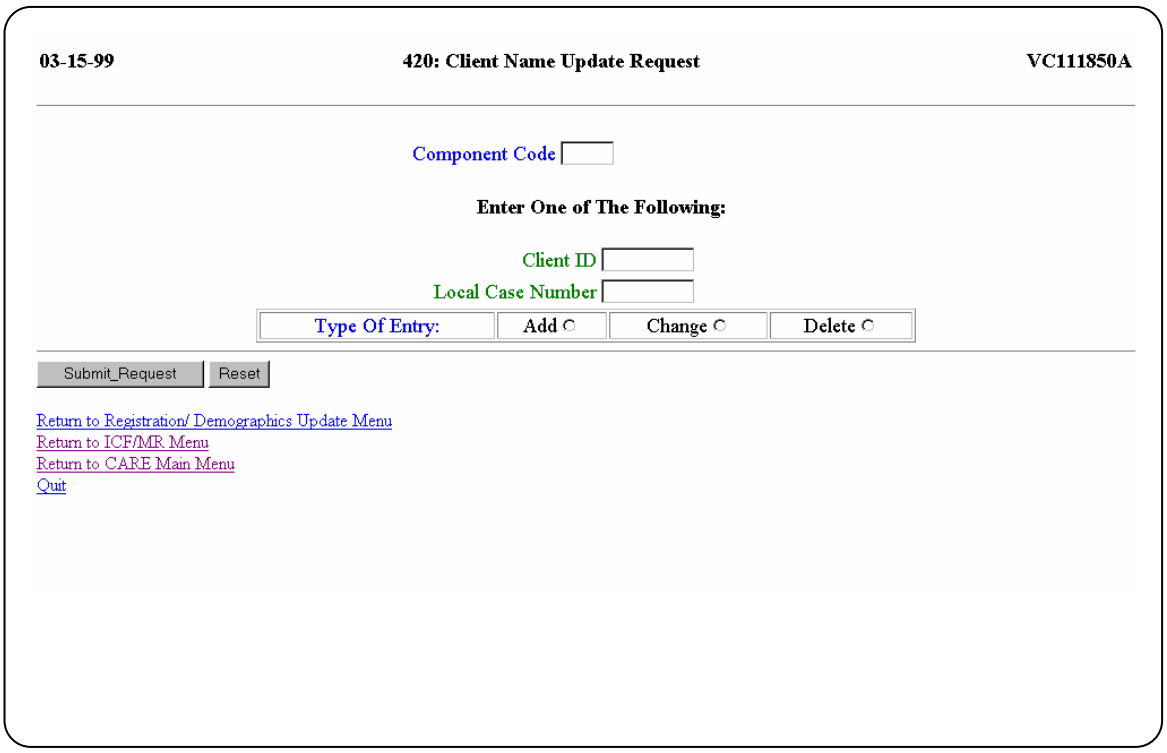
The 420: Client Name Update Request screen allows you to update a client's name record.

Important: The name entered in CARE must match the name on the client's Medicaid card for billing to take place.

If a client's name changes, *add* a new name to retain the name history. If either name matches the name on the Medicaid card, billing will not be impacted.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID ***or*** local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID ***or*** local case number.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

Submit Request

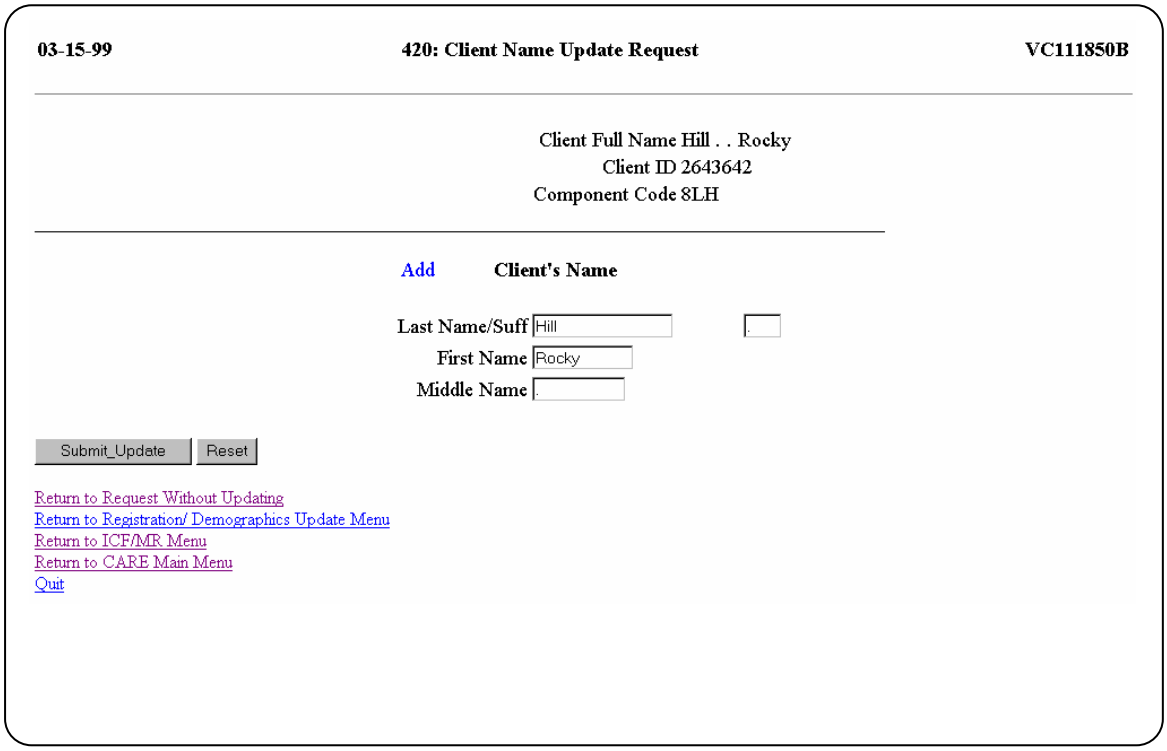
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 420: Client Name Update Request screen is displayed.

Update Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT FULL NAME	Displays the consumer's full name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LAST NAME/SUFF	Key the consumer's last name/suffix.
FIRST NAME	Key the consumer's first name.
MIDDLE NAME	Key the consumer's middle name.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 420: Client Name Update Request screen is displayed with the message *"Previous Information Added"*.

430: Client Address Update

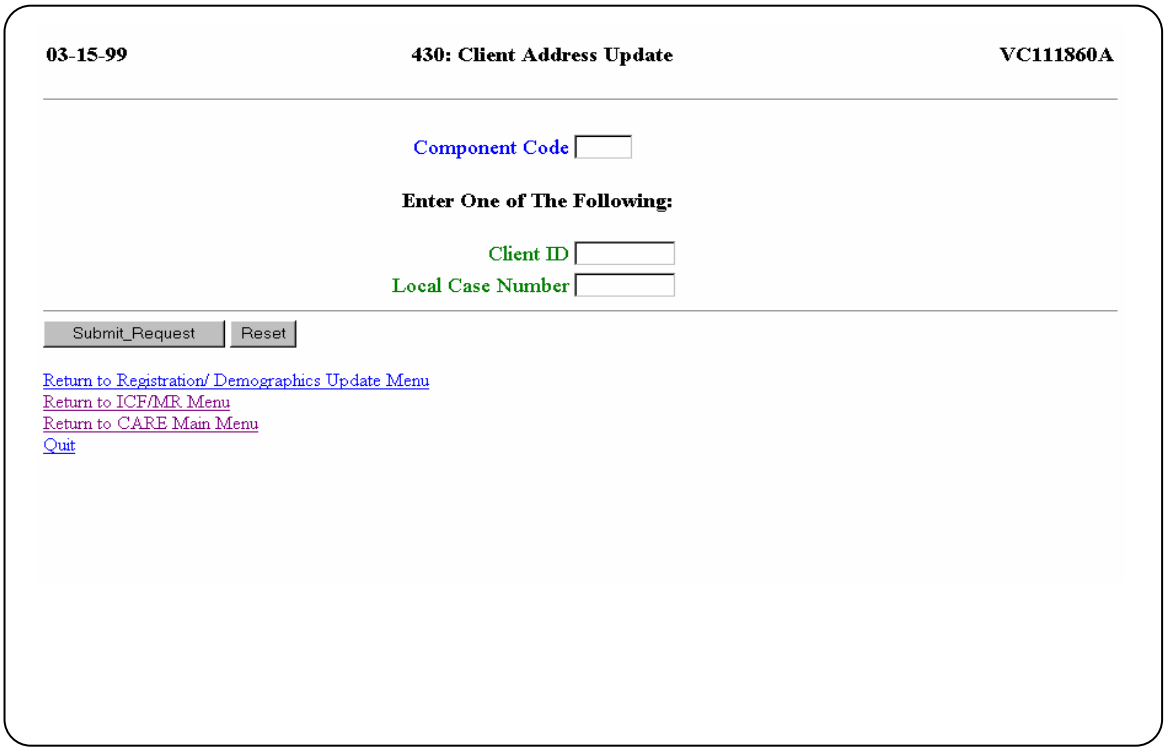
Introduction

The 430: Client Address Update screen allows you to update a client's address record.

Note: The address record should reflect the client's current ICF/MR living situation.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID ***or*** local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID ***or*** local case number.

Submit Request

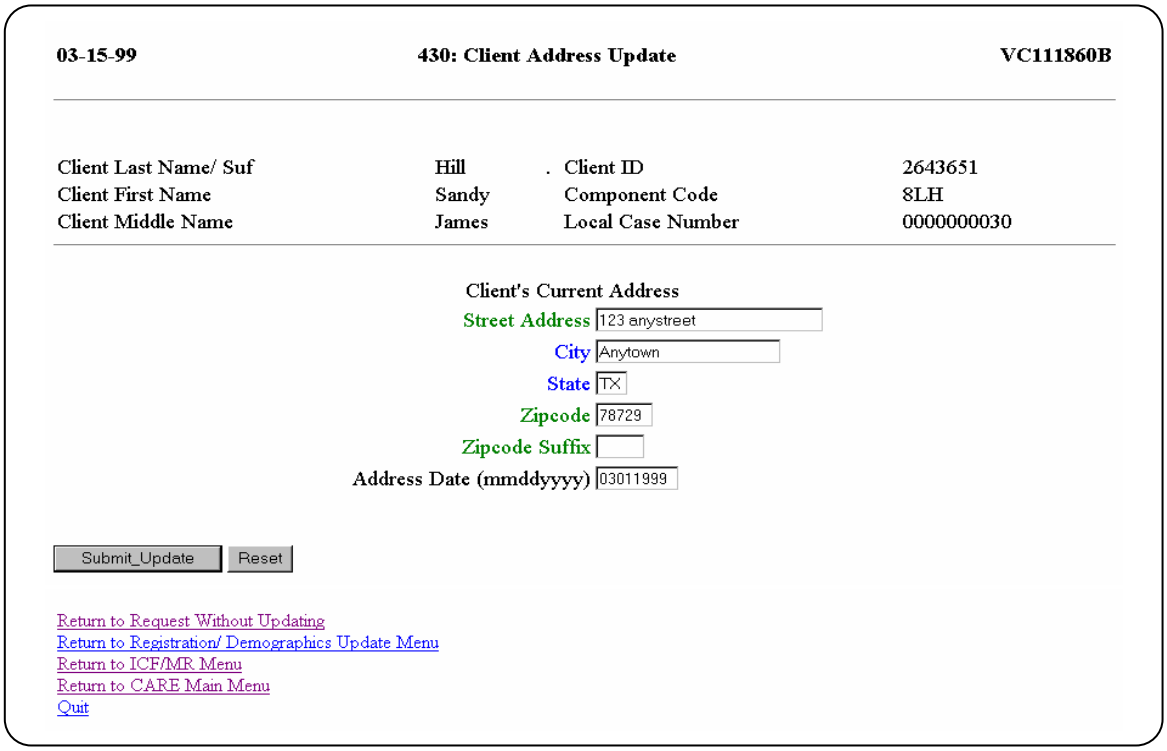
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 430: Client Address Update screen is displayed.

Update Screen

A sample screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME/SUF	Displays the consumer's last name/suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
CLIENT'S CURRENT ADDRESS STREET ADDRESS	*Note: These fields are displayed but may be changed.* Key the consumer's current street address.
CITY	Key the consumer's current city of residence.
STATE	Key the consumer's current state of residence.
ZIP CODE	Key the consumer's current zip code.
ZIP CODE SUFFIX	Key the consumer's current zip code suffix.
ADDRESS DATE	Key the effective date of the consumer's address.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 430: Client Address Update screen is displayed with the message *"Previous Information Changed"*.

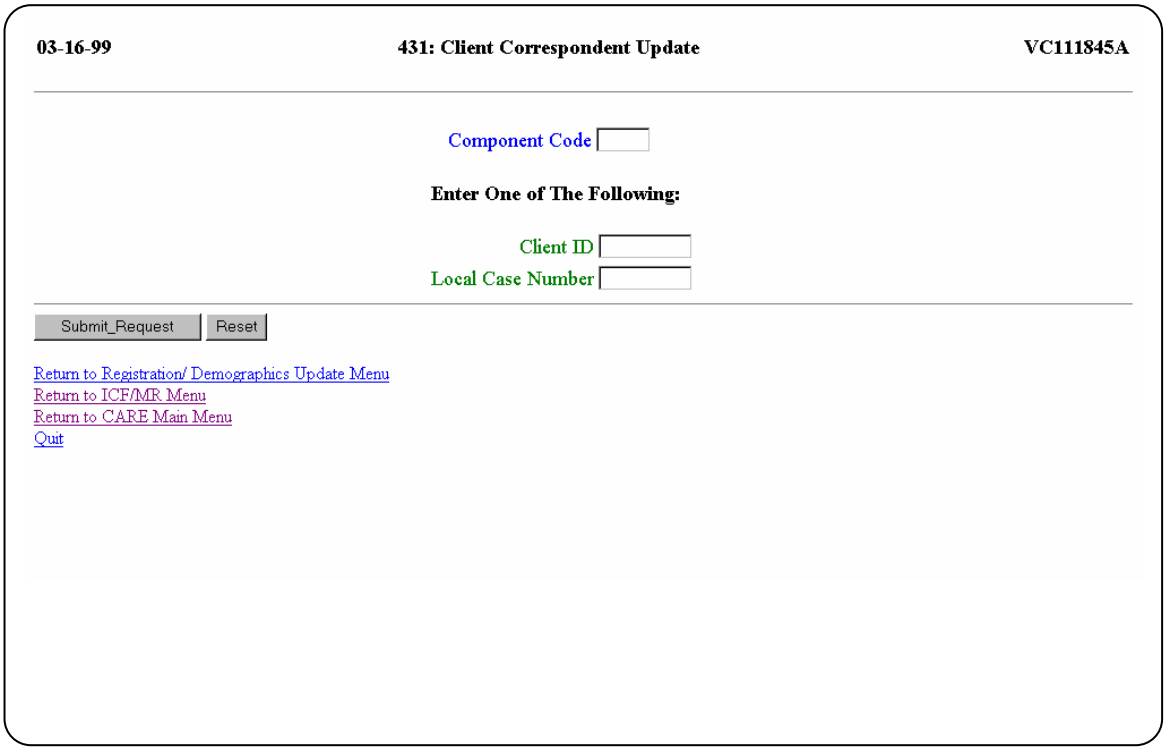
431: Client Correspondent Update

Introduction

The 431: Client Correspondent Update screen allows you to update a client's correspondent information.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID ***or*** local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID ***or*** local case number.

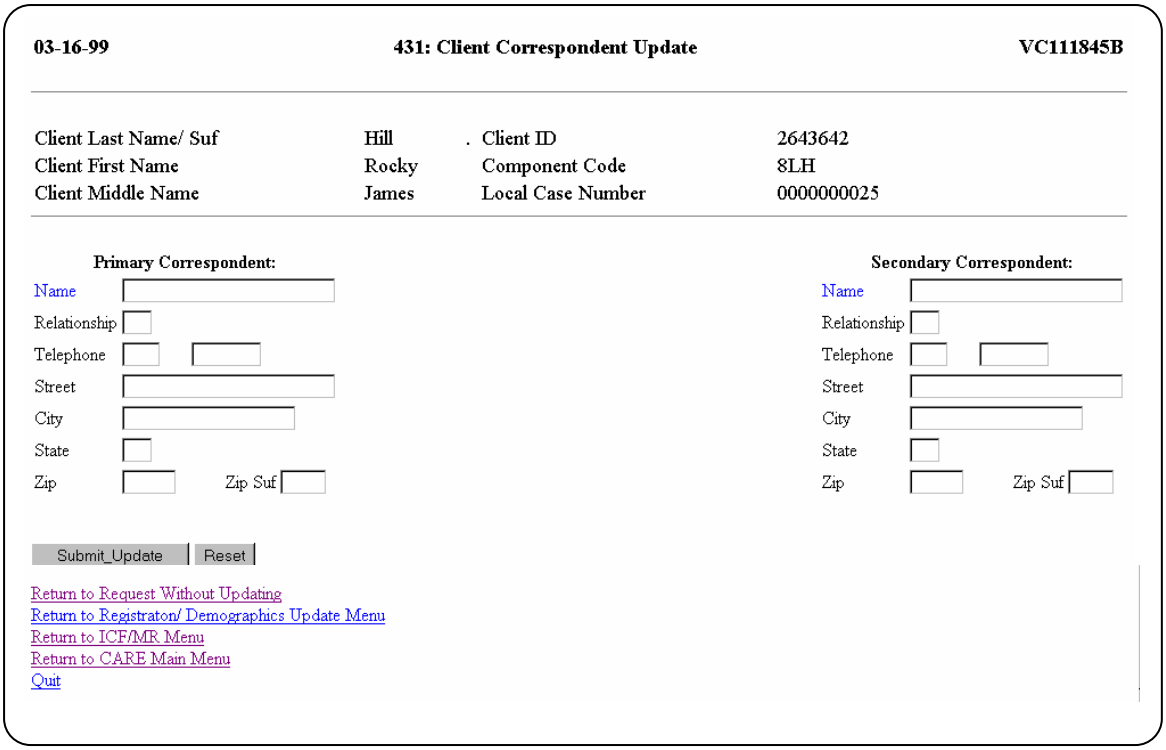
Submit Request

Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 431: Client Correspondent Update screen is displayed.

Update Screen A sample screen is shown below.



Screen Field Table The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME/SUF	Displays the consumer's last name/suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
PRIMARY CORRESPONDENT NAME	Key the name of the first person to contact on behalf of the consumer in case of an emergency.

continued on next page

Screen Field Table, continued

Field	Description
RELATIONSHIP	Key the relationship of the primary correspondent to the consumer. 01 = Parent 02 = Child 03 = Spouse/Posslq 04 = Sibling 05 = Grandparent 06 = Step-child 07 = Step-parent 08 = Step-sibling 09 = Child-in-law 10 = Sibling-in-law 11 = Foster Parent 12 = Aunt/uncle 13 = Niece/nephew 14 = Cousin 15 = Guardian 16 = Trustee 17 = Executor 18 = Attorney 19 = Legal representative 20 = Sponsor 21 = Friend 22 = Parent-in-law 23 = Other relation 24 = This component 25 = Case manager 26 = Unknown 27 = Self
TELEPHONE	Key the primary correspondent's telephone number.
STREET	Key the primary correspondent's street address.
CITY	Key the primary correspondent's city of residence.
STATE	Key the primary correspondent's state of residence.
ZIP	Key the primary correspondent's zip code.
ZIP SUF	Key the primary correspondent's zip code suffix (if available).
SECONDARY CORRESPONDENT NAME	Key the name of the second person to contact on behalf of the consumer in case of an emergency if the Primary Correspondent cannot be reached.
RELATIONSHIP	Key the relationship of the secondary correspondent to the consumer.
TELEPHONE	Key the secondary correspondent's telephone number.
STREET	Key the secondary correspondent's street address.
CITY	Key the secondary correspondent's city of residence.
STATE	Key the secondary correspondent's state of residence.
ZIP	Key the secondary correspondent's zip code.
ZIP SUF	Key the secondary correspondent's zip code suffix.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 431: Client Correspondent Update request screen is displayed with the message *"Previous Information Changed"*.

Case Maintenance

395: Local Case Number: Delete

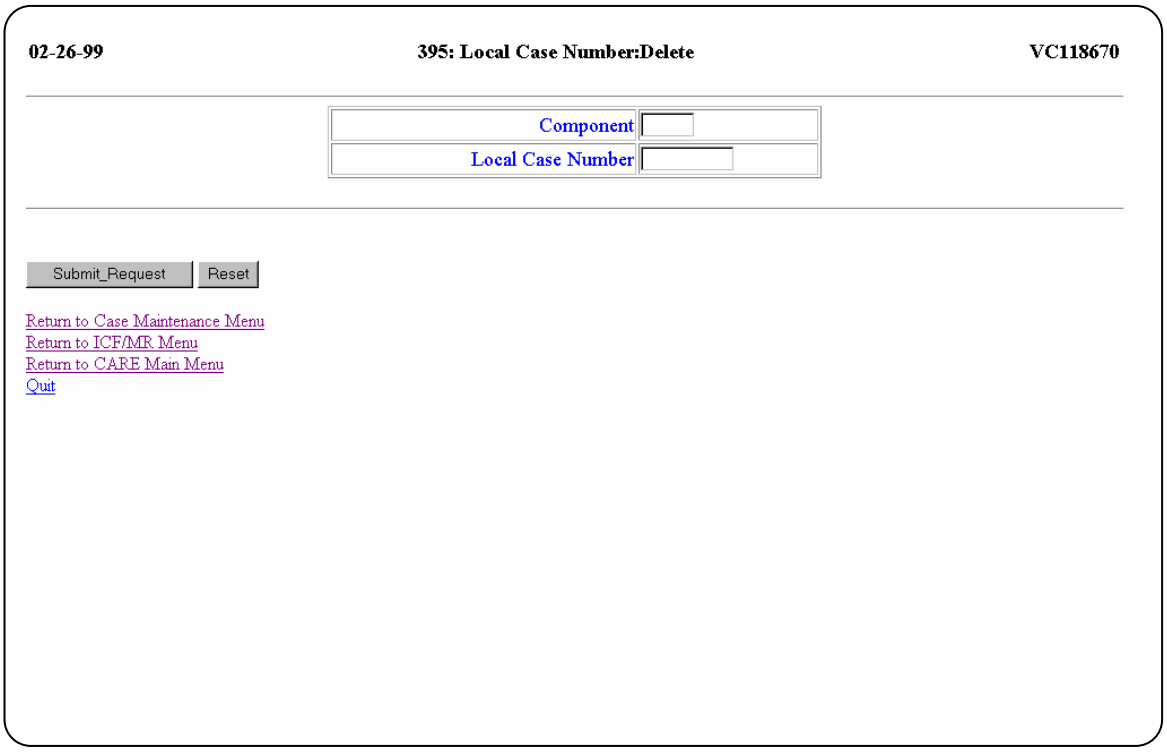
Introduction

The 395: Local Case Number: Delete screen allows you to delete a local case number.

Note: Use **caution** when deleting a case number. If done in error, movement and demographic records may have to be rebuilt for the consumer whose case number was deleted.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number you want to delete.

Submit Request

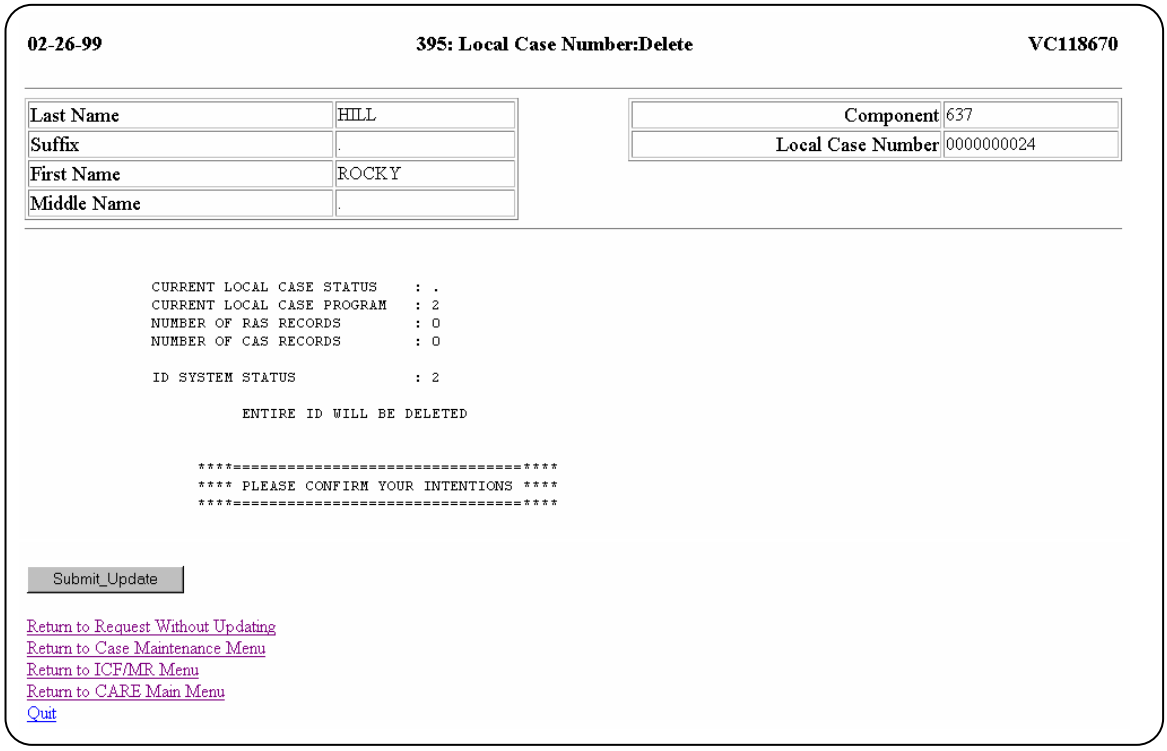
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 395: Local Case Number: Delete screen is displayed.

Delete Screen

A sample screen is shown below.



02-26-99 **395: Local Case Number:Delete** **VC118670**

Last Name	HILL
Suffix	.
First Name	ROCKY
Middle Name	.

Component	637
Local Case Number	0000000024

```
CURRENT LOCAL CASE STATUS    : .
CURRENT LOCAL CASE PROGRAM   : 2
NUMBER OF RAS RECORDS        : 0
NUMBER OF CAS RECORDS        : 0

ID SYSTEM STATUS             : 2

          ENTIRE ID WILL BE DELETED


     ****================================****
     **** PLEASE CONFIRM YOUR INTENTIONS ****
     ****================================****
```

Submit_Update

Return to Request Without Updating
Return to Case Maintenance Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
COMPONENT	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
CURRENT LOCAL CASE STATUS	Displays consumer's case status.
CURRENT LOCAL CASE PROGRAM	Displays 1 (campus-based) or 2 (community-based program).
NUMBER OF RAS RECORDS	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 395: Local Case Number: Delete screen is displayed showing the data just entered and the message *"The Following Case Has Been Deleted"*.

396: Local Case Number: Change

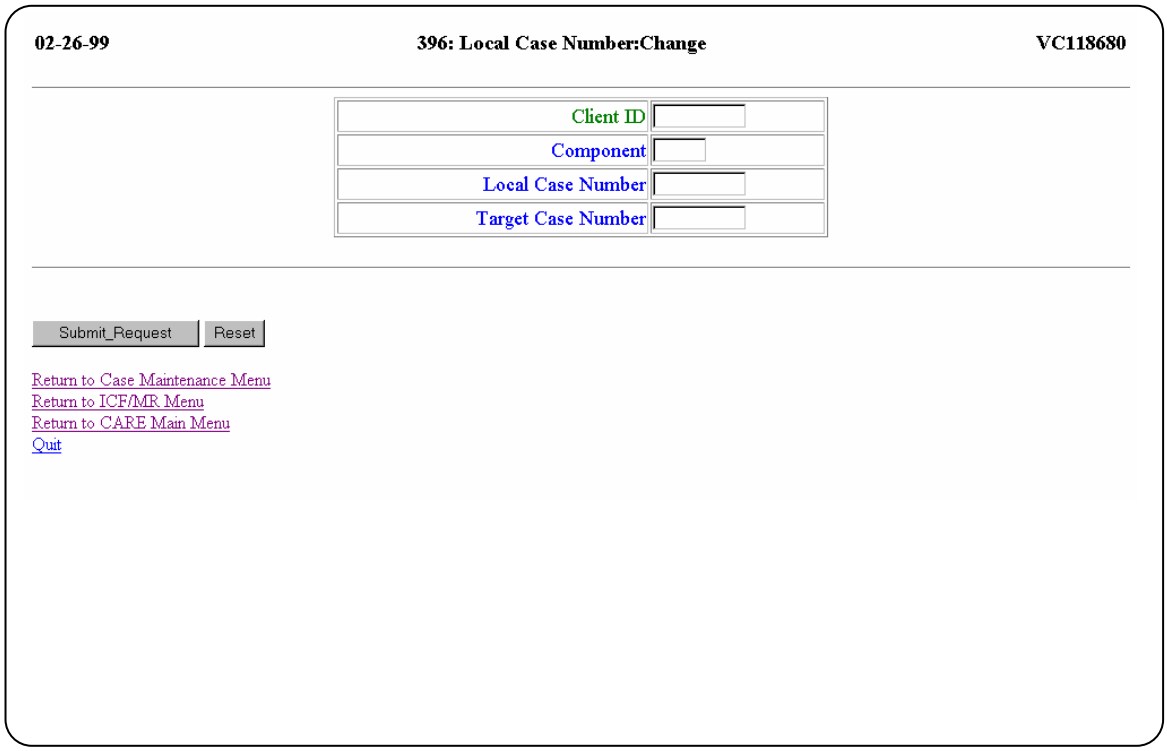
Introduction

Local case numbers identify consumers at your component only. The 396: Local Case Number: Change screen allows you to change a local case number.

Note: Converted case numbers can be changed to reflect your case number scheme, but use caution when changing local case numbers.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID ***or*** local case number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID ***or*** local case number.
TARGET CASE NUMBER	Key the new local case number.

Submit Request

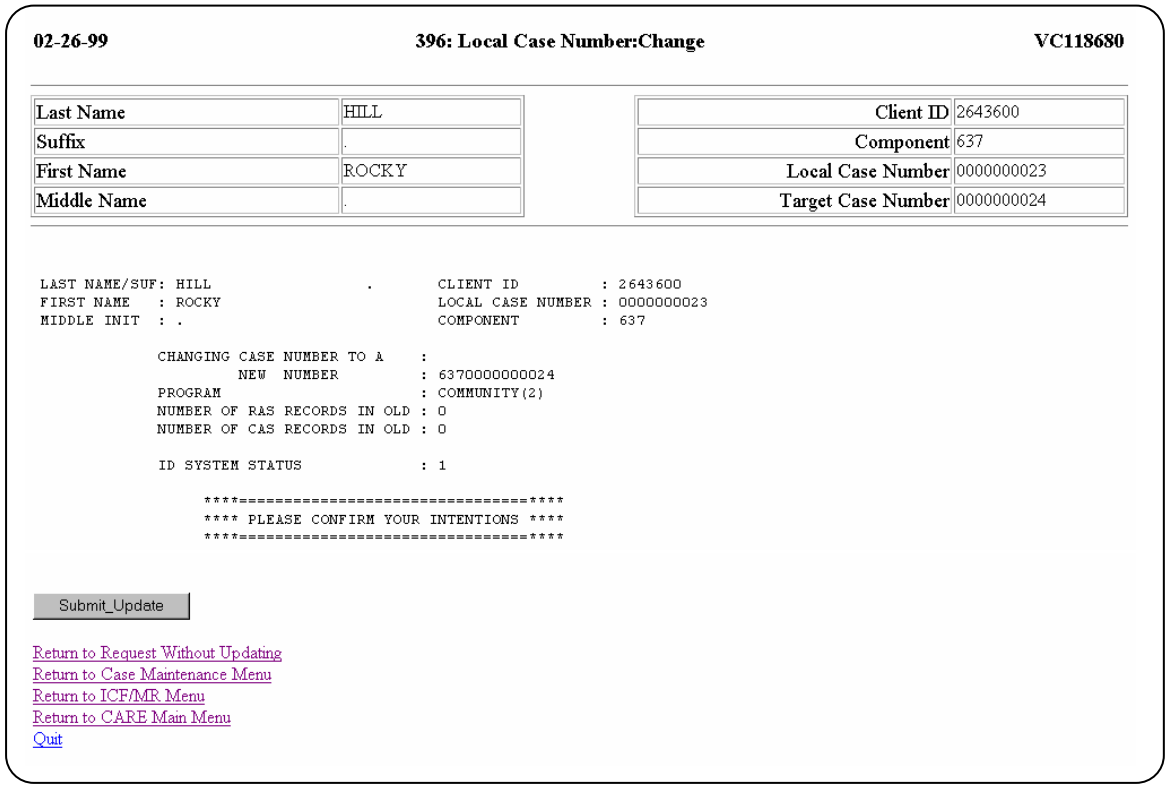
Before you click **Submit Request**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Request** to submit your request.

Result: The 396: Local Case Number: Change screen is displayed.

Change Screen

A sample screen is shown below.



02-26-99 **396: Local Case Number:Change** VC118680

Last Name	HILL
Suffix	.
First Name	ROCKY
Middle Name	.

Client ID	2643600
Component	637
Local Case Number	0000000023
Target Case Number	0000000024

```
LAST NAME/SUF: HILL                .       CLIENT ID         : 2643600
FIRST NAME   : ROCKY                       LOCAL CASE NUMBER : 0000000023
MIDDLE INIT  : .                           COMPONENT         : 637

             CHANGING CASE NUMBER TO A    :
                      NEW  NUMBER         : 6370000000024
             PROGRAM                      : COMMUNITY(2)
             NUMBER OF RAS RECORDS IN OLD : 0
             NUMBER OF CAS RECORDS IN OLD : 0

             ID SYSTEM STATUS             : 1

                  ****================================****
                  **** PLEASE CONFIRM YOUR INTENTIONS ****
                  ****================================****
```

Submit_Update

Return to Request Without Updating
Return to Case Maintenance Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.

continued on next page

Screen Field Table, continued

Field	Description
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
TARGET CASE NUMBER	Displays the new (target) local case number.
CURRENT LOCAL CASE STATUS	Displays consumer's case status.
PROGRAM	Displays 1 (campus-based) or 2 (community-based program).
NUMBER OF RAS RECORDS IN OLD	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS IN OLD	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

Submit Update

Click **Submit Update** to submit the update to the system.

Result: The 396: Local Case Number: Change screen is displayed showing the data just entered and the message *"The Following Case Has Been Changed"*.

ICF/MR Inquiry

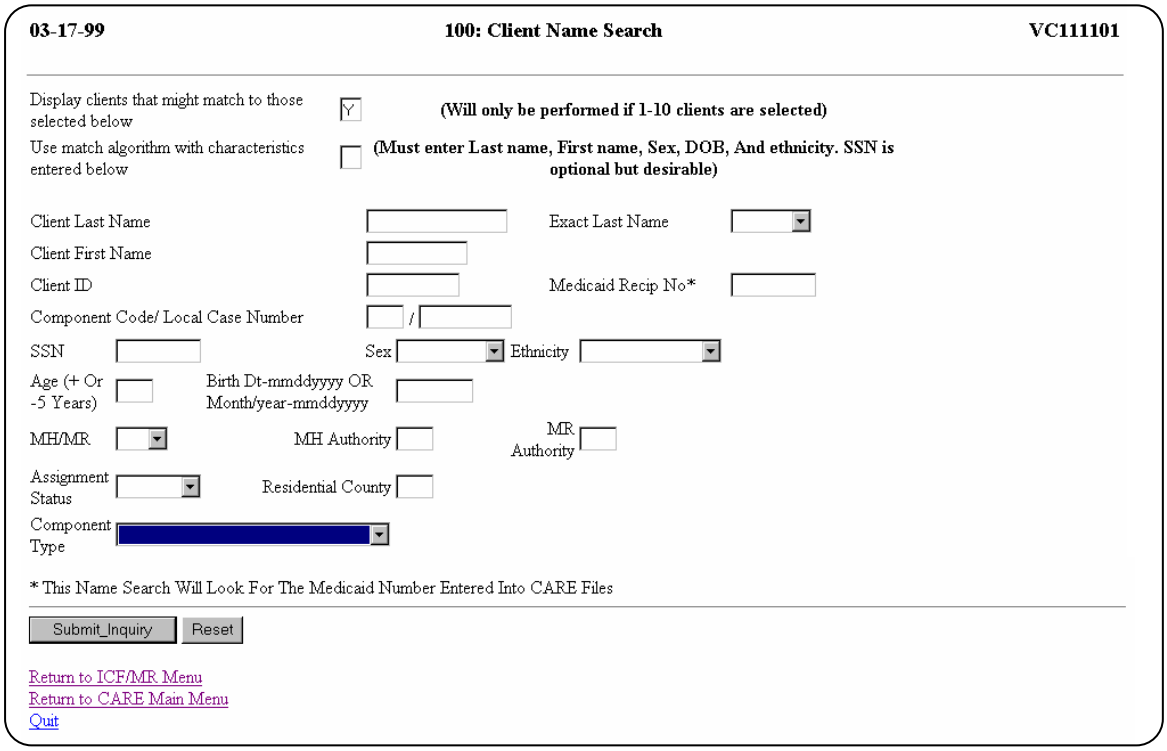
100: Client Name Search

Introduction

The Client Name Search function is used to attempt to determine whether a consumer has been previously registered in CARE and, if so, to review the consumer's demographic data and assignment history. Using the Client Name Search function as an ICF/MR provider will only display a listing of clients at your component.

Client Name Search Screen

A sample 100: Client Name Search screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
EXACT LAST NAME	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling. Note: You can use the drop-down list to complete this field.

continued on next page

Screen Field Table, continued

Field	Description
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT ID	Searching by Client ID will only yield results if the person is currently assigned to your component.
MEDICAID RECIP NO	Key the consumer's Medicaid Recipient Number. Note: This Name Search will look for the Medicaid number entered into CARE files for your component.
COMPONENT CODE/LOCAL CASE NUMBER	Key a component code/local case number to search for the consumer by component/local case number.
SSN	Key the consumer's social security number.
SEX	Key the consumer's sex (M=Male, F=Female) to limit your search. Note: You can use the drop-down list to complete this field.
ETHNICITY	Key the consumer's ethnicity. B = Black A = Asian H = Hispanic I = American Indian W = White O = Other Note: You can use the drop-down list to complete this field.
AGE (+ OR – 5 YEARS)	This field is not applicable for private providers.
BIRTH DT	Key the consumer's birth date.
MH/MR	Key **MR** to search for your MR consumers. Note: You can use the drop-down list to complete this field.
MH AUTHORITY	Key the code of the MH Authority for this consumer.
MR AUTHORITY	Key the code of the MR Authority for this consumer.
ASSIGNMENT STATUS	Key the consumer's assignment status.
RESIDENTIAL COUNTY	Key the consumer's county of residence.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = SOCS Note: You can use the drop-down list to complete this field.

Submit Inquiry

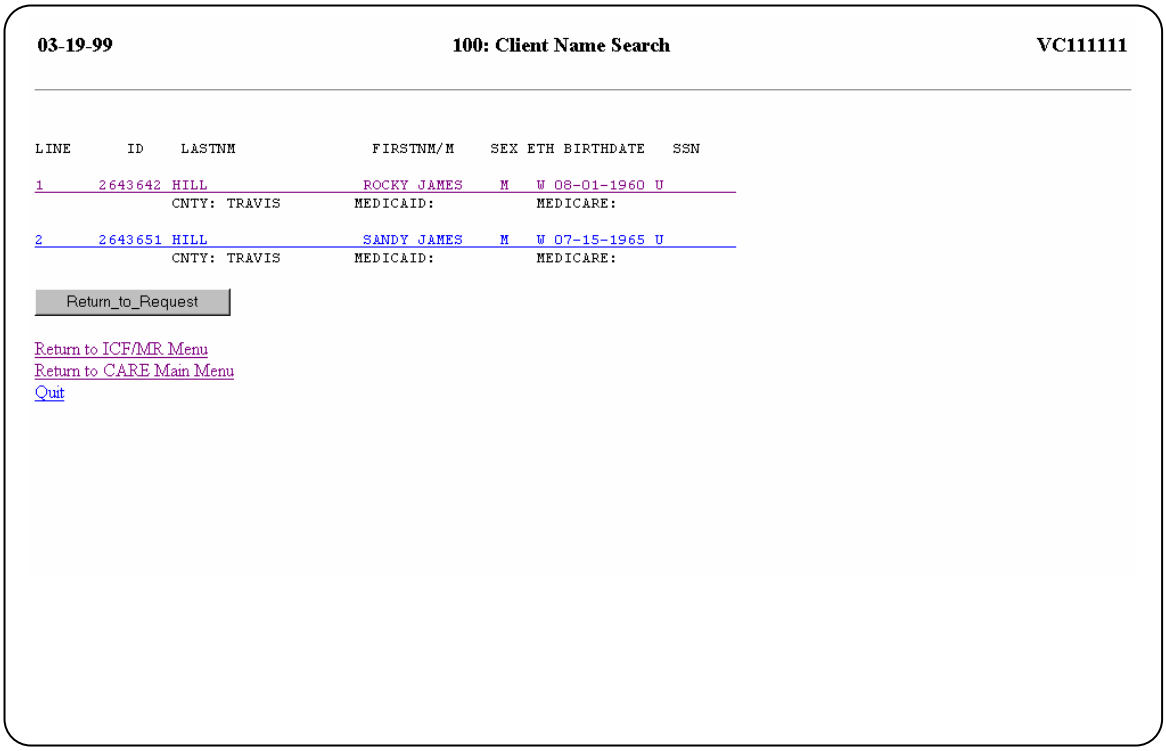
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 100: Client Name Search (Screen 2) is displayed.

Name Display Screen

The 100: Client Name Search (Screen 2) displays a list of all consumers who match the selection criteria you entered. A sample screen is shown below.

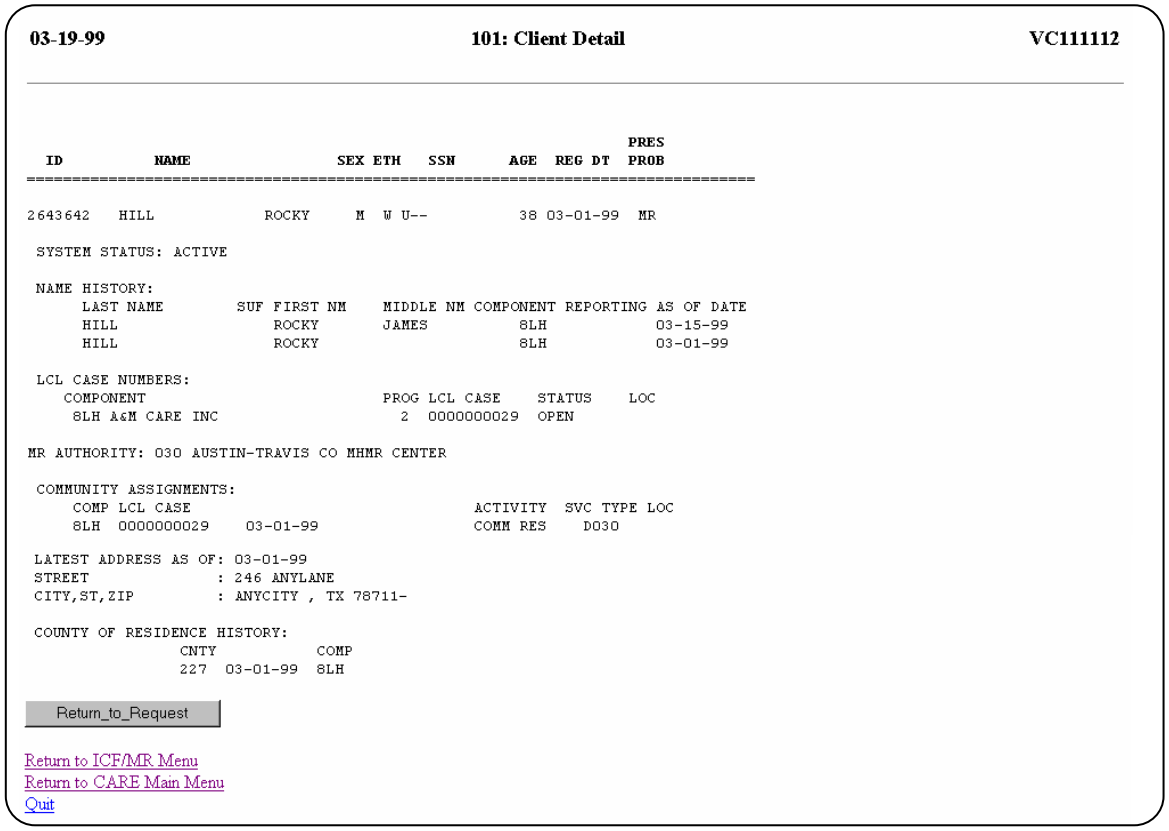


Client Detail Screen

The 101: Client Detail screen is provided to allow you to view a name history (if any), assignment history, latest address, county of residence history, and additional detail information on a specific consumer. The screen can be accessed from the 100: Client Name Search (Screen 2) shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

continued on next page

Client Detail Screen, continued



03-19-99 **101: Client Detail** **VC111112**

ID	NAME	SEX	ETH	SSN	AGE	REG DT	PRES PROB
2643642	HILL, ROCKY	M	W	U--	38	03-01-99	MR

SYSTEM STATUS: ACTIVE

NAME HISTORY:

LAST NAME	SUF	FIRST NM	MIDDLE NM	COMPONENT	REPORTING AS OF DATE
HILL		ROCKY	JAMES	8LH	03-15-99
HILL		ROCKY		8LH	03-01-99

LCL CASE NUMBERS:

COMPONENT	PROG	LCL CASE	STATUS	LOC
8LH A&M CARE INC	2	0000000029	OPEN	

MR AUTHORITY: 030 AUSTIN-TRAVIS CO MHMR CENTER

COMMUNITY ASSIGNMENTS:

COMP	LCL CASE		ACTIVITY	SVC TYPE	LOC
8LH	0000000029	03-01-99	COMM RES		D030

LATEST ADDRESS AS OF: 03-01-99
STREET : 246 ANYLANE
CITY,ST,ZIP : ANYCITY , TX 78711-

COUNTY OF RESIDENCE HISTORY:

CNTY		COMP
227	03-01-99	8LH

Return_to_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 101: Client Detail screen displays the following information: ID, Name, Sex, Ethnicity, SSN, Age, Registration Date, Presenting Problem, System Status, Name History, Local Case Numbers, MR Authority, Community Assignments, Latest Address As Of (date), Street, City, State, Zip, and County of Residence History.

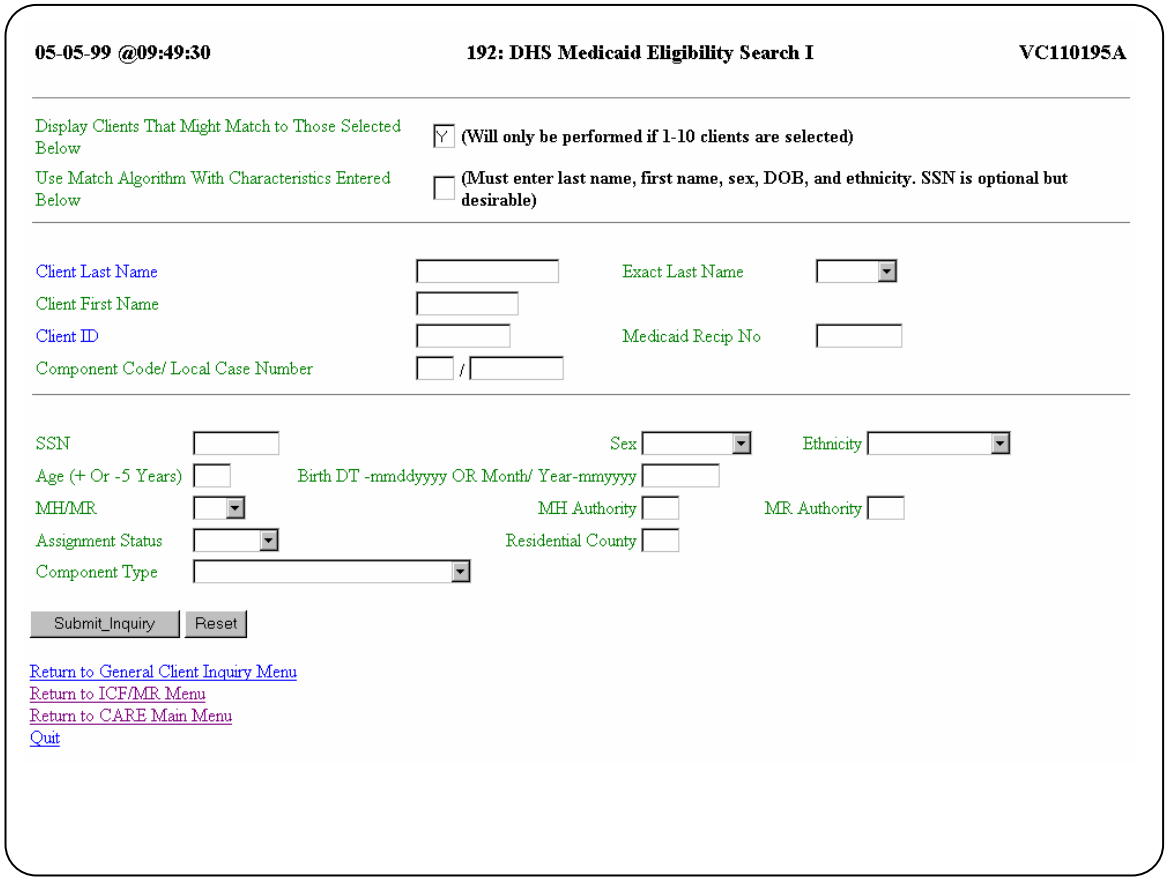
192: DHS Medicaid Eligibility Search I

Introduction

The 192: DHS Medicaid Eligibility Search I screens are used to display Medicaid eligibility detail. This function begins with a name search against CARE data and displays available Medicaid detail for those clients selected.

Request Screen

A sample request screen is shown below.



Search Options

The 192: DHS Medicaid Eligibility Search I screen provides two search options:

- Display Clients That Might Match to Those Selected Below
  The screen default is **Y** (Yes) to select this option.

- Use Match Algorithm With Characteristics Entered Below
  If you select this option, you must enter Client Last Name, Client First Name, Sex, Birth Date, and Ethnicity. SSN is optional but desirable.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT LAST NAME	Key the consumer's last name. Rule: You *must* enter either the Client Last Name or Client ID to narrow your search.
EXACT LAST NAME	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling. Note: You can use the drop-down list to complete this field as blank or Yes.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT ID	Key the consumer's statewide identification number. Note: Searching by Client ID will only yield results if the person is currently assigned to your component. Rule: You *must* enter either the Client Last Name or Client ID to narrow your search.
MEDICAID RECIP. NO.	Key the consumer's Medicaid Recipient Number. Note: This search will look for the Medicaid number entered into CARE files for your component.
COMPONENT CODE/LOCAL CASE NUMBER	Key a component code/local case number to search for the consumer by component/local case number.
SSN	Key the consumer's social security number.
SEX	Key the consumer's sex (M=Male, F=Female) to limit your search. Note: You can use the drop-down list to complete this field.
ETHNICITY	Key the consumer's ethnicity to limit your search. B = Black A = Asian H = Hispanic I = American Indian W = While O = Other Note: You can use the drop-down list to complete this field.
AGE (+ OR – 5 YEARS)	Key the consumer's age to limit your search.
BIRTH DT –MMDDYYYY OR MONTH/YEAR-MMYYYY	Key the consumer's birth date in MMDDYYYY *or* MMYYYY format.

continued on next page

Screen Field Table, continued

Field	Description
MH/MR	Key **MR** to search for your MR consumers. Note: You can use the drop-down list to complete this field.
MH AUTHORITY	Key the code for the Mental Health Authority. (optional)
MR AUTHORITY	Key the code for the Mental Retardation Authority. (optional)
ASSIGNMENT STATUS	Key the consumer's assignment status to limit your search. (Res, Absent, UD, Temptr, Disch, Commpl, Dead, Open, Closed) Note: You can use the drop-down list to complete this field.
RESIDENTIAL COUNTY	Key the consumer's county of residence to limit your search. Note: You can use the drop-down list to complete this field.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = State Operated Community Center P = Private Note: You can use the drop-down list to complete this field.

Submit Inquiry

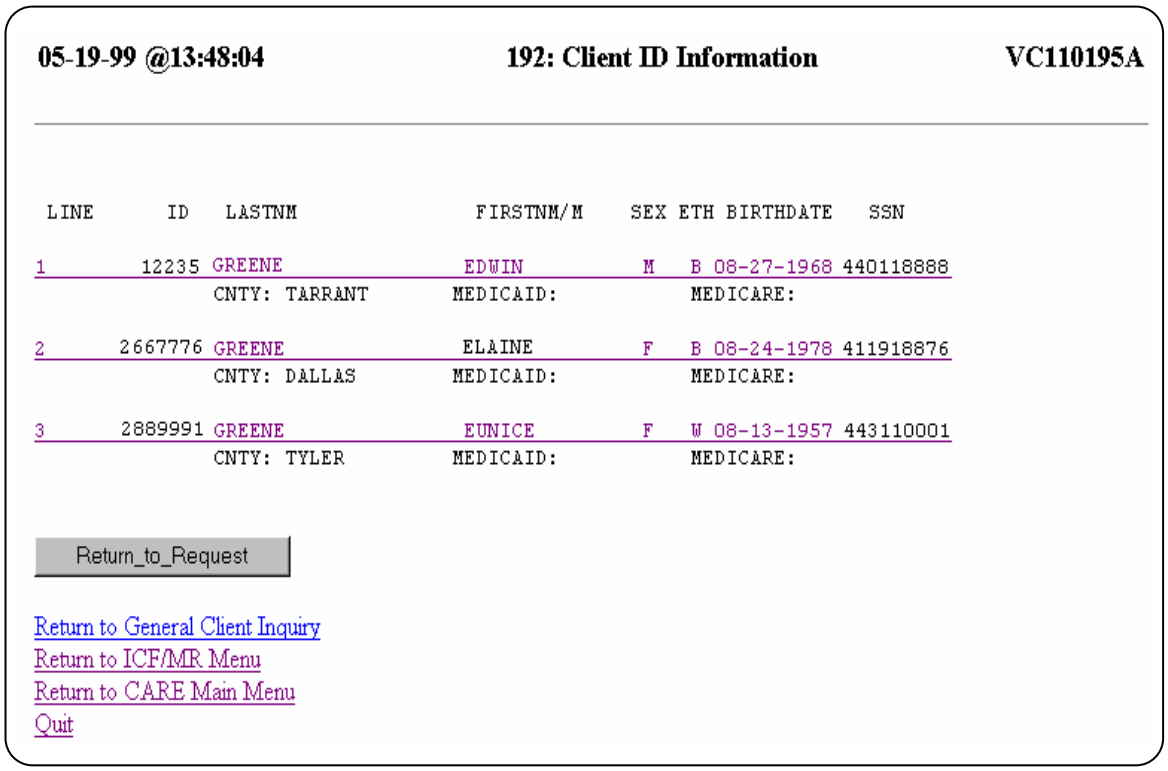
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 192: Client ID Information screen is displayed.

Client ID Information Screen

The 192: Client ID Information screen displays a list of all consumers who match the selection criteria you entered. A sample screen is shown below.



05-19-99 @13:48:04 **192: Client ID Information** **VC110195A**

LINE	ID	LASTNM	FIRSTNM/M	SEX	ETH	BIRTHDATE	SSN
1	12235	GREENE	EDWIN	M	B	08-27-1968	440118888
		CNTY: TARRANT	MEDICAID:			MEDICARE:	
2	2667776	GREENE	ELAINE	F	B	08-24-1978	411918876
		CNTY: DALLAS	MEDICAID:			MEDICARE:	
3	2889991	GREENE	EUNICE	F	W	08-13-1957	443110001
		CNTY: TYLER	MEDICAID:			MEDICARE:	

Return_to_Request

Return to General Client Inquiry
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Medicaid Eligibility Information Screen

The 192: DHS Medicaid Eligibility Information screen is provided to allow you to view Medicaid eligibility information, case information, and Medicare information on a specific consumer. The screen can be accessed from the 192: Client ID Information screen shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

continued on next page

Medicaid Eligibility Information Screen, continued

05-19-99 @14:13:02 **192: DHS Medicaid Eligibility Information** **VC110197**

```
------------------   CARE DEMOGRAPHICS   ---------------------------
LAST NAME, SUFFIX    : GREENE                SSN       : 440-11-8888
FIRST NAME,MIDDLE NM : EDWIN                 RECIP NO  :

CLIENT ID            : 12235                 SEX       : M
BIRTH DATE           : 08-27-1968            ETHNIC    : B
SYSTEM STATUS        : ACTIVE                PRES PROB : MR

NUMBER OF MATCHING RECIPIENTS FOUND: 1
------------------    DHS DEMOGRAPHICS    ------------------------
LAST NAME, SUFFIX    : GREENE                SSN       : 440-11-8888
FIRSTNM, MIDDLE      : EDWIN M             * RECIP NO  : 507064560
                                             SEX       : M
BIRTH DATE           : 08-27-1968          * ETHNIC    : O

MEDICAID BASE PLAN          : 13 COMMUNITY BASED - NOT INSTITUTIONALIZED
MEDICAID CERTIFICATION DATE: 12-27-1986
MEDICARE NUMBER             : 460464238C1
EARLIEST DATE OF PART 'A'
ENTITLEMENT                 : 02-1999

MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 507064560
          CVG  TYPE   BEG        END           SPENDDOWN
CATEGORY  CODE PROG   DATE       DATE             CODE
  04       R    13   02-01-99                     Q
  04       R    13   12-01-86   01-31-99
  04       R    13   09-01-86   11-30-86

CASE INFORMATION FOR DHS RECIPIENT NUMBER: 507064560
DHS CASE NUMBER      : 000253203
DHS CASE NAME        : GREENE,EDWIN M
DHS CASE COUNTY      : 220
DHS CASE GUARDIAN    : GLADYS B GREENE FOR
DHS CASE ADDRESS     : 6401 EVONSHIRE
                       FT WORTH TX 76119

MEDICARE INFORMATION FOR DHS RECIPIENT NUMBER: 507064560
MEDICARE NUMBER             : 460464238C1
EARLIEST DATE OF PART 'A'
ENTITLEMENT                 : 02-1999

BEGIN AND END DATES FOR PART B:
     BEG MONTH-YR: 02-1999          END MONTH-YR:
```

Return_to_Request

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

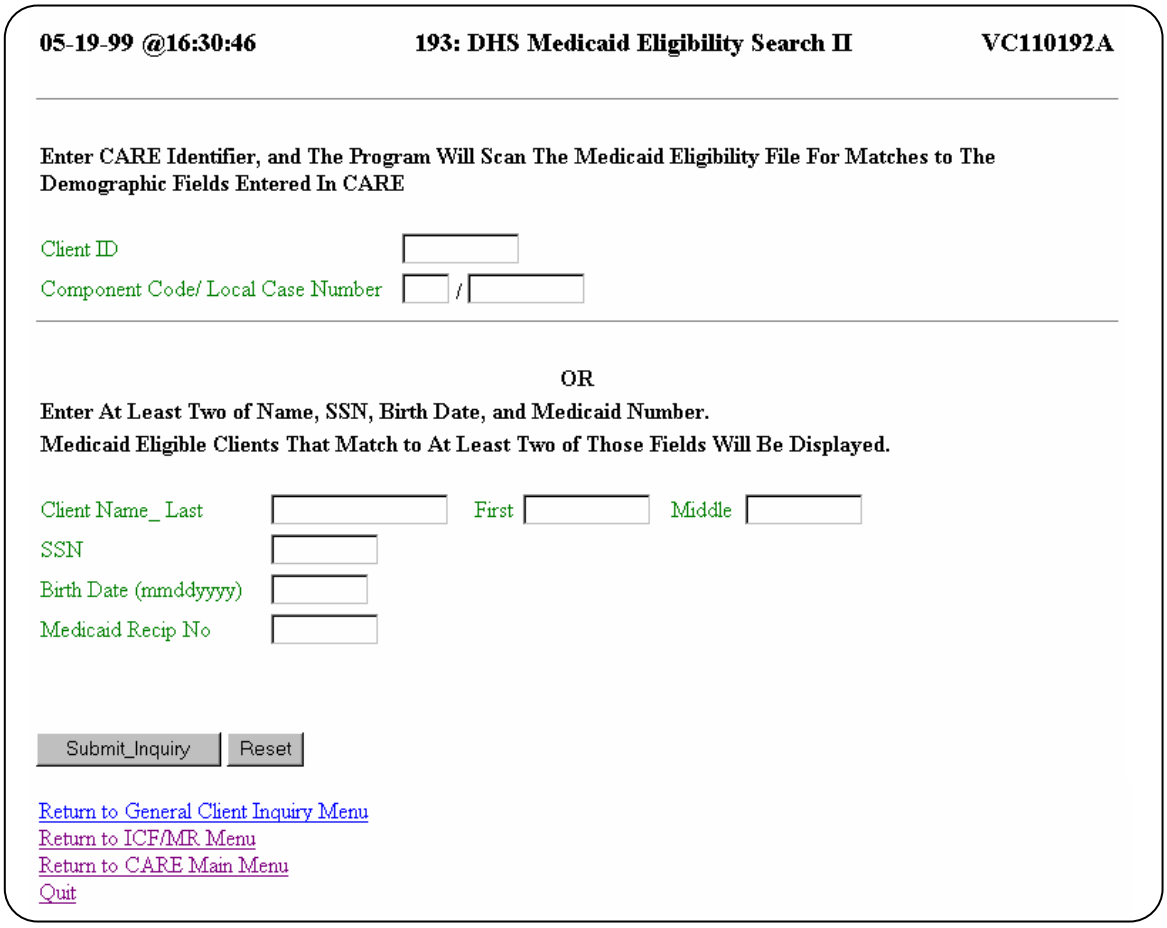
193: DHS Medicaid Eligibility Search II

Introduction

The 193: DHS Medicaid Eligibility Search II screens are also used to display Medicaid eligibility detail. This function searches directly against the Medicaid demographics.

Request Screen

A sample request screen is shown below.



Search Options

The 193: DHS Medicaid Eligibility Search II screen provides a choice of two search options:

- Enter CARE identifier, and the program will scan the Medicaid eligibility file for matches to the demographic fields entered in CARE

-or-

- Enter at least two of Name, SSN, Birth Date, and Medicaid Number. Medicaid eligible clients that match to at least two of those fields will be displayed.

Screen Field Table

The table describes the fields as they are displayed on the screen and has been divided into two sections to match the screen.

Option 1: *Enter CARE Identifier, and the Program Will Scan the Medicaid Eligibility File for Matches to the Demographic Fields Entered in CARE.*

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
COMPONENT CODE	Your component code is displayed based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component (if available).

Option 2: *Enter At Least Two of Name, SSN, Birth Date, and Medicaid Number. Medicaid Eligible Clients That Match to At Least Two of Those Fields Will Be Displayed.*

Field	Description
CLIENT NAME LAST	Key the consumer's last name.
FIRST	Key the consumer's first name to narrow your search.
MIDDLE	Key the consumer's middle name to narrow your search.
SSN	Key the consumer's social security number.
BIRTH DATE	Key the consumer's birth date in MMDDYYYY format.
MEDICAID RECIP. NO.	Key the consumer's Medicaid Recipient Number.

Submit Inquiry

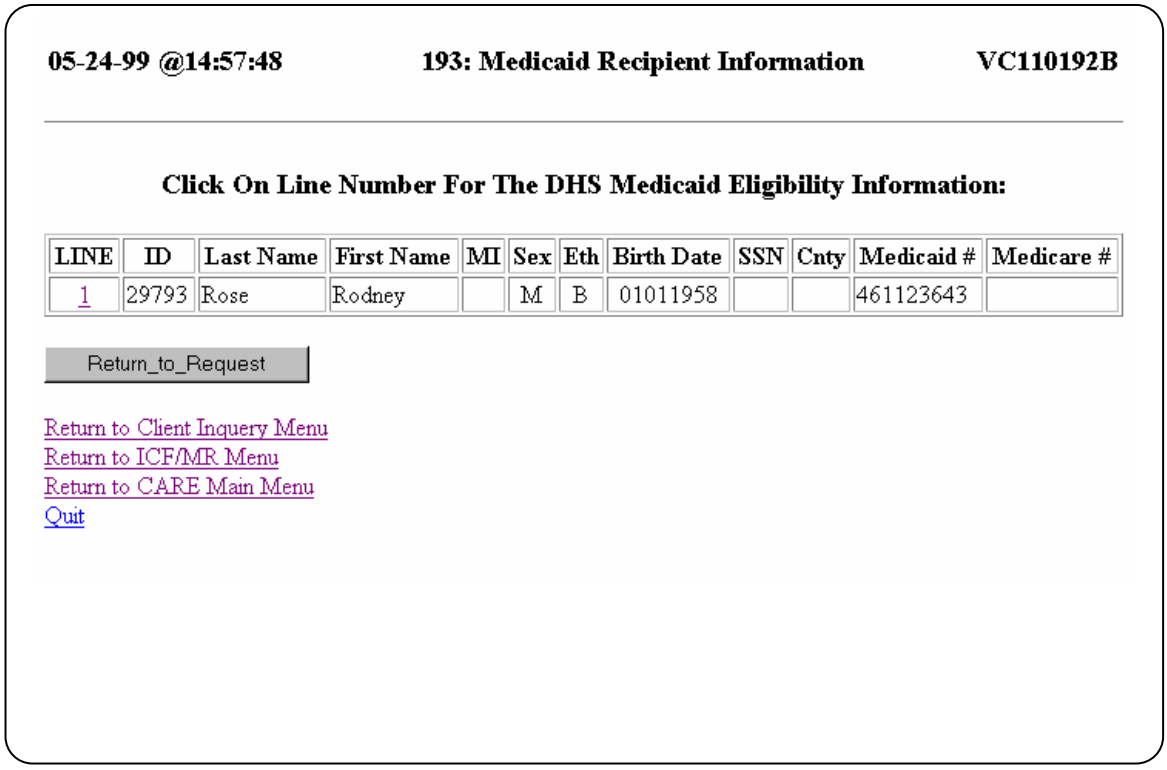
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: If the system finds persons who match the selection criteria entered, the 193: Medicaid Recipient Information screen is displayed.

Medicaid Recipient Information Screen

The 193: Medicaid Recipient Information screen displays a list of all consumers who match the selection criteria submitted. The sample screen below displays Medicaid recipient information for the consumer whose Client ID was entered on the request screen.



05-24-99 @14:57:48 **193: Medicaid Recipient Information** **VC110192B**

Click On Line Number For The DHS Medicaid Eligibility Information:

LINE	ID	Last Name	First Name	MI	Sex	Eth	Birth Date	SSN	Cnty	Medicaid #	Medicare #
1	29793	Rose	Rodney		M	B	01011958			461123643	

Return_to_Request

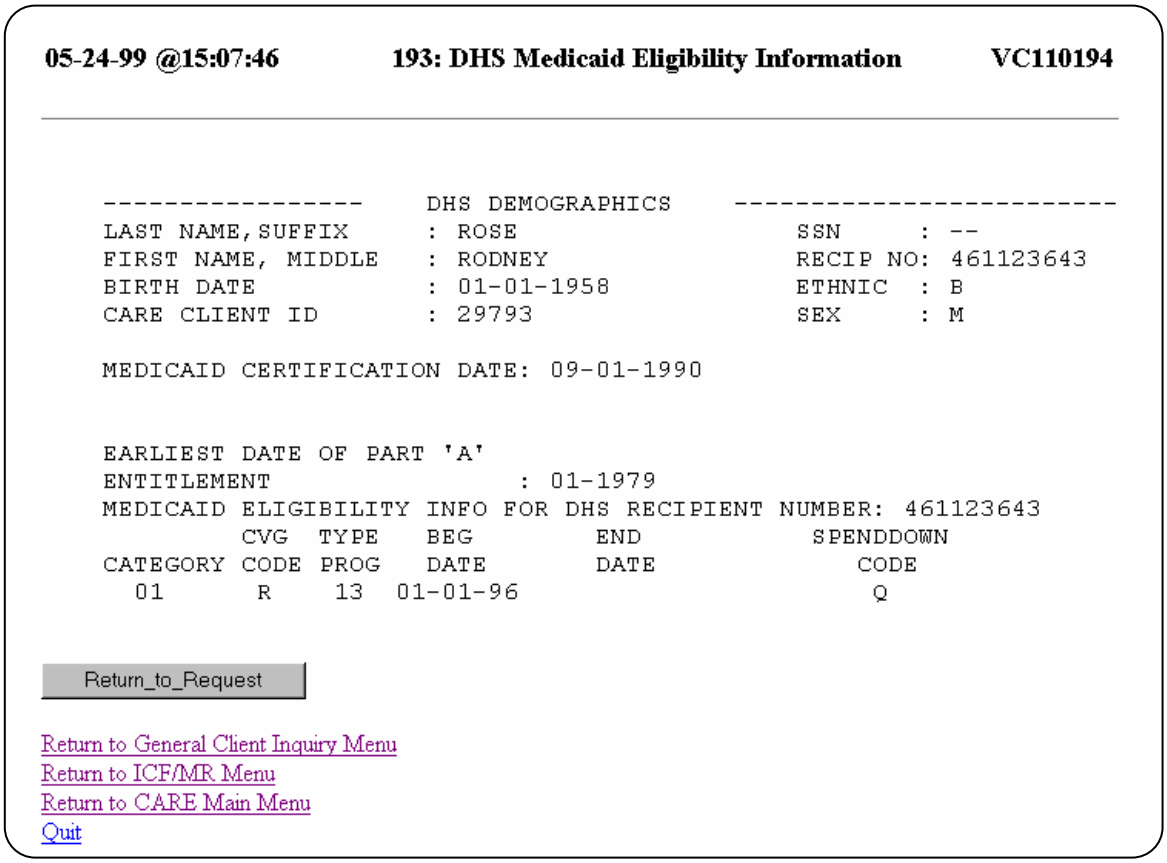
Return to Client Inquery Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Medicaid Eligibility Information Screen

The 193: DHS Medicaid Eligibility Information screen is provided to allow you to view DHS demographics, Medicaid certification date, and Medicaid eligibility information for a specific consumer. The screen can be accessed from the 193: Medicaid Recipient Information screen shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

continued on next page

Medicaid Eligibility Information Screen, continued



05-24-99 @15:07:46 **193: DHS Medicaid Eligibility Information** **VC110194**

```
------------------    DHS DEMOGRAPHICS    --------------------------
LAST NAME,SUFFIX     : ROSE                   SSN      : --
FIRST NAME, MIDDLE   : RODNEY                 RECIP NO: 461123643
BIRTH DATE           : 01-01-1958             ETHNIC   : B
CARE CLIENT ID       : 29793                  SEX      : M

MEDICAID CERTIFICATION DATE: 09-01-1990


EARLIEST DATE OF PART 'A'
ENTITLEMENT                 : 01-1979
MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 461123643
          CVG  TYPE   BEG        END           SPENDDOWN
CATEGORY  CODE PROG   DATE       DATE             CODE
  01       R    13  01-01-96                      Q
```

Return_to_Request

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

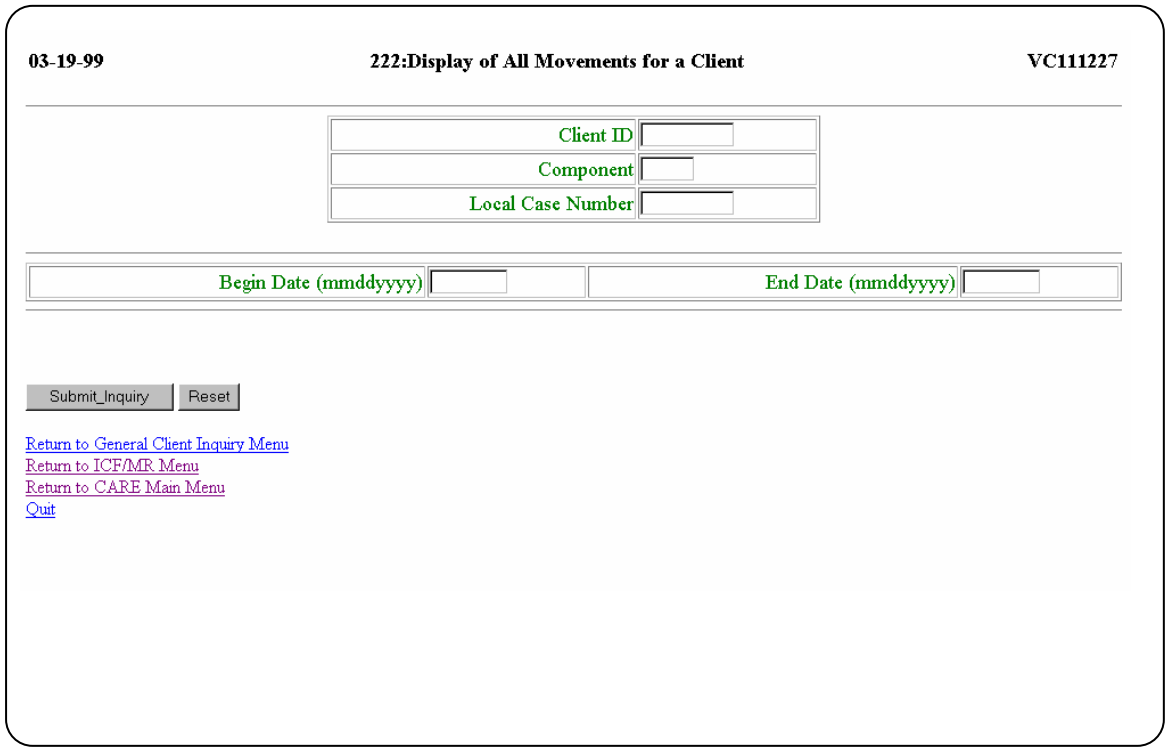
222: Display of All Movements for a Client

Introduction

The 222: Display of All Movements for a Client screen allows you to view all movements for a consumer.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID **or** local case number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID **or** local case number.
BEGIN DATE	If you want to specify a begin date for your inquiry, key a date in MMDDYYYY format.
END DATE	If you want to specify an end date for your inquiry, key a date in MMDDYYYY format.

Submit Inquiry

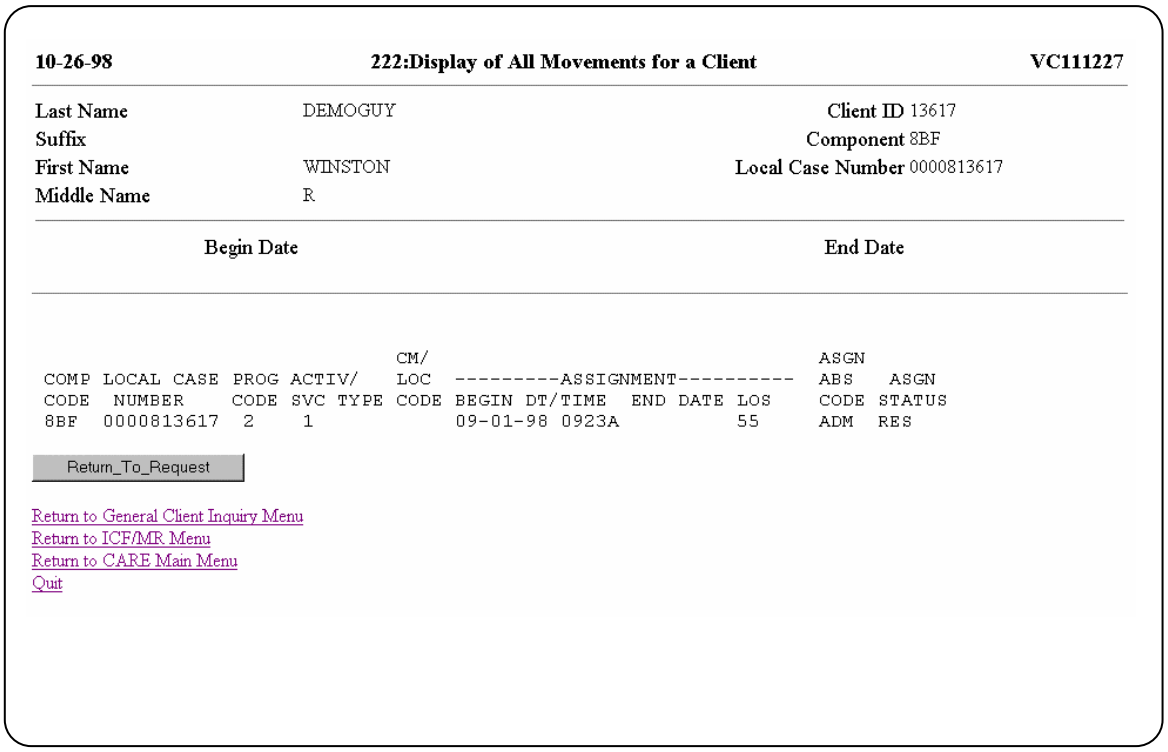
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 222: Display of All Movements for a Client (Screen 2) is displayed.

Display Screen

A sample screen is shown below.



10-26-98 **222:Display of All Movements for a Client** **VC111227**

Last Name	DEMOGUY	**Client ID** 13617	
Suffix		**Component** 8BF	
First Name	WINSTON	**Local Case Number** 0000813617	
Middle Name	R		

Begin Date **End Date**

COMP CODE	LOCAL CASE NUMBER	PROG CODE	ACTIV/ SVC TYPE	CM/ LOC CODE	ASSIGNMENT BEGIN DT/TIME	ASSIGNMENT END DATE	LOS	ASGN ABS CODE	ASGN STATUS
8BF	0000813617	2	1		09-01-98 0923A		55	ADM	RES

Return_To_Request

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Note: Information on this screen is displayed in chronological order with the latest movement listed first.

Display Data

The 222: Display of All Movements for a Client screen displays the following information: Client Name, Client ID, Component, Local Case Number, Program Code*, Activity*, Assignment Begin Date, Assignment Begin Time, Assignment End Date, Length of Stay (LOS),
Assignment (Movement) Code, and Assignment Status.

* Program Code displays **2** indicating community and will always be displayed for your consumers. Activity Type displays **1** indicating residential and will always be displayed for your consumers.

565: County List

Introduction

The 565: County List screen provides a listing of all the counties in Texas. Information is displayed as a continuous listing in numerical/ alphabetical order by county code and includes codes 255 (TX Resident-County Unknown) and 256 (Out-of-State).

County List

A partial sample screen is shown below.

05-24-99 @16:26:11 **565:County List** **VC116257**

CNTY CODE	COUNTY NAME	SRV AREA	REGION MH REG	REGION MR REG	-SERVICE DISTR- HOS	SCH	ST CTR	------POPULATION--------- 1998	1997	1996
001	ANDERSON	41	05	08	679	669		52040	51525	51295
002	ANDREWS	38	01	07	686	687		15368	15179	15059
003	ANGELINA	11	05	08	679	669		73832	73096	72734
004	ARANSAS	65	03	04	681	670		19410	19230	19054
005	ARCHER	52	07	01	656	676		8268	8232	8203
006	ARMSTRONG	2	07	07	656	687		1979	1985	1992
007	ATASCOSA	47	03	12	681	650		36144	35320	34599
008	AUSTIN	33	04	03	677	688		20591	20447	20372
009	BAILEY	7	01	07	686	687		7406	7317	7259
010	BANDERA	40	02	02	674	678		13520	13110	12735
011	BASTROP	36	04	13	677	678		51471	49510	47717
012	BAYLOR	55	07	07	656	687		4149	4153	4186
013	BEE	65	03	04	681	670		32337	31945	31831
014	BELL	6	04	13	677	672		208049	205570	203575
015	BEXAR	4	03	12	681	650		1337864	1328323	1308092
016	BLANCO	32	04	02	677	678		7101	6932	6800
017	BORDEN	37	01	01	686	676		815	812	811
018	BOSQUE	17	04	09	677	672		15997	15845	15722
019	BOWIE	21	06	05	682	660		86419	86150	85862
020	BRAZORIA	15	04	10	677	668		217988	214527	211258
021	BRAZOS	5	04	03	677	688		123855	127898	127009
022	BREWSTER	58	01	11	686	671	661	10500	10466	10251
023	BRISCOE	7	01	07	686	687		1918	1923	1928

Display Data

The 565: County List screen displays the following information: County Code, County Name, Service Area, MH Region, MR Region, Service District (Hospital, School, State Center), and Population (Three preceding years).

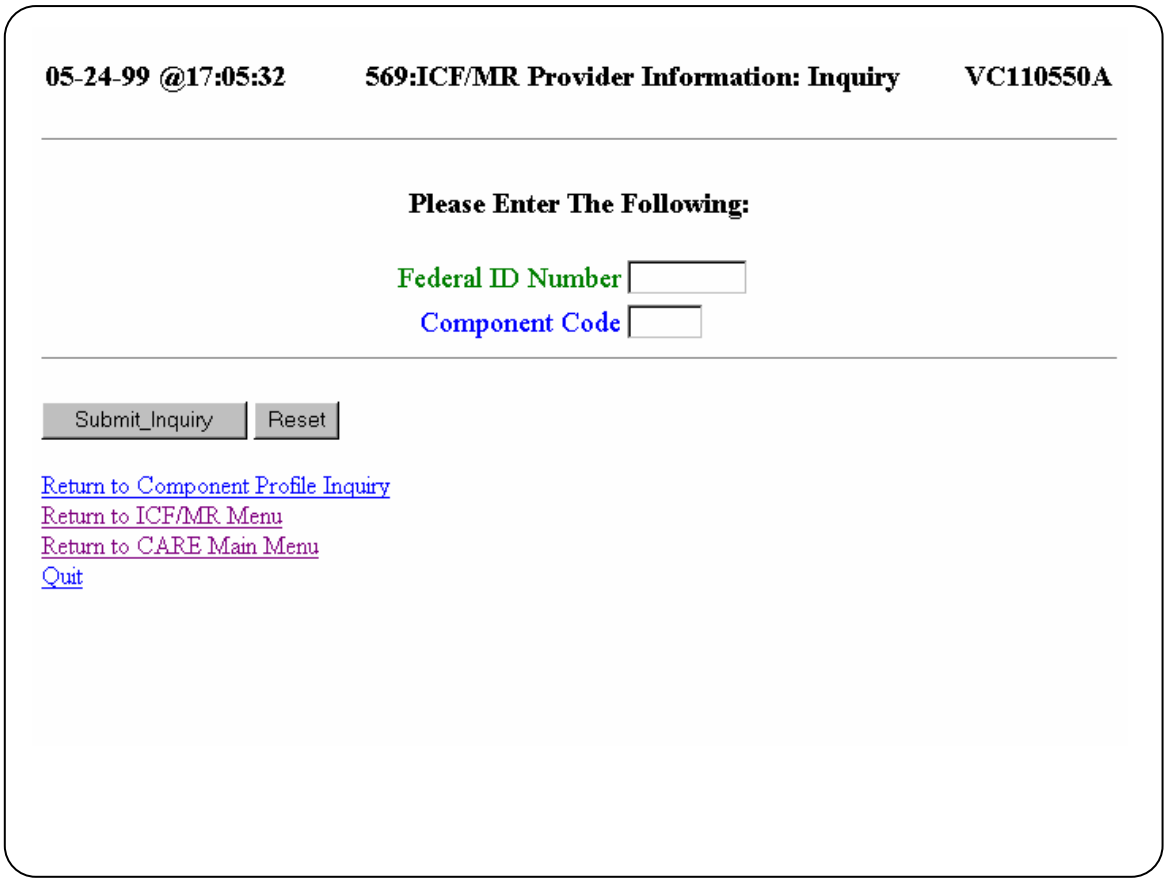
569: Provider Information

Introduction

The 569: ICF/MR Provider Information screens provide general information about a specific provider.

Request Screen

A sample 569: ICF/MR Provider Information: Inquiry screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
FEDERAL ID NUMBER	Key the Federal ID Number.
COMPONENT CODE	Your component code is displayed based on your logon account number.

Submit Inquiry

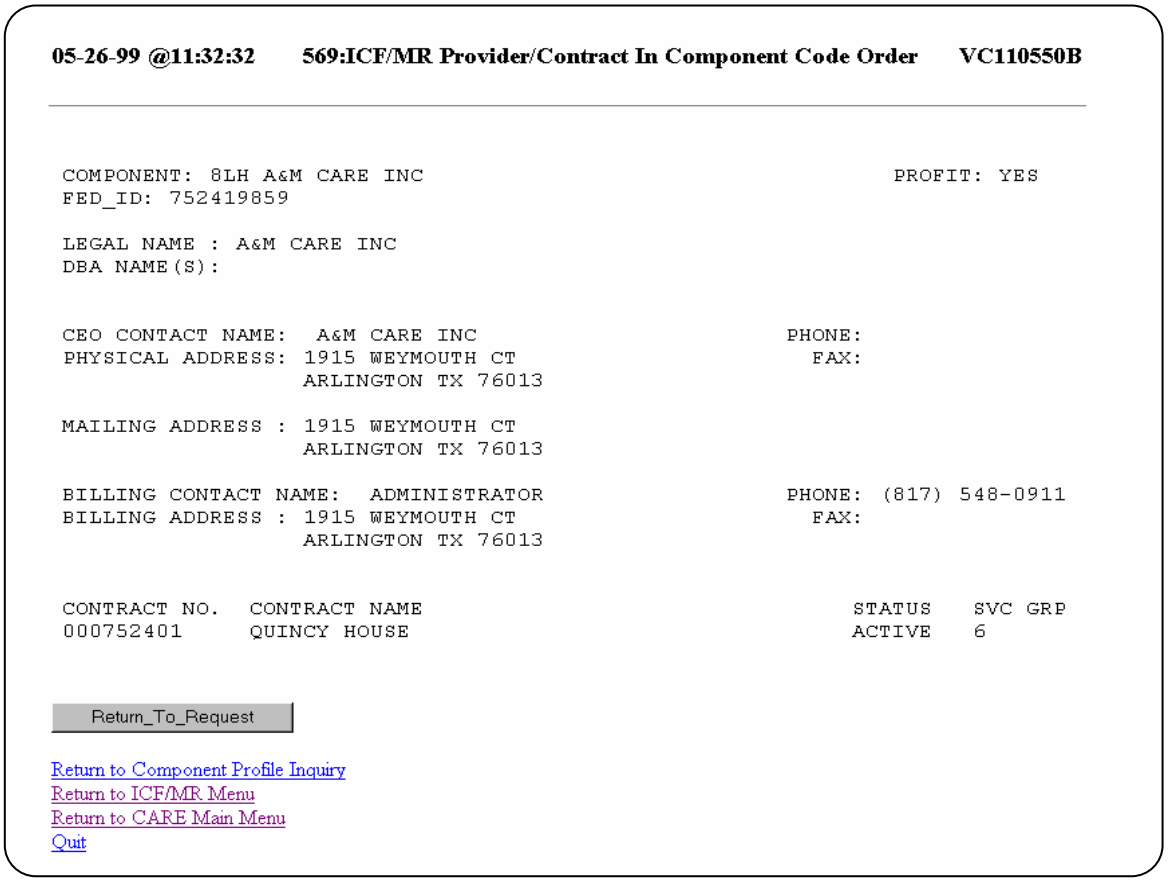
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 569: ICF/MR Provider/Contract In Component Code Order screen is displayed.

Display Screen

A sample screen is shown below.



05-26-99 @11:32:32 569:ICF/MR Provider/Contract In Component Code Order VC110550B

```
COMPONENT: 8LH A&M CARE INC                                   PROFIT: YES
FED_ID: 752419859

LEGAL NAME : A&M CARE INC
DBA NAME(S):

CEO CONTACT NAME:  A&M CARE INC                        PHONE:
PHYSICAL ADDRESS: 1915 WEYMOUTH CT                       FAX:
                  ARLINGTON TX 76013

MAILING ADDRESS : 1915 WEYMOUTH CT
                  ARLINGTON TX 76013

BILLING CONTACT NAME:  ADMINISTRATOR                   PHONE: (817) 548-0911
BILLING ADDRESS : 1915 WEYMOUTH CT                       FAX:
                  ARLINGTON TX 76013

CONTRACT NO.  CONTRACT NAME                              STATUS   SVC GRP
000752401     QUINCY HOUSE                               ACTIVE   6
```

Return_To_Request

Return to Component Profile Inquiry
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 569: ICF/MR Provider/Contract In Component Code Order screen displays general information for the specific provider selected.

Information displayed includes: Component, Federal ID, Legal Name, CEO Contact Name, Telephone and Fax Numbers, Physical Address, Mailing Address, Billing Contact Name, Telephone and Fax Numbers, Billing Address, Contract Number, Contract Name, Status, and Service Group.

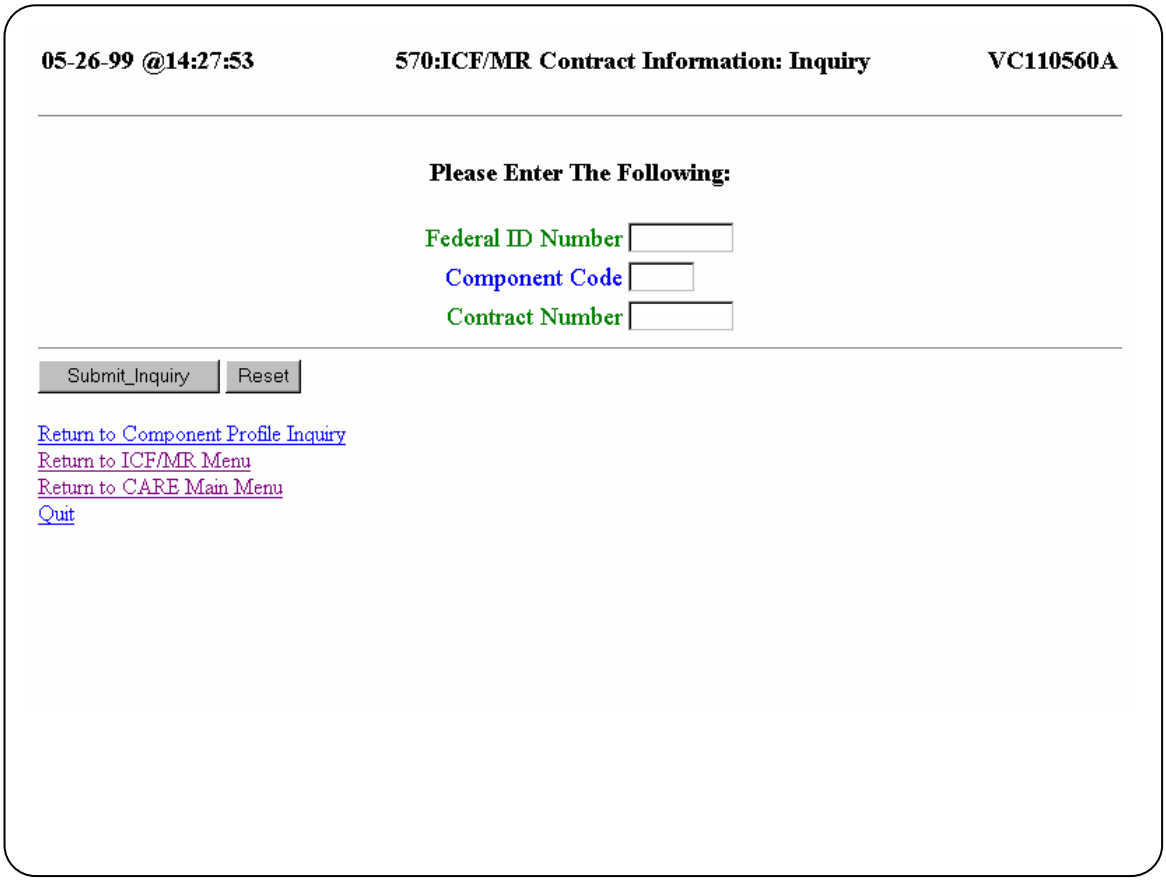
570: Contract Information

Introduction

The 570: ICF/MR Contract Information screens provide general information about a specific contract.

Request Screen

A sample 570: ICF/MR Contract Information: Inquiry screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
FEDERAL ID NUMBER	Key the Federal ID Number. Rule: You *must* enter at least one of the request selection fields.
COMPONENT CODE	Your component code is displayed based on your logon account number.
CONTRACT NUMBER	Key the number of the contract you want displayed. Rule: You *must* enter at least one of the request selection fields.

Submit Inquiry

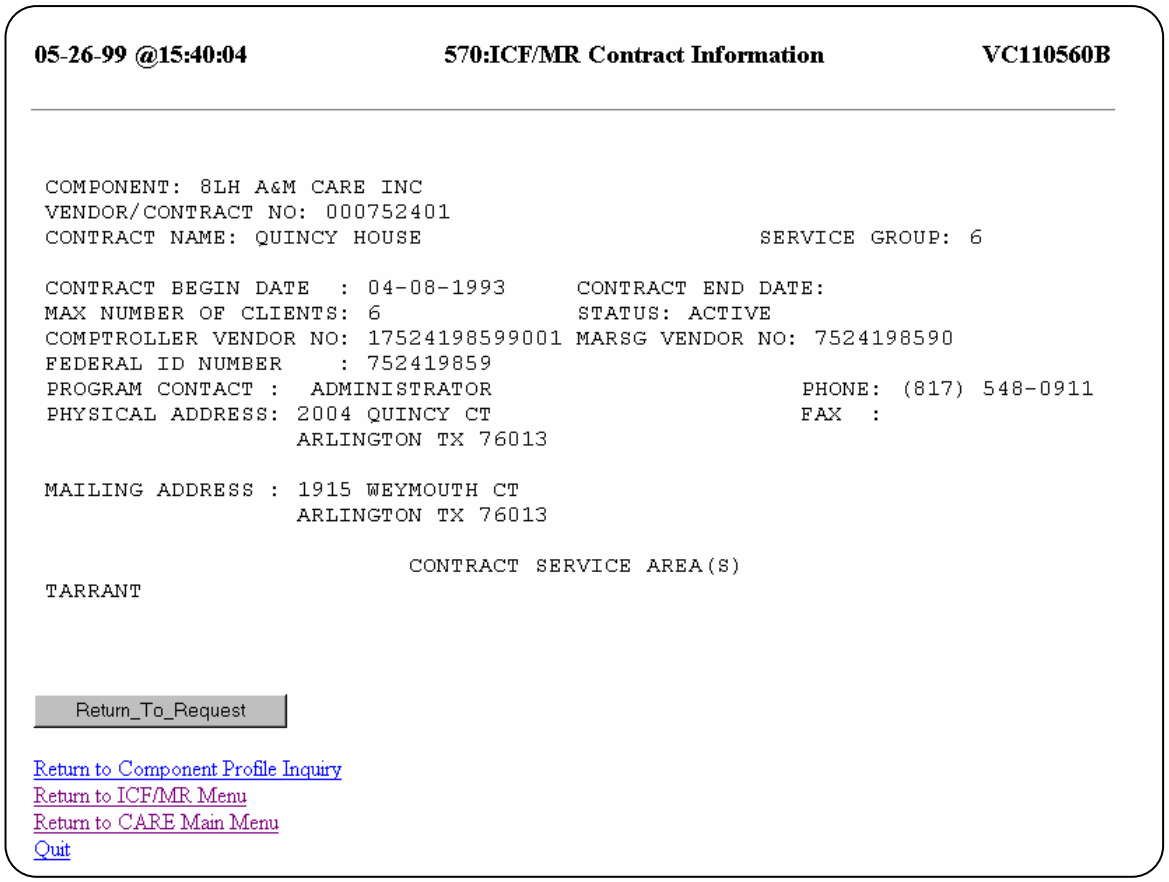
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 570: ICF/MR Contract Information screen is displayed.

Display Screen

A sample inquiry screen is shown below.



05-26-99 @15:40:04 **570:ICF/MR Contract Information** **VC110560B**

```
COMPONENT: 8LH A&M CARE INC
VENDOR/CONTRACT NO: 000752401
CONTRACT NAME: QUINCY HOUSE                          SERVICE GROUP: 6

CONTRACT BEGIN DATE  : 04-08-1993     CONTRACT END DATE:
MAX NUMBER OF CLIENTS: 6              STATUS: ACTIVE
COMPTROLLER VENDOR NO: 17524198599001 MARSG VENDOR NO: 7524198590
FEDERAL ID NUMBER    : 752419859
PROGRAM CONTACT :  ADMINISTRATOR                     PHONE: (817) 548-0911
PHYSICAL ADDRESS: 2004 QUINCY CT                     FAX  :
                  ARLINGTON TX 76013

MAILING ADDRESS : 1915 WEYMOUTH CT
                  ARLINGTON TX 76013

                          CONTRACT SERVICE AREA(S)
TARRANT
```

Return_To_Request

Return to Component Profile Inquiry
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 570: ICF/MR Contract Information screen displays general information for the specific contract selected.

Information displayed includes: Component, Vendor/Contract Number, Contract Name, Service Group, Contract Begin and End Dates, Maximum Number of Clients, Status, Comptroller Vendor Number, MARSG Vendor Number, Federal ID Number, Program Contact, Physical Address, Telephone and Fax Numbers, Mailing Address, and Contract Service Area(s).

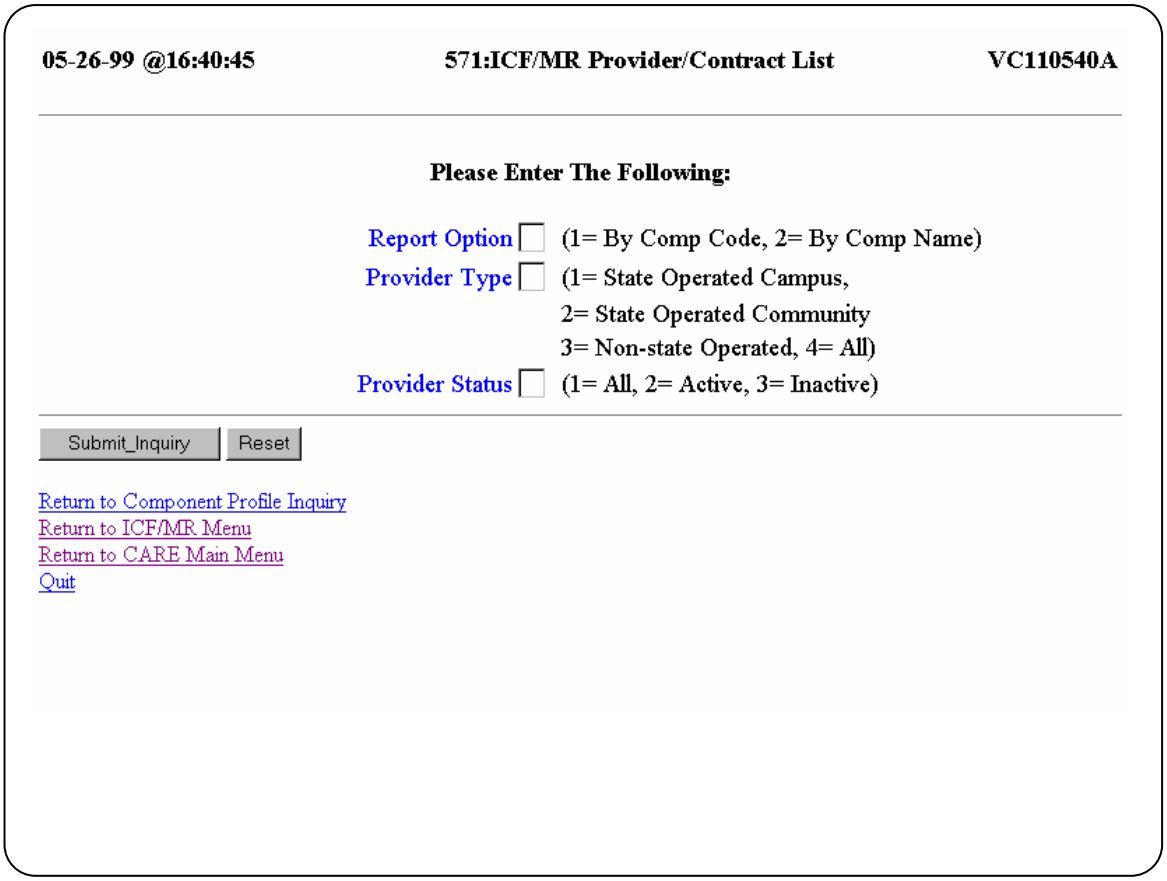
571: Provider/Contract List

Introduction

The 571: ICF/MR Provider/Contract List screens provide a list of providers and the contract names and numbers for each. Information is displayed as a continuous listing in component code or component name order.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
REPORT OPTION	Key **1** (By Component Code) or **2** (By Component Name) to select the report option.
PROVIDER TYPE	Key **1** (State Operated Campus), **2** (State Operated Community), **3** (Non-state Operated), or **4** (All) to select the type of provider for which you want to display information.
PROVIDER STATUS	Key **1** (All), **2** (Active), or **3** (Inactive) to select the provider status for which you want to display information.

Submit Inquiry

Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 571: ICF/MR Provider/Contract In Component Name Order screen is displayed.

Display Screen

A partial sample screen is shown below.

```
05-26-99 @17:15:29     571:ICF/MR Provider/Contract In Component Name Order     VC110540B


Total Number Of  NON-STATE OPERATED  providers: 300  contracts: 1292


   Component Name/Component Code
       Contract Number/Contract Name

   A&M CARE INC / 8LH
       000752401   ACTIVE QUINCY HOUSE
   A-W FRIENDSHIP HOMES INC / 8IC
       000388501 INACTIVE ROYAL HAVEN
       000397801 INACTIVE OPTIMUM III
       000382801 INACTIVE OPTIMUM HOME 2
       000384701 INACTIVE ROYAL HAVEN 2
   ABILENE REG MHMR CENTER / 010
       000370701 INACTIVE ABILENE REGIONAL MHMR CTR
       000382501   ACTIVE ABILENE REGIONAL MHMR CT NORTHWOOD
       000378501   ACTIVE ABILENE REGIONAL MHMR CT SOUTHWOOD
   ABILITY HOUSE, LTD / 815
       000781601   ACTIVE ABILITY HOUSE - ROCKPORT
   ABM RESOURCES INC / 8JT
       000731601 INACTIVE SOUTH SEVENTH CARE CENTER
   ADA WILSON CHILDREN'S CENTER / 8HG
       000373001 INACTIVE ADA WILSON CHILDREN'S CENTER
```

Note: In the sample above, the listing is displayed in component name order as selected on the request screen.

Display Data

The 571: ICF/MR Provider/Contract In Component Name Order screen displays a list of providers and the contract names and numbers for each.

Information displayed includes: Total Number of Providers and Contracts, Component Name, Component Code, Contract Number, and Contract Name.

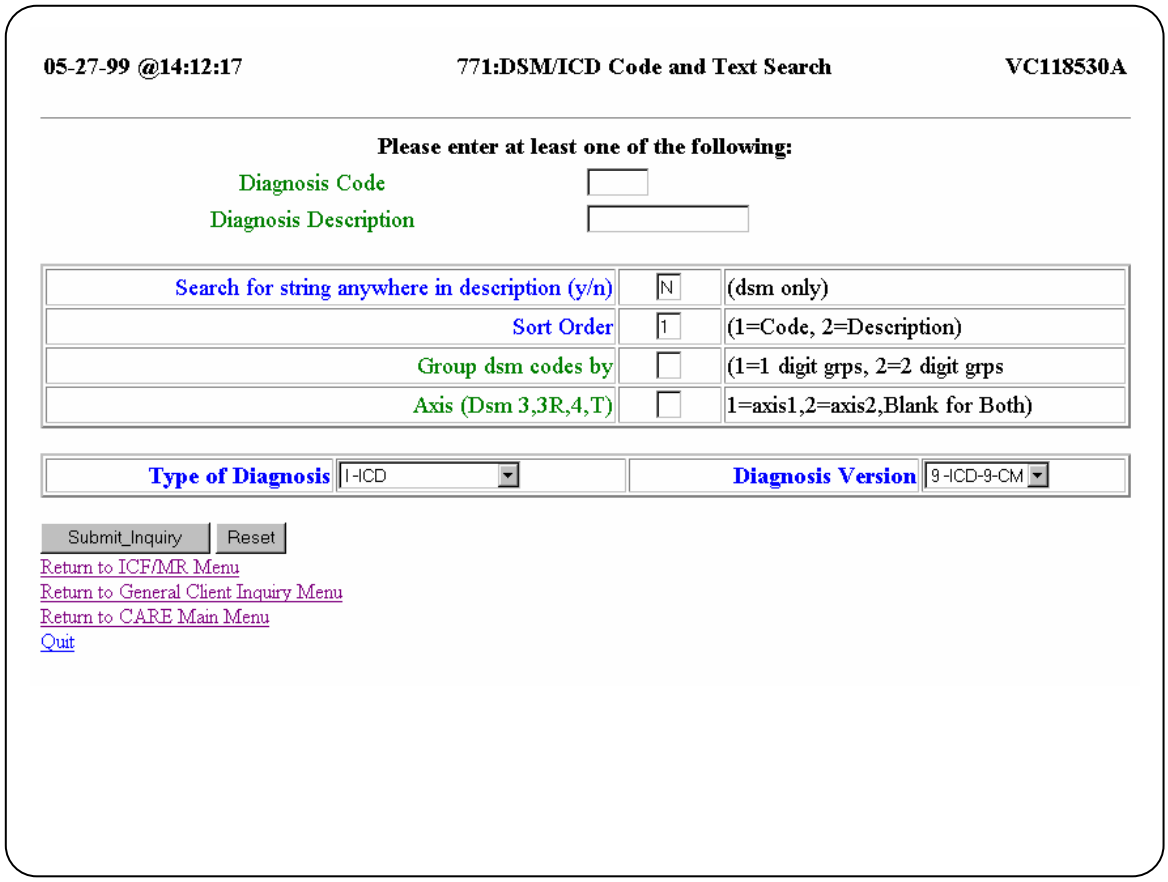
771: DSM/ICD Code and Text Search

Introduction

The 771: DMS/ICD Code and Text Search screens display a set of DSM or ICD codes based on a pattern search either for the diagnosis code or the text (diagnosis description).

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
DIAGNOSIS CODE	Key the specific diagnosis code. Rule: You *must* key the Diagnosis Code **or** the Diagnosis Description.
DIAGNOSIS DESCRIPTION	Key the diagnosis description. Rule: You *must* key the Diagnosis Description **or** the Diagnosis Code.
SEARCH FOR STRING ANYWHERE IN DESCRIPTION (Y/N)	Key **Y** (Yes) or **N** (No) to indicate whether you want to search for a string anywhere in the diagnosis description (for DSM only). Note: This field defaults to **N**.

continued on next page

771: DSM/ICD Code and Text Search, Continued

Screen Field Table, continued

Field	Description
SORT ORDER	Key the order by which you want to sort your report. (1=Code, 2=Description) Note: This field defaults to **1**.
GROUP DSM CODES BY	Key the one-digit or two-digit diagnostic grouping for DSM 3, DSM 3R, or DSM 4. (1=1 Digit Groups, 2=2 Digit Groups)
AXIS (DSM 3, 3R, 4, T)	Key the Axis used to record the diagnosis for DSM 3, DMS 3R, DSM 4, or DCO 3. (1=Axis 1, 2=Axis 2, or blank to indicate both)
TYPE OF DIAGNOSIS	Key the code for the type of diagnosis. (I=ICD, D=DSM, 5=ICD Chapter 5) Note 1: This field defaults to **I**. Note 2: You can use the drop-down list to complete this field.
DIAGNOSIS VERSION	Key the code for the diagnosis version. 9=ICD-9-CM 4=DSM 4 R=DSM 3R 3=DSM 3 T=DCO 3 Note 1: This field defaults to **9**. Note 2: You can use the drop-down list to complete this field.

Submit Inquiry

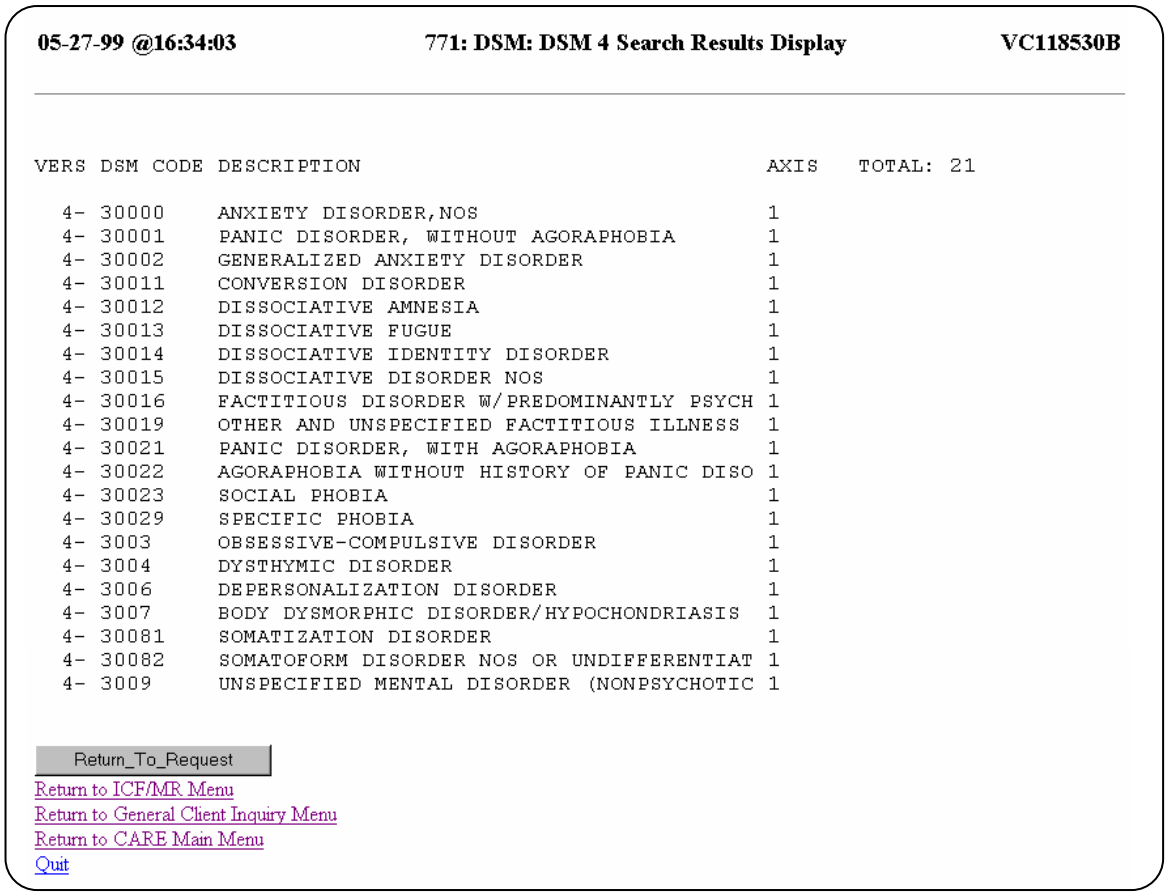
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 771: DSM: DSM 4 Search Results Display screen is displayed.

Display Screen

A sample screen is shown below.



05-27-99 @16:34:03 **771: DSM: DSM 4 Search Results Display** **VC118530B**

VERS	DSM CODE	DESCRIPTION	AXIS
			TOTAL: 21
4-	30000	ANXIETY DISORDER,NOS	1
4-	30001	PANIC DISORDER, WITHOUT AGORAPHOBIA	1
4-	30002	GENERALIZED ANXIETY DISORDER	1
4-	30011	CONVERSION DISORDER	1
4-	30012	DISSOCIATIVE AMNESIA	1
4-	30013	DISSOCIATIVE FUGUE	1
4-	30014	DISSOCIATIVE IDENTITY DISORDER	1
4-	30015	DISSOCIATIVE DISORDER NOS	1
4-	30016	FACTITIOUS DISORDER W/PREDOMINANTLY PSYCH	1
4-	30019	OTHER AND UNSPECIFIED FACTITIOUS ILLNESS	1
4-	30021	PANIC DISORDER, WITH AGORAPHOBIA	1
4-	30022	AGORAPHOBIA WITHOUT HISTORY OF PANIC DISO	1
4-	30023	SOCIAL PHOBIA	1
4-	30029	SPECIFIC PHOBIA	1
4-	3003	OBSESSIVE-COMPULSIVE DISORDER	1
4-	3004	DYSTHYMIC DISORDER	1
4-	3006	DEPERSONALIZATION DISORDER	1
4-	3007	BODY DYSMORPHIC DISORDER/HYPOCHONDRIASIS	1
4-	30081	SOMATIZATION DISORDER	1
4-	30082	SOMATOFORM DISORDER NOS OR UNDIFFERENTIAT	1
4-	3009	UNSPECIFIED MENTAL DISORDER (NONPSYCHOTIC	1

Return_To_Request

Return to ICF/MR Menu
Return to General Client Inquiry Menu
Return to CARE Main Menu
Quit

Note: In the sample above, the search results are displayed using **D-DSM** as Type of Diagnosis and **4-DSM 4** as Diagnosis Version as selected on the request screen.

Display Data

The 771: DSM: DSM 4 Search Results Display screen displays the following information: Version, DSM Code, Description, Axis, and Total.

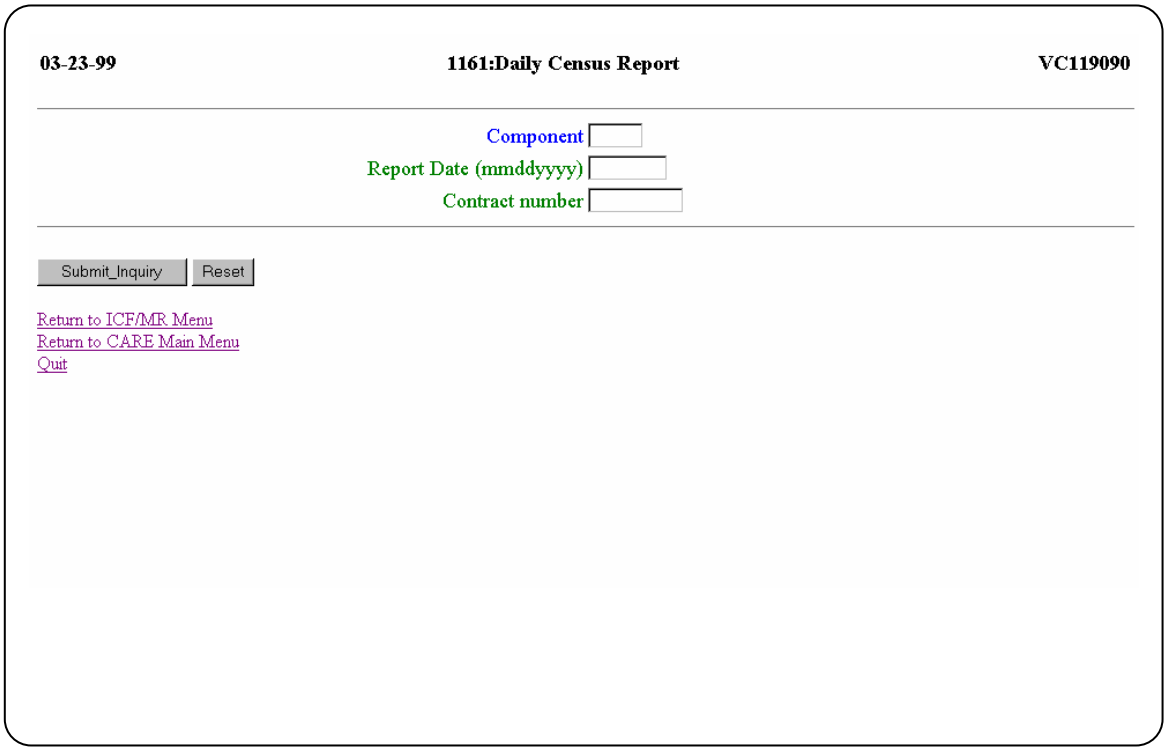
1161: Daily Census Report

Introduction

The 1161: Daily Census Report allows you to view a daily census of all consumers in residence or absent at your component. Consumers are listed by contract number, and those in residence are listed first, followed by those absent.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT	Displays your component code based on your logon account number.
REPORT DATE	If you want to view a census report for a specific date, key the date in MMDDYYYY format. Note: If you leave this field blank, the system will default to today's date.
CONTRACT NUMBER	If you want to view a census report for a specific contract, key the contract number under which consumers are served. Note: If you leave this field blank, all contract numbers that apply to the component will be displayed.

Submit Inquiry

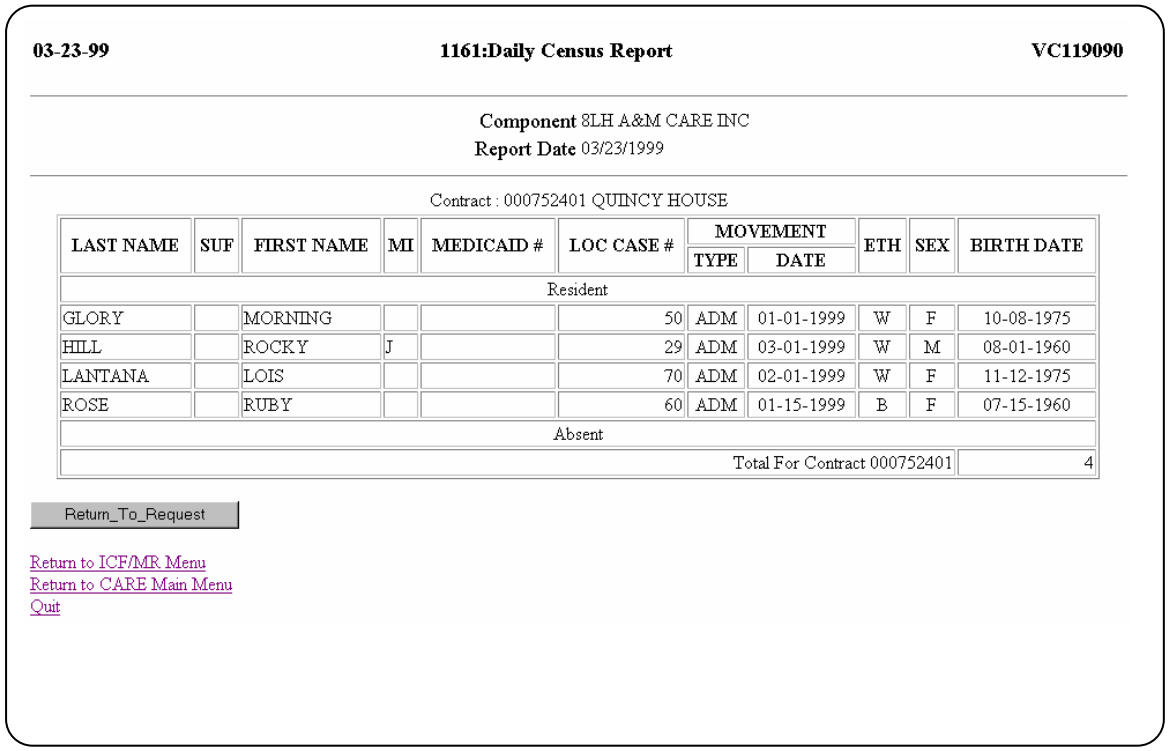
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1161: Daily Census Report (Screen 2) is displayed.

Report Screen

A sample screen is shown below.



03-23-99 **1161:Daily Census Report** **VC119090**

Component 8LH A&M CARE INC
Report Date 03/23/1999

Contract : 000752401 QUINCY HOUSE

LAST NAME	SUF	FIRST NAME	MI	MEDICAID #	LOC CASE #	MOVEMENT TYPE	MOVEMENT DATE	ETH	SEX	BIRTH DATE
Resident										
GLORY		MORNING			50	ADM	01-01-1999	W	F	10-08-1975
HILL		ROCKY	J		29	ADM	03-01-1999	W	M	08-01-1960
LANTANA		LOIS			70	ADM	02-01-1999	W	F	11-12-1975
ROSE		RUBY			60	ADM	01-15-1999	B	F	07-15-1960
Absent										
Total For Contract 000752401										4

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1161: Daily Census Report screen displays information on resident and absent consumers and provides totals for each contract reported at your component.

Information displayed includes: Component, Report Date, Contract Number and Name, Client Name, Medicaid Number, Local Case Number, Movement Type, Movement Date, Ethnicity, Sex, and Birth Date.

1163: Clients With Service Authorizations/Client Assessments Changed During Period

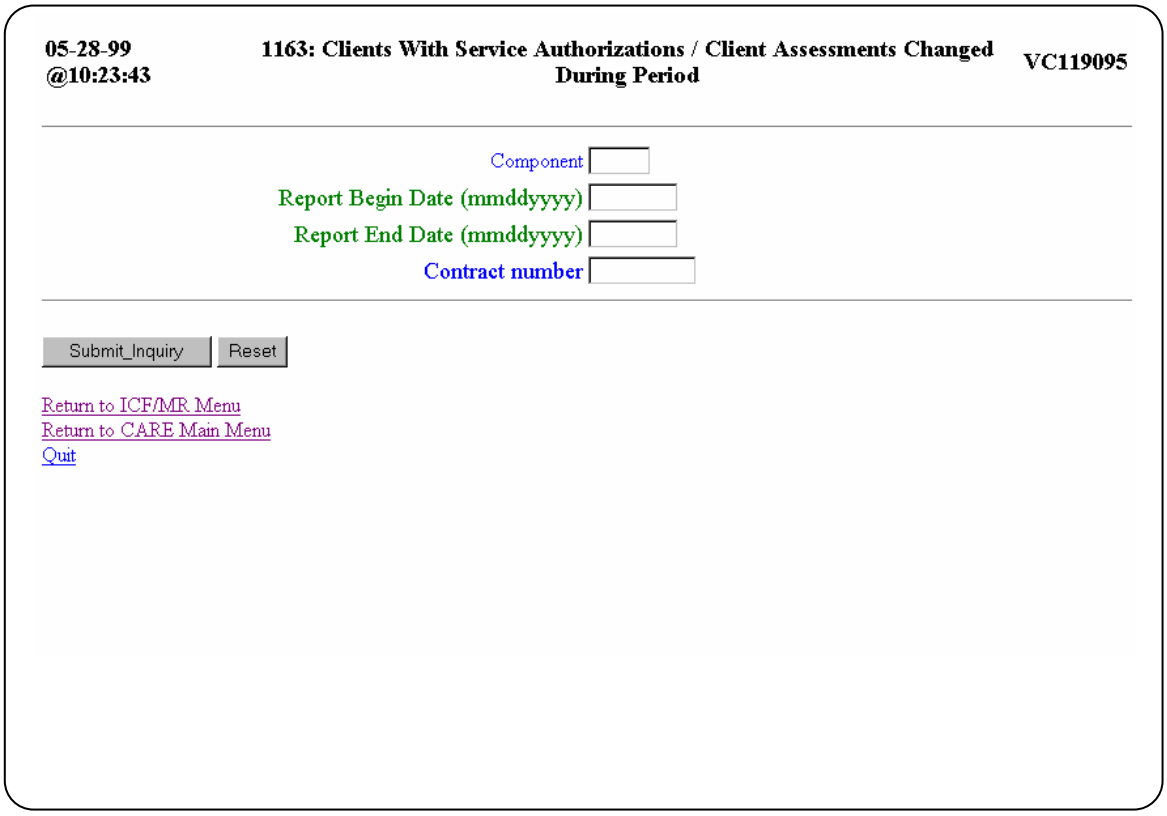
Introduction

The 1163: Clients With Service Authorizations/Client Assessments Changed During Period screens allow you to view a listing of all consumers at your component/contract whose service authorizations/ client assessments have changed during a specified period.

Note: If you do not specify a report begin and end date, the system will report on the month preceding the current date.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT	Displays your component code based on your logon account number.
REPORT BEGIN DATE (MMDDYYYY)	If you want a specific report period, key a report begin date in MMDDYYYY format.
REPORT END DATE (MMDDYYYY)	If you want a specific report period, key a report end date in MMDDYYYY format.
CONTRACT NUMBER	Key the contract number under which consumers are served. Rule: Contract Number is required.

Submit Inquiry

Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1163: Clients With Service Authorizations/Client Assessments Changed During Period screen is displayed.

Report Screen

A sample report screen is shown below.

05-28-99 @10:57:29 **1163: Clients With Service Authorizations / Client Assessments Changed During Period** **VC119095**

Component 8CD HOME MGMT INC
Report Begin Date 04/28/1999
Report End Date 05/28/1999

CLIENT ID	NAME	MEDICAID NUMBER	BIRTH DATE	SEX	ETH
4511750	MOUNTAIN, ROCKY	778110887	11-13-1961	F	W

Service Authorizations

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	NO BILL	FND SRC	BEGIN DATE	END DATE	PROC DATE
8CD6550000055	000366801	LIVING TREE	B		09-01-1995		04-06-1999

MRRC Assessments

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	LOC	LON	BEGIN DATE	END DATE	PROC DATE
8CD6550000055	000366801	LIVING TREE	6		09-01-1995	12-31-1996	02-25-1999
8CD6550000055	000366801	LIVING TREE	6	5	01-01-1997	05-18-1999	02-25-1999
8CD6550000055	000366801	LIVING TREE	6	5	05-19-1999	05-17-2000	05-07-1999

Eligibility

RECIP NO	MEDICAID BASE PLAN CODE	MEDICAID BASE PLAN DESCRIPTION	CVG	TYPE	BEGIN DATE	END DATE	SPDNCD
778110887	15	ICF-MR GROUP HOME	D	14	11-01-94		

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1163: Clients With Service Authorizations/Client Assessments Changed During Period screen displays the following information: Component Number and Name, Report Begin and End Dates, Client ID, Client Name, Medicaid Number, Birth Date, Sex, Ethnicity, and Service Authorization, MR/RC Assessment, and Medicaid Eligibility information for those consumers who have had service authorization/

client assessments changed during the specified period.

1164: Service Authorizations/Client Assessments

Introduction

The 1164: Service Authorizations/Client Assessments screens allow you to view service authorization/client assessment information for a specific consumer.

Request Screen

A sample request screen is shown below.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the Client ID or Local Case Number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the Client ID or local case number.
BEGIN DATE (MMDDYYYY)	If you want to view a specific report period, key the report begin date in MMDDYYYY format.

END DATE (MMDDYYYY)	If you want to view a specific report period, key the report end date in MMDDYYYY format.

Submit Inquiry

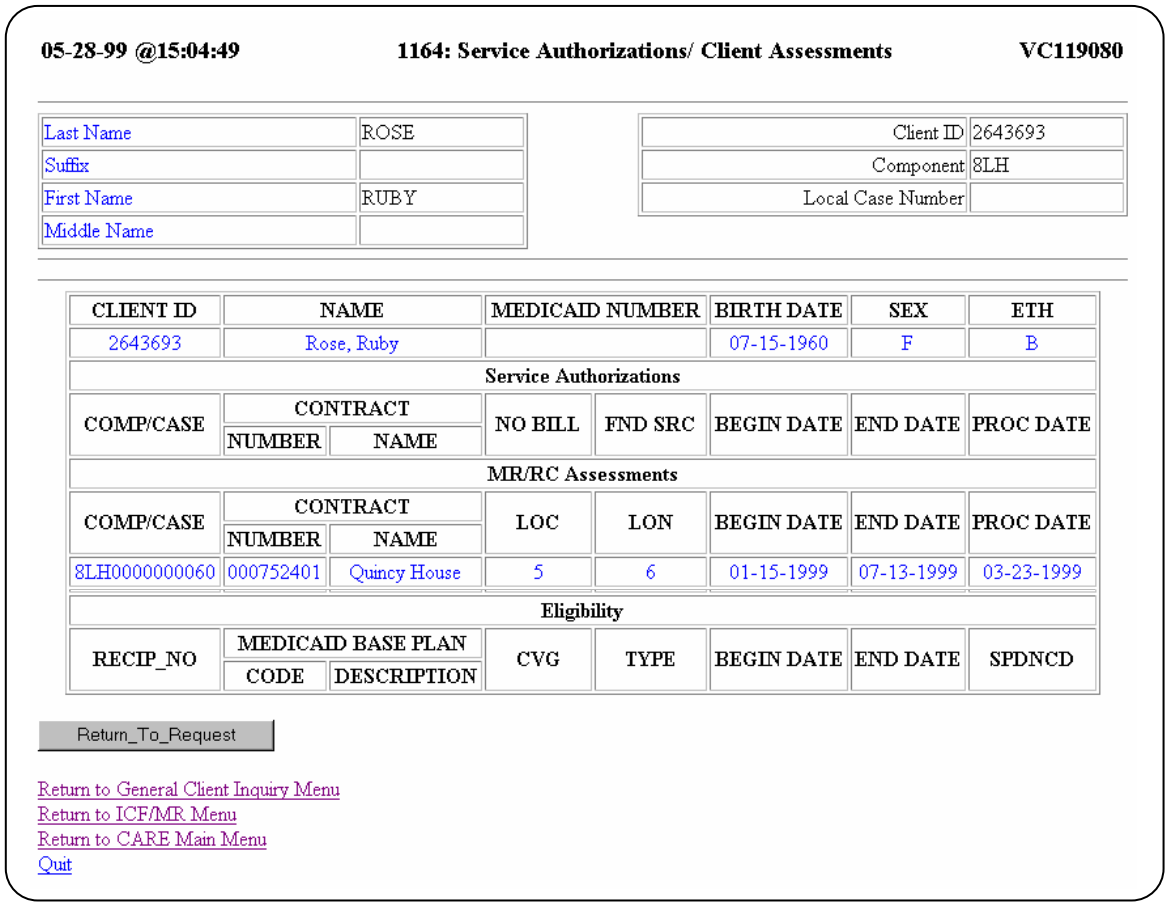
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1164: Service Authorizations/Client Assessments screen is displayed.

Inquiry Screen

A sample inquiry screen is shown below.



05-28-99 @15:04:49 **1164: Service Authorizations/ Client Assessments** **VC119080**

Last Name	ROSE
Suffix	
First Name	RUBY
Middle Name	

Client ID	2643693
Component	8LH
Local Case Number	

CLIENT ID	NAME	MEDICAID NUMBER	BIRTH DATE	SEX	ETH
2643693	Rose, Ruby		07-15-1960	F	B

Service Authorizations

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	NO BILL	FND SRC	BEGIN DATE	END DATE	PROC DATE

MR/RC Assessments

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	LOC	LON	BEGIN DATE	END DATE	PROC DATE
8LH0000000060	000752401	Quincy House	5	6	01-15-1999	07-13-1999	03-23-1999

Eligibility

RECIP_NO	MEDICAID BASE PLAN CODE	MEDICAID BASE PLAN DESCRIPTION	CVG	TYPE	BEGIN DATE	END DATE	SPDNCD

Return_To_Request

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1164: Service Authorizations/Client Assessments screen displays the following information: Client Name, Client ID, Component, Local Case Number, Medicaid Number, Birth Date, Sex, Ethnicity, and Service Authorization, MR/RC Assessment, and Medicaid Eligibility information for the consumer selected.

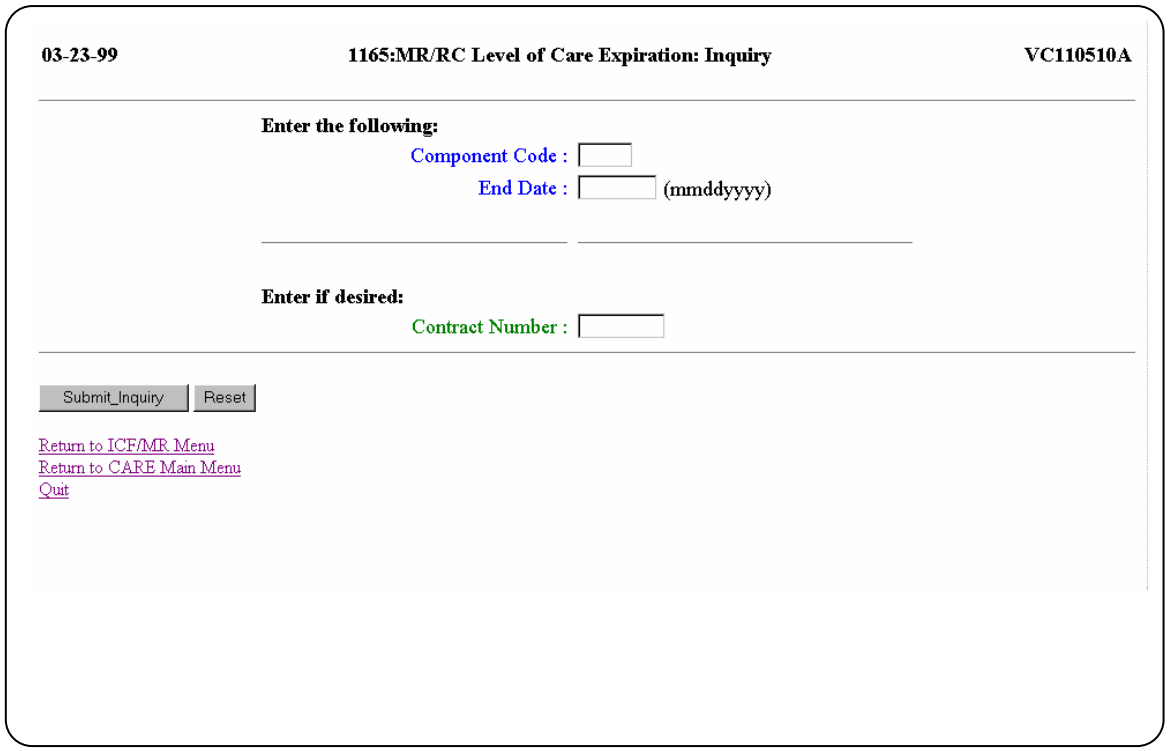
1165: MR/RC Level of Care Expiration: Inquiry

Introduction

The 1165: MR/RC Level of Care Expiration: Inquiry screen allows you to view a listing of all ICF/MR consumers at your component with Level of Care that has expired, will expire by the end date that you enter, or is missing.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
END DATE	Key the date to end your inquiry in MMDDYYYY format. Note: If you leave this field blank, the system will default to today's date.
CONTRACT NUMBER	Key the contract number on which you want to base your inquiry, if desired.

Submit Inquiry

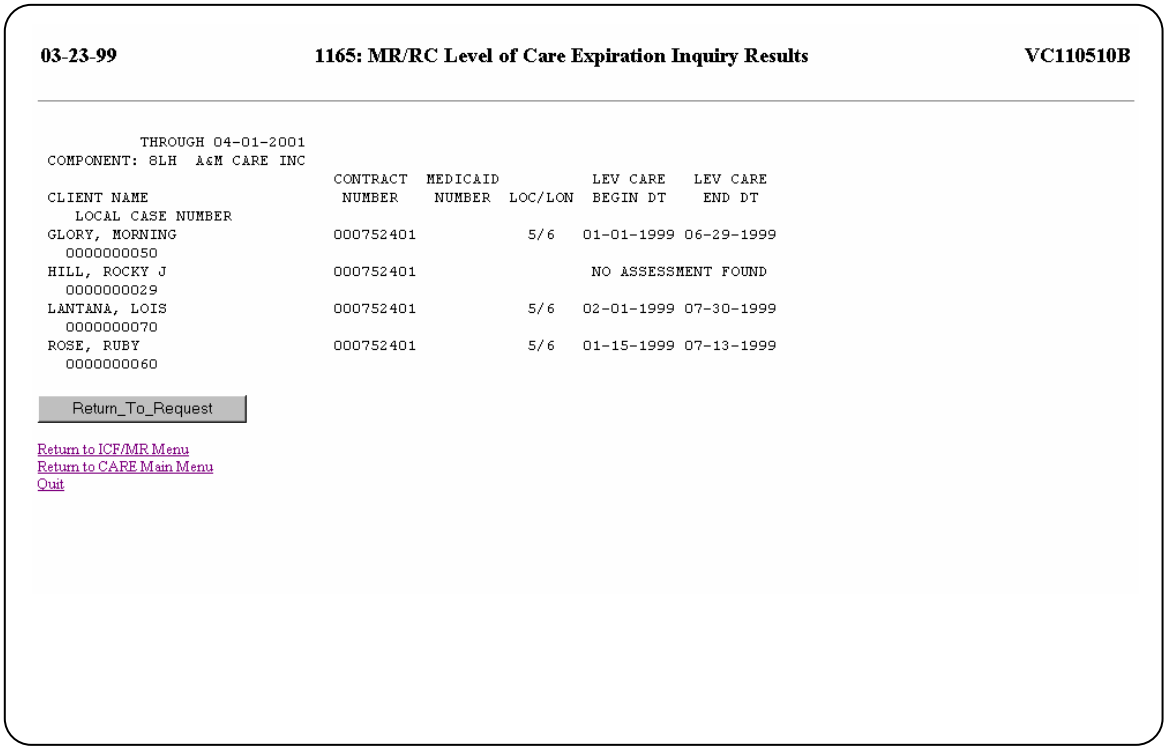
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1165: MR/RC Level of Care Expiration Inquiry Results screen is displayed.

Inquiry Results Screen

A sample screen is shown below.



03-23-99 **1165: MR/RC Level of Care Expiration Inquiry Results** **VC110510B**

THROUGH 04-01-2001
COMPONENT: 8LH A&M CARE INC

CLIENT NAME / LOCAL CASE NUMBER	CONTRACT NUMBER	MEDICAID NUMBER	LOC/LON	LEV CARE BEGIN DT	LEV CARE END DT
GLORY, MORNING 0000000050	000752401		5/6	01-01-1999	06-29-1999
HILL, ROCKY J 0000000029	000752401			NO ASSESSMENT FOUND	
LANTANA, LOIS 0000000070	000752401		5/6	02-01-1999	07-30-1999
ROSE, RUBY 0000000060	000752401		5/6	01-15-1999	07-13-1999

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1165: MR/RC Level of Care Expiration Inquiry Results screen displays the following information: Through (End Date requested), Component, Client Name, Contract Number, Medicaid Number, LOC (Level of Care)/LON (Level of Need), Level of Care Begin Date, Level of Care End Date, Local Case Number.

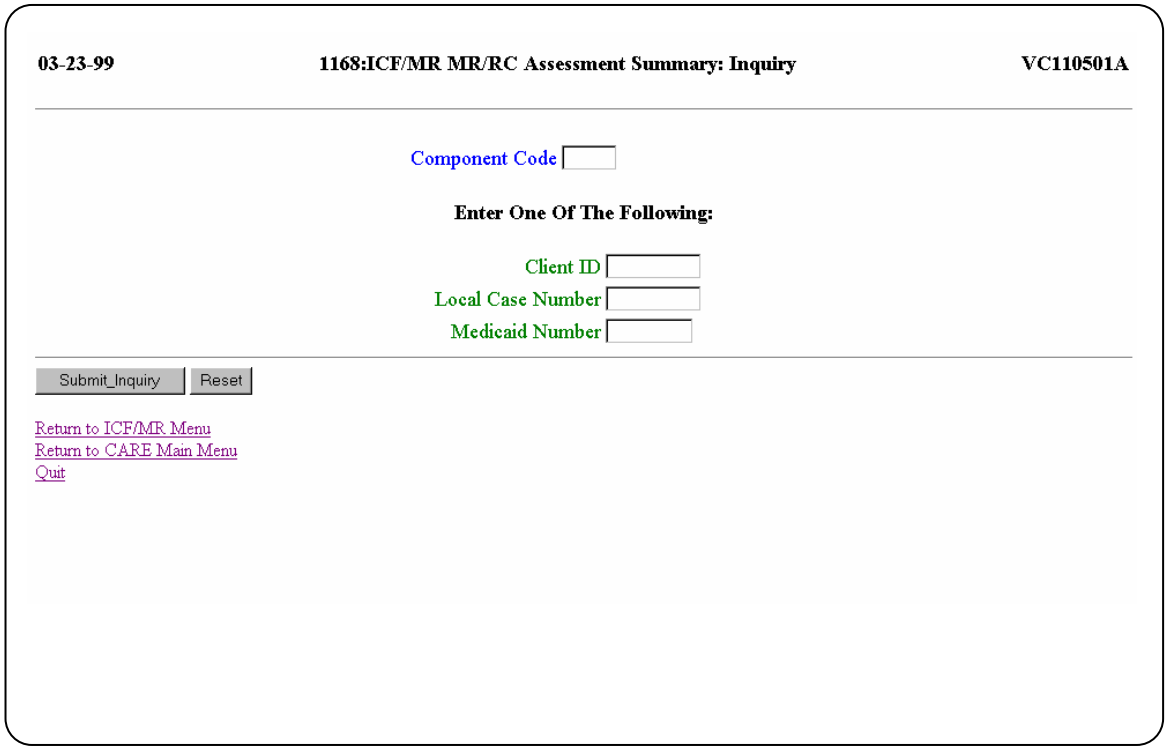
1168: ICF/MR MR/RC Assessment Summary: Inquiry

Introduction

The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen allows you to view a summary of all MR/RC Assessments for a consumer.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the client ID, local case number, **or** Medicaid number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the client ID, local case number, **or** Medicaid number.
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You *must* enter the client ID, local case number, **or** Medicaid number.

Submit Inquiry

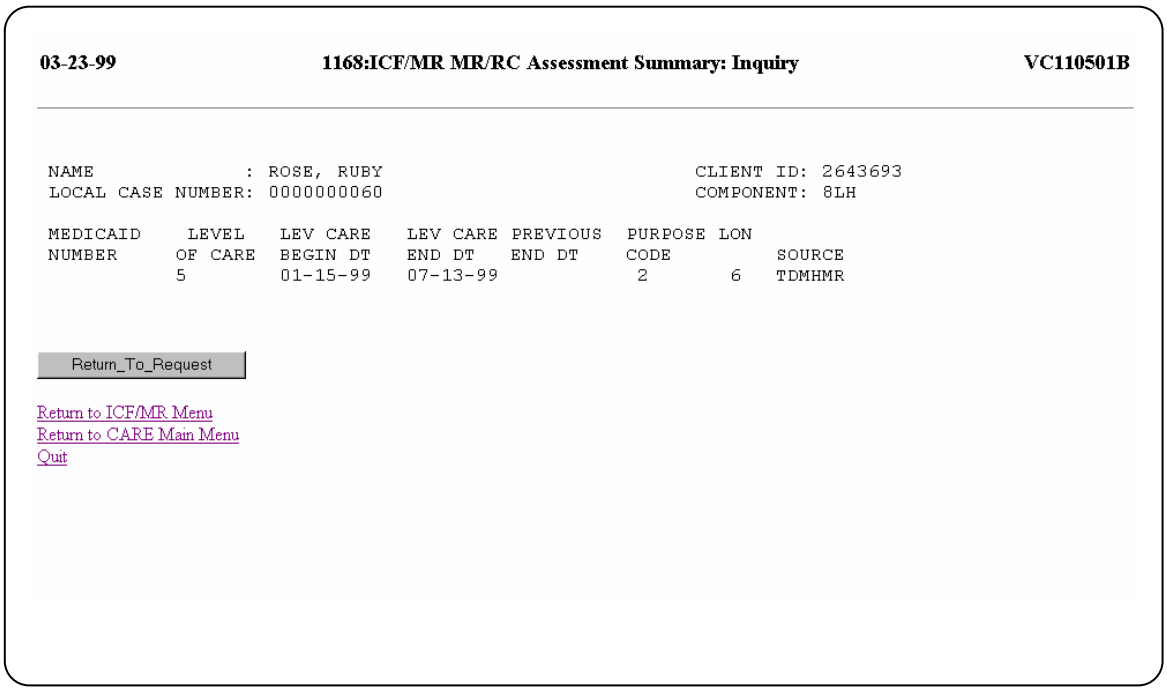
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen is displayed.

Inquiry Screen

A sample inquiry screen is shown below.



03-23-99 **1168:ICF/MR MR/RC Assessment Summary: Inquiry** **VC110501B**

NAME : ROSE, RUBY CLIENT ID: 2643693
LOCAL CASE NUMBER: 0000000060 COMPONENT: 8LH

MEDICAID NUMBER	LEVEL OF CARE	LEV CARE BEGIN DT	LEV CARE END DT	PREVIOUS END DT	PURPOSE CODE	LON	SOURCE
	5	01-15-99	07-13-99		2	6	TDMHMR

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen displays the following information: Name, Client ID, Local Case Number, Component, Medicaid Number, Level of Care, Level of Care Begin Date, Level of Care End Date, Previous End Date, Purpose Code, LON (Level of Need), and Source.

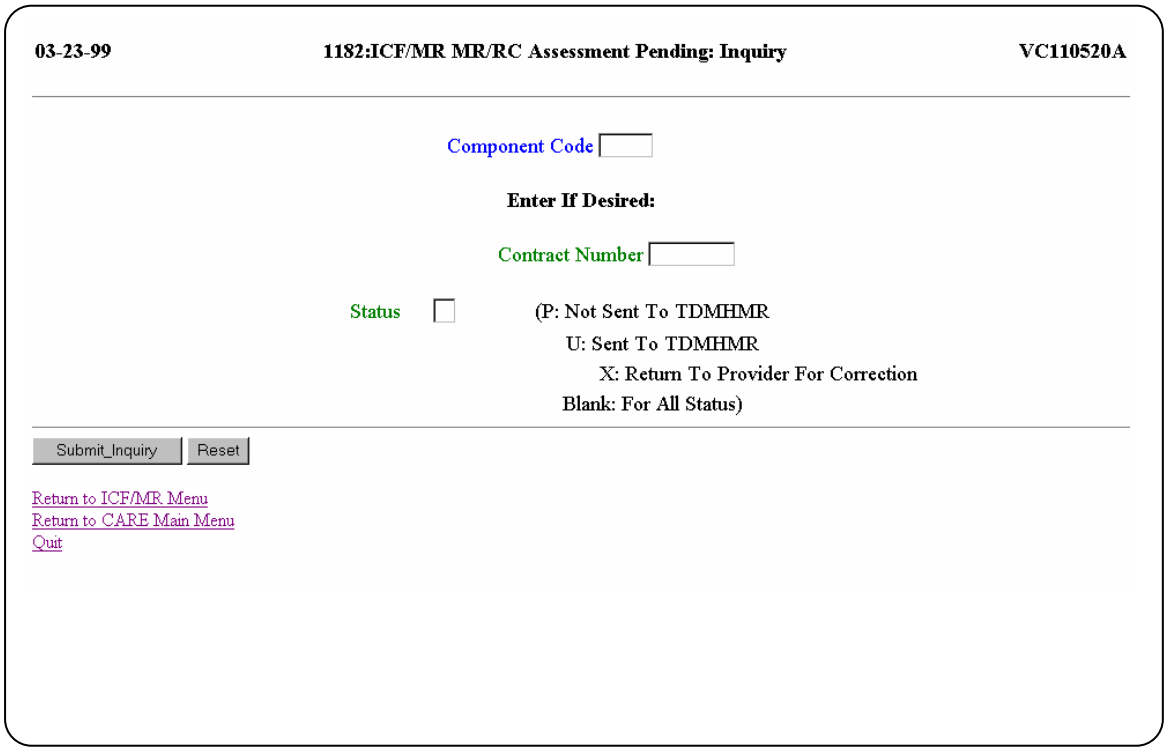
1182: ICF/MR MR/RC Assessment Pending: Inquiry

Introduction

The 1182: ICF/MR MR/RC Assessment Pending: Inquiry screen allows you to view a list of consumers whose MR/RC Assessments are pending approval through TDMHMR Central Office Utilization Review.

Request Screen

A sample request screen is shown below.



Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CONTRACT NUMBER	Key the contract number under which the consumer is receiving services, if desired.
STATUS	Key the assessment status to limit your inquiry. P = Not sent to TDMHMR U = Sent to TDMHMR X = Return to Provider for Correction Blank = For all Status

Submit Inquiry

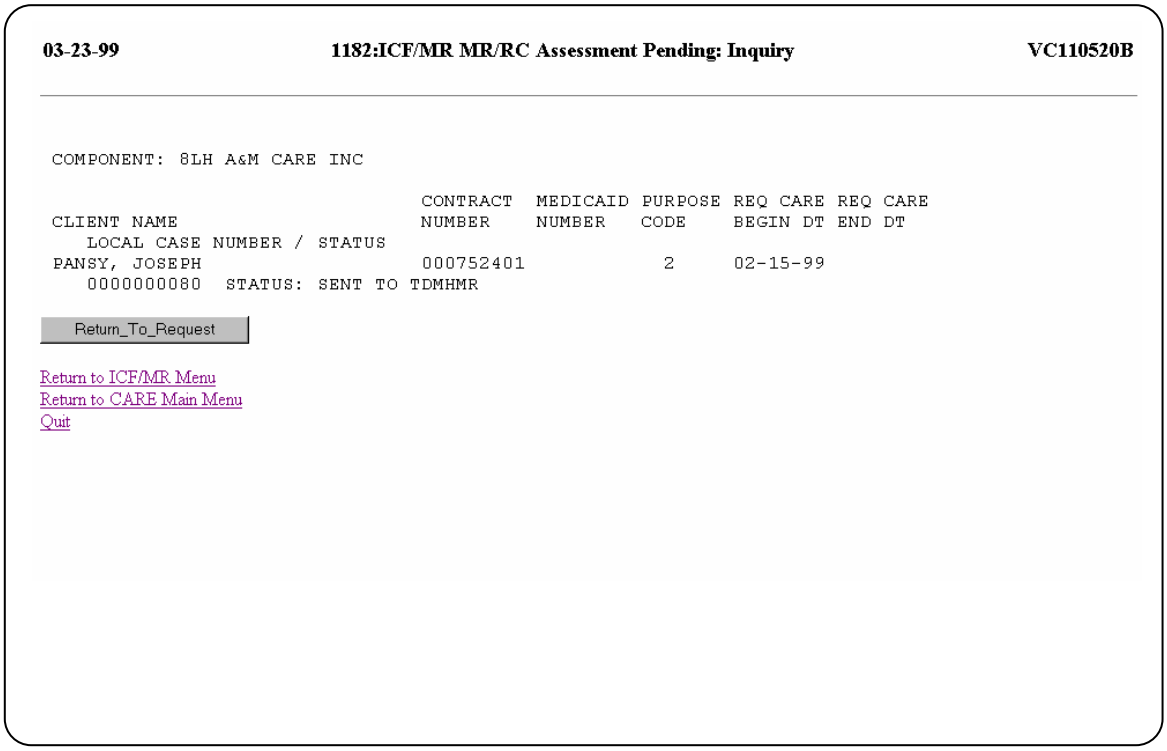
Before you click **Submit Inquiry**, you can click **Reset** to clear the data you have entered.

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 1182: ICF/MR MR/RC Assessment Pending: Inquiry screen is displayed.

Inquiry Screen

A sample inquiry screen is shown below.



03-23-99 **1182:ICF/MR MR/RC Assessment Pending: Inquiry** **VC110520B**

COMPONENT: 8LH A&M CARE INC

CLIENT NAME LOCAL CASE NUMBER / STATUS	CONTRACT NUMBER	MEDICAID NUMBER	PURPOSE CODE	REQ CARE BEGIN DT	REQ CARE END DT
PANSY, JOSEPH 0000000080 STATUS: SENT TO TDMHMR	000752401		2	02-15-99	

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1182: ICF/MR MR/RC Assessment Pending screen displays the following information: Component, Client Name, Contract Number, Medicaid Number, Purpose Code, Requested Care Begin Date, Requested Care End Date, Local Case Number, and Status.

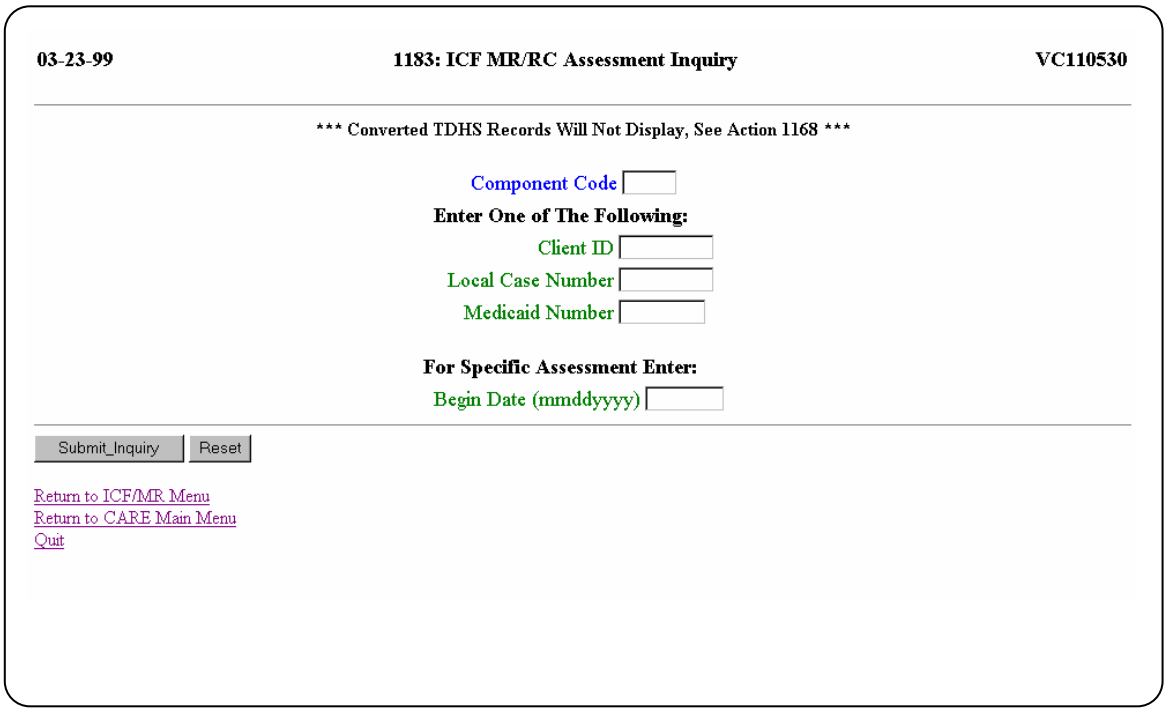
1183: ICF MR/RC Assessment Inquiry

Introduction

The 1183: ICF MR/RC Assessment Inquiry screen allows you to view a mirror image of the MR/RC assessment record for the consumer you request and displays its current status. Only records entered into 1123 will be displayed on this screen.

Request Screen

A sample request screen is shown below.



Note: The request screen indicates that converted TDHS records will *not* display using 1183 and directs you to use Action 1168 for those records.

Screen Field Table

The table describes the fields as they are displayed on the screen.

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter the Client ID, Local Case Number, ***or*** Medicaid Number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter the Client ID, Local Case Number, ***or*** Medicaid Number.
MEDICAID NUMBER	Key the consumer's Medicaid number. Rule: You must enter the Client ID, Local Case Number, ***or*** Medicaid Number.
BEGIN DATE	Key the begin date if you want to view a specific assessment.

Inquiry Screen

A sample inquiry screen is shown below and is continued on the next page.

03-23-99 **1183: ICF MR/RC Assessment Inquiry** **VC110530**

1. Facility Provider	QUINCY HOUSE	2. Contract No	000752401
3. Mailing Address	1915 WEYMOUTH CT, ARLINGTON TX, 76013		
4. Name (Last/First/Middle)	ROSE, RUBY		
5. Applicant's Address (Street or P.O.Box, City, State, Zip)			
6. Component Code	8LH	7. Case No	60
8. Medicaid No		9. Medicare No	
10. Date of Birth	07-15-1960	11. SSN	U
12. Date Completed	01-15-1999	**13. Purpose Code**	2

14. Date of Physical Exam. 01-15-1999 15. Legal Status 5 16. Res. 5 17. Rec. LOC 5 18. Rec. LON 6

Diagnosis

19. Primary Diagnosis	MILD MENTAL RETARDATION	20. Code 317	21. Version Code 9
22. Onset	07-1960		
23. Current Medical Diag.		24. Code	25. Version Code 9
26. Psychiatric Diagnosis		27. Code	28. Version Code 4

Cognitive Functioning 29. IQ 52 30. ABL 1

ICAP Data

31. Broad Independence 1 32. General Maladaptive 1 33. Service Level 1

Behavior Status

34. Behavior Program	N	35. Self-injurious Behavior	0	36. Serious Disruptive Behavior	0
37. Aggressive Behavior	0	38. Sexually Aggressive Behavior	0		

Nursing

39. Service Provider 40. Frequency Code 0

Day Services

Non-Vocational Setting:

41. Service 0 42. Frequency Code 0 43. Funding Code 0

Vocational Setting:

44. Service 0 45. Frequency Code 0 46. Funding Code 0

Functional Assessment 47. Ambulation 1

Physician's Evaluation and Recommendation	**Y=Yes N=No**
48.Does medical regimen of individual need to be under the supervision of an M.D./D.O.?	Y
49.Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?	N
50.To your knowledge does the individual have a condition of mental retardation and/or a related condition?	Y
51.Do you certify that this individual requires ICF/MR or ICF/MR/RC care?	Y

continued on next page

Inquiry Screen, continued

52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only. _____

53. Full M.D./D.O. Name JOHN DOE

54. Date 01-15-1999 55. License Number 780

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents those items of the individual's treatment plan as currently documented in the record. I further certify that this facility can provide the prescribed physical and medical care.

56. Signature of RN/LVN/QMRP/Case Manager _____

57. Full name of RN/LVN/QMRP/Case Manager JANE DOE

58. Date 01-15-1999

Requested Begin / End Dates

59. Begin Date 01-15-1999 60. End Date

For Departmental Use Only

61. LOC	5	62. LON	6
63. Effective Date	01-15-1999	64. Expiration Date	07-13-1999
65. Name of Reviewer	F550777	66. Date Reviewed	03-23-1999

67. Name of Physician

Provider Comments

Reviewer Comments

Status AUTHORIZED

Return_to_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

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Appendix A

ICF/MR Automated System Terminology

Term	Definition
CARE	TDMHMR's centralized confidential client database, which registers and tracks consumers receiving services from TDMHMR.
Central Office	The TDMHMR site, located in Austin, which houses the agency's administrative offices, including the Office of Medicaid Administration.
Claim	A request for payment of services from a provider for a single client that consists of one or more types of services performed for the client and may span multiple months. Claims may be submitted electronically or through NHIC's CMSconnect system.
Client Identification Number (Client ID/CARE ID)	Unique statewide identifier generated by the CARE system for each consumer registered by TDMHMR. This ID follows the consumer to any entity of TDMHMR.
Client/Consumer	Terms used to describe a consumer registered to receive services from the TDMHMR service delivery system.
CMS	Claims Management System
CMSconnect	A Windows-based application that supports claims submission, Medicaid eligibility/service verification authorization inquiries, claim status inquiries, electronic remittance and status, and adjustment request submissions for Long Term Care claims.
Component Code	Unique code that identifies a state hospital, state school, state center, state operated community services, community MHMR center, or private ICF/MR provider. *You must provide this code each time you contact Central Office.*
Comptroller Vendor Number	Fourteen-digit number by which the State of Texas Comptroller's office identifies the provider.
Contract Number	Six-digit number that identifies the contract under which a consumer is receiving ICF/MR services.
County of Residence (CARE)	For this population, County of Residence is typically the county in which the consumer resides.
Drop-down List	A Drop-down list displays one valid value for the field it represents when a value is selected.
Durable Medical Equipment (DME)	Equipment (adaptive aids) that withstands repeated use and is primarily and customarily used for medical purposes. Equipment/appliances must be medically necessary in each case.
ICAP Service Level	The ICAP service level identifies the level of services needed by an individual as determined by the Inventory for Client and Agency Planning (ICAP) assessment instrument.
Intermediate Care Facility for Persons with Mental Retardation (ICF/MR)	The provision of institutional care and treatment for clients with mental retardation with an onset date prior to age 18. Services include room, board, and active treatment to help clients function as independently as possible. The program is administered by TDMHMR.

continued on next page

Term	Definition
Level of Care (LOC)	The classification of services provided in Medicaid reimbursed ICF/MR facilities. An ICF/MR Level of Care is based on medical diagnosis and professional evaluation of the consumer's needs. To receive Medicaid reimbursed ICF/MR services, a consumer must be eligible for a specific level of care.
Level of Need (LON)	The level of effort necessary for a facility to provide service to an ICF/MR consumer. The Level of Need is a factor in determining the payment rate for services to that client.
Local Case Number	Number given to identify an individual's records at a component. An individual is given a case number when he or she is first assigned to a component. If an individual is assigned to more than one component, that individual will have a unique local case number at each component.
Logon Account Number (User Number)	The number, assigned to each user by TDMHMR Central Office, that identifies the user and allows that user to access the network.
MARS-G Vendor Number	Ten-digit number by which TDMHMR's Financial Services Division Management Analysis and Reporting System for Government (MARS-G) identifies the vendor.
Mental Retardation Authority (MRA)	A mental retardation component designated by the department to carry out the legislative mandate to provide certain community-based mental retardation services and coordinate continuity of services to consumers who are members of the department's defined priority population. (See Texas MHMR act, TCS, Article 5547-201, Sec. 1/02) The department designates one MRA for each local service area. This is usually a community MHMR center, but may be a state operated community MHMR service or a state center if a county is not served by a community MHMR center.
Non-State Operated Provider	Private business that provides ICF/MR services and is not affiliated with a state facility or SOCS. Community MHMR Centers are considered non-state operated providers.
Presenting Problem	Initially perceived problem for which an individual needs TDMHMR services. Individuals are identified as probably needing one of the five following areas of services: mental health, mental retardation, substance abuse, early childhood intervention, developmental delay, or related condition (MR). This is not a diagnosis, but is used to identify an individual for further evaluation and/or service by TDMHMR. ICF/MR consumers will have a presenting problem of MR or Related Condition.
Provider	A person, group, or agency who has a contract to perform a service(s) for TDMHMR consumers. Examples include licensed nursing homes, day activity and health care facilities, home and community support agencies, and others who provide a service for a fee that is paid by TDMHMR.
Radio Button	Radio buttons are like the buttons on a car radio. By clicking one button, you deselect another.
Registration	Formal enrollment into the CARE system which establishes that an individual is registered to receive services from the TDMHMR system. Registration generates the CARE Client ID that is used to identify the person statewide.

continued on next page

Term	Definition
Separation	Administrative action that documents that an individual being served is leaving the TDMHMR service delivery system. In the CARE system, individuals are separated due to death or establishing legal residence out of state.
Service Participant Group	Groupings designed to provide a structure for gathering data about members of the priority population who have specific characteristics that seem to influence the type and intensity of services required to meet their needs. Service participant groups are comprised of members of the priority population who: • **CB**: have a Challenging Behavior (with or without a mental illness diagnosis) which requires frequent intervention or regular monitoring. The severity of the behavior is such that it interferes significantly with daily living or learning activities. • **SB**: have a Severely challenging Behavior (with or without a mental illness diagnosis). The severity of the behavior is such that it seriously threatens the health and safety of this person or others. The management of the behavior is a primary consideration in planning the individual's activities. • **PD**: have a severe Physical Disability as evidenced by a need for an ongoing program designed and monitored by a professionally qualified habilitation therapist or specialist. Such programs are designed to alleviate the primary condition and decrease the effects of any secondary disability. These disabilities may include, but are not limited to, eating problems, ambulation problems, severe sensory (tactile, visual, and/or auditory) impairments, and other major physical disabilities. • **HC**: have a Health Care need so severe that its treatment and monitoring are the foremost considerations in planning the individual's activities. Immediate 24-hour response from nursing staff, weekly physician intervention, and monitoring of a health care plan by a professional nurse is often needed. • **TS**: need either Training or Support to enable or maintain their community arrangements for living, working, training, etc. • **EC**: are eligible to receive Early Childhood Intervention services. • **UC**: Unclassified.
State Operated Provider	State facility (state school or state center) or SOCS (State Operated Community Services) that provides ICF/MR services.

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Appendix B

Forms

Introduction

Appendix B contains copies of the forms available for ICF/MR.

In this Section

This section contains the following:

- CARE-REG1 Client Registration Form and Form Field Table
- MR/RC Assessment Form and Instructions
- ICF/MR Client Movement Form and Form Field Table
- ICF/MR Automated System Provider Access Request – IS 098 and Instructions
- ICF/MR Automated System Access Authorization Designees
- Non-Disclosure Agreement for Full/Part Time State Employees
- Non-Disclosure Agreement for Non-State Employees

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CARE

Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

CARE-REG1 **Client Registration** (Action Code 325) Rev. 5/1/96

Action Add: ☐ Update: ☐

Last Name/ Suffix ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐☐

Client ID ☐☐☐☐☐☐☐☐☐☐

Local Case Number ☐☐☐☐☐☐☐☐☐☐

Component ☐☐☐

Sex ☐ (M=Male, F=Female)

Ethnicity ☐ (W=White, B=Black, H=Hispanic, A=Asian, I=American Indian, O=Other/Unknown)

Birthdate ☐☐-☐☐-☐☐☐☐ MM DD YYYY

Social Security Number ☐☐☐-☐☐-☐☐☐☐ (N=None, U=Unknown)

Medicaid Number ☐☐☐☐☐☐☐☐☐

Medicare Number ☐☐☐☐☐☐☐☐☐☐☐☐

Presenting Problem ☐ (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC)

Registration Effective Date ☐☐-☐☐-☐☐ MM DD YY

Registration Effective Time ☐☐-☐☐-☐ HH MM A/P

Street Address _____ ☐☐ Zip Code _____

City _____

County of Residence _____ Code ☐☐☐

☐☐

Service Participant Group (MR Only) ☐ Legal Guardianship

☐ Marital Status

☐☐ Family Size ☐☐☐☐☐☐ Estimated Annual Gross Family Income

	Primary Correspondent	Secondary Correspondent
Name	_____	_____
Street	_____	_____
City	_____	_____
State	☐☐	☐☐
Zip Code	_____	_____
Relationship	☐☐	☐☐
Phone	(___) _____	(___) _____

Completed By: _____ Date: _____

Client Registration Form

Form Fields — The following table describes the fields as they are displayed on the form.

Field Name	Contents
ACTION ADD	You must check this box if you believe the person *is not* registered in CARE.
ACTION UPDATE	You must check this box if the person *is* registered in CARE.
LAST NAME	Person's last name.
SUFFIX	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	Person's first name.
MIDDLE NAME	Person's middle name.
CLIENT ID	Person's statewide identification number.
LOCAL CASE NUMBER	Person's local case number.
COMPONENT	Component code.
SEX	Person's sex. M = Male, F = Female.
ETHNICITY	Person's ethnicity. W = White B = Black H = Hispanic A = Asian I = American Indian O = Other/Unknown
BIRTHDATE	Person's date of birth. MMDDYYYY format.
SOCIAL SECURITY NUMBER	Person's social security number *or* N = None, U = Unknown.
MEDICAID NUMBER	Person's Medicaid number.
MEDICARE NUMBER	Person's Medicare number.
PRESENTING PROBLEM	One-digit code to indicate the person's presenting problem. 1 = MH (Mental Health) 2 = MR (Mental Retardation) 3 = ECI/DD (Early Childhood Intervention/Developmentally Delayed) 4 = SA (Substance Abuse) 5 = RC (Related Condition-MR only)

continued on next page

Client Registration Form, Continued

Form Fields, continued

Field Name	Contents
REGISTRATION EFFECTIVE DATE	Date the registration is effective. MMDDYY format.
REGISTRATION EFFECTIVE TIME	Time the registration is effective. HHMM A/P format.
STREET ADDRESS	Person's street address.
CITY	Person's city of residence.
STATE	Person's state of residence.
ZIP CODE	Person's zip code and zip code suffix (if available).
COUNTY OF RESIDENCE	Name of the person's county of residence.
CODE	Three-digit code for the person's county of residence.
SERVICE PARTICIPANT GROUP (MR ONLY)	Person's MR service participant group.
MARITAL STATUS	Person's marital status. 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never Married 6 = Unknown/NA
FAMILY SIZE	Number of persons supported on the person's family's estimated annual gross income. Includes the number of parents living in the household, the number of dependent children, the person and any other persons dependent on the family for support.
LEGAL GUARDIANSHIP	Person's legal status. 1 = Minor 2 = Minor with conservator 3 = Adult with guardian of estate and person 4 = Adult with guardian of estate 5 = Adult with guardian of person 6 = Limited guardian 7 = Temporary guardian 8 = No guardian
ESTIMATED ANNUAL GROSS FAMILY INCOME	Total annual gross income of all family members living with the person, rounded to the nearest thousand. Do not enter commas or decimal points.

continued on next page

Form Fields, continued

Field Name	Contents
PRIMARY CORRESPONDENT NAME	Name of the first person to contact on behalf of the person in case of an emergency.
STREET	Primary correspondent's street address.
CITY	Primary correspondent's city of residence.
STATE	Primary correspondent's state of residence.
ZIP CODE	Zip code and zip code suffix (if available) of primary correspondent.
RELATIONSHIP	Relationship of the primary correspondent to the person. If a primary correspondent is named, this field is required.
PHONE	Telephone number of primary correspondent. If the telephone number is entered, the area code is required.
SECONDARY CORRESPONDENT NAME	Name of the person to contact on behalf of the person in case of an emergency if the primary correspondent cannot be reached.
STREET	Secondary correspondent's street address.
CITY	Secondary correspondent's city of residence.
STATE	Secondary correspondent's state of residence.
ZIP CODE	Zip code and zip code suffix (if available) of secondary correspondent.
RELATIONSHIP	Relationship of the secondary correspondent to the person. If a secondary correspondent is named, this field is required.
PHONE	Telephone number of secondary correspondent. If the telephone number is entered, the area code is required.
COMPLETED BY	Signature of the person completing the form.
DATE	Date the form is completed.

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TDMHMR-MR/RC
August 1998

MR/RC Assessment

1. Facility/Provider Name _____ 2. Contract No. _ _ _ _ _ _ _ _ _ _

3. Mailing Address _____

_____

4. Name (Last/First/Middle) _____

5. Applicant's Address (Street or PO Box, City, State, Zip) _____

_____

6. Component Code _ _ _ _ _ 7. Case No. _ _ _ _ _ _ _ _ _ _

8. Medicaid No. _ _ _ _ _ _ _ _ _ 9. HIC/Medicare No. _ _ _ _ _ _ _ _ _ _ _ _

10. Date of Birth _ _ / _ _ / _ _ _ _ (MM / DD / YYYY) 11. SSN _ _ _ - _ _ - _ _ _ _

12. Date Completed _ _ / _ _ / _ _ _ _ (MM / DD / YYYY) **13. Purpose Code** _

14. Date of Physical Examination _ _ / _ _ / _ _ _ _ (MM / DD / YYYY) 15. Legal Status _ 16. Prev. Res. _ 17. Rec. LOC _ 18. Rec. LON _

Diagnosis

19. Primary Diagnosis _ _ . _ _ _ _ _____ 20. Code _ _ _ _ _ _ 21. Version Code _

22. Onset _ _ / _ _ _ _ (MM / YYYY)

23. Current Medical Diagnosis _____ 24. Code _ _ _ _ _ _ 25. Version Code _

26. Psychiatric Diagnosis _____ 27. Code _ _ _ _ _ _ 28. Version Code _

Cognitive 29. IQ _ _ _ 30. ABL _

ICAP Data

31. Broad Independence _ _ _ 32. General Maladaptive _ _ _ 33. ICAP Service Level _ _

Behavioral Status

34. Behavior Program _ 35. Self-injurious Behavior _ 36. Serious Disruptive Behavior _

37. Aggressive Behavior _ 38. Sexually Aggressive Behavior _

Nursing

39. Service Provider _ _ 40. Frequency Code _ _

Day Services

Non-Vocational Setting:

41. Service _ _ 42. Frequency Code _ _ 43. Funding Code _ _

Vocational Setting:

44. Service _ _ 45. Frequency Code _ _ 46. Funding Code _ _

Functional Assessment

47. Ambulation

MR/RC Assessment

Physician's Evaluation and Recommendation

Y = Yes, N = No

48. Does medical regimen of individual need to be under the supervision of an M.D./D.O.? ___

49. Will the health status of the individual prevent participation in the active treatment of the ICF/MR program? ___

50. To your knowledge does the individual have a condition of mental retardation and/or a related condition? ___

51. Do you certify that this individual requires ICF/MR or ICF/MR-RC care? ___

52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only. _____

53. Full M.D./D.O. Name (Please Print) _____

54. Date __ __ - __ __ - __ __ __ __ (MM DD YYYY) 55. License Number _____

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents those items of the individual's treatment plan as currently documented in the record.

I further certify that this facility can provide the prescribed physical and medical care.

56. Signature of RN/LVN/QMRP/Case Manager/MRLA Service Coordinator _____

57. Full Name of RN/LVN/QMRP/Case Manager/MRLA Service Coordinator (Please Print) _____

58. Date __ __ - __ __ - __ __ __ __ (MM DD YYYY)

Requested Begin/End Dates

59. Begin Date __ __ - __ __ - __ __ __ __ (MM DD YYYY)

60. End Date __ __ - __ __ - __ __ __ __ (MM DD YYYY)

For Departmental Use Only

61. LOC ___ 62. LON ___

63. Effective Date __ __ - __ __ - __ __ __ __ (MM DD YYYY)

64. Expiration Date __ __ - __ __ - __ __ __ __ (MM DD YYYY)

65. Name of Reviewer _____

66. Date Reviewed __ __ - __ __ - __ __ __ __ (MM DD YYYY)

67. Name of Physician _____

Provider Comments

Reviewer Comments

MR-RC Assessment Instructions

Terms

The following terms are used in these instructions:

- **ICF/MR** - Intermediate Care Facilities for Persons with Mental Retardation
- **ICF/MR-RC** - Intermediate Care Facilities for Persons with Mental Retardation or a Related Condition
- **HCS** - Home and Community-based Services
- **HCS-O** – Home and Community-based Services – OBRA
- **MRLA** - Mental Retardation Local Authority
- **TDMHMR Waiver Programs** - HCS, HCS-O, MRLA

Purpose

These instructions are to be used for all ICF/MR and TDMHMR waiver programs.

The purpose of the MR/RC Assessment form is to:

- make an assignment of a Level of Care for the ICF/MR and TDMHMR Waiver Programs
- make an assignment of a Level of Need for the ICF/MR and TDMHMR Waiver Programs
- demonstrate compliance with federal utilization review requirements.

When to Prepare

An interested party may provide information to complete the MR/RC Assessment form on behalf of a person to request a level of care assessment for the ICF/MR program or TDMHMR Waiver Programs (HCS, HCS-O, or MRLA). Once a person is enrolled in a program, this form is completed for every level-of-care action. Additionally, this form is used to document the level of need.

Use the MR/RC Assessment form to:

- obtain a level of care for entry into an ICF/MR facility and TDMHMR waiver programs
- comply with continued-stay review
- request a change in a level of need
- request a reconsideration of level of care for a gap in assessment (Purpose Code E)

Transmittal	Follow these transmittal procedures as appropriate: • For *all* MR/RC assessments, enter the form into the TDMHMR automated system. • For persons with a Related Condition enrolling into the ICF/MR or TDMHMR Waiver Programs, a copy of the Related Conditions Eligibility Screening Instrument must be kept in the consumer's chart. • All other original forms must be maintained by the provider.
Form Retention	Keep copies of all forms for five years after a recipient's discharge or death. The facility must keep the records of persons under 18 for three years beyond his 18th birthday even if this retention period exceeds five years.
Source of Forms & Information Regarding the MR/RC Assessment	The copy of the MR/RC Assessment form that precedes this section can be used to make additional copies. The form is also available through the Office of Medicaid Administration web page (www.mhmr.state.tx.us/medicaid). If you have any questions regarding the MR/RC Assessment form or instructions, call the TDMHMR Medicaid Administration Help Desk at (512) 206-5577. If you want to mail your inquiries, use the following address: TDMHMR ATTN: UR/UC Medicaid Administration P.O. Box 12668 Austin, TX 78711-2668

Purpose Code 4 Special Instructions

For a Purpose Code 4, *only* the following fields are entered on the assessment:

1. FACILITY/PROVIDER NAME
2. CONTRACT NO.
3. MAILING ADDRESS
4. NAME
5. APPLICANT'S ADDRESS
6. COMPONENT CODE
7. CASE NO.
8. MEDICAID NO.
9. HIC/MEDICARE NO.
10. DATE OF BIRTH
11. SSN
12. DATE COMPLETED
13. PURPOSE CODE
18. REC. LON

ICAP DATA

31. BROAD INDEPENDENCE
32. GENERAL MALADAPTIVE
33. ICAP SERVICE LEVEL

BEHAVIORAL STATUS

34. BEHAVIOR PROGRAM
35. SELF-INJURIOUS BEHAVIOR
36. SERIOUS DISRUPTIVE BEHAVIOR
37. AGGRESSIVE BEHAVIOR
38. SEXUALLY AGGRESSIVE BEHAVIOR

NURSING (Required only for ICF/MR Program, not TDMHMR Waiver Programs)

39. SERVICE PROVIDER
40. FREQUENCY CODE

PROVIDER CERTIFICATION

56. SIGNATURE OF RN/LVN/QMRP/CASE MANAGER/MRLA SERVICE COORDINATOR
57. FULL NAME OF RN/LVN/QMRP/CASE MANAGER/MRLA SERVICE COORDINATOR
58. DATE OF SIGNATURE

REQUESTED BEGIN/END DATES

59. BEGIN DATE (Begin date cannot precede the data entry date.)

Refer to the following form field table for a description of the contents of these fields.

Form Fields

The following table describes the fields as they are displayed on the form.

Field Name	Contents
1. FACILITY/PROVIDER NAME	If the person lives in an ICF/MR or ICF/MR-RC facility, the name of the facility. If the person is receiving waiver services, the name of the provider agency.
2. CONTRACT NO.	Contract number under which services are provided to this person.
3. MAILING ADDRESS	Provider's mailing address for facility or waiver services.
4. NAME (LAST/FIRST/MIDDLE)	Person's last name, first name, and middle name or initial.
5. APPLICANT'S ADDRESS	Person's current address, including street or PO box, city, state, and zip code.
6. COMPONENT CODE	Code to indicate the agency component at which the person is or will be receiving services.
7. CASE NO.	Person's local case number assigned by the component.
8. MEDICAID NO.	Person's Medicaid number, if known.
9. HIC/MEDICARE NO.	Person's Health Insurance Claim (HIC) number and letters or Medicare number, if known.
10. DATE OF BIRTH	Person's date of birth in MMDDYYYY format.
11. SSN	Person's nine-digit social security number.
12. DATE COMPLETED	Date the form is completed by the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator.
13. PURPOSE CODE	Code to indicate the purpose of this assessment. 2 = No Current Assessment 3 = Continued Stay Assessment 4 = Change LON on Existing Assessment (requires supporting documentation to be forwarded to TDMHMR, UR/UC, Medicaid Administration, P.O. Box 12668, Austin, TX 78711) E = Gaps in Assessment
14. DATE OF PHYSICAL EXAMINATION	Date of the most recent physical evaluation in MMDDYYYY format.
15. LEGAL STATUS	Code to indicate the person's legal status. 0 = Minor - less than 18 years of age (with parent/guardian) 1 = Minor (ward of the state) 2 = Minor w/conservator 3 = Adult w/guardian of estate and person 4 = Adult w/guardian of estate 5 = Adult w/ guardian of person 6 = Adult w/limited guardianship 7 = Adult w/temporary guardian 8 = Adult, no guardian

continued on next page

Form Fields, continued

Field Name	Contents
16. PREV. RES.	Code to indicate the person's previous residence location (program) before the current enrollment. 1 = Home (not enrolled in any program) 2 = Hospital 3 = Another ICF/MR community-based facility 4 = HCS, HCS-O, MRLA, or CLASS provider services 5 = State hospital or state school 6 = Nursing facility 7 = Other 8 = Cannot determine
17. REC. LOC	(Recommended Level of Care) Code to indicate the level of care recommended by the provider. 0 = Denial of LOC 1 = LOC 1 8 = LOC VIII
18. REC. LON	(Recommended Level of Need) Code to indicate the level of need recommended by the provider. 1 = LON 1 (Intermittent) 5 = LON 5 (Limited) 8 = LON 8 (Extensive) 6 = LON 6 (Pervasive) 9 = LON 9 (Pervasive +) Note: See page 11 for information on calculating Level of Need.
DIAGNOSIS 19. PRIMARY DIAGNOSIS	Person's current primary diagnosis as determined by a physician. A primary diagnosis is the condition that is chiefly responsible for occasioning the request for programmatic services.
20. CODE	Code from the International Classification of Diseases-9th Revision-Clinical Modification Manual (ICD-9CM) indicating the person's primary diagnosis.
21. VERSION CODE	Version of the ICD-9CM used for the person's primary diagnosis.
22. ONSET	Month and year that the person's disabling condition was originally diagnosed.
23. CURRENT MEDICAL DIAGNOSIS	Any other current medical diagnoses that the person may have as determined by a physician. Used to indicate other factors that have a direct bearing on the required treatment or care.
24. CODE	Code from the ICD-9CM indicating the person's current medical diagnosis.
25. VERSION CODE	Version of the ICD-9CM used for the person's current medical diagnosis.
26. PSYCHIATRIC DIAGNOSIS	Diagnosis if the person has any current mental disorder(s) in the Diagnosis and Statistical Manual of Mental Disorders (DSM).
27. CODE	Code from the DSM for the person's psychiatric diagnosis.

continued on next page

Form Fields, continued

Field Name	Contents
28. VERSION CODE	Version of the DSM used for the person's psychiatric diagnosis.
COGNITIVE FUNCTIONING 29. IQ	Actual IQ score, if obtainable. If IQ cannot be ascertained for a person because of the severity of the disability (such as profound mental retardation), enter 19 as the score. Note: This item is optional if LOC VIII is requested.
30. ABL	Code to indicate the person's Adaptive Behavior Level. 01 = Mild ABL deficit 02 = Moderate ABL deficit 03 = Severe ABL deficit 04 = Profound ABL deficit
ICAP DATA 31. BROAD INDEPENDENCE	Enter the domain score.
32. GENERAL MALADAPTIVE	Enter the score with + or - as applicable.
33. ICAP SERVICE LEVEL	Enter the person's actual service level obtained from the ICAP assessment.
BEHAVIORAL STATUS 34. BEHAVIOR PROGRAM	**Y** (Yes) or **N** (No) to indicate whether or not a behavior program is in place for the person. Note: If a value of **N** is entered, Items 35-38 must have a value of **O**.
35. SELF-INJURIOUS BEHAVIOR	(Behavior examples include self-inflicted tissue damage, including that related to property destruction, pica, and excessive food consumption for individuals with Prader-Willi syndrome.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
36. SERIOUS DISRUPTIVE BEHAVIOR	(Behavior examples include threatening strangers, running into traffic, and public disrobing.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.

continued on next page

Form Fields, continued

Field Name	Contents
37. AGGRESSIVE BEHAVIOR	(Behavior examples include physical attacks against others.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
38. SEXUALLY AGGRESSIVE BEHAVIOR	(Behavior examples include sexual assault, pedophilia, and public masturbation.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
NURSING 39. SERVICE PROVIDER	Code to indicate the licensed or registered professionals who provide nursing services to the person. 15 = Registered Nurse 16 = Licensed Vocational Nurse
40. FREQUENCY CODE	Code to indicate the frequency of nursing services for the person. 0 = Person does not have these services included in the IPP, ISP, IPC, or IHP 1 = 15 minutes or less per week 2 = 16-30 minutes per week 3 = 31-60 minutes per week 4 = 61-149 minutes per week 5 = 150-180 minutes per week 6 = 181 or more minutes per week
DAY SERVICES NON-VOCATIONAL SETTING 41. SERVICE	Code to indicate the day service in a non-vocational setting in which the person participates. 0 = Person does not participate in Day Services 1 = Day Activity (non-vocational training)
42. FREQUENCY CODE	Code to indicate the frequency of the person's participation in day services in a non-vocational setting. 0 = Person does not participate in Day Services 1 = up to 5 hours per week 2 = 6-10 hours per week 3 = 11-15 hours per week 4 = 16-20 hours per week 5 = 21-25 hours per week 6 = 26 or more hours per week

continued on next page

Form Fields, continued

Field Name	Contents
DAY SERVICES, continued **NON-VOCATIONAL SETTING** 43. FUNDING CODE	Code to indicate funding for the day services in a non-vocational setting. 0 = Person does not participate in Day Services 1 = Medicaid funding 2 = Texas Education Agency funding 3 = Funding from other state agencies 4 = General Revenue funding 5 = Other funding sources (church, senior citizen center, Salvation Army, etc.)
DAY SERVICES **VOCATIONAL SETTING** 44. SERVICE	Code to indicate the day service in a vocational setting in which the person participates. 0 = Person does not participate in Day Services 1 = Vocational Training (workshop, work crews, enclaves, employment assessments, job development) 2 = Supported Employment 3 = Both Vocational Training and Supported Employment (both 1 and 2)
45. FREQUENCY CODE	Code to indicate the frequency of the person's participation in day services in a vocational setting. 0 = Person does not participate in Day Services 1 = up to 5 hours per week 2 = 6-10 hours per week 3 = 11-15 hours per week 4 = 16-20 hours per week 5 = 21-25 hours per week 6 = 26 or more hours per week
46. FUNDING CODE	Code to indicate funding for the day services in a vocational setting. 0 = Person does not participate in Day Services 1 = Medicaid funding 2 = Texas Education Agency funding 3 = Vocational Rehabilitation funding (TRC/TCB) 4 = General Revenue funding 5 = Other funding sources (church, senior citizen center, Salvation Army, etc.)
FUNCTIONAL ASSESSMENT 47. AMBULATION	Code to indicate the person's ambulation. 1 = Walks independently; walks with no supervision or physical hands-on assistance. May require mechanical devices (such as cane, crutch, or walker) but not a wheelchair 2 = Walks with intermittent supervision or physical hands-on assistance for difficult maneuvers (such as for stairs, ramps). May or may not require the use of mechanical devices (such as cane, crutch, or walker) but not a wheelchair 3 = Walking requires constant supervision and/or physical hands-on assistance (with or without mechanical devices but not a wheelchair) 4 = Wheelchair is the most appropriate method of ambulation

continued on next page

Form Fields, continued

Field Name	Contents
PHYSICIAN'S EVALUATION AND RECOMMENDATION	
48. DOES MEDICAL REGIMEN OF INDIVIDUAL NEED TO BE UNDER THE SUPERVISION OF AN M.D./D.O.?	**Y** (Yes) or **N** (No) to indicate whether or not the person's medical regimen needs to be under the supervision of an M.D. or D.O. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
49. WILL THE HEALTH STATUS OF THE INDIVIDUAL PREVENT PARTICIPATION IN THE ACTIVE TREATMENT OF THE ICF/MR PROGRAM?	**Y** (Yes) or **N** (No) to indicate whether or not the person's health status will prevent participation in the active treatment of the ICF/MR program. Note: **N** must be indicated for the person to be eligible for ICF/MR program or waiver services.
50. TO YOUR KNOWLEDGE DOES THE INDIVIDUAL HAVE A CONDITION OF MENTAL RETARDATION AND/OR A RELATED CONDITION?	**Y** (Yes) or **N** (No) to indicate whether or not the person has a condition of mental retardation and/or a related condition. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
51. DO YOU CERTIFY THAT THIS INDIVIDUAL REQUIRES ICF/MR OR ICF/MR-RC CARE?	**Y** (Yes) or **N** (No) to indicate whether or not you certify that this person requires ICF/MR or ICF/MR-RC care. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
52. SIGNATURE-M.D./D.O. I ATTEST TO ITEM 19 AND ITEMS 48 THROUGH 51 ONLY.	Signature of the M.D./D.O.
53. FULL M.D./D.O. NAME	Physician's printed full name.
54. DATE	Date of the physician's signature.
55. LICENSE NUMBER	Physician's license number.
PROVIDER CERTIFICATION	
56. SIGNATURE OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR	Signature of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator responsible for the completion of this form.
57. FULL NAME OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR	Printed full name of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator who signed the form.
58. DATE	Date of the signature of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator who signed the form.

continued on next page

Form Fields, continued

Field Name	Contents
REQUESTED BEGIN/END DATES 59. BEGIN DATE	Requested effective date of the LOC determination/LON assignment.
60. END DATE	Requested end date of the LOC determination/LON assignment. Note: Use END DATE *only* for Purpose Code E.
FOR DEPARTMENTAL USE ONLY 61. LOC	(Level of Care) Code to indicate the assigned level of care. 0 = Denial of LOC 1 = LOC 1 8 = LOC VIII
62. LON	(Level of Need) Code to indicate the assigned level of need. 0 = Denial of LON 1 = LON 1 (Intermittent) 5 = LON 5 (Limited) 8 = LON 8 (Extensive) 6 = LON 6 (Pervasive) 9 = LON 9 (Pervasive +) Note: See page 11 for information on calculating Level of Need.
63. EFFECTIVE DATE	Effective date of the LOC determination/LON assignment.
64. EXPIRATION DATE	Expiration date of the LOC determination/LON assignment.
65. NAME OF REVIEWER	Name of person reviewing the assessment and assigning the LOC/LON.
66. DATE REVIEWED	Date the assessment was reviewed.
67. NAME OF PHYSICIAN	Name of TDMHMR physician who reviews the assessment when LOC has been denied.

Calculating Level of Need (LON)

LON	Description	ICAP Service Level	Service Score Range	Other
1	Intermittent	7, 8, or 9	>= 70	
5	Limited	4, 5, or 6	40 – 69	
8	Extensive	2 or 3	20 – 39	
6	Pervasive	1	1 – 19	
9	Pervasive Plus	Any	Any	Must have a value of **2** in at least one of the following behavior items: 35. Self-Injurious behavior 36. Serious Disruptive Behavior 37. Aggressive Behavior 38. Sexually Aggressive Behavior

Behavior Increase (*both* **ICF/MR** *and* **HCS/HCS-O/MRLA**):

If at least one of the behavior items 35 through 38 is a value of one, then a behavior increase is indicated. If the level of need has a value of 1, 5, or 8, then the level of need will be increased one level.

Medical Increase (**ICF/MR only**)

If item 40 Nursing: Frequency Code has a value of 6 indicating that 181 or more minutes per week of nursing services are provided and item 39 Nursing: Service Provider has a value of 15 or 16 (15=Registered Nurse, 16=Licensed Vocational Nurse), then a medical increase is indicated. If the level of need has a value of 1, 5, or 8, then the level of need will be increased one level.

Note 1: A level of need 6-pervasive will never be increased to a level of need 9-pervasive plus.

Note 2: Cap guidelines for HCS/HCS-O/MRLA consumers is based on their level of need. If the information on the MR/RC Assessment form indicates a medical increase, then that consumer's cap guideline will be increased one level. If the level of need has a value of 1, 5, or 8, then the cost ceiling will be increased one level.

Note 3: In ICF/MR a consumer's level of need can only be increased one time.
For example, if a consumer's MR/RC Assessment satisfies both the behavior criteria for an increase *and* the nursing criteria for an increase, then their level of need is only increased *one* level.

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TDMHMR-Client Movement
November 1998

ICF/MR Client Movement

11/3/98

Last Name/ Suffix
First Name
Middle Name

Client ID
Component
Local Case Number
Social Security No.

Action Add: ☐ Change: ☐ Delete: ☐

Movement Effective Date MM DD YYYY

Movement Effective Time HH MM A/P

Location Code (State Operated)

or

Contract No. (Non-State Operated)

Movement Code:

Admission/Discharge

ADM	Admission
DRE	Discharge

Non-State Operated

AEV	Absent-Extended Visit
ASA	Absent-Special Activity: Therapeutic
ATH	Absent-Therapeutic Visit
AX	Absent-Other
RET	Return from Absence

State Operated

AHI	Absent-Comm. Hosp. w/Priv. Ins.
AHN	Absent-Comm. Hosp. w/o Priv. Ins.
AHV	Absent-Home Visit
ANS	Absent-Special Activity
ASA	Absent-Special Activity: Therapeutic
ATV	Absent-Home Visit: Therapeutic
AUD	Absent-Unauthorized Departure
AX	Absent-Other
RET	Return from Absence

Residential Type: ☐ *For Admissions or Returns, enter previous residential setting. For Discharges, enter residential setting to which person is going.*

1 Hospital
2 Nursing Facility
3 Non-State Operated Facility
4 Medicare/SNF
5 Home
6 State Operated Facility
7 Hospice
8 Private Pay Facility
9 Other/Unknown

If admitted from or discharged to a hospital or private pay facility, then enter date of admission to that facility. MM DD YYYY

Comments:

Signature - Administrator _____ Date _____

Print Name _____

Completed By: _____ Date: _____

ICF/MR Client Movement Form

Form Fields

The following table describes the fields as they are displayed on the form.

Field Name	Contents
LAST NAME	Person's last name.
SUFFIX	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	Person's first name.
MIDDLE NAME	Person's middle name.
CLIENT ID	Person's statewide identification number.
COMPONENT	Component code.
LOCAL CASE NUMBER	Person's local case number.
SOCIAL SECURITY NO.	Person's social security number *or* N = None, U = Unknown.
ACTION ADD	Check this box to add a client movement record.
ACTION CHANGE	Check this box to change a client movement record.
ACTION DELETE	Check this box to delete a client movement record.
MOVEMENT EFFECTIVE DATE	Effective date of the client movement. MMDDYYYY format.
MOVEMENT EFFECTIVE TIME	Effective time of the client movement. HHMM A/P format.
LOCATION CODE	Location code. *Required for state operated providers*.
CONTRACT NO.	Contract number under which services are provided. *Required for non-state operated providers*.

continued on next page

Form Fields, continued

Field Name	Contents
MOVEMENT CODE	Code to indicate the person's movement. **Admission/Discharge (State Operated and Non-State Operated)** ADM = Admission DRE = Discharge **Non-State Operated** AEV = Absent-Extended Visit ASA = Absent-Special Activity: Therapeutic ATH = Absent-Therapeutic Visit AX = Absent-Other RET = Return from Absence **State Operated** AHI = Absent-Comm. Hospital with Private Insurance AHN = Absent-Comm. Hospital without Private Insurance AHV = Absent-Home Visit ANS = Absent-Special Activity ASA = Absent-Special Activity: Therapeutic ATV = Absent-Home Visit: Therapeutic AUD = Absent-Unauthorized Departure AX = Absent-Other RET = Return from Absence
RESIDENTIAL TYPE	For Admissions or Returns from Absence, enter previous residential setting. For Discharges, enter residential setting to which person is going. 1 = Hospital 2 = Nursing Facility 3 = Non-State Operated Facility 4 = Medicare/SNF 5 = Home 6 = State Operated Facility 7 = Hospice 8 = Private Pay Facility 9 = Other/Unknown
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY, THEN ENTER DATE OF ADMISSION TO THAT FACILITY.	Date of admission to a facility (if admitted from or discharged to a hospital or private pay facility.) MMDDYYYY format.
COMMENTS	Enter any comments about the movement.

continued on next page

Form Fields, continued

Field Name	Contents
SIGNATURE – ADMINISTRATOR	Signature of the administrator.
DATE	Date of the administrator's signature.
PRINT NAME	Administrator's printed full name.
COMPLETED BY	Signature of the person completing the form.
DATE	Date the form is completed.

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TDMHMR ACCESS AUTHORIZATION REQUEST

ICF / MR AUTOMATED SYSTEM PROVIDER ACCESS REQUEST IS 098

COMPUTER SECURITY AGREEMENT & INSTRUCTIONS FOUND ON BACK OF FORM

MANAGER'S NAME:

MANAGER'S PHONE:( ) - x

PERSONAL ID CODE (PIC):

MAINFRAME USER ID

ICF / MR

SS# - -

NAME

COMPONENT CODE:

DATE:

JOB TITLE:

PHONE ( ) - x -

SHIFT WORK? ☐ No ☐ Yes Which?

Birth Month: Birth Day:

COMPONENT NAME:

DEPARTMENT:

MAILING ADDRESS: ☐ not component address

PHONE NUMBER:

☐ NAME CHANGE: _____ ☐ DELETE ALL MAINFRAME ACCESS FROM USER

AUTHORIZED FUNCTIONS		ADD	DELETE
CARE Access - Component Inquiry	C-1		
ICF / MR - Access / Inquiry	1,3		
ICF / MR Client Data Entry	3		
ICF / MR Client Movement & MR / RC Assessment	4		
ICF / MR Management Update	5		

☐ **STATE EMPLOYEES! Yes! - The Signed Non-Disclosure form has been placed in Personnel File PRIOR to submitting Request for Access**

☐ **NON-STATE EMPLOYEES! - YES! The Signed Non-Disclosure form has been signed and attached to this Request for Access.**

PRINT NAME OF PERSON AUTHORIZING ACCESS

SIGNATURE OF PERSON AUTHORIZING ACCESS

TITLE OF PERSON AUTHORIZING ACCESS

DATE FORM IS SIGNED

MAIL TO:

TDMHMR - Information Security
PO BOX 12668
Austin, TX 78711-2668

For TDMHMR Central Office use ONLY

TDMHMR Authorizing Signature

Date

DATE IN:

DATE OUT:

TDMHMR INFORMATION SERVICES - SECURITY (ISS)

REQUIRED INFORMATION FOR ALL TDMHMR ACCESS AUTHORIZATION FORMS

PRINT ALL INFORMATION WHEN COMPLETING FORMS.

1. USER ID - Current/existing Mainframe ID assigned to you for the facility listed in #4. **DO NOT fill-in if this is a new request for this facility.**
2. SSN - Your SOCIAL SECURITY NUMBER.
3. NAME - Your full name. If you are an existing user and have checked the 'NAME CHANGE' box, put your former name here.
4. COMPONENT CODE - The facility code that you need access for - call a supervisor if you do not know it.
5. DATE - The date you completed this form.
6. JOB TITLE - Your current job title.
7. MANAGER'S NAME - Your immediate supervisor's full name.
8. PHONE NUMBER - Your phone number, including the area code and extension (if applicable).
9. MANAGER'S PHONE - The phone number of your immediate supervisor, including area code and extension (if applicable)
10. Do You Work Shift Work? - Check 'yes' or 'no'. If yes, indicate which shift in the following space.
11. PERSONAL ID CODE (PIC) - **NEW USERS ONLY**. 4 to 5 characters that you makeup, used to provide verification of your identity when you call for assistance (Do not use your name, the name of a spouse or family member or your PIN for a bank card).
12. BIRTH MONTH - The month in which you were born (ex: 04 for April).
13. BIRTH DAY - The day of the month on which you were born.
14. COMPONENT NAME - The name of the facility at which you are located.
15. DEPARTMENT - The name of the department at which you work.
16. MAILING ADDRESS - Your complete mailing address at work, including city and zip code. Check box to right if different from facility/component address.
17. PHONE NUMBER - The number of the facility's main switchboard.
18. NAME CHANGE - Check this box if your name has changed. The full new name should be filled in on the following line.
19. DELETE ALL MAINFRAME ACCESS FROM USER - Check this box to delete all access, regardless of application system, from the userid listed in #1. This applies to termination and/or change of duties and **TERMINATES ALL MAINFRAME ACCESS.**

SPECIFIC INSTRUCTIONS FOR COMPLETING THE HCS / HCS-O / MRLA FORM

1. **ICF / MR ACCESS / INQUIRY:** All ICF / MR inquiry screens.
2. **ICF / MR CLIENT DATA ENTRY:** 325 / 326 - Registration, 410 - Add case to ID / Demographic Update, 420 - Name Update, 430 - Client Address Change, and 431 - Client Correspondent Update .
3. **ICF / MR CLIENT MOVEMENT & MR / RC ASSESSMENT:** 1123 - MR / RC Assessment Entry, 336 / 337 - Admission / Discharge Entry, and 360 - Client Separation.
4. **ICF / MR MANAGEMENT UPDATE:** 395 - Local Case Number Delete and 396 - Local Case Number Change.

HELPFUL INFORMATION WHEN COMPLETING FORM.

The record keeping practices of Information Security **REQUIRE** that **ALL FORMS CONTAIN ORIGINAL SIGNATURE(S).**

FORMS MUST BE SENT BY MAIL.

Access is either added (ADD, A) or deleted (DELETE, DEL, D). Refer to the Application Documentation to determine the appropriate level of access.

Forms that are incomplete, incorrect, outdated or faxed will be returned to the sending party without being processed by ISS.

This form MUST be signed by the person Authorized to grant user access, or it will be returned unprocessed.

All forms are two-sided. Remember to copy the backside when reproducing forms.

The Computer Security Agreement below MUST be signed by the user.

TDMHMR COMPUTER SECURITY AGREEMENT

I acknowledge that I have been assigned an individual identification code (USERID) and password to use to access MHMR Applications. I understand that I will be held personally accountable for any activity performed under my userid. Under no circumstances will I allow my confidential password to be used by any other individual, nor will I use one belonging to someone else. I will not enter any unauthorized data, change any data or disclose any data without proper authorization.

Violating a data security system or allowing unauthorized access by another party is a class A misdemeanor under Chapter 33 of the Texas Penal Code ("Computer Crime Law") and is punishable by a fine of $2,000, a year in jail or both. Altering data or causing a computer malfunction may constitute a felony of the third degree if damage exceeds $2,500.

I understand that if I violate any of these standards I may be subjected to disciplinary action or prosecution under one or more applicable statutes.

INDIVIDUAL'S NAME - PRINT:

INDIVIDUAL'S SIGNATURE:

DATE:

ICF/MR Automated System
Access Authorization Designees

Please designate one primary individual and one secondary individual at your component to authorize access to the Intermediate Care Facility for persons with Mental Retardation (ICF/MR) automated system and dialup access to the Health and Human Services Commission Network (HHSCNet). The request of more than one logon to this network will also require a non-refundable payment for that logon. This fee for one year of services will need to accompany the "Request for IRIS Access Code" form 4743. If you have any questions please contact Medicaid Administration at (512) 206-5577.

Dialup access to HHSCN is primarily used by private providers and **NOT** by state schools, SOCS, and community centers.

The responsibilities of these individuals are to:

- determine computer access based on an individual's duties and responsibilities
- request computer access using the ICF/MR Access Form (IS 098)
- change computer access if an individual's duties change
- delete computer access if an individual is no longer employed.

Mail this form to:

Texas Department of Mental Health and Mental Retardation (TDMHMR)
Larry North, Contracts Director
P.O. Box 12668
Austin, TX 78711-2668

Do not fax this form. Forms requesting access to the automated system must be signed by one of the individuals designated. Access forms will not be processed without the appropriate signatures on file at TDMHMR. Full signature of primary or secondary designees must be present on each access form; initialed forms will not be accepted.

Please note: A copy of the legislation relating to the creation and prosecution of offenses involving computers is attached.

The access form and instructions for completing the form are attached. If you have any questions regarding this procedure, please contact Larry North at (512) 206-5708.

FROM: Component Code: _____

Provider Legal Name: _____

****

_____ Phone ( ) _____

Printed Name of 1st Designee

_____

Signature of 1st Designee

_____ Phone ( ) _____

Printed Name of 2nd Designee

_____

Signature of 2nd Designee

****

I designate the above individual(s) to authorize access to the ICF/MR automated system and the HHSCNet.

_____ _____

CEO/Executive Director/Superintendent Signature Date

_____

Printed Name CEO/Executive Director/Superintendent

Verified by Medicaid Administration: _____ _____

Date of Verification

Rev. 09/23/98

NON-DISCLOSURE AGREEMENT Texas Department of Mental Health and Mental Retardation	Social Security Number - -
COMPLETED FORM IS TO BE MAILED TO AND RETAINED BY HUMAN RESOURCES IF NOT ALREADY ON FILE	

As a **full time or part time employee** with privileges at Texas Department of Mental Health and Mental Retardation (TXMHMR), you may have access to what this agreement refers to as "confidential information". The purpose of this agreement is to help you understand your duties regarding confidential information.

Confidential information includes patient/client identifying information, patient/client medical information, or any information that is classified confidential by federal or state law. You may have access to some or all of this confidential information through a computer system or through your associated activities with TXMHMR.

Confidential information is valuable and sensitive and is protected by law and by strict TXMHMR policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the organization's mission. As an employee, you are required to conduct yourself in strict conformance to applicable laws and TXMHMR policies governing confidential information. Your principle obligations in this area are outlined below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline which might include, but is not limited to, **termination of employment and to legal liability.**

Y**ou understand that** you will have access to and **are not to divulge** confidential information which may include, but is not limited to, information relating to:

- Patient/client (such as records, conversations, admittance information, diagnosis, prognosis, treatment plan, financial information, etc.)
- ANY INFORMATION by which the identity of a client can be determined, either directly OR indirectly.
- Employees, contractors, volunteers (such as home addresses, home phone numbers, social security numbers, etc.)
- TXMHMR information (such as financial information, internal reports, memos, contracts, peer review information, communications, proprietary computer software, etc.)
- Third party information (such as vendor information, etc..)

Accordingly, as a condition of and in consideration of your access to confidential information, **you promise that:**

1. You will use confidential information only as needed to perform legitimate duties. This means, among other things, that:
   - You will only access confidential information for which you have a need to know; and
   - You will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your activities affiliated with TXMHMR; and
   - You will not misuse confidential information or carelessly handle confidential information.
2. You will safeguard and will not disclose your access code/password or any other authorization you have that allows you to access confidential information.
3. You accept responsibility for all activities undertaken using your access code/password and other authorization.
4. You will report activities by any other individual or entity that you suspect may compromise the confidentiality, integrity or availability of confidential information. Reports are made in good faith about suspect activities and will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
5. You understand that your obligations under this Agreement will continue after termination of your association with TXMHMR. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
6. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. TXMHMR may revoke your access code or other authorized access to confidential information. At all times during your association with TXMHMR, you will safeguard and retain the confidentiality, integrity and availability of confidential information.
7. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code/password or other authorized access to confidential information. You understand that your failure to comply with this Agreement may also result in the loss of access privileges at TXMHMR.

I understand that instructions concerning proper authorization for disclosing confidential information are available in the Commissioner's Rule on Client-Identifying Information, Chapter 403, Subchapter k. and that if I have ANY questions concerning whether a disclosure is properly authorized I will seek out advice / legal counsel before I disclose the requested information.

Signature _____ Print or Type Full Name _____ Date Signed _____

Department / Section _____ Component Number _____

NON-DISCLOSURE AGREEMENT

Texas Department of Mental Health and Mental Retardation

Social Security Number ___ ___ ___ - ___ ___ - ___ ___ ___ ___

COMPLETED FORM IS TO BE MAILED TO AND RETAINED BY TXMHMR INFORMATION SERVICES

As an employee of a mental health and mental retardation ☐ Community Center ☐ Private Provider ☐ Contracting Agency with privileges at Texas Department of Mental Health and Mental Retardation (TXMHMR), you may have access to what this agreement refers to as "confidential information". The purpose of this agreement is to help you understand your duties regarding confidential information.

Confidential information includes patient/client identifying information, patient/client medical information, or any information that is classified confidential by federal or state law. You may have access to some or all of this confidential information through a computer system or through your associated activities with TXMHMR.

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You understand that you will have access to and **are not to divulge** confidential information which may include, but is not limited to, information relating to:

- Patient/client (such as records, conversations, admittance information, diagnosis, prognosis, treatment plan, financial information, etc.)
- ANY INFORMATION by which the identity of a client can be determined, either directly OR indirectly.
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Accordingly, as a condition of and in consideration of your access to confidential information, **you promise that:**

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   - You will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your activities affiliated with TXMHMR; and
   - You will not misuse confidential information or carelessly handle confidential information.
2. You will safeguard and will not disclose your access code/password or any other authorization you have that allows you to access confidential information.
3. You accept responsibility for all activities undertaken using your access code/password and other authorization.
4. You will report activities by any other individual or entity that you suspect may compromise the confidentiality, integrity or availability of confidential information. Reports are made in good faith about suspect activities and will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
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Signature	Print or Type Full Name	Date Signed

Facility Name / Department-Section Name	Component Number