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

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Non-Disclosure Agreement for Non-State Employees

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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.

## Overview, Continued

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

Function	Description
ICF/MR Data	Using the ICF/MR Data Entry and Update
Entry and Update	screens, the provider can:
	• register a consumer
	<ul> <li>submit client movements</li> </ul>
	<ul> <li>submit MR/RC assessments</li> </ul>
	• update consumer demographics, name, and address
	<ul> <li>update correspondent information</li> </ul>
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 -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 State Operated Providers procedures covered in this manual. **ICF/MR State Operated** Providers 3270 Data Entry Enter Client Registrations, MR/RC Assessments, and Client Movements into CARE MHMR QMRPs (UR) -Authorizes MR/RC Assessments and makes corrections when necessary Providers Submit MHMR CARE System Inquiries through CMSconnect MHMR Claims2 -**Claim Submission** TDHS SAS -NHIC -MHMR FMIS -Receives DHS and ICF/MR Receives ICF/MR **Receives Vendor Payment** Service Authorizations and Service Authorization Data Authorizations Client Data and State Operated Claims

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 <i>temporary</i> password.
Change Password	We recommend that you change your <i>temporary</i> 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 <i>Accessing ICF/MR – Mainframe/3270</i> and <i>Accessing ICF/MR – Web Applications</i> in the <b>Procedures</b> section of this manual for instructions on how this change can be accomplished.
Other Required Forms	<ul> <li>Other forms required for authorization and access are:</li> <li>ICF/MR Automated System Access Authorization Designees</li> <li>Non-Disclosure Agreement</li> </ul>
	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 <i>Appendices</i> 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, <i>must</i> 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: <ul> <li>Microsoft Explorer</li> </ul>	
	Netscape Navigator	
Other Considerations	<ul><li>Analog phone lines are required for dial-up access.</li><li>DOS or Macintosh operating systems will not be supported.</li></ul>	
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.

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	<ul> <li>Other forms required for authorization and access are:</li> <li>ICF/MR Automated System Access Authorization Designees</li> <li>ICF/MR Automated System Provider Access Form – IS 098</li> <li>Non-Disclosure Agreement</li> </ul>
	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 <i>Appendices</i> of this document.

# 2 Procedures

Introduction	The <i>Procedures</i> 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 <i>Screens/Field Tables</i> section of this manual.			
Recommendation State operated providers and community MHMR center mainframe/3270 <i>or</i> the web to access ICF/MR, but conservation and name search are limited on the web due confidentiality legislation. Therefore, <i>our recommendation through the mainframe/3270</i> .			use r ient s access	
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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	Exiting ICF/MR – Web Applications	2 - 49		

## **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:
	<ul> <li>Client registration in CARE</li> <li>Client movement entry</li> <li>MR/RC assessment entry</li> </ul>
	<u>Note</u> : 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 <b>325</b> to register a consumer.
	Note: If a consumer is already registered, use Action Codes <b>410</b> , <b>413</b> , <b>420</b> , <b>430</b> , and <b>431</b> 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 <b>410</b> to add a Local Case Number if one has not been assigned.
	<ul> <li>Enter a client movement (admission):</li> <li>State operated campus-based providers use Action Code 305</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>
	If the consumer has no MR/RC Assessment:
	• Use Action Code <b>410</b> to add a Local Case Number if one has not been assigned.
	<ul> <li>Enter a client movement (admission):</li> <li>State operated campus-based providers use Action Code 305</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>
	• Use Action Code <b>1123</b> 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:	
	<ul> <li>State operated campus-based providers use Action Code 310</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>	
	<u>Note</u> : Date of discharge is <i>not</i> 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,	
	<ul> <li>the provider from which the consumer leaves or who holds the contract from which the consumer is transferring enters the discharge.</li> <li>the provider that admits that same consumer or who holds the new contract then enters the admission.</li> </ul>	
	<ul> <li>To accomplish these processes,</li> <li>State operated campus-based providers use Action Code 310</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>	
	The admission cannot be entered before the discharge.	
	<u>Note</u> : The consumer's MR/RC Assessment transfers with him/her. The new provider should look at Action Code <b>1168</b> to see when the consumer's next MR/RC Assessment is due.	

Process Order for New ICF/MR	Two examples are provided to determine the process order for new ICF/MR consumers.		
Consumers	If the consumer is a new ICF/MR consumer and will be admitted in two weeks:		
	• Use Action Code <b>325</b> through the mainframe/3270 or Action Code <b>326</b> on the Web to register the consumer.		
	• Use Action Code <b>1123</b> to enter an MR/RC Assessment.		
	• Enter a client movement (admission) when the consumer is actually admitted as follows:		
	<ul> <li>State operated campus-based providers use Action Code 305</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>		
	If the consumer is a new ICF/MR consumer and was admitted last week:		
	• Use Action Code <b>325</b> through the mainframe/3270 or Action Code <b>326</b> on the Web to register the consumer.		
	<ul> <li>Enter a client movement (admission) as follows:</li> <li>State operated campus-based providers use Action Code 305</li> <li>State operated community providers use Action Code 336</li> <li>Community MHMR centers use Action Code 337</li> </ul>		
	• Use Action Code <b>1123</b> 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.		

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 <u>MHMR-NET</u> screen.

Step	Screen	Action
1	NLGLGON1       Entry Validation         Date: 09/08/99       System: NHMR         Time: 14:41:21       Device: SF5561B5         Userid       Password         Change Password ? M (Y or N)         NH NH HH HH NH NH RR RR       NN NN EEE TT         NHN NH HH HH NHN NH RR RR       NN NN EE TT         NHN NH HH HH NHN NH RR RR       NN NN EE TT         NHN NH HH HH NHN NH RR RR       NN NN EE TT         NHN NH HH HH NHN NH RR RR       NN NN EE TT         NH NH HH HH NHN NH RR RR       NN NN EE TT         NH NH HH HH NH NH NR RR       NN NN EE TT         NH NH HH HH NH NH NR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH NH HH HH NH NH RR RR       NN NN EE TT         NH R RR R       NN NN EEETT         NH R RR R       NN NN EEETT         NH HH HH HH NH NH RR RR       NN NN EEETT         NH EE TT       NN NN EEETT <th><ul> <li>From the SuperSession <u>MHMR-NET</u> screen:</li> <li>Key your User ID in the USERID field.</li> <li>Tab to the PASSWORD field and key your password.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The <u>TXMHMR News</u> screen is displayed.</li> <li><u>Note</u>: You can change your password from the <u>MHMR-NET</u> screen. To change your password:</li> <li>Key your User ID in the USERID field.</li> <li>Tab to the PASSWORD field and key your password.</li> <li>Tab to the CHANGE PASSWORD? field.</li> <li>Key Y (yes).</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The <u>Change Password</u> screen is displayed.</li> <li>Key your new password in the ENTER NEW PASSWORD field.</li> <li>Key your password again in the VERIFY NEW PASSWORD field.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> </ul></th>	<ul> <li>From the SuperSession <u>MHMR-NET</u> screen:</li> <li>Key your User ID in the USERID field.</li> <li>Tab to the PASSWORD field and key your password.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The <u>TXMHMR News</u> screen is displayed.</li> <li><u>Note</u>: You can change your password from the <u>MHMR-NET</u> screen. To change your password:</li> <li>Key your User ID in the USERID field.</li> <li>Tab to the PASSWORD field and key your password.</li> <li>Tab to the CHANGE PASSWORD? field.</li> <li>Key Y (yes).</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The <u>Change Password</u> screen is displayed.</li> <li>Key your new password in the ENTER NEW PASSWORD field.</li> <li>Key your password again in the VERIFY NEW PASSWORD field.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> </ul>
2	KLSNEWS1       TxHHHR News         Notice: For application access/password problems, contact the Central Help Desk at 1-888-952-HELP or (512) 206-4666.         Press ENTER to continue to main menu screen         NOTICE: Due to policy change, all PASSWORDS should be a minimum of 4 alphabetic and 2 numeric characters.         Passwords must be changed at least every 90 days.         ATTN DCICS USERS: THE MARSG/GENERAL LEDGER SYSTEM WILL BE AVAILABLE SATURDAY, 09/11/99, FROM APPROX. 10:00A.M. TIL 05:P.M.         ATTN CLAIMSII USERS: CLOSING IS IN PROGRESS AND THE SYSTEM IS UNAVAILABLE.         TSS7030I Password Changed Command ===>         Enter F1=Help F12=Cancel	<ul> <li>has changed.</li> <li>The <u>TXMHMR News</u> screen is provided to broadcast network information.</li> <li>Read the screen for messages concerning system availability.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The system displays the <u>CL/SUPERSESSION Main Menu</u> screen.</li> </ul>

Logon Procedure, continued

Step	Screen	Action
3	Actions Options Commands Features Help           KLSUSEL1         CL/SUPERSESSION Hain Menu         More: +           Select sessions with a "/" or an action code.	<ul> <li>The <u>CL/SUPERSESSION Main Menu</u> provides a listing of your menu applications and will vary according to the applications to which you have access.</li> <li>Review the <u>CL/SUPERSESSION Main Menu</u>.</li> <li>Select the session that allows you to access CARE.</li> <li><u>Result</u>: <u>Page 1</u> is displayed.</li> </ul>
4	99.251 SEP 08 16.07.24 PAGE 1 LOGIN F55TR01 *** M204.0347: PASSWORD *** M204.0353: F55TR01 F55TR01 LOGIN 99 SEP 08 16.07 ***	On Page 1 press <b><enter></enter></b> . <u>Result</u> : The <u>CARE Access Verification</u> <u>Screen</u> is displayed.
5	18-19-98       CARE ACCESS VERIFICATION SCREEN       UC020068         ENTER YOUR SOCIAL SECURITY NUMBER       TO ACCESS THE CARE SYSTEM	<ul> <li>The <u>CARE Access Verification Screen</u> allows you to enter your social security number, which is linked to your User ID number.</li> <li>Key your social security number.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li>The <u>CARE Access Verification Display</u> screen is displayed.</li> </ul>

## Logon Procedure, continued

Step	Screen	Action
6	08-11-98     CARE ACCESS UERIFICATION DISPLAY     UC020060       YOU ARE AUTHORIZED TO ACCESS THE FOLLOWING FUNCTIONS     CARE ACCESS AND COMPONENT INQUIRY       CLIENT INQUIRY - STATEWIDE     CLIENT DATA ENTRY AT COMP - COMMUNITY       DIAGNOSTIC DATA ENTRY AT COMPONENT     CLIENT DATA ENTRY AT COMPONENT       CLIENT DATA ENTRY AT COMPONENT     CLIENT DATA ENTRY AT COMPONENT       CLIENT DATA ENTRY AT COMPONENT     CLIENT DATA ENTRY       REPORTING FILES ARE AVAILABLE     MEDICAID ELIGIBLITY FILES ARE AVAILABLE       MEDICAID ELIGIBLITY FILES ARE AVAILABLE     PROJECTED WALDADAPERF NEASURES FILE IS AVAILABLE	On the <u>CARE Access Verification Display</u> screen: • Press <b><enter></enter></b> . <u>Result</u> : <u>The M: CARE Main Menu</u> is displayed.
7	08-11-98     N:CARE MAIN MENU     UC020100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION       100 - CLIENT NAME SEARCH     165 - CHILDREN MH MENU       190 - DKS HEDICAID ELIGIBILITY MENU     200 - CLIENT DIAL ENTRY       308 - CLIENT DATA ENTRY     460 - CLIENT DATA ENTRY       460 - CLIENT DATA ENTRY     668 - COMPONENT TRY       669 - COMPONENT TRY     700 - CARE CLIENT DATA ENTRY       669 - CARE CLIENT DATA ENTRY     669 - CARE CLIENT REPORTING       790 - CARE CLIENT REPORTING     790 - CARE CLIENT SOBRA FUNCTIONS       809 - PERFORMANCE/WORKLOAD BUDGET DATA ENTRY     M00 - PERFORMANCE/WORKLOAD BUDGET DATA ENTRY       M09 - PERFORMANCE/WORKLOAD DATA ENTRY     A - HCS/HCS-O/MEL MAIN MENU       C90 - KGS WAITING LIST MENU     W00 - WAITING LIST MENU       M09 - DEF/LIST MENU     1100- ICF/MR MENU       ACT: (Q/QUIT)     ACT: (Q/QUIT)	<ul> <li>The <u>M: CARE Main Menu</u> displays the action codes and descriptions of the CARE functions. To select one of the functions:</li> <li>Key the action code in the ACT: field. <u>Note</u>: 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.</li> <li>Press <enter>. <u>Result</u>: The screen containing the menu for the selected function is displayed. <i>- or -</i></enter></li> <li>To access the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>1100</b> in the ACT: field.</li> </ul>
8	04-16-99     1100:ICF/NR MENU     UC141100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION       1123     HR/RC ASSESSMENT       1160     ICF/NR INQUIRY MENU       305     CAMPUS-BASED ASSIGNMENT       319     CAMPUS-BASED ASSIGNMENT       325     REGISTER CLIENT       336     STATE OPERATED CLIENT MOUEMENTS       337     NON-STATE OPERATED CLIENT MOUEMENTS       338     DETH / SEPARATION OF CLIENT       395     LOCAL CASE NUMBER: DELETE       396     LOCAL CASE NUMBER: DELETE       396     CLIENT MANE       410     ADD CASE TO ID / DEMOGRAPHICS       413     HEDICAID/HEDICARE NUMBER       420     CLIENT MAME       430     CLIENT ADDRESS       431     CLIENT CORRESPONDENT	Result:The 1100: ICF/MR Menu, the following options are displayed:1123MR/RC Assessment1160ICF/MR Inquiry Menu305Campus-based Assignment310Campus Disch/Community Placement325Register Client336State Operated Client Movements337Non-State Operated Client Movements360Death / Separation of Client395Local Case Number: Delete396Local Case Number: Change410Add Case to ID / Demographics413Medicaid/Medicare Number420Client Name430Client Address431Client Correspondent

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 <u>325: Register Client: Client ID</u> 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:	
	<ul> <li>410: Register Client Update</li> <li>413: Medicaid/Medicare Number Update</li> <li>420: Client Name Update</li> <li>430: Client Address Update</li> <li>431: Client Correspondent Update</li> </ul>	

#### 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:



## Client Registration Procedure – Mainframe/3270, Continued

#### Procedure

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

Step	Screen	Action
1	08-14-98     H:CARE MAIN MENU     UC020100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION       100 - CLIENT NAME SEARCH     165 - CHILDREN MH MENU       100 - DIS NEDICAID ELIGIBILITY MENU       200 - CLIENT INQURY       308 - CLIENT DATA ENTRY       400 - CLIENT INQURY       608 - COMPONENT DATA ENTRY       700 - CARE CLIENT REPORTING       700 - CARE CLIENT REPORTING       700 - CARE CLIENT REPORTING       800 - PERFORMANCE/VORKLOAD BUDGET DATA ENTRY       800 - PERFORMANCE/VORKLOAD DATA ENTRY       800 - P	<ul> <li>On the <u>M: CARE Main Menu,</u></li> <li>Key 100 in the AcT: field.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>Client Name Search</u> screen is displayed.</li> </ul>
2	08-14-98       CLIENT NAME SEARCH       UC021100         FILL IN AT LEAST ONE OF THE FOLLOWING FIELDS         CLIENT LAST NAME       :	<ul> <li>On the <u>Client Name Search</u> screen:</li> <li>Key the consumer's last name and first initial. (In most cases this is all you need to enter for your search.)</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Note</u>: If you are searching for a very common name, you might want to further limit your search. If there is a possible match, the <u>Client Name</u> <u>Display</u> screen is displayed.</li> </ul>
3	19980814       CLIENT NAME DISPLAY       UC021110         LINE LAST NAME       FIRST/MI       SEX       BIRTHDATE       RESIDENTIAL       CLIENT ID         1       NOUNTAIN       RICKY       H       W       85-27-1962       TRAUIS       12327         2       NOUNTAIN       RICKY       H       W       85-27-1962       TRAUIS       12327         3       NOUNTAIN       ROCKY       H       W       95-27-1962       TRAUIS       12378         4       MOUNTAIN       ROCKY       H       W       11-12-1953       CALLAHAN       16829         5       MOUNTAIN       ROCKY       H       W       07-15-1950       TRAUIS       19071         CURRENT SCREEN: 1       TOTAL SCREENS: 1       NAMES RETURNED: 5         ACT: (102/EXTENDED, 100/NAME SEARCH, M/MENU, ENTER LINE NO. FOR SUMMARY HISTORY)	<ul> <li>On the sample <u>Client Name Display</u> screen you have several options:</li> <li>Key 102 to display the <u>Extended Name Display</u> screen, <i>or</i></li> <li>Key the line number to display the <u>Name Search: Summary Client History</u> screen, <i>or</i></li> <li>Key 100 to return the <u>Client Name Search</u> screen, <i>or</i></li> <li>Key M to return to the <u>M: CARE Main Menu</u>, <i>or</i></li> <li>Key the action code of any screen you want to access.</li> <li>Press <enter>.</enter></li> <li>The first two options are described in Step 4.</li> </ul>

Procedure, continued

Step	Screen	Action
4	19980814Extended Name DisplayUC821120Line Last NameFirst/HILSAHH/WRAUTHORITYSSN1MountainRicky3Austin trauis cntyHH/WR2MountainRockette3Austin trauis cntyHH/WRCEN3MountainRocky3Austin trauis cntyHH/WRCEN2932942344MountainRocky1AbileneRegHH/WRCENTER4936241305MountainRocky3Austin trauis cntyHH/WRCEN450947322	If you keyed <b>102</b> on the <u>Client Name Display</u> screen, the <u>Extended Name Display</u> screen is displayed. This screen displays the names returned on the <u>Client Name Display</u> screen and provides the local service area, the MH/MR authority, and the social security number of all the consumers listed. <u>Note</u> : On any of these screens, if more than one page is returned, press <b><enter></enter></b> to page forward.
	ACT: (LINE#/SUM HIST, 101/NAME DISPLAY, 100/NAME SEARCH, H/MEMU) >  19980814 NAME SEARCH: SUMMARY CLIENT HISTORY UC021121  CLIENT ID: 12378 CLIENT NAME :ROCKY MOUNTATH CLIENT TYPE (MH/NR): WR SYSTEM STATUS: 1 ACTIVE PRES PROB: 5 RC OPEN ASSIGNMENTS:	If you keyed the line number, the <u>Name Search:</u> <u>Summary Client History</u> screen displays the consumer's history. From this screen, keying <b>104</b> will allow you to access the <u>Name Search: Detail Client History</u> screen that provides a detailed history of the consumer previously registered in CARE.
	ACT: ( <enter>/FORWARD,100/NAME SEARCH,104/DETAIL,101/NAME DISPLAY, OR LINEN) I9980814 NAME SEARCH: DETAIL CLIENT HISTORY UC021122 CLIENT ID: 12378 CLIENT NAME :ROCKY MOUNTAIN CLIENT TYPE (MI/NR): NR SYSTEM STATUS: 1 ACTIVE PRES PROB: 5 RC COMMUNITY-BASED HISTORY (MOST RECENT LISTED FIRST): ACTIVITY/ LOCAL CASE COMP COMP SERU TYPE LOC ASSIGNMENT ASSIGNMENT NUMBER NAME CODE CODE BECH DATE END DATE 0000000704 WTCS 634 H011 9100 09-01-90 000000704 SSN 666 CASEMGT 9100 06-22-89 09-01-96 000000704 BSSN 666 CASEMGT 9100 06-22-89 09-01-96 00000072334 DCCTR 300 CLAFAN SUPP 04-04-99 10-11-90 COUNTY DF RESIDENCE HISTORY COUNTY DATE OF CHANGE TRAUIS 04-04-90 JEFFERSON 03-01-90 ACT: (<enter>/FORWARD,100/NAME SEARCH,103/SUMMARY,101/NAME DISPLAY, OR LINEN) &gt;</enter></enter>	<ul> <li>If you determine that the consumer <i>has not</i> been previously registered:</li> <li>Key 325 in the ACT: field of any screen.</li> <li>Press <enter>.</enter></li> <li>Result: The 325: Register Client: Client ID screen is displayed. This screen allows you to begin adding the information necessary to register a consumer.</li> <li>Note: If you determine that the consumer <i>has</i> been previously registered, use the following screens to update consumer information:</li> <li>410: Register Client Update</li> <li>413: Medicaid/Medicare Number Update</li> <li>430: Client Address Update</li> <li>431: Client Correspondent Undate</li> </ul>

Procedure, continued

Step	Screen	Action
Step           5           6	B8-14-98       325:REGISTER CLIENT: CLIENT ID       UCR21360         ENTER THE FOLLOWING TO GENERATE TOMHUR STATEWIDE CLIENT IDENTIFICATION NUMBER       CLIENT RATE         CLIENT LAST NAME	ActionOn 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."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."</enter></br></enter>
7	SIRELI HUDRESS: 123 HHY SIRELI         CITY       :: ANYTON         READY TO ADD?_ (Y/H)         ACT:      (300/CLIENT DATA ENTRY HENU, M/MAIN HENU)         B8-14-98       325:REGISTER CLIENT: CORRESPONDENT DATA         UC021369         LAST NAME/SUF: GLORY       CLIENT ID         FIRST NAME       : MORNING         LOCAL CASE NUMBER:       000000004         HIDDLE NAME       : (CB,SB,PD,HC,TS,EC,UC)         LEGAL GASE NUMBER:       000000004         HIDDLE NAME       :	<ul> <li>On the <u>325: Register Client: Correspondent Data</u> screen:</li> <li>Key information in the appropriate fields.</li> <li>Key Y in the READY TO ADD RECORD? field.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The <u>325: Register Client: Client ID</u> screen is displayed. The consumer has been registered in CARE.</li> </ul>

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 <u>325: Register</u> <u>Client: Client ID</u> screen is displayed with the information just entered and the message, " <i>ID WILL BE DISPLAYED ON NXT SCRN</i> " in the upper right portion of the screen. To continue with the registration:		
	• Key Y in the READY TO ADD? field		
	• Press <b><enter></enter></b> .		
	Result: The <u>325: Register Client: Correspondent Data</u> screen is displayed.		
Exact Match	If an exact match is found (the consumer is already registered in CARE), the second <u>325: Register Client: Client ID</u> screen is displayed with the information just entered and the client ID in the CLIENT ID field. To continue with the registration:		
	• Key <b>Y</b> in the READY TO ADD? field		
	• Press <b><enter></enter></b> .		
	Result: The <u>325: Register Client: Correspondent Data</u> screen is displayed.		

## Possible Client Matches – Mainframe/3270, Continued

Possible Match If a possible match is found, the <u>325: Matching Client Characteristics</u> screen is displayed. Use the following steps to determine whether there is a match.

Step	Screen	Action
1	08-14-98       325:REGISTER CLIENT: CLIENT ID       UC021360         ENTER THE FOLLOWING TO GENERATE TDHHIR STATEWIDE CLIENT IDENTIFICATION NUMBER         CLIENT LAST NAME/SUF:         CLIENT FIRST NAME         CLIENT FIRST NAME         CLIENT FIRST NAME         COMPONENT CODE         SEX         ETHNICITY         SEX         CHIENT BIRTHDATE (MNDDTYY):         CHANNE, U-UNKNOWN)         NEDICARE NUMBER:         PRESENTING PROBLEM         REGISTRATION EFFECTIVE DATE: 081498 (MNDDYY) TIME (HHHH A/P): 08328P         STREET ADDRESS :         COUNTY OF RESIDENCE :         COUNTY OF RESIDENCE :         COUNTY OF RESIDENCE :         X**** PRESS ENTER TO CONTINUE REGISTRATION ****         ACT: (300/CLIENT DATA ENTRY HENU, H/MAIN HENU)	<ul> <li>On the <u>325: Register Client: Client ID</u> screen:</li> <li>Complete the registration information.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li>If a possible match is found, the <u>325: Matching</u> <u>Client Characteristics</u> screen is displayed.</li> </ul>
ACT:		<ul> <li>On the <u>325: Matching Client Characteristics</u> screen:</li> <li>Key the line number of the possible match in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The <u>325: Matching Client Detail</u> screen is displayed.</li> </ul>

### Possible Match, continued

Step	Screen	Action
3	The 325: Matching Client Detail screen provides a	To view the next page, press <b><enter></enter></b> . On the
	detailed history of the consumer previously registered	last page of the detailed history, press <b><enter>.</enter></b>
	in CARE. You can compare the existing information	
	with the information you have about the consumer you	Result: The <u>325: Matching Client Characteristics</u>
	are attempting to register, and make your decision. A	screen is displayed and you must indicate
	sample screen is displayed.	whether a match has been found.
	08-17-98 325:NATCHING CLIENT DETAIL UC021363	
	PRES PRES	
	ID NHNE SEA EIN SSM HGE KEG DI PKUB	
	19321 HILL ROCKY N ¥450947311 48 04-10-96 NH	
	SYSTEM STATUS:	
	NAME HISTORY: Last Name Suf First NN Middle NN 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 Asch 677 Austin State Hospital 1 0000008211 Not Asch	
	, ,	

If	then
no match is found	• key Y in the CREATE NEW ID (Y/N)? field.
	• press <b><enter></enter></b> .
	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>.</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 <b><enter></enter></b> .
	<u>Result</u> : The <u>325</u> : <u>Register Client: Client ID</u> 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 <b><enter></enter></b> .
	<u>Rule</u> : You <i>must</i> update consumer information using the following screens:
	• 410: Register Client Update
	<ul> <li>413: Medicare/Medicaid Number Update</li> </ul>
	• 420: Name Update
	• 430: Client Address Update
	431: Client Correspondent Update
	Continue the registration process.

## **Client Movements Using Mainframe/3270**

Introduction	<i>Client Movements Using Mainframe/3270</i> 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 d are processing.	lepends on the type of client movement you
	If you are entering	then you would use
	a state operated <i>campus-based</i> client movement	the <u>305: Campus-based Assignment</u> screens to enter assignments and the <u>310: Campus-based</u> <u>Discharge/Community Placement</u> screens to enter discharges.
	a state operated <i>community</i> client movement	the <u>336: State Operated Client Movements</u> screens to enter client movements.
	a community center client movement	the <u>337: Non-State Operated Client Movements</u> 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 <u>1100: ICF/MR Menu</u>.

Step	Screen	Action
1	12-30-98     100:ICF/WR MENU     UC141100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION     1123 - WR/RC ASSESSMENT     1160 - ICF/WR INQUIRY       305 - CAMPUS-BASED ASSIGNMENT     310 - CAMPUS-BASED ASSIGNMENT     310 - CAMPUS-BASED ASSIGNMENT       310 - CAMPUS - BASED ASSIGNMENT     336 - STATE OPERATED CLIENT MOVEMENTS     337 - NON-STATE OPERATED CLIENT MOVEMENTS       336 - STATE OPERATED CLIENT MOVEMENTS     336 - OPEATH / SEPARATION OF CLIENT     395 - LOCAL CASE NUMBER: CHANCE       410 - ADD CASE TO ID / DEMOGRAPHICS     413 - DEMOGRAPHICS II     420 - CLIENT MAME       430 - CLIENT ADDRESS     431 - CLIENT ADDRESS     431 - CLIENT ADDRESS       431 - CLIENT MAINE     431 - CLIENT MAINE     431 - CLIENT MAME       432 - CLIENT MAINE     431 - CLIENT MORESS     431 - CLIENT MAINE       433 - CLIENT MAINE     431 - CLIENT MAINE     431 - CLIENT MAINE	<ul> <li>To add a state operated <i>campus-based</i> admission, on the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>305</b> in the ACT: field.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>305: Campus-based Assignment:</u> <u>Add/Change/Delete</u> request screen is displayed.</li> </ul>
2	01-07-99       305:CAMPUS-BASED ASSIGNMENT: ADD/CHANGE/DELETE       UC021320         PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:       :	<ul> <li>On the <u>305: Campus-based Assignment:</u> <u>Add/Change/Delete</u> request screen:</li> <li>Key information in the CLIENT ID <i>or</i> LOCAL CASE NUMBER field.</li> <li>Key A in the TYPE OF ENTRY field.</li> <li>Press <enter>.</enter></li> <li><u>Note</u>: Your component code is displayed based on your logon account number.</li> <li><u>Result</u>: The <u>305: Campus Based Assignment: Add</u> screen is displayed.</li> </ul>

# State Operated Campus-based Client Movement Procedure – Mainframe/3270, Continued

## Procedure, continued

Step	Screen	Action
3	01-07-99       305:CAMPUS BASED ASSIGNMENT: ADD       UC021325         LAST NAME/SUF: ROADS       .       CLIENT ID       : 22934         FIBST NAME       :       DUSTY       LOCAL CASE NUMBER : 000000075         NIDDLE INIT :       .       COMPANENT/LOC CODE : 678         ASSIGNMENT EFFECTIVE DATE (NMODVY): 010799       TIME (HHHM A/P)       : 1001A         CURRENT STATUS:       PRIOR DATE :       .         ASSIGNMENT EFFECTIVE DATE (NMODVY): 010799       TIME (HHHM A/P)       : 1001A         CURRENT STATUS:       PRIOR DATE :       .         ASSIGNMENT EFFECTIVE DATE (NMODVY): 010799       TIME (HHHM A/P)       : 1001A         CURRENT STATUS:       PRIOR DATE :       .       .         ASSIGNMENT FFECTIVE DATE (NMODVY): 010799       TIME (HHHM A/P)       : 1001A         CURRENT STATUS:       PRIOR DATE :       .       .         ASSIGNMENT:       PRIOR DATE :       .       .         IDESTINATION CODE (WARD/DORN) :	<ul> <li>On the <u>305: Campus Based Assignment: Add</u> screen:</li> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. ASSIGNMENT EFFECTIVE DATE, TIME, LOCATION CODE, and ASSIGNMENT/ABSENCE CODE are required fields.</li> <li>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.</li> <li>If Residential Reassignment (RR), key the Destination Ward/Dorm.</li> <li>If MH location admission (ADM), key the County of Admission.</li> <li>Key Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul> Result: The <u>305: Campus-based Assignment:</u> <u>Add/Change/Delete</u> request screen is displayed with the message, "Previous Information Added"
4	12-38-98     1100:ICF/HR MENU     UC141100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION     1123 - MR/RC ASSESSMENT       1160 - ICF/HR IMQUIRY     305 - CAMPUS-BASED ASSIGNMENT       310 - CAMPUS DISCH/COMMUNITY PLACEMENT       325 - REDISTER CLIENT       336 - DEATH / SEPARATION OF CLIENT MOURHENTS       397 - NON-STATE OPERATED CLIENT MOURHENTS       396 - DEATH / SEPARATION OF CLIENT       396 - LOCAL CASE NUMBER: CHANCE       410 - ADD CASE TO ID / DEMOGRAPHICS       413 - DEMOGRAPHICS II       420 - CLIENT NAME       433 - CLIENT ADDRESS       431 - CLIENT MORES       431 - CLIENT CORRESPONDENT	<ul> <li>To add a state operated <i>campus-based</i> discharge, on the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>310</b> in the ACT: field.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The <u>310: Campus-based Discharge/Community Placement: Add/Change/Delete</u> request screen is displayed.</li> </ul>

# State Operated Campus-based Client Movement Procedure – Mainframe/3270, Continued

## Procedure, continued

Step	Screen	Action
5	01-07-99       310:CAMPUS-BASED DISCHARGE/COMMUNITY PLACEMENT:       UC021330         ADD/CHANGE/DELETE       PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:	<ul> <li>On the <u>310: Campus-based</u> <u>Discharge/Community Placement:</u> <u>Add/Change/Delete</u> request screen:</li> <li>Key information in the CLIENT ID <i>or</i> LOCAL CASE NUMBER field.</li> <li>Key A in the TYPE OF ENTRY field.</li> <li>Press <enter>.</enter></li> <li><u>Note</u>: Your component code is displayed based on your logon account number.</li> <li><u>Result</u>: The <u>310: Campus-based Discharge/</u> <u>Community Placement: Add</u> screen is displayed.</li> </ul>
6	01-07-99       310:CAMPUS-BASED DISCHARGE/COMMUNITY PLACEMENT:ADD       UC021335         LAST MAME/SUF: ROADS       .       CLIENT ID       : 22934         FIRST MAME       : 00STY       LOCAL CASE NUMBER: 000000075         NIDDLE NAME       :       .       COMPONENT/LOC CODE: 678 / 727C         ASSIGNMENT EFFECTIVE DATE (MMDDYY): 01079       010790       10074         DISCHARGE/MR COMMUNITY PLACEMENT:       (ORE = DISCHARGE WITH REASSIGNMENT         ASSIGNMENT CODE       .       DNA = DISCHARGE, NO HORE SERVICES         DNS = DISCHARGE, NO HORE SERVICES       CP = MR COMUNITY PLACEMENT         ER = MR END RESPITE)       IS THIS PERSON GOING TO A NURSING HOHE? (V/N): OTHER DEST: (Ja-JAIL)         COMUNITY SUPPORT PLAN (V/N): DATE (MNDDYY): PARTICIPATING COMP:       IF REASSIGNED TO COMUNITY-BASED PROGRAM ENTER THE FOLLOWING:         DESTINATION COMPONENT CODE       :       DESTINATION ADDRESS       STREET :         STATE :       ZIP CODE:	<ul> <li>On the <u>310: Campus-based</u> <u>Discharge/Community Placement: Add</u> screen:</li> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. ASSIGNMENT EFFECTIVE DATE, TIME, ASSIGNMENT CODE, and COMMUNITY SUPPORT PLAN (Y/N) are required fields.</li> <li>Key Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>310: Campus-based Discharge/</u> <u>Community Placement: Add/Change/Delete</u> request screen is displayed with the message, "<i>Previous Information Added.</i>"</li> </ul>

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 <u>1100: ICF/MR Menu</u>.

Step	Screen	Action
1	82-24-99     1100:ICF/WR HENU     UC141100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION       1123     HR/RC ASSESSMENT       1160     ICF/WR INQUIRY       305     CARPUS DISCH/COMMUNITY PLACEMENT       325     REGISTER CLIENT       336     STATE OPERATED CLIENT MOUEMENTS       337     NON-STATE OPERATED CLIENT MOUEMENTS       336     STATE OPERATED CLIENT MOUEMENTS       337     NON-STATE OPERATED CLIENT MOUEMENTS       336     STATE OPERATED CLIENT MOUEMENTS       337     NON-STATE OPERATED CLIENT MOUEMENTS       340     DEATH / SEPARATION OF CLIENT       395     LOCAL CASE MUMBER: CHANCE       418     ADD CASE TO 10 / DEHOGRAPHICS       419     ADD CASE TO 10 / DEHOGRAPHICS       418     ADD CASE TO 10 / DEHOGRAPHICS       419     ADD CASE TO 10 / DEHOGRAPHICS       410     CLIENT MANE       438     CLIENT MODRESS       431     CLIENT MORESS       431     CLIENT CORRESPONDENT	<ul> <li>On the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>336</b> in the AcT: field.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The <u>336: State Operated Client Movements:</u> <u>Add/Change/Delete</u> request screen is displayed.</li> </ul>
2	82-24-99       336:STATE OPERATED CLIENT HOVEHENTS ADD/CHANGE/DELETE       UC821338         PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:       :	<ul> <li>On the <u>336: State Operated Client Movements:</u> <u>Add/Change/Delete</u> request screen:</li> <li>Key information in the CLIENT ID, SOCIAL SECURITY NUMBER, <i>or</i> LOCAL CASE NUMBER field.</li> <li>Key A in the TYPE OF ENTRY field.</li> <li>Press <enter>.</enter></li> <li>Note: Your component code is displayed based on your logon account number.</li> <li><u>Result</u>: The <u>336: State Operated Client</u> <u>Movements: Add</u> screen is displayed.</li> </ul>

# **State Operated Community Client Movement Procedure – Mainframe/3270**, Continued

Procedure, continued

Step	Screen	Action
3	02-24-99       336:STATE OPERATED CLIENT HOUENENTS: ADD       UC021339         LAST NAME/SUF: GLORY       CLIENT ID       : 22705         FIRST NAME       HORNING       LOCAL CASE MUMBER: 000000055         HI       :       COMPONENT       : 637         SSN       :       LOCATION CODE       :         MOVENENT:               CURRENT STATUS       :         EFFECTIVE TOTE (MHDDYVYV)       : 02241999       PRIOR DATE       :         HOUENENT:               CURRENT STATUS       :         EFFECTIVE TIME (HHMM A/P)       : 0329P       PRIOR TIME       :         UCOATION CODE       :               PRIOR ONT       :         NOVENENT CODE       :               PRIOR ONT       :         NOVENENT CODE       :               PRIOR ONT       :         FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING,       FOR ADMISSION/RETURN ENTER PREVIOUS RESIDENTIAL SETTING,       :	<ul> <li>On the <u>336</u>: State Operated Client Movements: <u>Add</u> screen:</li> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. EFFECTIVE DATE, EFFECTIVE TIME, LOCATION CODE, and MOVEMENT CODE are required fields.</li> <li>For admission/return, key the previous residential setting; for discharge, key the residential setting to which the person is going.</li> <li>If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility.</li> <li>Key Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> <li>Result: The <u>336</u>: State Operated Client <u>Movements: Add/Change/Delete</u> request screen is displayed with the message, "<i>Previous Information Added</i>."</li> </ul>

#### 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 <u>1100: ICF/MR Menu</u>.

Step	Screen	Action
1	02-24-99     1180:ICF/NR NENU     UC141100       ENTER APPROPRIATE NUMBER TO CHOOSE ACTION       1123     MR/RC ASSESSMENT       1160     ICF/NR INQUIRY       305     CAMPUS-BASED ASSIGNMENT       310     CAMPUS-BASED ASSIGNMENT       325     REGISTER CLIENT       336     STATE OPERATED CLIENT HOUENENTS       337     NON-STATE OPERATED CLIENT HOUENENTS       360     DEATH / SEPARATION OF CLIENT       395     LOCAL CASE NUMBER: DELTE       396     LOCAL CASE NUMBER: CHANGE       418     ADD CASE TO ID / DENOGRAPHICS       413     OELGRAPHICS II       420     CLIENT NAME       430     CLIENT ADDRESS       431     CLIENT CORRESPONDENT	<ul> <li>On the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>337</b> in the AcT: field.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The <u>337: Non-State Operated Client</u> <u>Movements: Add/Change/Delete</u> request screen is displayed.</li> </ul>
2	02-24-99 337:NON-STATE OPERATED CLIENT MOUEMENTS ADD/CHANGE/DELETE UC021336 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_HENU, H/HENU)	<ul> <li>On the <u>337: Non-State Operated Client Movements:</u> <u>Add/Change/Delete</u> request screen:</li> <li>Key information in the CLIENT ID, SOCIAL SECURITY NUMBER, <i>or</i> LOCAL CASE NUMBER field.</li> <li>Key A in the TYPE OF ENTRY field.</li> <li>Press <enter>.</enter></li> <li>Note: Your component code is displayed based on your logon account number.</li> <li>Result: The <u>337: Non-State Operated Client</u> <u>Movements: Add</u> screen is displayed.</li> </ul>

# **Non-State Operated Client Movement Procedure – Mainframe/3270**, Continued

Procedure, continued

Step	Screen	Action
3	02-24-99       337:NON-STATE OPERATED CLIENT HOUEHENTS: ADD       UC021337         LAST NAME/SUF: SHORE       CLIENT ID       : 22721         FIRST NAME       SANDY       LOCAL CASE NUMBER: 0000000055         HI       :       COHPONENT       : 88F         SN       :	<ul> <li>On the <u>337: Non-State Operated Client</u> <u>Movements: Add</u> screen:</li> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. EFFECTIVE DATE, EFFECTIVE TIME, CONTRACT NO, and MOVEMENT CODE are required fields.</li> <li>For admission/return, key the previous residential setting; for discharge, key residential setting to which the person is going.</li> <li>If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility.</li> <li>Key Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>337: Non-State Operated Client</u> <u>Movements: Add/Change/Delete</u> request screen is displayed with the message, "<i>Previous</i> <i>Information Added</i>."</li> </ul>

## MR/RC Assessments Using Mainframe/3270

Introduction	<i>MR/RC Assessments</i> describes the procedures involved when entering consumer assessments.
MR/RC Assessment Entry	The <u>1123: ICF MR/RC Assessment</u> screens are used to enter ICF/MR consumer assessments.

## MR/RC Assessment Procedure – Mainframe/3270

AssessmentThe following diagram displays the screens used when entering<br/>consumer assessments.


#### MR/RC Assessment Procedure – Mainframe/3270, Continued

#### 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 <u>1100: ICF/MR Menu</u>.

1		
	12-30-98 1100:ICF/WR HENU UCTA1100 ENTER APPROPRIATE NUMBER TO CHOOSE ACTION 1123 - MR/RC ASSESSMENT 1160 - ICF/WR INQUIRY 305 - CAMPUS-BASED ASSIGNMENT 310 - CAMPUS DISCH/COMMUNITY PLACEMENT 325 - REGISTER CLIENT 336 - STATE OPERATED CLIENT MOUEMENTS 337 - NON-STATE OPERATED CLIENT MOUEMENTS 336 - DEATH / SEPARATION OF CLIENT 395 - LOCAL CASE NUMBER: DELETE 396 - LOCAL CASE NUMBER: DHANGE 410 - ADD CASE TO ID / DEMOGRAPHICS 413 - DEMORAPHICS II 420 - CLIENT MANE 430 - CLIENT MANE 430 - CLIENT MANE 431 - CLIENT CORRESPONDENT ACT: (N/CARE MAIN HENU, Q/QUIT)	<ul> <li>On the <u>1100: ICF/MR Menu</u>:</li> <li>Key <b>1123</b> in the AcT: field.</li> <li>Press &lt;<b>Enter&gt;</b>.</li> <li><u>Result</u>: The <u>1123: ICF MR/RC Assessment</u>: <u>Add/Chg/Del</u> request screen is displayed.</li> </ul>
2	10-15-98 1123:1CF MR/RC ASSESSMENT: ADD/CHG/DEL UC140750 PLEASE ENTER ONE OF THE FOLLOWING: CLIENT ID: COMPONENT CODE/LOCAL CASE NUMBER: PLEASE ENTER THE FOLLOWING: CONTRACT NO : PURPOSE CODE: (2/NO CURRENT ASSESSMENT, 4/CHAMBE LON ON KINSTING ASSESSMENT, E/GAPS IN ASSESSMENT) TYPE OF ENTRY: C(A/ADD,C/CHANGE,D/DELETE) REQUESTED BEGIN DATE: (MHDDYVYV, ENTER FOR ADD) REQUESTED BEGIN DATE: (MHDDYVVV, ENTER FOR ADD) **** PRESS ENTER *** ACT: (1100/ICFMR MENU, N/CARE MAIN MENU, HLP(PF1)/SCRN DDC)	<ul> <li>On the <u>1123: ICF MR/RC Assessment: Add/Chg/</u><u>Del</u> request screen:</li> <li>Key information in the CLIENT ID, LOCAL CASE NUMBER, <i>or</i> MEDICAID NUMBER field.</li> <li><u>Note</u>: Your component code is displayed based on your logon account number.</li> <li>Key the Contract Number in the CONTRACT NO field.</li> <li>Key the Purpose Code in the PURPOSE CODE field.</li> <li>Key A in the TYPE OF ENTRY field.</li> <li>If you are adding a new assessment, you must key the requested begin date in the REQUESTED BEGIN DATE field.</li> <li>If you are adding a Purpose Code E assessment, you must key the requested end date in the REQUESTED END DATE field.</li> <li>If you are adding a Purpose Code E assessment, you must key the requested end date in the REQUESTED END DATE field.</li> <li>Note: Purpose Code 2, Add is used in sample screens in these procedures.</li> <li>Press <enter>.</enter></li> </ul>

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 HR/RC ASSESSHENT PURPOSE CODE 2: ADD UC140751 ** UTEW CLIENT INFO AND HR/RC RECORD INFO **  CLIENT COMP/CASE: 8BF/0000013617 CLIENT NAME : DEMOGUY, VINSTON PROUIDER MAHE : 8BF CHS #1 *NO HR/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 05-01-1992 0927A ADM RES 0L3	On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> screen: • Press <b><enter></enter></b> to continue. <u>Result</u> : The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 2) is displayed.
4	TU-TO-V8         TTZ3:ILF TM/HC HSSESSMENT PURPUSE CUVE 2: HUU         UCT40/51           PROUIDER NAME: 88F CMS #1         CONTRACT NO. : 00007777 ICF/HR         ADDRESS         : 3131 FONTAINE, NEW ORLEANS TX, 33333 - 3333           CLIENT NAME : DEMOGUY, WINSTON         CLIENT ID : 13617           COMPONENT : 88F         LOCAL CASE NO. : 0000013617           MEDICAID NO. :         HIC/HEDICARE NO:           DATE OF BIRTH: 82-82-1933         SSN : U           REQUESTED BEGIN DATE: 10-18-1998         : U           12. COMPLETED DATE: (MHDDYWYY)           14. PHYS EXAN DATE: (MHDDYWYY)           15. LEGAL STATUS : 16. PREU. RES.: 177. REC. LOC : 18. REC. LON : :           17. REC. LOC : 18. REC. LON : :           *DIAGNOSIS           20. PRIMARY DIAG : 21. UERSION: 9         22. ONSET: (MWYVY)           24. CURRENT MED.DIAGE: 28. UERSION: 9           27. PSYCHIATRIC DIAGE: 28. UERSION: 4           * PRESS ENTER TO CONTINUE *           *+NSC: 8559 WARNING - NO ADMISSION EXISTS FOR THIS COMPONENT.           ACT: (1100/ICFHR MENU, M/CARE MAIN MENU, HLP(PF1)/SCRN DOC)	<ul> <li>On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 2):</li> <li>Key information in the appropriate fields. <u>Note</u>: 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.</li> <li>Press <b><enter></enter></b>.</li> <li>Result: The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 3) is displayed.</li> </ul>

## MR/RC Assessment Procedure – Mainframe/3270, Continued

#### 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.	On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 3): • Press <b><enter></enter></b> to continue. <u>Result</u> : The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 4) is displayed.
	10-16-98 1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD UC140751 ** UIEW CLIENT INFO AND MR/RC RECORD INFO ** CLIENT COMP/CASE: 88F/0000813617 CLIENT NAME : DEHOGUY, WINSTON CLIENT ADDRESS : 2345 IST ST, AUSTIN TX, 78705 *DIAGNOSIS DESCRIPTION ON CODES ENTERED: PRIMARY DIAGNOSIS: 317 MILL MENTAL RETARDATION MEDICAL DIAGNOSIS: 713 ARTHROPATHY IN CCE PSYCHIATRIC DIAGNOSIS: 2650 BIPOLAR I DISORDER, MOST RECENT EPI *NO HR/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 6720080809988 01-01-1997 1051A DNS DISCH 0L3 >	
6	10-16-98       1123:ICF MR/RC ASSESSMENT PURPOSE CODE 2: ADD       UC140752         NAME       : DEMOGUY, WINSTON       CLIENT ID       : 13617         COMPONENT       : 80F       LOCAL CASE NUMBER: 0000813617         MEDICAID NUMBER:       CONTRACT NO.: 000077777 ICF/NR         18. REC LON       : 1         *COCMITIVE FUNCTIONING       29. IQ:	<ul> <li>On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 4):</li> <li>Key information in the appropriate fields. <u>Note</u>: 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.</li> <li>Press <enter>.</enter></li> <li>Result: The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 5) is displayed.</li> </ul>

## MR/RC Assessment Procedure - Mainframe/3270, Continued

Step	Screen	Action
7	10-16-98 1123:ICF HR/RC ASSESSMENT PURPOSE CODE 2: ADD UC140751 +* UIEW CLIENT INFO AND MR/RC RECORD INFO +* CLIENT COMP/CASE: 806F/0000813617 CLIENT NAME : DEHOGUY, 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 CUMP CASE EFF DATE EFF TIME ASGN STATUS LOC 6720000009988 01-01-1997 1051A DNS DISCH 0L3 >	<ul> <li>On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 5):</li> <li>Key information in the appropriate fields. <u>Note</u>: <i>All of the fields</i> on this screen are required.</li> <li>Press &lt;<b>Enter&gt;</b>.</li> <li><u>Result</u>: The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 6) is displayed.</li> </ul>
8	10-16-98 1123:ICF HR/RC ASSESSMENT PURPOSE CODE 2: ADD UC140751 +* UIEW CLIENT INFO AND HR/RC RECORD INFO ** CLIENT COMP/CASE: 80F/0000813617 CLIENT NAME : DEHOGUY, WINSTON CLIENT ADDRESS : 2345 IST ST, AUSTIN TX, 78705 *DIAGNOSIS DESCRIPTION ON CODES ENTERED: PRIMARY DIAGNOSIS: 317 MILD HENTAL RETARDATION HEDICAL DIAGNOSIS: 713 ARTHROPATHY IN CCE PSYCHIATRIC DIAGNOSIS: 29650 BIPOLAR I DISORDER, MOST RECENT EPI *NO HR/RC ASSESSMENT RECORD IN FILE *INFO ON ICF/HR ASSIGNMENTS IN THE PAST 2 YEARS: CAMPUS BASED ASSIGNMENTS COMP CASE EFF DATE EFF TIME ASCH STATUS LOC 6720000009988 01-01-1997 10514 DHS DISCH 0L3 >	<ul> <li>On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 6):</li> <li>Key information in the appropriate fields. <u>Note</u>: Field Numbers 48, 49, 50, and 51 are required on this screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The <u>1123: ICF MR/RC Assessment</u> <u>Purpose Code 2: Add</u> (Screen 7) is displayed.</li> </ul>
9	10-16-98 1123:1CF HR/RC ASSESSMENT PURPOSE CODE 2: ADD UC140751 ** UIEW CLIENT INFO AND HR/RC RECORD INFO ** CLIENT COMP/CASE: 08F/0000813617 CLIENT NAME : DEHOGUY, WINSTON CLIENT ADDRESS : 2345 IST ST, AUSTIN TX, 78705 *DIAGNOSIS DESCRIPTION ON CODES ENTERED: PRIMARY DIAGNOSIS: 317 MILD HENTAL RETARDATION MEDICAL DIAGNOSIS: 713 ARTHROPATHY IN CCE PSYCHIATRIC DIAGNOSIS: 29650 BIPOLAR I DISORDER, MOST RECENT EPI *NO HR/RC ASSESSMENT RECORD IN FILE *INFO ON ICF/HR ASSIGNMENTS COMP CASE EFF DATE EFF TIME ASCH STATUS LOC 6720000009988 01-01-1997 1051A DHS DISCH 0L3 >	<ul> <li>On the <u>1123: ICF MR/RC Assessment Purpose</u> <u>Code 2: Add</u> (Screen 7):</li> <li>Key information in the appropriate fields.</li> <li>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.</li> <li>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.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>1123: ICF MR/RC Assessment: Add/</u> <u>Chg/Del</u> request screen is displayed with the message. "Previous Information Added "</li> </ul>

# Critical Incident Data Using Mainframe/3270

Introduction	The <i>Critical Incident Data</i> 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 <i>all</i> of the contracts administered by a provider, including contracts for waiver programs and ICF/MR. Critical incident data must be entered <i>no later than</i> 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 <b>686: Critical Incident Data: Add</b> 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 <b>286: Critical Incident Data: Inquiry</b> 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	<ul> <li>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:</li> <li>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.</li> <li>Wrong dose - an individual takes a dose of medication other than the dose prescribed.</li> <li>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.</li> </ul>		
<ul> <li>A serious physical injury is reported, regardless of the cause of setting occurred, when an individual sustains:</li> <li>a fracture;</li> <li>a dislocation of any joint;</li> <li>an internal injury;</li> <li>a contusion larger than 2½ inches in diameter;</li> <li>a concussion;</li> <li>a second or third degree burn;</li> <li>a laceration requiring sutures; or</li> <li>an injury determined serious by a physician assistant, repurse or a vocational purse.</li> </ul>			

Term	Definition
<b>Behavior Intervention</b>	A behavior intervention plan is reported if it authorizes a personal, mechanical
Plan Authorizing	or psychoactive medication, as defined below, for an individual.
Restraint	<ul> <li>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.</li> <li>Mechanical restraint - the use of a device that restricts the free movement of part or all of a free to a solution.</li> </ul>
	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.
	• <b>Psychoactive medication</b> - the use of a chemical, including a
	other means, to control an individual's activity and which is not a standard treatment for the individual's medical or psychiatric condition.
<b>Emergency Personal</b>	An emergency personal restraint is reported when the Program Provider uses a
Restraint	written behavior intervention plan approved by the individual's IDT.
Emergency	An emergency mechanical restraint is reported when the Program Provider
Mechanical Restraint	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	An emergency psychoactive medication is reported when the Program Provider
Psychoactive	uses a psychoactive medication, as defined above and such restraint is not
Medication	authorized in a written behavior intervention plan approved by the individual's
(Formerly Chemical	IDT.
Restraint)	
Individual Requiring	An individual is reported as requiring emergency restraint if the individual is
Emergency Restraint	restrained (by either personal or mechanical restraint or psychoactive
	medication) at least once during a calendar month. If an individual is resorted only once
	for that month
Restraint Related	A restraint related injury is a serious injury sustained by an individual that is
Injury	clearly related to the application of a personal restraint an emergency
injui y	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.

Reportable Data, continued

### Critical Incident Data Procedure – Mainframe 3270: Add

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
2	A sample 686: Critical Incident Data: Add/Change/	<ul> <li>Type 686 in the ACT: field of any screen.</li> <li>Press Enter.</li> <li><u>Result</u>: The 686: Critical Incident Data: Add/ Change/Delete request screen is displayed.</li> <li>Your component code is displayed based on your</li> </ul>
	Delete request screen is shown below.           86-24-89         686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE         UC026510	<ul> <li>logon account number.</li> <li>Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field.</li> </ul>
	PLEASE ENTER THE FOLLOWING: COMPONENT CODE : MONTH AND YEAR (MHYYYY) : CONTRACT NUMBER : TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE)	<ul> <li>Type the contract number in the CONTRACT NUMBER field.</li> <li>Type A (Add) in the TYPE OF ENTRY field.</li> <li>Press Enter.</li> <li><u>Result</u>: The 686: Critical Incident Data: Add screen is displayed.</li> </ul>
	*** PRESS ENTER ***	
	ACT: (600/COMPONENT DATA ENTRY, M/MENU)	

Procedure

### 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	The contract number that was entered on the
	shown below.	header screen is displayed but can be changed.
	06-30-09       686: CRITICAL INCIDENT DATA:ADD       VC026512         COMPONENT CODE/NAME:       060 / CENTER FOR LIFE RESOU       CONTRACT NUMBER:       000732501_         INCIDENT MONTH/VEAR:       05 / 2009       0 of 3       CONTRACTS ENTERED         TOTAL       NUMBER OF:       MEDICATION ERRORS:       SERIOUS INJURIES:	<ul> <li>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.</li> <li>Type the number of medication errors during</li> </ul>
	PERSONAL RESTRAINTS: MECHANICAL RESTRAINTS: PSYCHOACTIVE MEDICATION: MUMBER OF INDIVIDUALS REQUIRING EMERGENCY RESTRAINT: PERSONAL RESTRAINTS: MECHANICAL RESTRAINTS: SYCHOACTIVE MEDICATION: NUMBER OF RESTRAINT RELATED INJURIES: EMERGENCY MECHANICAL RESTRAINTS: EMERGENCY MECHANICAL RESTRAINTS: MECHANICAL RESTRAINTS: MECHANICAL RESTRAI	<ul> <li>the report month for every person served in your contract in the MEDICATION ERRORS field.</li> <li>Type the number of serious injuries during the report month for every person served in your contract in the SERIOUS INJURIES field.</li> <li>Type the number of behavior intervention plans authorizing personal, mechanical, or</li> </ul>
	ACT:(600/COMPONENT DATA ENTRY, M/MENU)	psychoactive medication restraint during the report month in the BEHAVIOR INTERVENTION
	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	<ul> <li>Number Of Emergency Restraints Used</li> <li>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.</li> </ul>
	entered.	Number Of Individuals Requiring Emergency
	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:	<ul> <li>Restraint</li> <li>Type the total number of individuals requiring emergency restraint during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS and PSYCHOACTIVE MEDICATION</li> </ul>
	Number Of Emergency Restraints Used: These fields include the total number of times a	TOTAL fields.
	restraint was used in each category. <b>Number Of Individuals Requiring Emergency</b> <b>Restraint:</b> These fields include the total number of individuals who were restrained in each category.	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.
	Number Of Restraint Related Injuries: These fields include the total number injuries that were related to a restraint incident in each category.	<ul> <li>Type Y in the READY TO ADD? field.</li> <li>Press Enter.</li> <li>Result: The screen is redisplayed with cleared</li> </ul>
	<u>Note</u> : 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.	<ul> <li>fields to allow for the entry of data for additional contracts, and the message, "<i>Previous Information Added</i>" is displayed.</li> <li>Repeat this step for all contracts.</li> </ul>
	See the example on the following page.	<ul> <li>When all contracts have been entered, type N in the READY TO ADD? field and press Enter to return to the header screen.</li> </ul>

Step	View	Action
3, cont.	Example screen:         Ø-30-09       686: CRITICAL INCIDENT DATA:ADD       UC026512         COMPONENT CDDE/NOME: 860 / CENTER FOR LIFE RESOU       CONTRACTS ENTERED         TOTAL NUMBER OF:       MEDICATION ERRORS: 1 SERIOUS INJURIES: 0         BENAVIDAL RESTRAINTS:       2         MUMBER OF ENTROPY RESTRAINTS:       2         MUMBER OF ENTROPY RESTRAINTS:       2         MUMBER OF INDUDUALS REQUISING ENERGENCY RESTRAINT:       0         PERSONAL RESTRAINTS:       2         MUMBER OF INDUDUALS REQUISING ENERGENCY RESTRAINT:       0	<ul> <li>Example: The following describes the data displayed on the sample screen on the left side of the page.</li> <li>Number of Emergency Restraints section: <ul> <li>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.</li> <li>There were no mechanical restraints in a month, so you would type 0 in the TOTAL field.</li> <li>There were no psychoactive medication restraints, so you would type 0 in the TOTAL field.</li> </ul> </li> <li>Number of Individuals Requiring Emergency Restraint section: <ul> <li>Since these fields are counting individuals, you would type 2 in the PERSONAL RESTRAINTS TOTAL field.</li> <li>There were no mechanical restraints, so you would type 0 in the TOTAL field.</li> </ul> </li> <li>There were no psychoactive medication restraints, so you would type 2 in the PERSONAL RESTRAINTS TOTAL field.</li> <li>There were no mechanical restraints, so you would type 0 in the TOTAL field.</li> <li>There were no psychoactive medication restraints, so you would type 0 in the TOTAL field.</li> <li>There were no psychoactive medication restraints, so you would type 0 in the TOTAL field.</li> </ul> Number of Restraint Related Injuries section: <ul> <li>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.</li> </ul>

## 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		<ul> <li>Type 686 in the ACT: field of any screen.</li> <li>Press Enter.</li> <li><u>Result</u>: The 686: Critical Incident Data: Add/</li> </ul>
		Change/Delete request screen is displayed.
2	A sample <b>686: Critical Incident Data: Add/Change/</b> <b>Delete</b> request screen is shown below.	Your component code is displayed based on your logon account number.
	06-24-09 686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE UC026510	• Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field.
	PLEASE ENTER THE FOLLOWING:	• Type the contract number in the CONTRACT
	COMPONENT CODE :	• Type <b>C</b> (Change) in the Type of ENTRY field.
	CONTRACT NUMBER :	• Press Enter.
	TYPE OF ENTRY : _ (A/ADD,C/CHANGE,D/DELETE)	<u>Result</u> : The <b>686: Critical Incident Data: Change</b> screen is displayed.
	*** PRESS ENTER ***	
	ACT: (600/COMPONENT DATA ENTRY, M/MENU)	
3	A sample <b>686: Critical Incident Data: Change</b> screen is shown below.	• Type changes to the critical incident data in the appropriate fields
	shown below.         06-30-09       686: CRITICAL INCIDENT DATA:CHANGE       UC026512         COMPONENT CODE/NAME:       060 / CENTER FOR LIFE RESOU CONTRACT NUMBER:       000732501_         INCIDENT MONTH/VERR:       05 / 2009       1       0F 3       CONTRACT NUMBER:       000732501_         INCIDENT MONTH/VERR:       05 / 2009       1       0F 3       CONTRACT NUMBER:       000732501_         INCIDENT MONTH/VERR:       05 / 2009       1       0F 3       CONTRACTS ENTERED         TOTAL NUMBER OF:       MEDICATION ERRORS:       1	<ul> <li>appropriate fields.</li> <li>Type Y in the READY TO CHANGE? field to submit the data to the system.</li> <li>Press Enter.</li> <li><u>Result</u>: The request screen is displayed with the message, "<i>Previous Information Changed</i>."</li> </ul>

### **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		<ul><li>Type 686 in the ACT: field of any screen.</li><li>Press Enter.</li></ul>
		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. 86-24-89 686:CRITICAL INCIDENT DATA : ADD/CHANGE/DELETE UC826518 PLEASE ENTER THE FOLLOWING: COMPONENT CODE :	<ul> <li>Your component code is displayed based on your logon account number.</li> <li>Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field.</li> <li>Type the contract number in the CONTRACT NUMBER field.</li> <li>Type D (Delete) in the TYPE OF ENTRY field</li> </ul>
	MUNTH AND YEAR (MMYYYY) : Contract Number : Type of Entry : _ (A/ADD,C/CHANGE,D/DELETE) *** PRESS Enter ***	<ul> <li>Press Enter.</li> <li><u>Result</u>: The 686: Critical Incident Data: Delete screen is displayed.</li> </ul>
3	A sample <b>686: Critical Incident Data: Delete</b> screen is shown below	• Type <b>Y</b> in the READY TO DELETE? field to submit the data to the system
	B6-30-09       686: CRITICAL INCIDENT DATA:DELETE       UC026512         COMPONENT CODE/NAME:       860 / CENTER FOR LIFE RESOU CONTRACT NUMBER:       000732501_         INCIDENT MONTH/YEAR:       65 / 2009       1       0F 3       CONTRACTS ENTERED         TOTAL NUMBER OF:       MEDICATION ERRORS:       1       SERIOUS INJURIES:       0         BEHAULOR INTERVENTION PLANS AUTHORIZING RESTRAINT:       1       TOTAL       PERSONAL RESTRAINTS:       0         NUMBER OF ENERGENCY RESTRAINTS:       2       NOTAL       PERSONAL RESTRAINTS:       0         PERSONAL RESTRAINTS:       2       0	<ul> <li>Press Enter.</li> <li><u>Result</u>: The request screen is displayed with the message, "<i>Previous Information Deleted</i>."</li> </ul>

This page was intentionally left blank.

## Exiting ICF/MR – Mainframe/3270

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

- Key  $\mathbf{Q}$  in the ACTION field.
- Press **<Enter**>.
- Key **logoff** at the prompt.
- Press **<Enter**>.

Result: The CL/SUPERSESSION Main Menu is displayed.

## Accessing ICF/MR – Web Applications

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. <u>Note</u> : 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	
	<u>Result</u> : Three <u>Security Alert</u> dialogue boxes are displayed in succession. The first is shown below.	
	Security Alert	
	You are about to view pages over a secure connection. Any information you exchange with this site cannot be viewed by anyone else on the Web. In the future, do not show this warning OK More Info	
	<ul> <li>Read the Security Alert.</li> <li>Check IN THE FUTURE, DO NOT SHOW THIS WARNING so that this dialogue box will not be displayed when you access this address again.</li> </ul>	
	Click <b>OK</b> to proceed.  Result: The second dialogue box is displayed.	
4	A sample of the second Security Alert dialogue box is shown below.	
-	Security Alert       X         Image: This page requires a secure connection which includes server authentication.       This certificate Issuer for this site is untrusted or unknown. Do you wish to proceed?         Image: Yes       No       View Certificate       More Info	
	<ul> <li>Read the Security Alert.</li> <li>Click Yes to proceed.</li> <li><u>Note</u>: This dialogue box will continue to be displayed each time you access this web address.</li> <li><u>Result</u>: The third dialogue box is displayed.</li> </ul>	

# Accessing ICF/MR – Web Applications, Continued

Access Procedure, continued

Step	Action			
5	A sample of the third <u>Security Alert</u> dialogue box is shown below.			
	Security Alert			
	A secure connection with this site can not be verified. Would you still like to proceed?			
	The certificate you are viewing does not match the name of the site you are trying to view.			
	☐ <u>D</u> o not sho	w this warning		
	( <u>Y</u> es	<u>N</u> o <u>V</u> iew Certificate <u>M</u> ore Info		
	<ul> <li>Read the Security Ale</li> <li>Check DO NOT SHOW T</li> </ul>	ert. HIS WARNING so that this dialogue box will not		
	be displayed again.	C C		
	Click <b>Yes</b> to proceed.			
	Result: The Enter Netwo	rk Password dialogue box is displayed.		
6	A sample <u>Enter Network</u>	<u>A Password</u> dialogue box is shown below. This		
	used to change your pass	sword if desired		
	Enter Network Passwork			
	Please enter your authentication information			
	Resource: Model 20	source: Model 204(DD204)		
	User name:			
	Password:			
	Save this password	in your password list		
		27.98 		
	If	then		
	you are not changing	• Key your User Name in the USER NAME field.		
	your password	<ul> <li>Key your password in the PASSWORD field.</li> <li>Click <b>OK</b>.</li> </ul>		
	Result: The CARE Access Verification screen is displayed.			
	you want to change • Key your User Name in the USER NAME field.			
	your password • Key your old password, a colon, and your new password in the PASSWORD field			
	Example: Key old:new			
		Result: Your password has been changed, and		
		the <u>CARE Access Verification</u> screen is displayed.		
	Important: Do not chec	<b>k</b> the Save this password in your password list		
	option.			

#### Access Procedure, continued

Step	Action			
7	A sample <u>CARE Access Verification</u> screen is shown below.			
	12-31-98 CARE Access Verification Screen VC110060			
	Social Security Number OOPYRIGHT(C) 1987 BY TEXAS DEPARTMENT OF MENTAL HEALTH AND MENTAL RETARDATION Submit_Signon Reset			
	<ul> <li>Key your Social Security Number.</li> <li>Click Submit Signon.</li> <li>Note: If you have changed your password, the <u>Enter Network Password</u> dialogue box is displayed again as in Step 6. You must: <ul> <li>Key your new password in the PASSWORD field and</li> <li>Click OK.</li> </ul> </li> <li>Result: The <u>M: CARE Main Menu</u> is displayed.</li> </ul>			

# Accessing ICF/MR – Web Applications, Continued

Access Procedure, continued

05-18-04 @16:21:53	M:CARE Main M	Ienu VC110.
	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	
	Resiliency & Disease Management Menu	
Q_Quit Click <b>1100</b> ICF/N Result: The 1100	MR Menu. 1: ICF/MR Menu is displa	ved.
Q_Quit Click <b>1100</b> ICF/N <u>Result</u> : The <u>1100</u> A sample <u>1100:IC</u>	MR Menu. <u>:: ICF/MR Menu</u> is displa <u>CF/MR Menu</u> is shown be	yed. low.
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# **Client Registration Using the Web**

Introduction	<i>Client Registration Using the Web</i> 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 <u>326: Client Registration – Limited</u> web screen is used to register new consumers in CARE.			
	<u>Note</u> : This registration is limited due to client confidentiality legislation. <i>Community MHMR centers are urged to use mainframe/</i> 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:			
	<ul> <li>413: Medicaid/Medicare Number Update</li> <li>420: Client Name</li> <li>430: Client Address</li> <li>431: Client Correspondent</li> </ul>			

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 <u>326: Client</u> <u>Registration – Limited</u> screen is displayed with the system message, " <i>New ID is</i> "
Possible Match	If a possible match is found (the consumer may already be registered in CARE), the <u>326: Client Registration – Limited</u> screen is redisplayed with the message " <i>Possible Match – Call TDMHMR Central Office to</i> <i>Register Person</i> ". 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 <u>1100: ICF/MR Menu</u>.

Step	Se	creen	Action
1	85 78 80 (C15 07-51	1180-TCEARD Manne UC111100	On the <u>1100: ICF/MR Menu</u> :
	101007 (g100701		Click 326 Client Registration - Limited.
	CPURA Data Staty     CPURA Data Staty     CPURA Data Staty     Death / Separation of Clent Moments     Death / Separation of Clent     Registration Orenezephics Update     Cent Separation - Lineted     Add Case to ID / Demographics     dia Add Case to ID	Display         Cleart Name Search           100         Chert Name Search           102         DBES Medicale Bagbility Search I           103         DBES Medicale Bagbility Search I           104         DBES Medicale Bagbility Search I           105         DBES Medicale Bagbility Search I           106         Construct Bagbility Search I           107         DPMCMC Determinion           108         Construct Information           109         Construct Information           101         Daily Contrast Education           102         DEWICE Order and Text Parch           103         Chenti With Service Automations / Clent Assessments           Changed During Ferried         Compared Service Automations / Clent Assessments           Medices Bagbilly Ty J         Medices Bagbilly Ty J           Medices Bagbilly Ty J         Medices Automations / Clent Assessments           1162         Medices Casessment Enginetion           1183         Indevidual MP/RC Assessment           1183         Indevidual MP/RC Assessment	<u>Result</u> : The <u>326</u> : <u>Client Registration – Limited</u> screen is displayed.
	Download User Documentation	J	
2	12.30-98       326: Client Registra         Enter The Following in Statewide Client Id         Component Code         Component Code         Client Last Name/ Suf         Client Middle Name         Client Middle Name         Client Middle Name         Client Middle Name         Client Birthdate (umddyyyy)         Social Security Number         Ocial Security Number         Medicare Number         Medicare Number         Medicare Number         Presenting Problem         Registration Effective Time (hhmm A/p)         Street Address         City         Street Address         Client Birthdate Croup         Marinal Status         Street Address         Client Client Undate         Family Size	ation - Limited VCI10221A to Generate TDMHMR leatification Number	<ul> <li>On the <u>326: Client Registration – Limited</u> screen:</li> <li>Your component code is displayed based on your logon account number.</li> <li>Key information in the appropriate fields. <u>Note</u>: 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. <u>Note</u>: You can use the drop-down list to complete the SEX, ETHNICITY, PRESENTING PROBLEM, LEGAL GUARDIANSHIP, SERVICE PARTICIPANT GROUP, and MARITAL STATUS fields.</li> <li>Click Submit Request to submit the data. <u>Result</u>: The <u>326: Client Registration – Limited</u> screen is displayed showing the data just entered.</li> </ul>

Step	Screen			Action On this sample screen: • Key Y (Yes) in the READY TO ADD (Y/N) field.	
3	11-23-98         326: Client Registration - Limited         VC110221B           Client Last Name/Suf         YEH				
	Clear Is Anno Gui Charles Carlos Carl	GE         Component Code Local Case Number         410           M         00000034           M         00011930           U         11231998           1059A         2350 TEST STREET           AUSTIN         TK           78711         227           3 - ADULT W/GUARDIAN OF ESTATE & PERSON           PD - SEEVICE PARTICIPANT GROUP PD           3 - DULT W/GUARDIAN OF ESTATE & PERSON           PD - SEEVICE PARTICIPANT GROUP PD           3 - DULT W/GUARDIAN OF ESTATE & PERSON	10	Click Submit Update. <u>Result</u> : The <u>326</u> : Client Registration – Limited screen is displayed with the messages " <i>New ID</i> is" and " <i>Previous Information Added</i> ." The consumer has been registered in CARE.	

# **Client Movements Using the Web**

<i>Client Movements Using the Web</i> 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.	
Community MHMR centers use the <u>337:Non-State Operated Client</u> <u>Movement</u> screens on the web to enter client movements.	
<u>Note</u> : <u>336</u> : <u>State Operated Client Movements</u> 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 <u>1100</u>: <u>ICF/MR Menu</u>.

Step		Screen	Action
1			On the 1100: ICE/MR Menu:
1	05-28-99 @16:37:51	1100:ICF/MR Menu V	• Click 336 State Operated Client
	ICF/MR Data Entry	ICF/MR Inquiry	Movements
	336 State Operated Client Movements	100 Chent Name Search	wovements.
	337 Non-state Operated Chent Movements	192 DHS Medicaid Eligibility Search I	
	360 Death / Separation of Client	193 DHS Medicaid Eligibility Search II	Result: The <u>336</u> : State Operated Client
	1123 [MR/RC Assessment	222 Display of All Movements For A Chent	Movements request series is displayed
	Registration/ Demographics Update	565 County List	<u>wovements</u> request screen is displayed.
	326 Chent Registration - Limited	569 Provider Information	
	410 Add Case to ID / Demographics	570 Contract Information	
	413 Medicaid/ Medicare Number	571 Provider Contract List	
	420 Chent Name	771 DSMACD Code and Text Search	
	430 Client Address	1161 Daily Census Report	
	431 Chent Correspondent	1163 Chents With Service Authorizations / Chent Assess	uenta -
	Case Maintenance	Changed During Feriod	
	395 Local Case Number: Delete	1164 Computed Service Authorizations / Chent Assessm	entsi
	396 Local Case Number: Change	1165 MP/RC Assessment Emiration	
		1169 MD/D/C Assessment Summary	
		1182 MR/RC Assessment Penders	
		1183 Indextual MR/R/C Accountered	
	Download User Documentation		
2	02-23-99 336: State 0	Operated Client Movements	vciiix Vciiiix Vciiix V
		Client D	Key information in the CLIENT ID, LOCAL CASE     NUMBER, <i>or</i> SOCIAL SECURITY NO field.
	Sou	Local Case Number	<ul> <li>Click the Add radio button in the TYPE OF ENTRY field.</li> </ul>
	Type Of Entry:	Add O Change O Delete O	Click Submit Request.
			Note: Vour component code is displayed based
			<u>Note</u> . Your component code is displayed based
			on your logon account number
	Submit_Hequest Heset		on your togon account number.
	Return to General Chent Update Menu		Pagult: The 226: State Operated Client
	Return to ICF/MR Menu		Kesuit. The <u>550. State Operated Chem</u>
	Cost		Movements (Screen 2) is displayed.
	Am		<u></u> (

Step	Screen	Action	
3	02-23-99 3361 State Operated Client Movements. VC111338	On the <u>336: State Operated Client Movements</u> (Screen 2):	
	Let Name       QLORY         Suffs       COmposed (57)         First Name       MORENTIAL         Nidde Name       Social Security Number         Novement       Effective Tate         Effective Date       Quarter State         Mevement       Effective Date         Mevement       Quarter State         Effective Date       Quarter State         Proc Tate       Dire Tate         Proc Augment       Proc Augment         Effective Tane       Quarter State         Proc Tate       Proc Augment         Effective Tane       Quarter State         Proc Tate       Proc Augment         Proc Augment       Proc Augment         Proc Augment       Proc Augment         Proc Admissions Or Reams one pervise per facily then enter date of abusens to the facily         Proc Date       Procent State         Procent Date       Procent State         Procent Date       Procent State         Procent Date       Procent State         Procent Procent State       Procent State         Procent Date       Procent State         Procent Date       Procent State         Procent Date       Procent State         Procent Date	<ul> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. MOVEMENT EFFECTIVE DATE, MOVEMENT EFFECTIVE TIME, LOCATION CODE, and MOVEMENT CODE are required fields.</li> <li>In the RESIDENTIAL TYPE field: For admissions or returns, enter previous residential setting; for discharges, enter residential setting to which person is going. <u>Note</u>: You can use the drop-down list to complete the MOVEMENT CODE and RESIDENTIAL TYPE fields.</li> <li>If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility.</li> <li>Click Submit Update. <u>Result</u>: The <u>336</u>: State Operated Client <u>Movements</u> screen is displayed showing the data just entered and the message "<i>The</i> <i>Following Information Has Been Processed.</i>" You can click Return to Request to return to the request screen.</li> </ul>	

## 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 <u>1100</u>: ICF/MR Menu.

Step		Screen	Action	
1	05-28-99 @16-37:51	1100:ICF/MR Menu VC111100	On the <u>1100: ICF/MR Menu</u> : • Click <b>337 Non-State Operated Client</b>	
	ICFARE Data Easy         ICFARE loss           135         fiber Operated Clout Movements         110         Clout Name Search           136         fiber Operated Clout Movements         110         Direk Acade Elgiphity Search I           137         Rice rate Operated Clour Movements         112         Direk Acade Elgiphity Search II           138         Non-trace Operated Clour Movements         122         Direk Mane Search         III           130         Park A Streament         222         Direk Movements For A Cleast         III           130         Mark Conservations         1122         Darks of All Movements For A Cleast           131         Mark Conservations         1121         Demographics         1122           132         Registrations         Demographics         1212         Cleast I Information           131         Redira Verbordbard         221         Cleast Adverse         121         Diraddr D Code and Tras Search           132         Cleast Adverse         132         Cleast Adverse         133         Cleast Adverse         134         Cleast Adverse         1355         ILCe Adverse         1352         ILCe Adverse         1362         Cleast Adverse         1362         Cleast Adverse         1362         Cleast Adverse         1362		Movements. <u>Result</u> : The <u>337: Non-State Operated Client</u> <u>Movements</u> request screen is displayed.	
2	02-23-99 337: Non-State	Operated Client Movements VC111 Client ID Component congl Case Number dl Security Number Add C Change C Delete C	<ul> <li>On the <u>337: Non-State Operated Client</u> <u>Movements</u> request screen:</li> <li>Key information in the CLIENT ID, LOCAL CASE NUMBER, <i>or</i> SOCIAL SECURITY NO. field.</li> <li>Click the Add radio button in the TYPE OF ENTRY field.</li> <li>Click Submit Request.</li> <li><u>Note</u>: Your component code is displayed based on your logon account number.</li> <li><u>Result</u>: The <u>337: Non-State Operated Client</u> <u>Movements</u> (Screen 2) is displayed.</li> </ul>	

Step	Screen			Action
3	02-23-39 Last Name Suffic First Name Movement Effective Date Movement Effective Date Movement Effective Time Contract No Contract No Movement Code Residential Type For Admissions On Rehame start For Admissions On Rehame start For Admissions On Rehame start Taskaited from or decharged to a low methypyy Balant, Update Remain Control Manage Remain Control Code Remain Control Code Remain Control Code Remain Control Code Remain Control Code Remain Control Code Remain Code Manage Remain Code Statistics Code Remain Code Statistics Remain Code Statistics Remain Code Statistics Remain Code Statistics Remain Code Remain Code Statistics Remain Code Statistics Remain Code Statistics Remain Code Statistics Remain Code Remain Code Rema	STORE	nt Movements VC111340	<ul> <li>On the <u>337: Non-State Operated Client</u> <u>Movements</u> (Screen 2):</li> <li>Key information in the appropriate fields. <u>Note</u>: Some fields on this screen are required. MOVEMENT EFFECTIVE DATE, MOVEMENT EFFECTIVE TIME, CONTRACT NO, and MOVEMENT CODE are required fields.</li> <li>In the RESIDENTIAL TYPE field: For admissions or returns, enter previous residential setting; for discharges, enter residential setting to which person is going. <u>Note</u>: You can use the drop-down list to complete the MOVEMENT CODE and RESIDENTIAL TYPE fields.</li> <li>If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility.</li> <li>Click Submit Update. <u>Result</u>: The <u>337: Non-State Operated Client</u> <u>Movements</u> screen is displayed showing the data just entered and the message "<i>The</i> <i>Following Information Has Been Processed.</i>" You can click Return to Request to return to the request screen.</li> </ul>

Introduction	<i>MR/RC Assessments Using the Web</i> 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 <u>1123: ICF MR/RC Assessment</u> screens are used to enter ICF/MR consumer assessments.

### **MR/RC** Assessments Procedure - Web

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

Step		Screen	Action
1	05-28-99 @16:37-51           ICE/MR Data Early           14         State Operated Clean Moremats           132         Non-rate Operated Clean Moremats           133         Death / Separaton of Cleat           112         Jod/NC Arreament           262         Clean Argentation - Landed           133         McKoare Namber           134         Add Case to JD / Demographics           135         McKoare Namber           136         Clean Adverse           137         Clean Adverse           138         Clean Adverse           139         Clean Adverse           131         Clean Adverse           132         Clean Adverse           133         Clean Adverse           134         Clean Adverse           135         Local Care Number Charge           136         Local Care Number Charge           1	1109:ICFMR Mens  ICFMR Iopin  D ICFM	On the <u>1100: ICF/MR Menu</u> : • Click <b>1123 MR/RC Assessment</b> . <u>Result</u> : The <u>1123: ICF MR/RC Assessment</u> screen is displayed.
2	Inter Decommentation         Inter State         Inter One of The Following:         Local Case Number         Local Case Number         Markaid Number         Date Image:         Central No.         Payose Code         Requested Brigh Date         (maddyyy), exter for Add)         Requested Brigh Date         Type of Easily:         Add C         Cater Request         Reset         Return to CARE Main Menn         Cat		<ul> <li>On the <u>1123: ICF MR/RC Assessment</u> screen:</li> <li>Your component code is displayed based on your logon account number.</li> <li>Key information in the CLIENT ID, LOCAL CASE NUMBER <i>or</i> MEDICAID NUMBER field.</li> <li>Key the Contract Number in the CONTRACT No field.</li> <li>Key the Purpose Code in the PURPOSE CODE field. You can use the drop-down list to complete this field.</li> <li>If you are adding a new assessment, you must enter the requested begin date in the REQUESTED BEGIN DATE field.</li> <li>If you are adding a Purpose Code E assessment, you <i>must</i> enter the requested bend date in the REQUESTED END DATE field.</li> <li>If you are adding a Purpose Code E assessment cannot overlap. Purpose Code E dates are the dates when the consumer had <i>no</i> LOC in place.</li> <li>Note: Purpose Code 2, Add is used in sample screens in this procedure.</li> <li>Click the Add radio button in the TYPE OF ENTRY field.</li> <li>Click Submit Request.</li> <li>Result: The <u>1123: ICF MR/RC Assessment</u> Purpose Code 2: Add screen is displayed.</li> </ul>

Procedure

Step	Screen	Action	
3	01-05-99 1123:ICF MR/RC Assessment Purpose Code 2: Add VC110751	On the <u>1123: ICF MR/RC Assessment Purpose</u> Code 2: Add screen:	
	01-57     ILSUS AUXX. Answerment Properts of a Add     V.LID/S       15-sin yrvine     067-064 /1     20-ontax1/s     000077777       410are diaFrendedia)     IDMO/077, VINDOTOJ     91517 J.ADSTIN TZ, 7705     000077777       510are diafrendedia)     IDMO/077, VINDOTOJ     91517 J.ADSTIN TZ, 7705     01117       510are diafrendedia)     1000007, VINDOTOJ     91517 J.ADSTIN TZ, 7705     01117       510are diafrendedia)     102-02 Jan, 20, 20     1132are IDM     0       112bar Conjerted Emotion (modegrap)     1132are IDM     0     1132are IDM       120-confered Emotion (modegrap)     1132are IDM     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     1132are IDM     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     1132are IDM     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     1132are IDM     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     1132are IDM     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     112-confered Emotion (modegrap)     1132are IDM     1132are IDM       121-confered Emotion (modegrap)     112-confered Emotion (modegrap)     112-confered Emotion (modegrap)     112-confered Emotion (modegrap)       121-confered Emotion (modegrap)     112-confered Emotion (modegrap)     112-confered Emotion (modeg	<ul> <li><u>Code 2: Add</u> screen:</li> <li>Key information in the appropriate fields. <u>Note</u>: 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.</li> <li>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. <u>Note</u>: 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.</li> <li>Click Submit Update. <u>Result</u>: The <u>1123</u>: ICF MR/RC Assessment <u>Processed</u>."</li> </ul>	

# Critical Incident Data Using the Web

Introduction	<i>Critical Incident Data Using the Web</i> describes the procedures involved in using web applications to interface with the CARE system to enter critical incident data.		
Critical Incident Data Entry	The <u>686: Critical Incident Data</u> screens are used to enter critical incident data. The entry of critical incident data is required on a monthly basis for <i>all</i> of the contracts administered by a provider, including contracts for waiver programs and ICF/MR. Critical incident data must be entered <i>no later than</i> 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 <u>286: Critical Incident Data: Inquiry</u> 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.		
	• <b>Omitted dose</b> - 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 2 <sup>1</sup> / <sub>2</sub> 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.		

Term	Definition
Term Behavior Intervention Plan Authorizing Restraint	<ul> <li>Definition</li> <li>A behavior intervention plan is reported if it authorizes a personal, mechanical or psychoactive medication, as defined below, for an individual.</li> <li>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.</li> <li>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.</li> <li>Psychoactive medication - the use of a chemical, including a pharmaceutical,</li> </ul>
	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.

Reportable Data, continued

### **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 <u>M: CARE Main Menu</u>.

Step		Screen	Action	
1	06-30-09 @14:51:56	McCARE Main Menu VC116		On the M: CARE Main Menu:
	QQmit	100       Chern Name Search         200       Greend Cleft logary         300       Care Mantenace         400       Reprinted Unter Update         500       Component Profile Inpary         600       Component Profile Inpary         600       Component Profile State         700       Performanced Workboad Dougst Data Entry         700       Performanced Workboad Data Entry         701       Context Reporting System         1100       Inchrist/R.R. Mena         1100       Inchrist/R.R. Mena         1200       Renkinzy & Dorasof Management Mena         840       CAMSA'S - Employee History of Abure & Neglect         720       Field Support Functions		Click 600 Component Data Entry. <u>Result</u> : The <u>600: Component Data Entry</u> menu is displayed.
2	06-30-09 @14:53:21	600:Component Data Entry	VC116600	On the <u>600: Component Data Entry</u> menu: • Click <b>686 Critical Incident Data</b> . <u>Result</u> : The <u>686: Critical Incident Data</u> screen is displayed.

## Critical Incident Data Procedure – Web, Continued

#### Procedure, continued

Step	Screen	Action
3	06-30-09 @14-54-85     056: Critical Incident Data     VCI16519       Component	<ul> <li>On the <u>686: Critical Incident Data</u> screen:</li> <li>Your component code is displayed based on your logon account number.</li> <li>Type the month and year being reported in the MONTH AND YEAR (MMYYYY) field.</li> <li>Click the Add radio button in the TYPE OF ENTRY field.</li> <li>Click Submit Request.</li> <li>Result: The <u>686: Critical Incident Data: Add</u> screen is displayed.</li> </ul>

Step	Screen	Action
4	06-30-09 @34:56:49         686: Citical Incident Data         VCI16510           Composed 800         Month and Year (MDRYYYY)         65000           Type Of Eatry:         A44         0 OF 5 CONTEACTS ENTERED           Contract Number:         [00072601]	<ul> <li>The contract number that was entered on the header screen is displayed but can be changed.</li> <li>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.</li> </ul>
	Total number of     Medication Errors     Serious Injuries:       Behavior Intervention Plane Authenting Restmint     Image: Serious Injuries:     Image: Serious Injuries:       Number of Energency Restmint Ured.     Personal Restmint     Image: Serious Injuries:       Psychoscrive Medication     Image: Serious Injuries:     Image: Serious Injuries:       Number of Energency Restmint:     Image: Serious Injuries:     Image: Serious Injuries:       Personal Restmint:     Image: Serious Injuries:     Image: Serious Injuries:       Number of Restmint:     Image: Serious:     Image: Serious Injuries:       Emergency Personal Restmint:     Image: Serious:     Image: Serious:       Emergency Protocol The Medication     Image: Serious:     Image: Serious:       Emergency Personal Restmint:     Image: Serious:     Image: Serious:       Emergency Personal Restmint:     Image: Serious:     Image: Serious:	<ul> <li>Type the number of medication errors during the report month for every person served in your contract in the MEDICATION ERRORS field.</li> <li>Type the number of serious injuries during the report month for every person served in your contract in the SERIOUS INJURIES field.</li> <li>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.</li> </ul>
	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 <i>Contracts Entered</i> 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	<ul> <li>Number Of Emergency Restraints Used</li> <li>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.</li> </ul>
	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:	<ul> <li>Number Of Individuals Requiring</li> <li>Emergency Restraint</li> <li>Type the total number of individuals requiring emergency restraint during the report month in the PERSONAL RESTRAINTS, MECHANICAL RESTRAINTS, and PSYCHOACTIVE MEDICATION TOTAL fields.</li> </ul>
	<ul> <li>Number Of Emergency Restraints Used: These fields include the total number of times a restraint was used in each category.</li> <li>Number Of Individuals Requiring Emergency Restraint: These fields include the total number of individuals who were restrained in each category.</li> <li>Number Of Restraint Related Injuries: These fields include the total number injuries that were related to a restraint incident in each category.</li> <li><u>Note</u>: 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</li> </ul>	<ul> <li>Number Of Restraint Related Injuries</li> <li>Type the total number of restraint related injuries during the report month in the EMERGENCY PERSONAL RESTRAINTS, EMERGENCY PERSONAL RESTRAINTS, and EMERGENCY PSYCHOACTIVE MEDICATION TOTAL fields.</li> <li>Type Y in the READY TO ADD? field.</li> <li>Press Enter.</li> <li>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.</li> </ul>
	<i>month.</i> See the example on the following page.	<ul> <li>When all contracts have been entered, type N in the READY TO ADD? field and press Enter to return to the header screen.</li> </ul>

Step	Screen	Action
4, cont.	Example screen: (0-30-09 686: CRITICAL INCIDENT DATA:ADD UC026512 CUMPONENT CODE/NME: 040 / CENTER FOR LIFE RESUL CONTRACT NUMBER: 000732501 INCIDENT NONTH/YEAR: 05 / 2009 0 0 0 0 3 CONTRACT NUMBER: 000732501 TOTAL NUMBER 0F: MEDICATION ERRORS: 1 SERIOUS INJURIES: 0 PERSONA RESIRAINTS: 0 NUMBER 0F ENREWY RESTRAINTS: 0 PERSONA RESIRAINTS: 0 PERSONA RESIRAINTS: 0 NUMBER 0F INDIVIDUALS REQUENCE HERGENCY RESTRAINT: 0 PERSONA RESIRAINTS: 0 PERSONA RESIRAINTS: 0 UC000000000 CONTRACT ON PROVINCE INTERSONAL OF CONTRACT ON PROVINCE INTERSONAL RESTRAINTS: 0 HUMBER 0F RESTRAINTS: 0 PERSONAL RESTRAINTS: 0 HUMBER 0F RESTRAINT RELATED INJURIES: 0 HERRENOV PRESIDENT RESTRAINTS: 0 HERRENOV PRESIDENT PRESIDENT RESTRAINTS: 0 HERRENOV PRESIDENT PRESID	<ul> <li>Example: The following describes the data displayed on the sample screen on the left side of the page.</li> <li>Number of Emergency Restraints section: <ul> <li>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.</li> <li>There were no mechanical restraints in a month, so you would type 0 in the TOTAL field.</li> <li>There were no psychoactive medication restraints, so you would type 0 in the TOTAL field.</li> <li>There were no psychoactive medication restraints, so you would type 0 in the Total field.</li> </ul> </li> <li>Number of Individuals Requiring Emergency Restraint section: <ul> <li>Since these fields are counting individuals, you would type 2 in the PERSONAL RESTRAINTS TOTAL field.</li> <li>There were no mechanical restraints, so you would type 0 in the Total field.</li> </ul> </li> <li>Number of Restraint Related Injuries section: <ul> <li>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.</li> </ul> </li> <li>Important: Remember that you must type zeroes in all fields that have no critical incident data to be reported.</li> </ul>

# **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 ICI	e follov F/MR I	wing list of inquiry screens is displayed on the <u>1100:</u> <u>Menu</u> .	
	•	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	
<ul> <li>1166 MR/RC Assessment Exp (L</li> <li>1168 MR/RC Assessment Summa</li> <li>1180 ICF/MR Provider Roster: Ir</li> </ul>		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 <u>1168: ICF/MR MR/RC Assessment Summary</u> screens are used as an example. Other inquiry screens will use a similar procedure.

Step	S	Screen	Action
1			On the 1100: ICF/MR Menu:
	05-28-99 @16:37:51	1100:ICF/MR Menu VC111100	Click 1168 MR/RC Assessment.
	ICPMR Data Entry           328         Share Operated Clim Norments           332         Nun-trate Operated Climit Norments           340         Death Scare Monte           1123         Mile Accessenate           1123         Mile Consenate           126         Climit Accessenate           127         Mile Consenate           128         Mile Consenate           129         Add Care to Dr Demographics           131         Mile Gard Number           132         Climit Mane           133         Climit Mane           134         Climit Mane           135         Climit Mane           136         Climit Mane           137         Local Care Number Change           138         Local Care Number Change           139         Local Care Number Change	ICPAR Isopary           100         Chert Name Sarch           112         DBS Medcard Baghday Search I           1132         DBS Medcard Baghday Search II           1132         DBS Medcard Baghday Search II           1132         DDrive Al Movement For A Chert           1135         Provider Information           1145         Provider Contract List           1151         Daly Central Editormation           1161         Daly Central Report           1162         Daly Central Report           1163         Daly Central Advocations / Clent Assessments           Charter Mith Service Automations / Clent Assessments           Charter Search         List           More Contract Service Automations / Clent Assessments           1162         Baffer Contract Search           1163         Daly Central Service Automations / Clent Assessments           1164         More Contract Search           1165         Baffer Contract Search           1165         Daly Central Search           1166         Daly Central Search           1167         Daffer Contract Search           1168         Daffer Contract Search           1169         Daffer Contract Search           1189         Daffer Contract Sear	Summary. <u>Result</u> : The <u>1168: ICF/MR MR/RC</u> <u>Assessment Summary: Inquiry</u> request screen is displayed.
2	03-23-99 1168:ICF/MR MR/RC A Component Co Enter On C Local Case 1 Medicaid 1 Submit_Inquity Preset Retern to ICF/MR Menn Petern to CARE Main Menn Quit	seesment Summary: Inquiry VC116 dc e Of The Following: lient ID Number Number	<ul> <li>On the <u>1168: ICF/MR MR/RC Assessment</u> <u>Summary: Inquiry</u> request screen:</li> <li>Key information in the CLIENT ID, LOCAL CASE NUMBER, <i>or</i> SOCIAL SECURITY NO. field.</li> <li>Click <b>Submit Inquiry.</b> Note: Your component code is displayed based on your logon account number.</li> <li><u>Result</u>: The <u>1168: ICF/MR MR/RC</u> <u>Assessment Summary: Inquiry</u> screen is displayed.</li> </ul>

continued on next page

## Inquiry Procedure - Web, Continued

## Procedure, continued

Step	Screen		Action
3	03-23-99       1168:ICF/MR MR/RC Assessment Summary: Ing         NAME       : ROSE, RUEY       CLIENT         LOCAL CASE NUMBER:       0000000060       COMPON         MEDICAID       LEV CARE       LEV CARE PREVIOUS       PURPOSE LON         NUMBER       OF CARE       BEDIN DT       END DT       CODE         S       01-15-99       07-13-99       2       6         Return To Request         Return to CARE Main Memin       Quit	uiry VC110501B	The <u>1168: ICF/MR MR/RC Assessment</u> <u>Summary: Inquiry</u> 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 Begin Date • Level of Care End Date • Previous End Date • Purpose Code • LON (Level of Need) • Source

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 <b>Q</b> Quit at the bottom of any screen.
	Result: The CARE Signoff screen is displayed.
2	Exit your Internet browser.

<u>Note</u>: The <u>CARE Signoff</u> screen also offers the option to Return to Signon. By clicking that option, you are returned to the <u>CARE Access</u> <u>Verification</u> screen to logon to the system again. This page was intentionally left blank.

# **3** Screens/Field Tables

Introduction	The <i>Screens/Field Tables</i> 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 ent records.	ry screens, you will add, change, and delete	
	Use	to	
	Add	add a new record.	
	Change	change incorrect information on a record.	
	Delete	erase a record entered in error.	

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 <u>1100: ICF/MR Menu</u> screen provides a list of data entry and update action codes and screen names.		
How to Access	To access the $11$	100: ICF/MR Menu:	
	• Key <b>1100</b> in	the Act: field of any screen.	
	• Press <b><enter< b=""></enter<></b>	≫.	
	<u>Result</u> : The <u>110</u>	00: ICF/MR Menu is displayed.	
ICF/MR Menu	The ICF/MR M	enu 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	
		310 - CAMPUS DISCH/COMMUNITY PLACEMENT	
		325 - REGISTER CLIENT	
		336 - STATE OPERATED CLIENT MOVEMENTS	
		360 - DEATH / SEPARATION OF CLIENT	
		395 - LOCAL CASE NUMBER: DELETE	
		396 - LOCAL CASE NUMBER: CHANGE	
		410 - HDD CHSE IU ID / DEMUGRHPHICS 413 - MEDICAID/MEDICARE NUMBER	
		420 - CLIENT NAME	
		430 - CLIENT ADDRESS	
		431 - CLIENT CORRESPONDENT	

#### 1160: ICF/MR Inquiry Menu

1160: ICF/MRThe <u>1160: ICF/MR Inquiry Menu</u> screen provides a list of inquiry actionInquiry Menucodes and screen names.

<u>Note</u>: 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 <u>1160: ICF/MR Inquiry Menu</u>:

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

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

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

06-11-99	1160:ICF/MR INQUIRY MENU V	C141160
	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 323	70 DIALOGUE IS ONLY AVAILABLE TO USERS WHO HAVE ACCESS TO	
GENERAL	CARE INQUIRY. THE PARALLEL WEB INQUIRIES ARE AVAILABLE T	0
USERS W	HO 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 <u>1123: ICF MR/RC Assessment</u> 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 <b>Add</b> 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 <u>1123: ICF MR/RC Assessment: Add/Chg/Del</u> request screen:		
	• Key <b>1123</b> in the Act: field of any screen.		
	• Press <b><enter></enter></b> .		
	<u>Result</u> : The request screen is displayed.		
Request Screen	A sample screen is shown below.		
	10-23-98 1123:ICF MR/RC ASSESSMENT: ADD/CHG/DEL UC140750		
	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/ICFWR 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
CONTRACT NO	Key the contract number under which services are provided to the consumer.
Purpose Code	<ul> <li>Key the code to indicate the purpose of this assessment.</li> <li>2 = No Current Assessment</li> <li>3 = Continued Stay Assessment</li> <li>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)</li> <li>E = Gaps in Assessment</li> </ul>
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.
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.

Note	If you need to add or change information on these screens, you can page backward to correct any entry on previous screens. Use <b>F7</b> (function key) or enter <b>B</b> in the ACT: field to page backward to the previous screen You will not lose the information you have already entered.	e 1.
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 UC140751	
	** 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 05-01-1992 0927A ADM RES 0L3	
	>	

A sample screen is shown below.

10-23-98 1123:ICF MR/RC ASSESSMENT PURPOS	E CODE 2: ADD UC140751
PROVIDER NAME: 8BF CMS #1	
CONTRACT NO. : 000077777 ICF/MR	
ADDRESS :,,	
CLIENT NAME : DEMOGUY, WINSTON ROCKWELL C	LIENT ID : 13617
COMPONENT : 8BF L	OCAL CASE NO. : 0000813617
MEDICAID NO. : H	IC/MEDICARE NO:
DHIE UF BIRTH: 02-02-1933 S	SN : U
KEQUEZIEN REGIM NHIE: 09-01-1998	
12 COMPLETED DATE: (MMDDVVVV)	
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	I
27. PSYCHIATRIC DIAG: 28. VERSION: 4	k i i i i i i i i i i i i i i i i i i i
* DDCCC FNTED TO CONTINU	Г. »
* PRESS ENTER TO CONTINU	
ACT: (1100/ICEMR MENU, M/CARE MAIN MENU,	HLP(PE1)/SCRN_DOC)
	121 (11 177 com 5007

#### Screen Field Table

Screen 2

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 1	123:ICF MR/RC	ASSESSMENT	PURPOSE	CODE 2: ADI	)	VC140751
	** VIEW	CLIENT INFO A	ND MR/RC REC	ORD INF	() **		
	CLIENT COMP/CASE Client Name	: 8BF/0000813 : DEMOGUY, WI	617 Nston Rockwe	LL			
	CLIENT ADDRESS	: 2345 IST ST	, AUSTIN TX,	78705			
	*DIAGNOSIS DESCR Primar	RIPTION ON COD Ry diagnosis:	ES ENTERED: 317 MILD	MENTAL	RETARDATION	4	
	MEDICA	L DIAGNOSIS:					
	PSYCHIATRI	C DIAGNOSIS:					
	*NO MR/RC ASSESS	MENT RECORD I	N FILE				
	*INFO ON ICF/MR	ASSIGNMENTS I	N THE PAST 2	YEARS:			
	PRIVATE RESIDENT	IAL ASSIGNMEN	TS				
	COMP CASE	EFF DATE	EFF TIME	ASGN	STATUS	LOC	
l	8BF 0000813617	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.

C			
10-23-98 112 Name : D Component : 8 Medicaid Number: 18. Rec Lon : 5	23:ICF MR/RC ASSES Demoguy, Winston Ro BBF 5	SMENT PURPOSE CODE 2: ADD Ockwell client id Local case num Contract no.:	UC140752 : 13617 BER: 0000813617 000077777 ICF/MR
*COGNITIVE FUNCTION	DNING		
29. IQ:		30. ABL: _	
*ICAP DATA 31. broad indepen 33. icap service	NDENCE Level _	32. GEN. MALADAPTIVE	_
*BEHAVIORAL STATUS 34. Behavior Proc 36. Serious Disri 38. Sex. Aggress	S SRAM _ JP BEH _ . BEH	35. SELF-INJURY BEHAUIOR 37. Aggressive Behavior	-
*NURSING 39. SERVICE PROVI	IDER * P <mark>re</mark> ss enter	40. FREQUENCY CODE R TO CONTINUE *	_
ACT: (1100/	/ICFMR MENU, M/CARI	E MAIN MENU, HLP(PF1)/SCRM	I DOC)

Screen 5 A sample screen is shown below.

```
10-23-98
                                                                  00140753
              1123:ICF MR/RC ASSESSMENT PURPUSE CUDE 2: ADD
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 PURP	USE CUDE 2: ADD VC140754
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 of an MD/DO?	TO BE UNDER THE SUPERVISION 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 HA	VE A CONDITION OF MENTAL
RETARDATION AND/OR A RELATED CONDITION?	50 (Y/N)
51. DO YOU CERTIFY THAT THIS INDIVIDUAL REQU	IRES ICF/MR OR ICF/MR/RC CARE?
	51 (Y/N)
53. PHYSICIAN NAME:	
54. SIGNATURE DATE: (MMDDYYYY) 55	. LICENSE NO.:
* PRE22 ENTER IN CONTI	NUE *
001. (1188/ICEMD MENU M/CODE MOIN MEN	
HUI (1199/10/10 MENU, M/04KE MHIM MEN	<b>U, HER(FFI)/SUMM DUU)</b>
<b>`</b>	

Screen 7 A sample screen is shown below.

OMPONENT	: 88F	LOCAL CASE NUMBER: 00008136
EDICAID NUM	BER:	CONTRACT NO.: 000077777 ICF
PROVIDER CE	RTIFICATION	
57. FULL NA	ME OF:	
RN/LUN/QM 58. Signatu	RP/CASE MGR/MRLA SVC RF date	COORD:
Jor ordinito		(
59. REQUEST	ED BEGIN DATE	: 09011998 (MMDDYYYY)
60. REQUEST	ED END DATE	: (MMDDYYYY)
PROVIDER CO	MMENTS	
EADY TO SEN Eady to add	D FOR AUTHORIZATION: ? :_ (Y/N)	_ (Y/N)

 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 <u>305: Campus-based Assignment</u> screens allow state operated campus-based providers to add, change, and delete client assignments.		
How to Access	<ul> <li>To access the <u>305: Campus-based Assignment: Add/Change/Delete</u> request screen:</li> <li>Key <b>305</b> in the AcT: field of any screen.</li> <li>Press &lt;<u>Enter</u>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>		
Request Screen	A sample request screen is shown below. 81-19-99 305:CAMPUS-BASED ASSIGNMENT: ADD/CHANGE/DELETE UC021320 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)		

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.
	<u>Rule</u> : You <i>must</i> enter the client ID or local case number.
TYPE OF ENTRY	Key the type of action you want to take.
	$\mathbf{A} = \mathrm{Add}, \mathbf{C} = \mathrm{Change}, \mathbf{D} = \mathrm{Delete}.$

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 : 000000075 COMPONENT/LOC CODE: 678 MIDDLE INIT :. ASSIGNMENT EFFECTIVE DATE (MMDDYY): 011999 TIME (HHMM A/P) : 0352P **CURRENT STATUS: ASSIGNMENT:** PRIOR DATE 2 LOCATION CODE (WARD/DORM) : PRIOR TIME 2 ASSIGNMENT/ABSENCE CODE : ADM PRIOR LOC 2 PRIOR ASGN 2 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) (332/ADD COMMIT,300/DATA ENTRY MENU,780/DEMO DATA SHEET,M/MENU) ACT:

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.
Тіме	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 <b>Y</b> (Yes) or <b>N</b> (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	<ul> <li>Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>305: Campus-Based</u> <u>Assignment: Add/Change/Delete</u> screen is displayed with the message, " <i>Previous Information</i> <i>Added</i> ."
cancel your request to add an assignment	<ul> <li>N in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>305: Campus-Based</u> <u>Assignment: Add/Change/Delete</u> screen is displayed.

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

Introduction	The <u>310: Campus-Based Discharge/Community Placement</u> screens allow state operated campus-based providers to add, change, and delete campus-based discharges.		
How to Access	<ul> <li>To access the <u>310: Campus-Based Discharge/Community Placement:</u> <u>Add/Change/Delete</u> request screen:</li> <li>Key <b>310</b> in the Act: field of any screen.</li> <li>Press &lt;<b>Enter&gt;</b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>		
Request Screen	A sample request screen is shown below. 81-19-99 310:CAMPUS-BASED DISCHARGE/COMMUNITY PLACEMENT: UC021330 ADD/CHANGE/DELETE 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)		

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.
	<u>Rule</u> : You <i>must</i> 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 <i>must</i> enter the client ID <i>or</i> local case number.
TYPE OF ENTRY	Key the type of action you want to take. $\mathbf{A} = \text{Add}, \mathbf{C} = \text{Change}, \mathbf{D} = \text{Delete}.$

#### 310: Campus-Based Discharge/Community Placement: Add

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.

Note

01-19-99 310:CAMPUS-BASED DISCHARGE/COMMUNITY PLACEMENT:ADD VC021335 LAST NAME/SUF: ROADS : 22934 CLIENT ID FIRST NAME : DUSTY MIDDLE NAME : . LOCAL CASE NUMBER : 000000075 COMPONENT/LOC CODE: 678 / 727C ASSIGNMENT EFFECTIVE DATE (MMDDYY): 011999 TIME (HHMM A/P) : 0945A (DRE = DISCHARGE WITH REASSIGNMENT DISCHARGE/MR COMMUNITY PLACEMENT: DMA = DISCH, AGAINST MED ADVICE :\_\_ ASSIGNMENT CODE 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.
Тіме	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 <b>Y</b> (Yes) or <b>N</b> (No) to indicate if this person is going to a nursing home.
OTHER DEST	Key <b>JA</b> to indicate that the person is discharged or community placed with a destination to jail.
COMMUNITY SUPPORT PLAN	Key <b>Y</b> (Yes) or <b>N</b> (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.

## 310: Campus-Based Discharge/Community Placement: Add, Continued

#### READY TO ADD?

Determine the action you want to take.

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

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 <u>325: Register Client: Client ID</u> 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:	
	<ul> <li>410: Register Client Update</li> <li>413: Medicaid/Medicare Number Update</li> <li>420: Client Name Update</li> <li>430: Client Address Update</li> <li>431: Client Correspondent Update</li> </ul>	

## 325: Register Client: Client ID

Introduction	The <u>325: Register Client: Client ID</u> 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 <u>325: Register Client: Client ID</u> screen:	
	• Key <b>325</b> in the Act: field of any screen.	
	• Press <b><enter></enter></b> .	
Register Client: Client ID (Screen 1)	Use the <u>325: Register Client: Client ID</u> 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 TOMMMR Statewide client identification number	
	CLIENT LAST NAME/SUF:	
	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 :	
	**** 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

## 325: Register Client: Client ID (Screen 1), Continued

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 <b>N</b> (None) or <b>U</b> (Unknown).
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Note</u> : 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.
Тіме	Displays the registration effective time. This time can be changed to a prior time of day.
STREET ADDRESS	Key the consumer's street address.
Сіту	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 <u>325: Register</u> <u>Client: Client ID</u> screen is displayed with the information just entered and the message, " <i>ID WILL BE DISPLAYED ON NXT SCRN</i> " 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 <u>325: Register Client: Client ID</u> 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 <u>325: Matching Client Characteristics</u> screen is displayed. Use the following steps to determine whether there is a match. Begin with the <u>325: Register Client: Client ID</u> screen as displayed below.

\_\_\_\_\_

Step	Screen	Action
1	08-14-98       325:REGISTER CLIENT: CLIENT ID       UC021360         ENTER THE FOLLOWING TO GENERATE TDIMMR STATEWIDE CLIENT IDENTIFICATION NUMBER         CLIENT LAST NAME/SUF:	<ul> <li>On the <u>325: Register Client: Client ID</u> screen:</li> <li>Complete the registration information.</li> <li>Press <b><enter></enter></b>.</li> <li>If a possible match is found, the <u>325:</u> <u>Matching Client Characteristics</u> screen is displayed.</li> </ul>

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       UC021362         CAUTION: THE FOLLOWING CLIENT EXIST WITH SIMILAR CHARACTERISTICS ANY LAST NAMES PRECEDED BY '*' ARE EXACT MATCHES LINE ID LASTNM       UC021362         1 19321       *HILL CHTY: TRAVIS       ROCKY       H       W 07-15-1950 458047311         ***** DATA       HILL CHTY: TRAVIS       ROCKY       H       W 07-15-1950 U         ***** DATA       HILL CHTY: TRAVIS       ROCKY       H       W 07-15-1950 U         ***** DATA       HILL HEDICARE:       NEDICARE:       NEDICARE:         ***** DATA       HILL FOR FURTHER INFORMATION, ENTER A LINE NUMBER:       (OR MOUE CURSOR TO LINE)         TO ADD TO AN ID ENTER LINE NUMBER:       -OR- CREATE NEW ID(V/N)?       _ ACT:       (N/MAIN MENU, 325-REGISTRATION, Q-QUIT)	<ul> <li>On the <u>325: Matching Client Characteristics</u> screen:</li> <li>Key the line number of the possible match in the FOR FURTHER INFORMATION, ENTER A LINE NUMBER field.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The <u>325: Matching Client Detail</u> screen is displayed.</li> </ul>
3	The <u>325: Matching Client Detail</u> 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. 0       How a second	To view the next page, press <b><enter></enter></b> . On the last page of the detailed history, press <b><enter></enter></b> . <u>Result</u> : The <u>325: Matching Client</u> <u>Characteristics</u> screen is displayed.

Possible Match, continued

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

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

**Register Client:** 

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

08-31-98	325:REGISTER CLIENT: CLIENT ID UC02 Enter the following to generate tdmhmr Statewide client identification number	21367
CLIENT LAST NAME/SU Client first name Client Middle name	JF: CANYON ID WILL BE DISPLAYED ON NXT : Grand Local Case Number: 00000000 : Component code : 637	SCRN 99
SEX ETHNICITY Client Birthdate (M Social Security Num Medicaid Number:	: M : W MMDDYYYY): 05171970 HBER : U (N=NONE, U=UNKNOWN) MEDICARE NUMBER:	
PRESENTING PROBLEM Registration effect County of residence	: 2 (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC) TIVE DATE: 083198 (MMDDYY) TIME (HHMM A/P) 0334P E : 227	
STREET ADDRESS : City : Ready to add? _ (Y/	STATE : ZIP CODE:	-
ACT: _	(300/CLIENT DATA ENTRY MENU, M/MAIN MENU)	

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 <b><enter></enter></b> .	The <u>325: Register Client: Correspondent</u> <u>Data</u> screen is displayed with the message, <i>"Previous Information Added."</i>
cancel your request to add data	N and press <b><enter></enter></b> .	The <u>325: Register Client: Client ID</u> 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 FIRST NAME : GRAND MIDDLE NAME :	CLIENT ID : 22110 Local case number: 0000000009 Component code : 637	
SERV. PART. GRP.: (CB,SB,PD,HC,TS,E	EC,UC) LEGAL GUARDIANSHIP: _	
MARITAL STATUS : _		
FAMILY SIZE : ESTIMATED AND	NUAL GRUSS 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 = Married4 = Separated2 = Widowed5 = Never Married3 = Divorced6 = Unknown/NA	
FAMILY SIZE	<ul> <li>Key the number of persons supported on the consumer's estimated annual gross family income including:</li> <li>the number of parents living in the household,</li> <li>the number of dependent children,</li> <li>the consumer, and</li> <li>any other persons dependent on the family for support.</li> </ul>	
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.	Register of all enlergency.Key the number that represents the primary correspondent's relationship to the consumer.01 = Parent15 = Guardian02 = Child16 = Trustee03 = Spouse/Posslq17 = Executor04 = Sibling18 = Attorney05 = Grandparent19 = Legal Representative06 = Step-child20 = Sponsor07 = Step-parent21 = Friend08 = Step-sibling22 = Parent-in-law09 = Child-in-law23 = Other Relation10 = Sibling-in-law24 = This Component11 = Foster Parent25 = Case Manager12 = Aunt/Uncle26 = Unknown13 = Niece/Nephew27 = Self14 = Cousin21	
CORRES. STREET	Key the primary correspondent's street address.	

continued on next page

## 325: Register Client: Correspondent Data, Continued

Screen Field Table, continued

intillaed		
Field	De	scription
Corres.	Key the primary correspo	ndent's telephone number.
CORRES. CITY	Key the primary correspo	ndent's city of residence.
State	Key the primary correspo	ndent's state of residence.
ZIP CODE	Key the primary correspo suffix.	ndent's zip code and zip code
SECONDARY CORRESPONDENT: CORRES. NAME	Key the name of the perso consumer in case of an en correspondent cannot be 1	on to contact on behalf of the nergency if the primary reached.
Corres.	Key the number that repre- correspondent's relationsl 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	esents the secondary hip to the consumer. 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 correst suffix.	pondent's zip code and zip code

#### READY TO ADD RECORD?

Determine the action you want to take.

If you want to	key	Result
submit the data to the system	<ul> <li>Y in the READY TO ADD RECORD? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>325: Register Client: Client ID</u> screen is displayed.
cancel the data entered on this screen	<ul> <li>N in the READY TO ADD RECORD? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	Registration is ended and you are returned to the <u>325: Register Client:</u> <u>Client ID</u> screen.

## 336: State Operated Client Movements Add/Change/Delete

	providers to add, change, and delete client movements.
How to Access	<ul> <li>To access the <u>336</u>: State Operated Client Movements: Add/Change/ <u>Delete</u> request screen:</li> <li>Key <b>336</b> in the ACT: field of any screen.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>
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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <b>or</b> Social Security Number.
SOCIAL SECURITY NUMBER	Key the consumer's social security number.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <b>or</b> 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, or Social Security Number.
TYPE OF ENTRY	Key the type of action you want to take.
$\mathbf{A} = \operatorname{Add}, \mathbf{C} = \operatorname{Change}, \mathbf{D} = \operatorname{Delete}.$	$\mathbf{A} = \mathbf{A} dd \mathbf{C} = Change \mathbf{D} = Delete$
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--	--

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 OP	ERATED CLIENT MOVI	EMENTS: ADD	VC021339
LAST NAME/SUF: FIRST NAME : MI : SSN :	GLORY Morning	CLII Loci Com Loci	ENT ID : Al case number : Ponent : Ation code :	227 <i>0</i> 5 00000000055 637
HOVEMENT: EFFECTIVE D EFFECTIVE T Location Co Movement Co	ATE (MMDDYYYY) Ime (HHMM A/P) De De	: 02241999 : 0329P : : ADM	CURRENT STATUS   PRIOR DATE   PRIOR TIME   PRIOR CONTRCT_   PRIOR MOVEMENT   PRIOR LOCATION	NO:
FOR ADMISSION/ For discharge	RETURN ENTER PRE Enter residentia	VIOUS RESIDENTIAL L Setting to Which	SETTING, H PERSON IS GOING	::_
IF ADMITTED FR Facility then	OM OR DISCHARGED Enter date of ad	TO A HOSPITAL OR Mission to that fi	PRIVATE PAY Acility(MMDDYYYY)	:
READY TO ADD?	_ (Y/N) Act:	_ (300/CLIENT DATI	A 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.

# 336: State Operated Client Movements: Add, Continued

#### 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 admission/return from absence, key the consumer's previous residential setting.
FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING	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	<ul> <li>Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>336: State Operated Client</u> <u>Movements: Add/Change/Delete</u> screen is displayed with the message, <i>"Previous Information Added."</i>
cancel your request to add a movement	<ul> <li>N in the READY то ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>336</u> : <u>State Operated Client</u> <u>Movements: Add/Change/Delete</u> screen is displayed.

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

Introduction	The <u>337: Non-State Operated Client Movements</u> screens allow non-state operated providers to add, change, and delete client movements.
How to Access	<ul> <li>To access the <u>337: Non-State Operated Client Movements: Add/Change/Delete</u> request screen:</li> <li>Key <b>337</b> in the Act: field of any screen.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>
Request Screen	A sample request screen is shown below. 02-24-99 337:NON-STATE OPERATED CLIENT HOUEMENTS ADD/CHANGE/DELETE UC021336 PLEASE ENTER AT LEAST ONE OF THE FOLLOWING: CLIENT ID :::::::::::::::::::::::::::::::::::

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. $\mathbf{A} = \text{Add}, \mathbf{C} = \text{Change}, \mathbf{D} = \text{Delete}.$

# 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.

LAST NAME/SUF: SHORE FIRST NAME : SANDY MI : SSN :	CLIE Loca Comp	NT ID : 22721 Il Case Number : 0000000055 Ionent : 8BF
MOVEMENT:         CURRENT STATUS :         EFFECTIVE DATE (MMDDYYYY)       : 02241999         PRIOR DATE :         EFFECTIVE TIME (HHMM A/P)       : 0150P         PRIOR TIME :         CONTRACT_NO       :          MOVEMENT CODE       : ADM         PRIOR MOVEMENT :		CURRENT STATUS :   PRIOR DATE :   PRIOR TIME :   PRIOR CONTRCT_NO:   PRIOR MOVEMENT : SETTING.
FOR DISCHARGE ENTER RESIDENTIAL	SETTING TO WHICH	I PERSON'IS GOING : _ Private Pay Cility (MMDDyyyy):
FACILITY THEN ENTER DATE OF ADM		

#### 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.

# 337: Non-State Operated Client Movements: Add, Continued

## 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 admission/return from absence, key the consumer's previous residential setting.
FOR DISCHARGE ENTER RESIDENTIAL SETTING TO WHICH PERSON IS GOING	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	<ul> <li>Y in the READY to ADD? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>337</u> : Non-State Operated Client <u>Movements: Add/Change/Delete</u> screen is displayed with the message, " <i>Previous Information</i> <i>Added</i> ."
cancel your request to add the movement	<ul> <li>N in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>337: Non-State Operated Client</u> <u>Movements: Add/Change/Delete</u> screen is displayed.

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

Introduction	The <u>360: Death/Separation of Client</u> screens allows you to add, change, and delete client separations.
How to Access	To access the <u>360: Death/Separation of Client: Add/Change/Delete</u> request screen:
	<ul> <li>Key 360 in the Act: field of any screen.</li> <li>Press <enter>.</enter></li> </ul>
	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.
	$\mathbf{A} = \text{Add}, \mathbf{C} = \text{Change}, \mathbf{D} = \text{Delete}.$

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.

	06-11-99 360:DEATH/SEPARATION OF CLIENT:ADD UC021455
	LAST NAME/SUF: ROADS.CLIENT ID: 22934FIRST NAME: DUSTYLocal case number: 0000000075MIDDLE 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)

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	<ul> <li>Y in the READY TO ADD? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>360: Death/Separation of</u> <u>Client: Add/Change/Delete</u> screen is displayed with the message, " <i>Previous Client Separated</i> ."
cancel your request to add the separation	<ul> <li>N in the READY</li> <li>TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>360: Death/Separation of</u> <u>Client: Add/Change/Delete</u> screen is displayed.

## **395: Local Case Number: Delete**

Introduction	The <u>395: Local Case Number: Delete</u> screen allows you to delete a local case number.
	<u>Note</u> : Use <b>caution</b> 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:
	<ul> <li>Key 395 in the Act: field of any screen.</li> <li>Press <enter>.</enter></li> </ul>
	<u>Result</u> : The request screen is displayed.
Request Screen	A sample request screen is shown below.
	09-11-98 395:LOCAL CASE NUMBER: DELETE VC028670
	COMPONENT CODE/LOCAL CASE NUMBER: /
	PLEASE ENTER THE FOLLOWING:
	TYPE OF ENTRY : _ (D/DELETE)
	*** PRESS ENTER ***
	ACT: (Q/QUIT,M/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.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Key <b>D</b> to delete the local case number.

## 395: Local Case Number: Delete, Continued

Submit RequestPress <Enter> to submit your request.Result: The 395: Local Case Number: Delete (Screen 2) is displayed.

Screen 2

A sample screen is shown below.

09-11-98 395:LOCAL CASE NUM Last Name/Suf: glory . First Name : Morning Middle init : s	BER: DELETE         UC028675           CLIENT ID         : 22004           LOCAL CASE NUMBER         : 000000004           COMPONENT         : 637
CURRENT LOCAL CASE STATUS Current local case program Number of Ras records Number of Cas records ID system status	: OPEN : 2 : 0 : 1
ENTIRE ID WILL BE **** Please confirm you	DELETED UR 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.

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.

Determine the action you want to take.

#### CONTINUE?

DO YOU WANT TO

If you want to	key	Result
submit the data to the system	<ul> <li>Y in the Do You WANT TO CONTINUE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>395: Local Case Number: Delete</u> screen is displayed with the message, <i>"Case Has Been Deleted."</i>
cancel your request to delete the local case number	<ul> <li>N in the Do You WANT TO CONTINUE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>395: Local Case Number: Delete</u> screen is displayed.

# **396: Local Case Number: Change**

Introduction	Local case numbers identify consumers at your component only. The <u>396: Local Case Number: Change</u> screen allows you to change a local case number.
How to Access	To access the <u>396: Local Case Number: Change</u> request screen:
	<ul> <li>Key 396 in the ACT: field of any screen.</li> <li>Press <enter></enter></li> </ul>
	<u>Result</u> : 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 <b>C</b> 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.

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
                                           2
                                           : 030000003245
                      NEW NUMBER
             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
5
```

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	Displays the new (target) local case number.

continued on next page

Screen 2

## Screen Field Table, continued

Field	Description
Program	Displays 1 (campus) or 2 (community) 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?

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D	)ei	termine	the	act	tion	you	want	t	01	tal	K
---	-----	---------	-----	-----	------	-----	------	---	----	-----	---

If you want to	key	Result
submit the data to the system	<ul> <li>Y in the Do You WANT TO CONTINUE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>396: Local Case Number:</u> <u>Change</u> screen is displayed with the message, " <i>Case Has Been</i> <i>Changed</i> ."
cancel your request to change the local case number	<ul> <li>N in the Do You WANT TO CONTINUE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>396: Local Case Number:</u> <u>Change</u> screen is displayed.

# 410: Add Case to ID/Demographic Update

Introduction	The <u>410: Add Case to ID/Demographic Update</u> 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 update general demographics infor security number, etc.	your component. Use Change to rmation, such as birthdate, social		
How to Access	To access the <u>410: Add Case to ID</u>	D/Demographic Update screen:		
	<ul> <li>Key 410 in the Act: field of any</li> <li>Press <enter>.</enter></li> </ul>	v screen.		
	<u>Result</u> : The request screen is disp	layed.		
Request Screen	A sample request screen is shown	below.		
	10-30-98 410:ADD CASE TO ID/	DEMOGRAPHIC UPDATE UC021840		
	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 DA	TA UPDATE MENU, M/MENU)		

## 410: Add Case to ID/Demographic Update, Continued

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
	<u>Rule</u> : You <i>must</i> 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.
	<u>Rule</u> : You <i>must</i> enter either Client ID <b>or</b> Local Case Number for changes to demographics.
TYPE OF ENTRY	Key A (Add Case) or C (Change Demographics for Existing Case).

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

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

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

Update Screen A sample screen is shown below.

```
10-30-98
                                                            UC021841
                410:ADD CASE TO ID/DEMOGRAPHIC UPDATE
CLIENT LAST NAME/SUF: GLORY
                                                      : 22705
                                       CLIENT ID
CLIENT FIRST NAME : MORNING
                                       COMPONENT
                                                      : 637
CLIENT MIDDLE NAME :.
LOCAL CASE NUMBER
                 2
SEX
                 : F
ETHNICITY
                 : 0
CLIENT BIRTHDATE (MMDDYYYY): 07151950
                                  (N=NONE, U=UNKNOWN)
SOCIAL SECURITY NUMBER
                    : U
PRESENTING PROBLEM : 2 (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC)
REGISTRATION EFFECTIVE DATE: 09081998 (MMDDYYYY) TIME (HHMM A/P) : 0257P
LEGAL GUARDIANSHIP
FAMILY SIZE
           :__
READY TO UPDATE? _ (Y/N)
               ACT: ____ (431/CORRESPONDENT UPDT, M/MENU)
```

# 410: Add Case to ID/Demographic Update, Continued

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 <b>N</b> (None) or <b>U</b> (Unknown).
PRESENTING PROBLEM	Key the consumer's presenting problem.
REGISTRATION EFFECTIVE DATE	Key the effective date of the consumer's registration.
Тіме	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	<ul> <li>Y in the READY TO UPDATE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>410: Add Case to ID/</u> <u>Demographic Update</u> screen is displayed with the message, " <i>Previous Information Changed</i> "
cancel your request to update demographics	<ul> <li>N in the READY TO UPDATE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>410: Add Case to ID/</u> <u>Demographic Update</u> screen is displayed.

Introduction	The <u>413: Medicaid/Medicare Number Update</u> screen allows you to enter a consumer's Medicaid number and/or Medicare number.
	<u>Note</u> : 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	<ul> <li>To access the <u>413: Medicaid/Medicare Number Update</u> screen:</li> <li>Key <b>413</b> in the Ac⊤: field of any screen.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>
Request Screen	A sample request screen is shown below.
	04-30-99 413:MEDICAID/MEDICARE NUMBER UPDATE UC021854
	PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:
	CLIENT ID :
	COMPONENT CODE/LOCAL CASE NUMBER: /
	*** PRESS ENTER ***
	0°T• (//08/01/ENT_DOTO_UPDOTE_MENU_M/MENU)

## 413: Medicaid/Medicare Number Update, Continued

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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.

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

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

Medicaid/Medicare Number Update Screen A sample screen is shown below.

# 413: Medicaid/Medicare Number Update, Continued

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.

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

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

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

# 420: Client Name Update Request

Introduction	The <u>420: Client Name Update Request</u> screen allows you to update a client's name record.			
	Important: T client's Medi	he name entered in C caid card for billing	CARE must match the to take place.	e name on the
	If a client's n either name n hampered.	ame changes, <i>add</i> a natches the name on	new name to retain th the Medicaid card, b	e name history. If illing will not be
How to Access	To access the	420: Client Name U	Jpdate Request screet	n:
	<ul> <li>Key 420 ir</li> <li>Press &lt; En</li> </ul>	n the Ac⊤: field of an <u></u> <b>ter&gt;</b> .	y screen.	
	<u>Result</u> : The r	request screen is disp	played.	
Request Screen	A sample req	uest screen is shown	below.	
	89-11-98	420:CLIENT NAME	UPDATE REQUEST	VC 021850
		PLEASE ENTER AT LEAST	ONE OF THE FOLLOWING:	
		CLI	ENT ID:	
	COMPONENT CODE/LOCAL CASE NUMBER: /			
	PLEASE ENTER THE FOLLOWING:			
	TΥ	PE OF ENTRY	: _ (A/ADD,C/CHANGE	E,D/DELETE)
		*** PRESS	ENTER ***	
	ACT: (	400/CLIENT DATA UPDATE M	IENU, M/MENU)	

## 420: Client Name Update Request, Continued

#### 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 A sample screen is shown below. Update Screen 09-11-98 420:CLIENT NAME UPDATE VC 021858 CLIENT LAST NAME : GLORY CLIENT ID : 22004 Component code : 637 LOCAL CASE NUMBER: 000000004 ADD CLIENT NAME LAST NAME/SUF : GLORY : MORNING FIRST NAME MIDDLE NAME ÷ .\_

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

**READY TO ADD?** 

ACT:

\_\_\_\_\_ (400/CLIENT DATA UPDATE MENU, M/MENU)

(Y/N)

# 420: Client Name Update Request, Continued

#### 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	<ul> <li>Y in the READY TO ADD? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>420: Client Name Update</u> <u>Request</u> screen is displayed with the message, " <i>Previous</i> <i>Information Added</i> ."
cancel your request to update the client's name record	<ul> <li>N in the READY TO ADD? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>420: Client Name Update</u> <u>Request</u> screen is displayed.

Introduction	The <u>430: Client Address Update Request</u> screen allows you to update a client's address record.		
	<u>Note</u> : 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:		
	<ul> <li>Key 430 in the Act: field of any screen.</li> <li>Press <enter>.</enter></li> </ul>		
	Result: The request screen is displayed.		
Request Screen	A sample request screen is shown below.		
	09-11-98 430:CLIENT ADDRESS UPDATE REQUEST UC021860		
	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)		

## 430: Client Address Update Request, Continued

#### 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> 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	
	COMPONENT CODE : 637	
	LOCAL CASE NUMBER: 000000004	
	CLIENT'S CURRENT ADDRESS	
	STREET ADDRESS : 123 ANY STREET City : Anytown	
	ADDRESS DATE : 081498 (MMDDYY)	
	CP FUNDING SOURCE: Type of placement:	
READY TO UPDATE?	_ (Y/N)	
ACT: (40	Ø/CLIENT DATA UPDATE MENU, M/MENU)	

## 430: Client Address Update Request, Continued

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.
Сітү	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.

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

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

If you want to	key	Result
submit the data to the system	<ul> <li>Y in the READY TO UPDATE? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>430: Client Address Update</u> <u>Request</u> screen is displayed with the message, " <i>Previous Information</i> <i>Changed</i> ."
cancel your request to update the client's address record	<ul> <li>N in the READY TO UPDATE? field.</li> <li>Press <enter>.</enter></li> </ul>	The <u>430: Client Address Update</u> <u>Request</u> screen is displayed.

# **431: Client Correspondent Update Request**

Introduction	The <u>431: Client Correspondent Update</u> screen allows you to update a client's correspondent information.		
How to Access	<ul> <li>To access the <u>431: Client Address Update Request</u> screen:</li> <li>Key <b>431</b> in the Ac⊤: field of any screen.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>		
Request Screen	A sample request screen is shown below.		
	09-11-98 431:CLIENT CORRESPONDENT UPDATE REQUEST UC021842 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.

# 431: Client Correspondent Update Request, Continued

Submit Request	Press <b><enter< b=""> &gt;to submit requ Result: The <u>431: Client Corre</u></enter<></b>	iest. espondent Update screen is displayed.	
Update Screen	A sample screen is shown be	low.	`
	09-11-98 431:CLIENT	CORRESPONDENT UPDATE UC021845	
	LAST NAME/SUF: GLORY FIRST NAME : MORNING MIDDLE NAME : SUE	CLIENT ID : 22004 Local Case Number : 0000000004 Component : 637	
	PRIMARY CORRESPONDENT: Corres. Name : Corres. Street : Corres. City :	CORRES. RELATIONSHIP :	
	SECONDARY CORRESPONDENT: Corres. NAME : Corres. Street : Corres. City :	CORRES. RELATIONSHIP : CORRES. TELEPHONE : STATE : ZIP CODE :	
	READY TO UPDATE? _ (Y/N) Act: (400/client data u	PDATE 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

# 431: Client Correspondent Update Request, Continued

Screen Field Table, continued

Field	Description
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	<ul> <li>Y in the READY TO UPDATE? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>431: Client Correspondent</u> <u>Update Request</u> screen is displayed with the message, " <i>Previous</i> <i>Information Changed</i> ."
cancel your request to update the correspondent information	<ul> <li>N in the READY TO UPDATE? field.</li> <li>Press &lt; Enter&gt;.</li> </ul>	The <u>431: Client Correspondent</u> <u>Update Request</u> 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 <u>Client Nar</u>	me Search screen:			
	• Key <b>100</b> in the Act: f	ield of any screen.			
	• Press <b><enter></enter></b> .				
	Result: The Client Nam	e Search screen is displayed			
Client Name Search Screen	A sample screen is show	/n below.			
	08-27-98	CLIENT NAME SEARCH UC021100			
Screen Field Table	The table describes the f <i>must</i> enter information is	ields as they are displayed on the screen. You nsatoleast one fielding FIELDS			
	CLIENT LAST NAME : _ CLIENT FIRST INITIAL : _ SSN : _	EXACT LAST NAME? : _ (Y/N) Client ID : Local case number :			
	SEX : Age (+ or - 5 years) : MH/MR :	(M/F) ETHNICITY : BIRTH MONTH/YEAR : (MMYYYY)			
	COMPONENT CODE : _ Assignment status : _ Component type : _	SERVICE AREA : RESIDENTIAL COUNTY: (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)				
	Field	Description			
	CLIENT LAST NAME	Key the consumer's last name.			
	EXACT LAST NAME?	Key <b>Y</b> (Yes) to display only consumers with last names spelled exactly as the name entered.			
		Key <b>N</b> (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 <b>MH</b> to search for MH consumers. Key <b>MR</b> 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 The <u>Client Name Display</u> screen displays a list of all consumers who Screen 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.

1998	80828	CLIE	CLIENT NAME DISPLAY				
LINE	LAST NAME	FIRST/MI	SEX	ETH	BIRTHDATE	RESIDENTIAL COUNTY	CLIENT ID
1	MOUNTAIN	RICKY	М	W	05-27-1962	TRAVIS	12327
2	MOUNTAIN	ROCKETTE	F	W	05-01-1953	TRAVIS	14923
3	MOUNTAIN	ROCKY	М	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
****	**************************************	*****	*****	***	*****	*****	*********
	CORRENT SCRE	EN: I IUI	HL 36	KEE	M2: 1	NHUES KETUKN	EV: 5
ACT:	(102/EXTENDED	,100/NAME SEARC	H,M/M	IENU	,ENTER LINE	NO. FOR SUMMA	RY HISTORY)

#### Extended Name Display Screen

Key **102** and press **<Enter>** on the <u>Client Name Display</u> screen to display the <u>Extended Name Display</u> screen. This screen provides additional information about the consumers listed on the <u>Client Name</u> <u>Display</u> 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	EXTENDE	) 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 HI >	ST,101/NAME DISPLA	7,100/NAME SEARCH,M/MENU)	

### 100: Client Name Search, Continued

Name Search: Summary Client History Screen The <u>Name Search: Summary Client History</u> 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 campusbased and community-based assignments are listed. To page forward, press **<Enter>**. A sample screen is shown below.

1998.08	28	MHPIE 3	SEHKCH: SUMMHK	Y ULII	MI HISTORY		06021121
CLIENT	ID: 12	2378	CLIENT NAME	:ROCI	(Y MOUNTAIN	l i i i i i i i i i i i i i i i i i i i	
CLIENT	TYPE	(MH/MR): MR	SYSTEM STATU	S: 1 A	ICTIVE PR	ES PROB: 5 R	C
OPEN A	SSIGNM	ENTS:					
			ACTIVITY/				ASSIGN/
COMP	ONENT	PROGRAM	SERV TYPE	LOC	LOCAL CASE	ASSIGNMENT	ABSENCE
NAME	CODE			CODE	NUMBER	BEGIN DATE	CODE
WTCS	634	COMMUNITY	H011	910	) 0000000Y04	09-01-96	
DCCTR	300	COMMUNITY	R 032	8070	0000022334	09-01-90	
ASC	657	COMMUNITY	RESIDENTIAL	P 06	0000091371	05-01-90	
CLOSED	ASSIG	NMENTS (MOST	FRECENT LISTE ACTIVITY/	D FIRS	ST):		
COMPO Name	NENT Code	PROGRAM	SERV TYPE	LOC CODE	LOCAL CASE NUMBER	-EPISODE/AS Begin date	SIGNMENT- 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,10	Ø/NAME SEARCH,	104/DI	TAIL,101/NA	ME DISPLAY,	OR LINE#)

 Name Search: Detail
 Key 104 and press <Enter> on the Name Search: Summary Client

 Client History Screen
 History screen to see a more detailed history on the Name Search: Detail

 Client History
 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: DETAI	L CLIENT	HISTORY		VC021122
CLIENT ID: 123 Client type (M Community-base	78 H/MR): MR D HISTORY	CLIENT NAME System statu (Most recent   Acti	ROCKY: S: 1 ACT Listed F Vity/	MOUNTAI IVE P IRST):	N Res prob: 5	RC
LOCAL CASE	COMP CO	MP SERU	TYPE	1.00	ASSIGNMENT	ASSIGNMENT
NUMBER	NAME CO	DE		CODE	BEGIN DATE	END DATE
0000000000	WTCS 6	34 H011		9100	89-81-96	
0000022334	DCCTR 3	00 R032		807G	09-01-90	
0000091371	ASC 6	57 RESIDE	NTIAL	P 06	05-01-90	
0000000Y04	BSSH 6	86 CASEMG	T	9100	06-22-89	09-01-96
0000022334	DCCTR 3	00 CL&FAM	SUPP		04-04-90	10-11-90
COUNTY C	F RESIDENC	E HISTORY				
COUNTY		DATE OF CHANG	E			
TRAVIS		04-04-90				
JEFFERSON	l i i i i i i i i i i i i i i i i i i i	03-01-90				
ACT: ( <enter>/F &gt;</enter>	ORWARD,100	/NAME SEARCH,	103/SUMM	ARY,101/	NAME DISPLAY	', OR LINE#)

Introduction	The <u>192: DHS Medicaid Eligibility Search I</u> 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	<ul> <li>To access the <u>192: DHS Medicaid Eligibility Search</u> screen:</li> <li>Key <b>192</b> in the AcT: field of any screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>
Request Screen	A sample request screen is shown below. <b>06-10-99 192:DHS MEDICAID ELIGIBILITY SEARCH UC100195 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 NIGHT MATCH TO THOSE SELECTED BELOW?: Y (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW?: Y (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (WILL ONLY BE PERFORMED IF 1-10 CLIENTS ARE SELECTED) USE MATCH ALGORITHM WITH CHARACTERISTICS ENTERED BELOW (USE ENTER LAST NAME (MVF) EXACT LAST NAME (MVF) (MUMBER : (MVF) (MUMDATIY (MUMDATIY (MUMDATIY (MUMTATER) (MUMF) (MUMTATER) (MUMF) (MUMTATER) (MUMF) (MUMTATER) (MUMF) (MUMTATER) (</b>
Search Options	<ul> <li>The <u>192: DHS Medicaid Eligibility Search</u> screen provides two search options:</li> <li>Display Clients That Might Match To Those Selected Below The screen default is Y (Yes) to select this option.</li> <li>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.</li> </ul>
# 192: DHS Medicaid Eligibility Search I, Continued

#### 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 <b>Y</b> (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 <b>MH</b> to search for MH consumers. Key <b>MR</b> 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 HospitalS = State SchoolD = State CenterC = Community CenterY = SOCS			

# 192: DHS Medicaid Eligibility Search I, Continued

Submit Request	When all the information has been completed, press <b><enter></enter></b> to submit your request. <u>Result</u> : The <u>192</u> : <u>Client ID Information</u> 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.         Ø6-10-99       192:CLIENT ID INFORMATION       UC100196         INFORMATION ON THIS SCREEN IS CARE DATA-REQUEST DETAIL       TO SEE INFORMATION FROM MEDICAID ELIGIBILITY FILE         LINE ID       LASTNM       FIRSTNM/M         1       12335 MONTAIN       ROCKY         NEDICAID:       249289202       MEDICARE:         2       12327 MOUNTAIN       RICKY         NEDICAID:       249289202       MEDICARE:         2       12327 MOUNTAIN       RICKY
	CNTY: TRAUIS MEDICAID: 249066604 MEDICARE: 3 14923 MOUNTAIN ROCKETTE F W 05-01-1953 015489654 CNTY: TRAUIS MEDICAID: 445962351 MEDICARE: 3642135432C1 4 12378 MOUNTAIN ROCKY M W 05-27-1962 123234234 CNTY: TRAUIS MEDICAID: MEDICARE: 5 16829 MOUNTAIN ROCKY M W 11-12-1953 493624130 CNTY: CALLAHAN MEDICAID: 887798899 MEDICARE: 887798899C1 ************************************
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 <b><enter></enter></b> to page to the next screen. If only one screen is returned, press <b><enter></enter></b> to return to the request screen. If you need eligibility fields for the Medicaid Eligibility Information fields to display as decoded, key <b>Y</b> in the DECODE ELIGIBILITY FIELDS field. The default for this field is <b>N</b> (No).
Medicaid Eligibility Information Screen	The <u>192: Medicaid Eligibility Information</u> 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 <u>192: Client ID Information</u> 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.

Medicaid Eligibility Information Screen, continued

	CARE DEMOGRAPHICS		
LAST NAME, SUFFIX	: MONTAIN	SSN	255-66-5891
FIRST NAME,MIDDLE N	NM : ROCKY	RECIP NO	: 249289202
CLIENT ID	: 12335	SEX	: M
BIRTH DATE	: 05-27-1961	ETHNIC	: W
SYSTEM STATUS	: ACTIVE	PRES PROB	: MH
NUMBER OF MATCHING	RECIPIENTS FOUND: 1		
	DHS DEMOGRAPHICS		
LAST NAME, SUFFIX	: MONTAIN	* SSN	999-99-9988
FIRSTNM, MIDDLE	: ROCKY .	RECIP NO	249289202
		SEX	: M
BIRTH DATE	: 05-27-1961	ETHNIC	: W
MEDICAID CERTIFICAT	ION DATE: 02-03-1995		
	>		

# 193: DHS Medicaid Eligibility Search II

Introduction	The <u>193</u> : <u>DHS Medicaid Eligibility Search II</u> screens are also used to display Medicaid eligibility detail. This function searches directly against the Medicaid demographics.				
How to Access	<ul> <li>To access the <u>193: DHS Medicaid Eligibility Search</u> screen:</li> <li>Key <b>193</b> in the Ac⊤: field of any screen.</li> <li>Press &lt;<b>Enter&gt;</b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>				
Request Screen	A sample request screen is shown below.				
Search Options	<ul> <li>The <u>193: DHS Medicaid Eligibility Search</u> screen provides a choice of three search options, but only one must be completed.</li> <li>Enter the CARE identifier. (The program will scan the Medicaid eligibility file for matches to the demographic fields entered in CARE.) <i>-or-</i></li> <li>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.) <i>-or-</i></li> <li>Enter Medicaid number. (The Medicaid file will be searched directly.)</li> </ul>				

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.			
Сомр	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 <u>193</u>: 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.

	06-10-99193:MEDICAID RECIPIENT INFORMATIONUC100193 Information on this screen is from the medicaid file Line care id lastnmFirstnm/mSex eth birthdate SSN 112335 MontainRockyMW 05-27-1961 999999988 Medicaid: 249289202 Medicare:
	************************************
	********* MSG: PRESS <enter> TO RETURN TO REQUEST SCREEN*******</enter>
	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 <b><enter></enter></b> to page to the next screen. If only one screen is returned, press <b><enter></enter></b> to return to the request screen.
	If you need eligibility fields for the Medicaid Eligibility Information fields to display as decoded, key $\mathbf{Y}$ in the DECODE ELIGIBILITY FIELDS field. The default for this field is $\mathbf{N}$ (no).
Medicaid Eligibility Information Screens	The <u>193: Medicaid Eligibility Information</u> screens are provided to allow you to view DHS demographics for the selected person. These screens can be accessed from the <u>193: Medicaid Recipient Information</u> 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.

# 193: DHS Medicaid Eligibility Search II, Continued

Medicaid Eligibility Information Screens, continued

6-10-99	MEDICAID ELIGIBILITY	INFORMATION	VC10019
LAST NAME,SUFFIX FIRST NAME, MIDDLE	: MONTAIN : ROCKY .	SSN : Recip No:	 999-99-9988 2492892 <i>0</i> 2
BIRTH DATE	: 05-27-1961	ETHNIC :	W
CARE CLIENT ID	: 12335	SEX :	М
MEDICAID CERTIFICAT	ION DATE: 02-03-1995		
	>		

6-10-99 					INFORMATION	VC100194
LAST NAME First nat	E,SUFI 1E, M	FIX Iddle	: MONTAI : Rocky	N .	SSN : 999-9 Recip No: 24928	9-9988 92 <b>0</b> 2
MEDICAID	ELIG	IBILIT	Y INFO FOR	DHS RECIPIE	NT NUMBER: 24928920	2
	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	Р	55	12-01-92	12-31-92		
02	R	55	12-01-91	10-31-92		
62	R	55	06-01-91	11-30-91		
62	R	55	12-01-90	03-31-91		
02	R	07	07-01-90	11-30-90		
62	R	01	07-01-87	06-30-90		
02	R	01	03-01-84	09-30-84		
62	R	01	09-01-82	02-29-84		
62	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		

Medicaid Eligibility Information Screens, continued

06-10-99	MEDIC	CAID ELIGIBILITY IN	FORMATION	VC100194
LAST NAME,SU FIRST NAME,	FFIX : MO MIDDLE : RO	DEMOGRAFATUS DNTAIN DCKY .	SSN : Recip No:	999-99-9988 249289202
COORDINATED CAR	E INFO FOR DI	IS RECIPIENT NUMBER	: 249289202	
PLAN 20 PCCM	BEG DT 05-01-95	END DT RES CNT	Y	CONTRACTOR PCCC22778
20 PCCM	04-01-95	04-30-95 End Reason: 11 PC	P CHANGE	PCCP 00022
20 PCCM	09-01-94	10-31-94 End Reason: 32 Lo:	SS OF MEDIC	PCCB20946 AID ELIGIBILITY
	>			

06-10-99 	MEDICAID ELIGIBILITY	INFORMATION	UC100194
LAST NAME,SUFFIX FIRST NAME, MIDDLE	: MONTAIN : Rocky .	SSN : 99 Recip No: 24	19-99-9988 19289202
CASE INFORMATION FOR DHS CASE NUMBER DHS CASE NAME DHS CASE COUNTY DHS CASE GUARDIAN DHS CASE ADDRESS	DHS RECIPIENT NUMBER : 056109923 : MONTAIN.,ROCKY . : :	R: 249289202	
	>		

Introduction	The <u>201: Client Name Search</u> 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	<ul> <li>To access the <u>201: Client Name Search</u> screen:</li> <li>Key 201 in the Ac⊤: field of any screen.</li> <li>Press <enter>.</enter></li> <li><u>Result</u>: The <u>201: Client Name Search</u> screen is displayed.</li> </ul>						
Client Name Search Screen	A sample screen is shown below.						
	06-11-99       201:CLIENT NAME SEARCH       UC021101         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       :						
Search Options	<ul> <li>The <u>201: Client Name Search</u> screen provides a choice of two name search options:</li> <li>Display clients that might match to those selected below? (Will only be performed if 1, 10 clients are selected). The senere default is N</li> </ul>	<u> </u>					

• Use match algorithm with characteristics entered below. (Must enter Last Name, First Name, Sex, Birth Date, and Ethnicity. SSN is optional).

(Yes) to select this option.

# 201: (Alternate) Client Name Search, Continued

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 <b>Y</b> (Yes) to display only consumers with last names spelled exactly as the name entered.					
	Key <b>N</b> (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 <b>MH</b> to search for MH consumers. Key <b>MR</b> 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 HospitalS = State SchoolD = State CenterC = Community CenterY = SOCS					

Submit Request	When all the information has been completed, press <b><enter></enter></b> to submit your request.								
	<u>Result</u> : The	201: Client N	ame Search (So	creen 2) is disp	layed.				
Client Name Search Screen	The <u>201: Cl</u> match the se below.	ient Name Sea election criteria	arch screen disp a you entered. A	blays a list of al A sample scree	l consumers who n is shown				
	06-11-99	20	1:CLIENT NAME SEAR	RCH	VC021111				
	LINE ID	LASTNM	FIRSTNM/M	SEX ETH BIRTHDATE	SSN				
	1 12327	MOUNTAIN	RICKY	M W 05-27-1962	999999998				
	2 14923	MOUNTAIN	ROCKETTE	F W 05-01-1953	015489654				
	3 12378		ROCKY MEDICAID:	M W 05-27-1962	2 123234234				
	4 16829	MOUNTAIN CNTY: CALLAHAN	ROCKY MEDICAID: 8877	M W 11-12-1953	8 493624130 779889901				
	5 19071	MOUNTAIN CNTY: TRAVIS	ROCKY Medicaid:	M W 07-15-1950 Medicare:	1 450947322				
	***************************************								
	CURRENT For further	SCREEN 1 INFORMATION, ENTE	TOTAL SCREENS: R A LINE NUMBER: _	2 NAMES RETURN (or move curso	HED: 8 Dr to line)				
	****** MSG: PRESS <enter> TO DISPLAY NEXT SCREEN*******</enter>								
	ACT: (201/NAME SEARCH,M/MENU)								
	Note: In the	e example abov	ve, the first of t	wo screens is d	lisplayed. To				

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

view the second screen, press **<Enter>**.

Matching Client Detail Screens, continued

06-11-99 13:36		MATCHING C	LIENT	DETAIL			VC 02 PAGE	21112 E 1
ID	NAME	SEX	ETH	SSN	AGE	REG DT	PROB	
12378	MOUNTAIN	ROCKY M	1 W 12	3-23-4234	37	06-22-89	RC	
SYSTEM S	TATUS: ACTIVE							
NAME HIS	TORY:							
	T NAME NTAIN	SUF FIRST NM	MIDD	LE NM COMP	PONEI 3 O	NT REPORT	ING AS ( DJ-1	)F DATE al-ga
100		HOUNT			000			J4 70
LCL CASE	NUMBERS:							
COMPO	NENT		PROG	LCL CASE		STATUS	LOC	
300	DALLAS COUNTY	MHMR CENTER	2	000002233	34 (	CLOSED		
030	AUSTIN-TRAVIS	CO MHMR CENTER	2	000000001	11 1	NOT ASGN		
686	BIG SPRING STO	ATE HOSPITAL	2	0000000Y(	94 (	CLOSED		
657	AMARILLO STATI	E CENTER	2	00000Y137	71 (	CLOSED		
634	WEST TEXAS SO	25	2	0000000Y(	94 (	<b>JPEN</b>		
010	ABILENE REGIO	HAL MHMR CENTER	2	001237801	10 1	NOT ASGN		
8BF	S & N CMS JEW	ELRY REPAIR	2	008BF1237	78 (	DPEN		
804	EDUCARE COMMUN	AITY LIVING	2	000080412	23 1	NOT ASGN		
		>						
		HATOUTUO						04440

06-11-99 13:36		MATCHI	NG CLIENT	T DETAIL			UC 0211 PAGE PRES	12 2
ID	NAME		SEX ETH	SSN	AGE	REG DT	PROB	
12378	MOUNTAIN	ROCKY	M W 1	123-23-4234	37	06-22-89	RC	
MR AUTHOR	ITY: 030 AUST	N-TRAVIS C	D MHMR CE	ENTER				
COMMUNIT	ASSIGNMENTS							
COMP	LCL CASE	BEGIN	END	ACT	IVITY	SUC TYP	E LOC	
8BF	008BF12378	10-10-97		COM	M RES	D 03 0		
634	0000000Y04	09-01-96		CAS	EMGMT	H011	9100	
657	00000Y1371	05-01-90	08-31-97	7 COM	M RES	D 03 0	P 06	
300	0000022334	04-04-90	10-11-90	O CLI	&FAM	D 02 0		
686	0000000Y04	06-22-89	09-01-90	5 CAS	EMGMT	D011	9100	
LATEST A	DDRESS AS OF:	10-21-98						
STREET	:	123 NORTH.	LOOP					
CITY,ST,	ZIP :	AUSTIN , T	X 78759-					
		>						

Matching Client Detail Screens, continued



# 222: Request Display of All Assignments for a Client

Introduction	The <u>222: Request Display of All Assignments for a Client</u> screen allows you to view all assignments (movements) for a consumer.									
How to Access	<ul> <li>To access the <u>222: Request Display of All Assignments for a Client</u> screen:</li> <li>Key <b>222</b> in the ACT: field of any screen.</li> <li>Press &lt;<b>Enter&gt;</b>.</li> <li><u>Result</u>: The <u>222: Request Display of All Assignments for a Client</u> screen is displayed.</li> </ul>									
Request Display of All Assignments Screen	A sample request screen is shown below. 66-11-99 222:REQUEST DISPLAY OF ALL ASSIGNMENTS FOR A CLIENT UC021227 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:									
	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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> local case number.

#### 222: Request Display of All Assignments for a Client, Continued

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 <b><enter></enter></b> to submit your request. <u>Result</u> : The <u>222</u> : Display of All Assignments for a Client is displayed.								
Display Screen	A sample screen is sho	own below.							
	06-11-99 222:DISP	LAY OF ALL ASSIGNMENTS FOR A CLIENT UC021228 As of: 06-11-99 Page 1 of 1							
	CLIENT ID: 9334 C	LIENT NAME: IMA C TESTCASE 2							
	COMP         LOCAL         CASE         PROG         ACTT           CODE         NUMBER         CODE         SUC         686         6900001411         1           686         0900001411         1         686         6900001411         1           686         0900001411         1         686         6900001411         1           686         0900001411         1         686         6900001411         1           686         0900001234         2         1         686         6900001411         1           686         0900001234         2         1         686         68000001411         1           686         0900001234         2         1         686         68000001411         1           686         0900001234         2         1         686         68000001411         1           686         0900001234         2         1         686         68000001411         1         1           686         0900001234         2         1         686         68000001411         1         1         1           687         087         2         1         680         68000000000000000000000000000000000000	CM/       ASGN         TYPE       CODE       BEGIN       DT/TIME       END       DATE       LOS       CODE       STATUS         81A       08-14-92       02060       08-14-92       0       DMA       DISCH         81A       08-14-92       02059       08-14-92       0       DMA       DISCH         81A       04-01-92       02059       08-14-92       0       DMA       DISCH         81A       04-01-92       02059       08-14-92       0       DRE       DISCH         82A       04-01-92       0       DRE       DISCH       BESENT         82A       11-05-91       12009       04-01-92       0       ATP       ABSENT         82A       10-29-91       0158P       10-29-91       0       DRE       DISCH         82A       03-05-87       1120A       10-29-91       1699       ADM       RES							
Display Data	The <u>222: Display of A</u> following information Local Case Number, F	<u>Il Assignments for a Client</u> screen displays the Client ID, Client Name, Component Code, Program Code, Activity/Service Type,							

CM/Location Code, Assignment Begin Date/Time, Assignment End Date, LOS, Assignment Absence Code, and Assignment Status.

Introduction	The <u>565: County Inquiry</u> 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	<ul> <li>To access the <u>565: County Inquiry</u> screen:</li> <li>Key <b>565</b> in the Act: field of any screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The <u>565: County Inquiry</u> screen is displayed.</li> </ul>										
County Inquiry	A sam	ple screen (	Page	1 of 5	65:00	) is sl	how Inqui	n be	low.	POCE	UC026257
	CNTY	COUNTY	SRU	REG Mh	ION Mr	-SERV	ICE D	ISTR- ST	Р	OPULATION-	
	CODE	NAME	AREA	REG	REG	HOS	SCH	CTR	2001	2000	1999
	001	ANDERSON	41	05	<b>08</b>	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 07	656	676				8294
	000	ARMSTRUNG	2	07	07	050	087				19/1
	007	HIH2CO2H	47	03	12	081	050				30880
	000	HUSTIN	33	04 01	03 07	6077	607				20073
	010	BANDERA	40	62	02	674	678				13900
		ACT:	(500/0	OMPO	NENT	INQUII	RY. M	1/MENU	)		

Display Data

The <u>565: County Inquiry</u> 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 <u>569: ICF/MR Provider Information</u> screens provide general information about a specific provider.									
How to Access	<ul> <li>To access the <u>569: ICF/MR Provider Information: Inquiry</u> screen:</li> <li>Key <b>569</b> in the Act: field of any screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>									
Request Screen	A sample request screen is shown below. 66-10-99 569:ICF/MR PROUIDER INFORMATION: INQUIRY UC140550 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 - your request.	< <b>Enter&gt;</b> to submit
	Result: The <u>569: ICF/MR Provider Information</u> scree	en is displayed.
Display Screen	A sample screen is shown below.	
	06-10-99 569:ICF/MR PROVIDER INFORMATION Component: 650 San Antonio State School Fed_ID: 000006650	UC140555 Profit: No
	LEGAL NAME : SAN ANTONIO STATE SCHOOL DBA NAME(S):	
	CEO CONTACT NAME:SAN ANTONIO STATE SCPHONE:Physical address:5000 campus driveFax:Fort worth tx76119	
	MAILING ADDRESS : 5000 CAMPUS DRIVE Fort Worth TX 76119	
	BILLING CONTACT NAME:TOM DELIGANISPHONE:BILLING ADDRESS :6711 S. NEW BRAUNFELSFAX:SAN ANTONIO TX 78214FAX:	
	CONTRACT NO. CONTRACT NAME STA 000711401 SAN ANTONIO STATE SCHOOL ACT	ATUS SUC GRP FIVE 4
	``````````````````````````````````````	

Display Data The <u>569: ICF/MR Provider Information</u> 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 <u>570: ICF/MR Contract Information</u> screens provide general information about a specific contract.		
How to Access	<ul> <li>To access the <u>570: ICF/MR Contract Information: Inquiry</u> screen:</li> <li>Key <b>570</b> in the AcT: field of any screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>		
Request Screen	A sample request screen is shown below.		
	06-10-99       570:ICF/MR CONTRACT INFORMATION: INQUIRY       UC140560         PLEASE ENTER ONE OF THE FOLLOWING:       FEDERAL ID NUMBER:		
	*** 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.		
	<u>Note</u> : If you leave the field blank, the inquiry results will be displayed on your screen.		

# 570: ICF/MR Contract Information, Continued

Submit Request	When all the information has been completed, press <b><enter></enter></b> to submit your request.		
	Result: The <u>570: ICF/MR Con</u>	tract Information screen is displayed.	
Display Screen	A sample screen is shown below	W.	
	06-10-99 570:ICF/ Component: 678 Austin State Hospital Vendor/Contract No: 678678678 Contract Name: Testing Testing	YMR CONTRACT INFORMATION UC140565 - Service group: 6	
	CONTRACT BEGIN DATE : 09-01-1989 Max Number of Clients: 10 Comptroller Vendor No: Federal ID Number : 000000678	CONTRACT END DATE: Status: Active Marsg vendor no:	
	PROGRAM CONTACT : Y Y YYY Physical address:	PHONE: Fax :	
	MAILING ADDRESS :		
	CONTRACT S Anderson	SERVICE AREA(S)	
	>		
Display Data	The <u>570: ICF/MR Contract Info</u> information for the specific con	ormation screen displays general attract selected.	
	Information displayed includes Contract Number, Contract Nan End Dates, Maximum Number Number, MARSG Vendor Nun Contact, Physical Address, Tele Address, and Contract Service	: Component (code and name), Vendor/ me, Service Group, Contract Begin and of Clients, Status, Comptroller Vendor nber, Federal ID Number, Program ephone and Fax Numbers, Mailing Area(s).	

Introduction	The <u>571: ICF/MR Provider/Contract List</u> 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	<ul> <li>To access the <u>571: Request ICF/MR Provider/Contract List</u> screen:</li> <li>Key <b>571</b> in the AcT: field of any screen.</li> <li>Press &lt;<b>Enter</b>&gt;.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>			
Request Screen	A sample request screen is shown below. <b>06-10-99</b> 571:REQUEST ICF/MR PROVIDER/CONTRACT LIST UC140540			
	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 <b>1</b> (By Component Code) or <b>2</b> (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.		

#### 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.

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

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

TOTA	AL STATE OPERATED CAMPUS PROVIDER: 15 CONTRACT: 15 PAGE 1 OF	3
COMF	PONENT 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 888718281 ACTIVE DENTON STATE SCHOOL	
661	EL PASO STATE CENTER 000711601 ACTIVE EL PASO STATE CENTER	
667	FORT WORTH STATE SCHOOL 800711301 INGCTURE FT WORTH STATE SCHOOL	
668	RICHMOND STATE SCHOOL 00071001 STATE SCHOOL 0007101 STATE SCHOOL	
669	LUFKIN STATE SCHOOL 000710301 ACTIVE LUFKIN STATE SCHOOL	
ACT :	: ( <enter>/NXT PAGE, 500/COMP INQUIRY MENU, HLP(PF1)/SCRN DOC)</enter>	

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

Display Data

**Display Screen** 

The <u>571: ICF/MR Provider/Contract In Component Code Order</u> 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 <u>771: DSM/ICD Code and Text Search</u> screens display a or ICD codes based on a pattern search either for the diagnot the text (diagnosis description).	
How to Access	<ul> <li>To access the <u>771: DSM/ICD Code and Text Search</u> screen:</li> <li>Key <b>771</b> in the Act: field of any screen.</li> <li>Press <b><enter></enter></b>.</li> <li><u>Result</u>: The request screen is displayed.</li> </ul>
Request Screen	A sample request screen is shown below.

06-10-99	771:DSM/ICD CODE AND TEXT SEARCH UC028530
	PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:
	DIAGNOSIS CODE : DIAGNOSIS DESCRIPTION:
	SEARCH FOR STRING ANYWHERE IN DESCRIPTION (Y/N) : N (DSM ONLY)
	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.
	<u>Rule</u> : You <i>must</i> key the Diagnosis Code <b>or</b> the Diagnosis Description.
DIAGNOSIS DESCRIPTION	Key the diagnosis description.
	<u>Rule</u> : You <i>must</i> key the Diagnosis Description <b>or</b> the Diagnosis Code.

Screen Field Table, continued

Field	Description	
SEARCH FOR STRING ANYWHERE IN DESCRIPTION	Key <b>Y</b> (Yes) or <b>N</b> (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)	
GROUP DSM CODES BY	Key the one-digit or two-digit diagnostic grouping for DSM 3, DSM 3R, or DSM 4.	
Axis (DSM 3, 3R, 4, T)	Key the Axis used to record the diagnosis for DSM 3, DSM 3R, DSM 4, or DCO 3.	
TYPE OF DIAGNOSIS	(I=Axis I, 2=Axis 2, or blank to indicate both) Key the code for the type of diagnosis. (I=ICD, D=DSM, 5=ICD Chapter 5) <u>Note</u> : This field defaults to <b>I</b> .	
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 <u>Note</u> : This field defaults to <b>9</b> .	
INPUT PRINTER CODE       Key the printer code for your printer if you want copy of the contract list.         Note:       If you leave the field blank, the inquiry rewill be displayed on your screen.		

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

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

Display Screen A samp

A sample screen is shown below.

86-10-99	771:DSM/ICD DISPLAY		VC028531
JERS DSM CODE	DESCRIPTION	AXIS	TOTAL: 3
4- 3180 4- 3181 4- 3182	MODERATE MENTAL RETARDATION Severe mental retardation Profound mental retardation	2 2 2	
l	>		

<u>Note</u>: 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 <u>771: DSM/ICD Display</u> screen displays the following information: Version, DSM Code, Description, Axis, and Total.

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

Introduction	The <u>1165: ICF/MR MR/RC Level of Care Expiration: Inquiry</u> 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 <u>1165: ICF/MR MR/RC Level of Care Expiration: Inquiry</u> screen:
	• Key <b>1165</b> in the Act: field of any screen.
	• Press <b><enter></enter></b> .
	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 UC140510
	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, N/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. <u>Example</u> : If today's date is January 19, 1999, the END DATE displayed is 02181999.

#### Screen Field Table, continued

**Inquiry Results** 

Screen

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. <u>Note</u> : 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.

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

A sample inquiry screen is shown below.

01-15-99 1165:ICF/I COMPONENT: 88F S & N CMS	IR MR/RC LEVEL Through 02-1 Jewelry Repair	OF CARE EXPIRATION 4-1999	VC140515
CLIENT NAME	CONTRACT Number	MEDICAID LEV C Number Loc/Lon Begin	ARE LEV CARE Dt end dt
ALTOIDS, PEPPERMINT 0000121698	000077777	NO ASSESSME	NT FOUND
BROWN, BOB 0000005678	000077777	NO ASSESSME	NT FOUND
BROWN, JANICE 0000001234	000077777	NO ASSESSME	NT FOUND
MOUNTAIN, ROCKY 008BF12378	000077777	1/6 12-20	-97 01-18-98
>			

Display Data The <u>1165: ICF/MR MR/RC Level of Care Expiration</u> 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 <u>1168: ICF/MR MR/RC Assessment Summary: Inquiry</u> screen allows you to view a summary of all MR/RC Assessments for a consumer.
How to Access	To access the <u>1168: ICF/MR MR/RC Assessment Summary: Inquiry</u> screen:
	• Key <b>1168</b> in the Act: field of any screen.
	• Press <b><enter></enter></b> .
	<u>Result</u> : The request screen is displayed.
Request Screen	A sample request screen is shown below.
	09-11-98 1168:ICF/MR MR/RC ASSESSMENT SUMMARY: INQUIRY VC140500
	PLEASE ENTER ONE OF THE FOLLOWING:
	CLIENT ID: Component code/local case number:/ Medicaid number:
	*** PRESS ENTER ***
	ENTER IF DESIRED
	PRINTER CODE: (ENTER FOR HARD COPY)
	ACT: (1160/ICFMR INQUIRY MENU,M/CARE MAIN MENU,HLP(PF1)/SCRN DOC)

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. <u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> 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. <u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.

#### Screen Field Table, continued

Field	Description
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
Printer Code	Key the printer code for your printer if you want a hard copy of your inquiry. <u>Note</u> : 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.

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

Inquiry Screen A sample inquiry screen is shown below.

09-11-98 Name Local Case	: Number :	1168:ICF/MR Mountain, R( 008BF12378	MR/RC AS: JCKY	SESSMENT	SUMMARY	CLIENT Compone	UC140505 ID: 12378 ENT: 8BF
MEDICAID NUMBER	LEVEL OF CARE Not sent 1 1 1 1 1	LEV CARE BEGIN DT 09-11-98 04-01-97 03-21-97 03-01-97 03-01-97 02-01-97 01-01-97	LEV CARE END DT 09-01-97 03-31-97 03-20-97 03-09-97 02-28-97 01-31-97	PREVIOUS END DT 09-01-97 09-01-97 09-01-97 09-01-97 09-01-97 09-01-97	PURPOS CODE 2 2 4 2 4 2 4 2 4 2 2 4 2 2	6 1 6 1 6 1 6	SOURCE TDMHMR TDMHMR TDMHMR TDMHMR TDMHMR TDMHMR TDMHMR

Display Data The <u>1168: ICF/MR MR/RC Assessment Summary</u> 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 <u>1182: ICF/MR MR/RC Assessment Pending: Inquiry</u> 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 <u>1182: ICF/MR MR/RC Assessment Pending: Inquiry</u> screen:
	<ul> <li>Key 1182 in the Act: field of any screen.</li> <li>Press <enter>.</enter></li> </ul>
	<u>Result</u> : 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 UC140520
	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.

#### 1182: ICF/MR MR/RC Assessment Pending: Inquiry, Continued

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

<u>Result</u>: The <u>1182</u>: 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 ASSES	SSMENT PEN	ID I NG		VC140525
COMPONENT: 8BF S	& N CMS JEWELR	Y REPAIR				
CLIENT NAME	IMRER / STATUS	CONTRACT Number	MEDICAID Number	PURPOSE Code	REQ CARE Begin Dt	REQ CARE End dt
ASSEMBLER, BOBBY		000077777	556999222	2 3	09-18-98	
0000074431 S ASTASPUMANTE, IZ	STATUS: SENT TO ZZY STATUS: NOT SENT	TDMHMR 000077777 TO TDMUMP		E	02-01-98	09-01-98
BROWN, BOB 0000005678	TATUS. NOT SENT	000077777 1000077777		2	08-01-98	
DEMOGUY, WINSTON	R	000077777		2	09-01-98	
MOUNTAIN, ROCKY 008BF12378 S	STATUS: NOT SENT	000077777 TO TDMHMR		3	12-02-98	
	>					

Display Data The <u>1182: ICF/MR MR/RC Assessment Pending</u> 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 <u>1183: ICF/MR MR/RC Assessment: Inquiry</u> screen allows you to view a mirror image of the MR/RC Assessment record for the consumer you request and displays its current status.
	<u>Note</u> : Only records entered through Action Code 1123 will be displayed on this screen.
How to Access	<ul> <li>To access the <u>1183: ICF/MR MR/RC Assessment: Inquiry</u> screen:</li> <li>Key <b>1183</b> in the Act: field of any screen.</li> </ul>
	• Fless <b>Enter&gt;</b> . <u>Result</u> : The request screen is displayed.
Request Screen	A sample request screen is shown below.
	01-27-99 1183: ICF/MR MR/RC ASSESSMENT: INQUIRY UC140530
	*** CUNVERTED TOHS RECORDS WILL NOT DISPLAY, SEE ACTION 1168 ***
	CLIENT ID: 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)

<u>Note</u>: 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.

# 1183: ICF/MR MR/RC Assessment: Inquiry, Continued

#### 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.
	<u>Rule</u> : You <i>must</i> enter the Client ID, Local Case Number, <b>or</b> 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.
	<u>Rule</u> : You <i>must</i> enter the Client ID, Local Case Number, <b>or</b> Medicaid Number.
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Rule</u> : You must enter the Client ID, Local Case Number, <b>or</b> 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.

<u>Result</u>: The <u>1183</u>: 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	UC140535 REC 1 0E 1
1. FACILITY/PROVIDER NAME: 88F CMS #1		2. CONTRACT NO.: 00	0077777
3. MAILING ADDR :			
4. CLIENT NAME : DEMOGUY,	WINSTON ROCKWEL	L	
5. APPLICANT ADDR: 2345 IST	ST, AUSTIN TX,	78705	
6. COMPONENT CODE: 8BF		7. CASE NUMBER : 00	00813617
8. MEDICAID NUMBER :		9. HIC/MEDICARE:	
10. DATE OF BIRTH : 02-02-1	1933	11. SSN : U	
12. DATE COMPLETED : 09-01-1	1998	13. PURPOSE CD : 2	
14. DATE PHYS. EXAM: 09-01-	1998	15. LEGAL STAT : 5	
16. PREV. RES. : 5 17	7. REC. LOC: 5	18. REC. LON : 6	
DIAGNOSIS:			
19. PRIN. DIAG : MILD MENT	AL RETARDATION	20.CD: 317	21.UERS: 9
22. ONSET : 02-1933			
23. CUR MED DIAG:		24.CD:	25.UERS:
26. PSYCH. DIAG :		27.CD:	28.UERS:
COGNITIVE FUNCTIONING: 29	9. IQ: 50	30. ABL: 1	
ICAP DATA:			
31. BROAD INDEPENDENCE: 1	32. GEN MALADA	PTIVE: 1 33. ICAP S	VC 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)
                      >
```

Inquiry Screens, continued



01-27-99 PROVIDER CERTIFICATION 57. FULL NAME OF - RN/LUN/QMRP/CASE MGR/MRL 58. SIGNATURE DATE:	1183:ICF/MR A SVC COORD:	MR/RC	ASSESSMENT	INQUIRY	UC REC 1	0F 1
REQUESTED BEGIN/END DATES 59. BEGIN DATE: 09-01-1998		60. EN	D DATE:			
FOR DEPARTMENTAL USE ONLY 61. LOC: 63. EFFECTIVE DATE : 65. REVIEWER NAME : 67. NAME OF PHYSICIAN:		62. LO 64. EX 66. DA	N: Piration dat Te reviewed	re: ;		
PROVIDER COMMENTS						
REVIEWER COMMENTS						

Inquiry Screens, continued



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 w contains information on the following ICF/MF demographics update, case maintenance, and i	eb applications and t data entry, registra nquiry screens.	ition/	
	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		
	<b>Registration/Demographics Update</b>			
	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		

# 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 <u>1100: ICF/MR Menu</u> 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 <u>1100: ICF/MR Menu</u> is shown below.

	ICF/MR Data Entry		ICF/MR Inquiry
<u>36</u>	State Operated Client Movements	100	Client Name Search
37	Non-state Operated Client Movements	<u>192</u>	DHS Medicaid Eligibility Search I
60	Death / Separation of Client	<u>193</u>	DHS Medicaid Eligibility Search II
23	MR/RC Assessment	222	Display of All Movements For A Client
	Registration/ Demographics Update	565	County List
26	Client Registration - Limited	<u>569</u>	Provider Information
10	Add Case to ID / Demographics	<u>570</u>	Contract Information
<u>13</u>	Medicaid/ Medicare Number	<u>571</u>	Provider Contract List
20	Client Name	771	DSM/ICD Code and Text Search
<u>30</u>	Client Address	1161	Daily Census Report
431 Client Correspondent		1163	Clients With Service Authorizations / Client Assessments
Case Maintenance			Changed During Period
<u>95</u>	Local Case Number: Delete	1164	Computed Service Authorizations / Client Assessments/ Medicaid Eligibility By Id
96	Local Case Number: Change	1165	MR/RC Assessment Expiration
		1168	MR/RC Assessment Summary
		1182	MR/RC Assessment Pending
		1183	Individual MR/RC Assessment
_0_0	<u>ARE Main Menu</u> uit		

<u>Note</u>: 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
Request Serven	ri sumpre request serven	

		Clier	nt ID		
		Compo	onent		
		Local Case Nu	nber		
		Social Security Nu	mber		
<b>—</b>		4110	<i>c</i> 1 c	DICO	
	ype Of Entry:	Add U		Delete	
Submit_Request Reset Return to General Client Update 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
CLIENT ID	Key the consumer's statewide identification number.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Social Security Number.
SOCIAL SECURITY	Key the consumer's social security number.
NUMBER	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Social Security Number.
TYPE OF ENTRY	Click the <b>Add</b> , <b>Change</b> , or <b>Delete</b> radio button to indicate the type of entry.

# 336: State Operated Client Movements, Continued

Submit Request	Before you click <b>Submit Request</b> , you can click <b>Reset</b> to clear the data you have entered.
	When your data is correct, click <b>Submit Request</b> to submit your request.

<u>Result</u>: The <u>336</u>: <u>State Operated Client Movements</u> (Screen 2) is displayed.

Add Screen

A sample screen is shown below.

L'ast maine	GLORY		Client I	D 2643618
Suffix			Componer	nt 637
First Name	MORNING		Local Case Numb	er 0000000055
Middle Name			Social Security Number	
		Type Of Entry:	Add	
Movement			Current Status	
Effective Date		(mmddyyyy)	Prior Date	
Movement			Prior Location	
Effective Time		(hhmm A/p)	Prior Assignment	
			L	
Location Code				
Movement Code		•		
Residential Type		•		
For Admissions Or Return	$\mathbf{ns}$ enter previous residential	setting.		
For <b>Discharges</b> enter resider	ntial setting to which person :	is going.		
If admitted from or discharged	d to a hospital or private pay	facility then enter date of adr	nission to that facility:	

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 = AdmissionDRE = DischargeAHI = Absent-Comm. Hosp. w/Priv. InsAHN = Absent-Comm. Hosp. w/o Priv. Ins.AHV = Absent-Home VisitANS = Absent-Special ActivityASA = Absent-Special Activity: TherapeuticATV = Absent-Home Visit: TherapeuticAUD = Absent-Home Visit: TherapeuticAUD = Absent-Unauthorized DepartureAX = Absent-OtherRET = Return from AbsenceNote: You can use the drop-down list to complete this

Screen Field Table, continued

Field	Description
RESIDENTIAL TYPE	For <i>admissions or returns from absence</i> , key the consumer's previous residential setting. For <i>discharges</i> , key the residential setting to which the consumer is going.
	<ul> <li>a Hospital</li> <li>2 = Nursing Facility</li> <li>3 = Non-state Operated Facility</li> <li>4 = Medicare/SNF</li> <li>5 = Home</li> <li>6 = State Operated Facility</li> <li>7 = Hospice</li> <li>8 = Private Pay Facility</li> <li>9 = Other/Unknown</li> </ul>
	<u>Note</u> : 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.

<u>Result</u>: The <u>336</u>: <u>State Operated Client Movements</u> 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 <u>337: Non-State Operated Client Movements</u> screens allow nonstate operated providers to add, change, and delete client movements.

Request Screen

A sample request screen is shown below.

02-23-99	337: Non-St	tate Operated Client Movements		VC111336
		Client ID		
		Local Case Number	1	
	S	Social Security Number		
	Type Of Entry:	Add O Change O	Delete O	7
Submit_Request	Reset pdate Menu			
Submit_Request	Reset pdate Menu nu			
Submit_Request	Reset odate Menu nu			
Submit_Request I Seturn to General Client Ur Seturn to ICF/MR Menu Seturn to CARE Main Mer Zuit	Reset pdate Menu nu			

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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Social Security Number.
SOCIAL SECURITY	Key the consumer's social security number.
NUMBER	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Social Security Number.
TYPE OF ENTRY	Click the <b>Add</b> , <b>Change</b> , or <b>Delete</b> radio button to indicate the type of entry.

## 337: Non-State Operated Client Movements, Continued

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.

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

Add Screen

A sample screen is shown below.

02-23-99 337: Non-State Operated Client Movements VC11133				
Last Name	SHORE		Client ID	22721
Suffix			Component	8BF
First Name	SANDY		Local Case Number	0000000055
Middle Name			Social Security Number	
		Type Of Entry:	Add	
Movement			Current Status	
Effective Date		(mmddyyyy)	Prior Date	
Movement			Prior Time	
Effective Time		(hhmm A/p)	Prior Contract No	
			Prior Assignment	
Contract No				
Movement Code				
Residential Type				
For Admissions Or Retur	ns enter previous residential se	etting.		
For <b>Discharges</b> enter reside	ntial setting to which person is	going.		
If admitted from or discharged mmddyyyy	d to a hospital or private pay fa	acility then enter date of adm	ission to that facility:	
Submit_Update Rese	et			
Return to General Client Upda Return to ICF/MR Menu	ate Menu			
Return to CARE Main Menu				

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 = AdmissionDRE = DischargeAEV = Absent-Extended VisitASA = Absent-Special Activity: TherapeuticATH = Absent-Therapeutic VisitAX = Absent-OtherRET = Return from AbsenceNote: You can use the drop-down list to complete this

# 337: Non-State Operated Client Movements, Continued

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
	<u>Note</u> : 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.

<u>Result</u>: The <u>337</u>: 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 <u>360: Death/Separation of Client</u> screens allows you to add, change, and delete client separations.

Request Screen A sample request screen is shown below.

03-12-99	360: Death/Separation of Client	VC111450
	Client ID	
	Component	
Ē		
	Type Of Entry: Add O Change O Delete O	
	1	
eturn to General Client Update I Seturn to ICF/MR Menu Seturn to CARE Main Menu	<u>Menu</u>	
Quit		

#### 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 <b>Add</b> , <b>Change</b> , or <b>Delete</b> 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 <u>360: Death/Separation of Client</u> (Screen 2) is displayed.

# 360: Death/Separation of Client, Continued

#### Add Screen

A sample screen is shown below.

Last Name	HILL		Client ID 2643642
Suffix			Component 8LH
First Name	ROCKY	Loc	al Case Number 0000000025
Middle Name			
	Type Of	Entry: Add	
Separation		Separation	
Date	mmddyyyy	Time	hhmm a/p
Reason For Separation :	2-DECEASED	•	
Submit_Update Reset			
Return to Request Without Updating Return to General Client Update Menu			
Return to ICF/MR Menu Return to CARE Main Menu Duit			
<u>2ur</u>			

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.

#### 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.
	<u>Note</u> : 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.

<u>Result</u>: The <u>360</u>: <u>Death/Separation of Client</u> 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 <u>1123: ICF MR/RC Assessment</u> screens allow you to add, change, or delete a consumer's MR/RC assessment information. The following pages display the <b>Add</b> screen. The change and delete functions are not displayed, but are used the same way as other change and delete functions.
MR/RC Assessment	Refer to the MR/RC Assessment Instructions in the Appendix for

Instructions detailed instructions in completing these screens.

Request Screen A sample screen is shown below.

Component Code Enter One of The Following: Client ID Local Case Number Medicaid Number	
Enter One of The Following: Client ID Local Case Number Medicaid Number	
Client ID Local Case Number Medicaid Number	
Local Case Number Medicaid Number	
Medicaid Number	
Enter The Following:	
ract No	
e Code	
n Date (mmddyyyy, enter for Add)	
Date (mmddyyyy, enter for Purpose Code E-Add	)
	·
FEntry: Add O Change O Delete	0
t: s d	in Date (mmddyyyy, enter for Add) d Date (mmddyyyy, enter for Purpose Code E-Add f Entry: Add C Change C Delete

# 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.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Rule</u> : You <i>must</i> enter the client ID, local case number, <i>or</i> Medicaid number.
Contract No	Key the contract number under which services are provided to the consumer.
Purpose Code	<ul> <li>Key the code to indicate the purpose of this assessment.</li> <li>2 = No Current Assessment</li> <li>3 = Continued Stay Assessment</li> <li>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)</li> <li>E = Gaps in Assessment</li> <li>Note: You can use the drop-down list to complete this</li> </ul>
	field.
REQUESTED BEGIN DATE	Key the requested effective date of the LOC determination/LON assignment.
	Note: Enter Requested Begin Date <i>only</i> for Add.
REQUESTED END DATE	Key the requested end date of the LOC determination/ LON assignment.
	Note: Enter REQUESTED END DATE <i>only</i> to add a Purpose Code E.
TYPE OF ENTRY	Click the <b>Add</b> , <b>Change</b> , or <b>Delete</b> 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.

<u>Result</u>: The <u>1123</u>: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed.

Purpose Code 2 A sample screen is shown below and continued on the next page. Add Screen

10.26.09	1122 JCE MD/DC Assoc	smant Purpage Cod	1. 7. A.J.J	VC110751
10-20-98		sment Purpose Cou	e 2: Adu	VC110/51
1.Facility Provider	8BF CMS #1	2.Contract No	000077777	
3.Mailing Address	,,			
4.Name (Last/First/Middle)	DEMOGUY, WINSTON ROCK	IWELL		
5. Applicant's Address (Street or P.O.Box, City, State, Zi	p)	2345 IST ST, AUST	.IN TX, 78705	
6.Component Code	8BF	7.Case	No 81	3617
8.Medicaid No		9.HICA	Medicare No	
10.Date of Birth	02-02-1933	11.SSN	1 n	
12.Date Completed (mmddyyyy)		13.Purpose (	Code 2	
14.Date of Physical Examination (r	nmddyyyy) 15.	Legal Status 📃 16.Pre	w. Res. 17.Rec.LOC	18.Rec.LON
	:	Diagnosis		
19.Primary Diagnosis		20.Code		21.Version Code
22.Onset (mmyyyy)				
23. Current Medical Diagnosis		24.Code		25.Version Code
26.Psychiatric Diagnosis		27.Code		28.Version Code
Cognitive Function	ning 29.IQ		30.ABL	
31.Broad Independence	In 32.General Mala	CAP Data daptive	33.ICAP Service Level	
	Beb	avior Status		
34.Behavior Program 37.Aggressive Behavior	35.Self-injurious Behavior 38.Sexually Aggressive Bel	navior	36.SeriousDisruptiveBehavio	or 🗌
		Nursing		
39.Service P	rovider		40.Frequency Code	
	Da	ay Services		
Non-Vocational Setting:		_		_
41.Service	42.Frequency C	Code	43.Funding Co	de
Vocational Setting:				
44.Service	45.Frequency C	lode	46.Funding Co	de
Functional Assessment	47.Ambulation			

# 1123: ICF MR/RC Assessment, Continued

## Purpose Code 2 Add Screen, continued

18. Does medical regimen of individual need to be under the supervision of an M.D./D.O.?   19. Will be health status of the individual prevent participation in the active treatment of the ICF/MR program?   10. To your knowledge does the individual have a condition of mental retardation and/or a related condition?   11. Do you certify that this individual arequires ICF/MR or ICF/MR/RC care?   23. Signature - M.D./D.O. Name   24. Date (nunddyyyy)   25. License Number   Provider Certification: On behalf of this facility, I certify that to the best of my knowledge Ull afformation on this form is true and I also certify that the information represents those items of   he individual's treatment plan as currently documented in the record. I further certify that this   actify care of RN/LVIN/QMRP/Case Manager   57. Full name of RN/LVIN/QMRP/Case Manager   58. Date (nunddyyyy)   99. Begin Date (nunddyyyy)   09. Diol 1999   60. End Date (nunddyyyy)   Provider Comments   99. Begin Date (nunddyyyy)   09. Bool 1999   60. End Date (nunddyyyy)   Provider Comments   99. Begin Date (nunddyyyy)   Requested Begin / End Dates Requested For Authorization? (Y/N)   Control Receiver   Return to Request Without Updams term to CARE Main Menu Entry to CARE Main Menu	-	Y=Yes N=No
19. Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?   10. To your knowledge does the individual requires ICF/MR or ICF/MR/C C are?   11. Do you certify that this individual requires ICF/MR or ICF/MR/C C are?   12. Signature - M.D./D. O. I attest to Item 19 and Items 48 through 51 only.   13. Full M.D./D. O. Name   14. Date (mmddyyyy)   15. License Number   Provider Certification: On behalf of this facility, I certify that to the best of my knowledge III 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 Signature of RN/L/NN/QMRP/Case Manager 57. Full name of RN/L/NN/QMRP/Case Manager 59. Begin / End Dates 19. Begin Date (mmddyyyy) 10011999 60. End Date (mmddyyyy) Provider Comments 60. End Date (mmddyyyy) Requested Begin / End Dates 19. Begin Zead For Authorization? (V/N) Chrokier Comments 10. Submit_Update Reset Leture to Request Without Updating Heat Cord R Menu Heat Cord R Men	18.Does medical regimen of individual need to be under the supervision of an M.D./D.O.?	
100. To your knowledge does the individual have a condition of mental retardation and/or a related condition?   11. Do you certify that this individual requires ICF/ARR or ICF/ARR/RC care?   12. Signature - M.D./D. O. 1 attest to Item 19 and Items 48 through 51 only.   13. Full M.D./D. O. Name   14. Date (mmddyyyy)   15. License Number <b>Provider Certification:</b> On behalf of this facility, I certify that to the best of my knowledge Il individual's treatment plan as currently documented in the record. I further certify that this is additual's treatment plan as currently documented in the record. I further certify that this is additular to represent those items of the individual's treatment plan as currently documented in the record. I further certify that this addity can provide the prescribed physical and medical care.   16. Signature of RN/L/NN/QMRP/Case Manager   17. Full name of RN/L/NN/QMRP/Case Manager   18. Date (mmddyyyy)   19. Begin V Send For Authorization? (Y/N) <b>Reduy to Send For Authorization? (Y/N)</b> 19. Bunt Updel   Pesel   2 strutter to Request Without Updating emitting the sum to CARE Manager	19. Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?	
61. Do you certify that this individual requires ICF/MR or ICF/MR/RC care?   22. Signature - M.D.(D. O. 1 attest to Item 19 and Items 48 through 51 only.   33. Full M.D./D. O. Name   44. Date (munddyyyy)   55 License Number   Provider Certification: On behalf of this facility, I certify that to the best of my knowledge Il 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 activity can provide the prescribed physical and medical care. 66. Signature of RN/L/NN/QMR/P/Case Manager 77. Full name of RN/L/NN/QMR/P/Case Manager 82. Date (mmddyyyy) 90011998 60. End Date (mmddyyyy) Provider Comments Requested Begin / End Dates 83. Date (mmddyyyy) 10011998 60. End Date (mmddyyyy) Provider Comments Experiments <p< td=""><td>i0. To your knowledge does the individual have a condition of mental retardation and/or a related condition?</td><td></td></p<>	i0. To your knowledge does the individual have a condition of mental retardation and/or a related condition?	
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 activation or RNU/LVN/QMRP/Case Manager 7. Full name of RNU/LVN/QMRP/Case Manager 57. Full name of RNU/LVN/QMRP/Case Manager 58. Date (mmddyyyy) (90011998) 60. End Date (mmddyyyy) Provider Comments Envider Corder Envidence <p< td=""><td>51.Do you certify that this individual requires ICF/MR or ICF/MR/RC care?</td><td></td></p<>	51.Do you certify that this individual requires ICF/MR or ICF/MR/RC care?	
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 acility can provide the prescribed physical and medical care. 56. Signature of RN/L/UN/QMRP/Case Manager 57. Full name of RN/L/UN/QMRP/Case Manager 58. Date (mmddyyyy) Requested Begin / End Dates 59. Begin Date (mmddyyyy) Rovider Comments Envoider Reset Eturn to CENAE Man Menu Envoider CortAE Menu Envoider CortAE Menu Envoide CortAE Menu	52.Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only.	
i4. Date (mmddyyyy) 55 License Number   Provider Certification: On behalf of this facility, I certify that to the best of my knowledge al 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 acality can provide the prescribed physical and medical care. 65 Signature of RN/L/VN/QMRP/Case Manager 77. Full name of RN/L/VN/QMRP/Case Manager 88 Date (mmddyyyy) 09011998 60 End Date (mmddyyyy) Provider Comments Equested Begin / End Dates 89 Begin Date (mmddyyyy) 09011998 60 End Date (mmddyyyy) Requested Segin / End Dates 80 End Date (mmddyyyy) Covider Comments Equested Segin / End Dates 90 End Date (mmddyyyy) Covider Comments Equest O Send For Authorization? (Y/N) Submit_Updet Request Without Updating etum to CARE Main Menni End Cord Remains End Cord Remains	33. Full M.D./D.O. Name	
Arvider Certification: On behalf of this facility, I certify that to the best of my knowledge   Il 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   acility can provide the preserbed physical and medical care.   66. Signature of RN/LVN/QMRP/Case Manager   77. Full name of RN/LVN/QMRP/Case Manager   88. Date (mmddyyyy)   Requested Begin / End Dates   89. Begin Date (mmddyyyyy)   Requested Comments   60. End Date (mmddyyyy)   Requested Segin / End Dates   89. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Dates   80. Begin Date (mmddyyyy)   Requested Segin / End Date Req	i4.Date (mmddyyyy) 55.License Number	
ll information on this form is true and I also certify that the information represents those items of he individual's treatment plan as currently documented in the record. I further certify that this actily can provide the prescribed physical and medical care. 66. Signature of RIVILVIN/QMRP/Case Manager 77. Full name of RIVILVIN/QMRP/Case Manager 88. Date (mmddyyyy) 89. Begin / End Dates 99. Begin Date (mmddyyyy) 100011998 60. End Date (mmddyyyy) 7000000000000000000000000000000000000	Provider Certification: On behalf of this facility, I certify that to the best of my knowledge	
ae individual's treatment plan as currently documented in the record. I further certify that this cality can provide the prescribed physical and medical care. 6. Signature of RN/LVN/QMRP/Case Manager 7. Full name of RN/LVN/QMRP/Case Manager 8. Date (mmddyyyy) 00011998 60. End Date (mmddyyyy) Pagin Date (mmddyyyy) 00011998 60. End Date (mmddyyyy) rovider Comments Ready to Send For Authorization? (Y/N) Submit Update Reset eturn to CRequest Without Updating eturn to CARE Main Menu tur	ll information on this form is true and I also certify that the information represents those items of	
acuity can provide the presenced physical and medical care. 66. Signature of RMLVN/QMRP/Case Manager	he individual's treatment plan as currently documented in the record. I further certify that this	
0. Signature of RV/LVN/QMRP/Case Manager   7. Full name of RN/LVN/QMRP/Case Manager   18. Date (mmddyyyy)   19. Begin Date (mmddyyyy)   090111938   60. End Date (mmddyyyy)   Provider Comments   Image: Comments   Ready to Send For Authorization? (Y/N)   Submit_Update   Reset   eturn to Request Without Updating eturn to ICF/MR Menu Pair	acuty can provide the prescribed physical and medical care.	
Submit_Update     Readerst Without Updating eturn to Request Without Updating eturn to CARE Main Menu Patin	10. Sugnature of RNU VN/OMRD/Case Manager	
No. End Date   i9 Begin Date (mmddyyyy)   09011938   60. End Date (mmddyyyy)   Provider Comments   Provider Comments   Ready to Send For Authorization? (Y/N)   Submit_Update   Reset   eturn to Request Without Updating eturn to ICF/MR Menu eturn to ICF/MR Menu eturn to CARE Main Menu Put		
Requested Begin / End Dates   19.Begin Date (mmddyyyy)     Provider Comments		
Ready to Send For Authorization? (Y/N)       Submit_Update       Reset       .eturn to Request Without Updating       .eturn to ICF/MR Menu       .eturn to CARE Main Menu       .uit	Requested Begin / End Dates         i9.Begin Date (mmddyyyy)       09011998       60.End Date (mmddyyyy)	
Ready to Send For Authorization? (Y/N)       Submit_Update       Reset       .eturn to Request Without Updating       .eturn to ICF/MR Menu       .eturn to CARE Main Menu       Yuit	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       Leturn to ICF/MR Menu       Return to CARE Main Menu       Quit	Requested Begin / End Dates 59.Begin Date (mmddyyyy) 09011998 60.End Date (mmddyyyy) Provider Comments	
Ready to Send For Authorization? (Y/N)	Requested Begin / End Dates         59.Begin Date (mmddyyyy)         O9011998       60.End Date (mmddyyyy)         Provider Comments	
Submit_Update     Reset       Return to Request Without Updating       Return to ICF/MR Menu       Return to CARE Main Menu       Quit	Requested Begin / End Dates 59.Begin Date (mmddyyyy)  Provider Comments	
Return to Request Without Updating Return to ICF/ <u>MR Menu</u> Return to CARE Main Menu Quit	Requested Begin / End Dates         59.Begin Date (mmddyyyy)         Ogo11998         60.End Date (mmddyyyy)         Provider Comments	
Return to CARE Main Menu Quit	Requested Begin / End Dates         59.Begin Date (mmddyyyy)       09011998       60.End Date (mmddyyyy)         Provider Comments	
Duit	Requested Begin / End Dates         i9.Begin Date (mmddyyyy)         Ogo11998       60.End Date (mmddyyyy)         Provider Comments	
	Requested Begin / End Dates         59.Begin Date (mmddyyyy)         Og011998         60.End Date (mmddyyyy)         Provider Comments	

Ready to Send for Authorization?	Key <b>Y</b> (Yes) or <b>N</b> (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.
	<u>Result</u> : The <u>1123</u> : ICF MR/RC Assessment Purpose Code 2: Add screen is displayed showing the data just entered and the message " <i>The Following Information Has Been Processed</i> ." You can click <b>Return to Request</b> to return to the request screen.

# **Registration/Demographics Update**

## 326: Client Registration – Limited

Introduction The <u>326: Client Registration – Limited</u> screen is used to register consumers in CARE and to generate a statewide client ID.

Registration Screen A sample screen is shown below.

	Enter The Following to	Generate TDMHMR
	Statewide Client Ide	atification Number
	Component Code	
	Local Case Number	
	Client Last Name/ Suf	
	Client First Name	
	Client Middle Name	
	Sex	
	Ethnicity	
	Client Birthdate (mmddyyyy)	
	Social Security Number (n=none,u=unknown)	
	Medicaid Number	
	Medicare Number	
	Presenting Problem	
	Registration Effective Date (mmddyyyy)	01121999
	Registration Effective Time (hhmm A/p)	0404P
	Street Address	
	City	
	State	
	Zin Code/ Suffix	
	County of Residence	
	Legal Guardianshin	<b></b>
	Service Participant Group	
	Marital Status	
	Estimated Annual Gross Family Income	
	Family Size	
L	•	
Submit_Requ	lest Reset	
um to Conorr	al Client Un date	

Quit

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 <b>N</b> (None) or <b>U</b> (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.
	<u>Note</u> : 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	Displays the registration effective time. This time can be changed to a prior time of day.
STREET ADDRESS	Key the consumer's street address.
Сіту	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.

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	Key the consumer's service participant group.
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	<ul> <li>Key the number of persons supported on the consumer's estimated annual gross family income including:</li> <li>the number of parents living in the household,</li> <li>the number of dependent children,</li> <li>the consumer, and</li> <li>any other persons dependent on the family for support.</li> </ul>

Record Submission When all the information has been completed, click **Submit Request** to submit your request.

<u>Result</u>: The <u>326</u>: <u>Client Registration – Limited</u> screen is displayed showing the data just entered as shown on the next page.</u>

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.

13-15-99	326: Client Re	gistration - Limited	VC1102	21
Client Last Name/ Suf	HILL			
Client First Name	SANDY	Component Code	8LH	
Client Middle Name		Local Case Number	000000027	
Sex		М		
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 PER	RSON	
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				
eturn to General Client Update .eturn to Registration/Demographics Update Menu .eturn to ICF/MR Menu .eturn to CARE Main Menu .uit				

Ready to Add

On this sample screen:

- Key **Y** (Yes) in the READY TO ADD field.
- Click Submit Update

<u>Result</u>: The <u>326</u>: <u>Client Registration – Limited</u> 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 <u>410: Add Case to ID/Demographic Update</u> 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.

Client ID         Component         Local Case Number         Type Of Entry:       Add O         Change O			a		
Component         Local Case Number         Type Of Entry:       Add O         Change O             Submit_Request       Reset    Return to Registration / Demographics Update Return to CARE Main Menu Return to CARE Main Menu Quit			Client ID		
Local Case Number         Type Of Entry:         Add O         Change O             Submit_Request         Reset         Return to Registration / Demographics Update         Return to ICF/MR Menu         Return to CARE Main Menu         Quit			Component		
Type Of Entry:     Add O     Change O       Submit_Request     Reset       Return to Registration / Demographics Update       Return to ICF/MR Menu       Return to CARE Main Menu       Quit		Local	Case Number		
Submit_Request Reset Return to Registration / Demographics Update Return to ICF/MR Menu Return to CARE Main Menu Quit		Type Of Entry:	Add O	Change O	
	Submit_Request Reset				

#### 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.
	<u>Rule</u> : You <i>must</i> 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.
	<u>Rule</u> : You <i>must</i> enter either Client ID <i>or</i> Local Case Number for changes to demographics.
TYPE OF ENTRY	Click the <b>Add</b> or <b>Change</b> radio button to indicate the type of entry.

## 410: Add Case to ID/Demographic Update, Continued

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.

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

Update Screen A sample screen is shown below.

		нпл		Client ID 26	43651
Suffix				Component 8	H H
First Name		SANDY		Local Case Number	/11
Middle Name					
		Type	Of Entry: Add		
				1	
	Loc	al Case Number		]	
	Sex			M-MALE	
	Ethnicity			W-WHITE -	
	Client Birthdate	(mmddyyyy)		07151960	
	Social Security Number ( U=unknown,		N =none)	U	
	Presenting Probl	em		2-MR 💌	
	Registration Date	: (mmddyyyy)		03011999	
	Registration Tim	e (hhmm A/P)		0149P	
ſ			<b></b>		_
	Legal Guardianship		5-ADULT W/GUARD OF F	PERSON	_
	Service Participant Group Marital Status Estimated Annual Gross Family Income		PD - SERVICE PARTICIPAL	NT GROUP PD 🔽	_
					_
					_
		Family Size			

<u>Note</u>: You can use the drop-down list to complete the following fields: SEX, ETHNICITY, PRESENTING PROBLEM, LEGAL GUARDIANSHIP, SERVICE PARTICIPANT GROUP, and MARITAL STATUS.

## 410: Add Case to ID/Demographic Update, Continued

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.
<u>Note</u> :	The following fields are/may be displayed but can be changed.
Sex	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.

<u>Result</u>: The <u>410</u>: 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 IntroductionThe <u>413: Medicaid/Medicare Number Update</u> screen allows you to<br/>enter a consumer's Medicaid number and/or Medicare number.Note:Entering the Medicaid number on this screen will not update<br/>Action Code 1165 until a Medicaid number match is performed once a<br/>week on Monday evening.

Request Screen A sample request screen is shown below.

04-14-99 @09:25:01	413: Medicaid/ Medicare Number Update	VC1118554
	Component Code	
	Enter One of The Following:	
	Client ID	
	Local Case Number	
Submit_Request Reset		
Return to Registration/ Demographics Upda Return to ICF/MR Menu	ate Menu	
Return to CARE Main Menu Quit		

#### 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. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.

# 413: Medicaid/Medicare Number Update, Continued

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.

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

Update Screen A sample screen is shown below.

04-14-99 @09:25:56		413: Medicaid/ Medicare Number Update		
Client Last Name/ Suf Client First Name Client Middle Name	Hill Rocky James	Client ID Component Code Local Case Number	2643642 8LH 000000029	
	Mee	dicaid Number		
	Mee	licare Number		
Submit_Update Reset				
Return to Request Without Updating Return to Registration/ Demographics Return to ICF/MR Menu	Update Menu			
Return to CARE Main Menu Quit				

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.

<u>Result</u>: The <u>413</u>: <u>Medicaid/Medicare Number Update</u> screen is displayed with the message "*Previous Information Changed*.
# 420: Client Name Update Request

Introduction The <u>420: Client Name Update Request</u> screen allows you to update a client's name record.

<u>Important</u>: 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.

03-15-99	420: 0	lient Name Update	Request		VC111850.
	Com	ponent Code			
		Enter One of Th	e Following:		
		Client ID			
	Lo Type Of Entry:	cal Case Number	Change O	Delete O	
Submit_Request Re	eset				
Return to Registration/Demo Return to ICF/MR Menu Return to CARE Main Menu	graphics Update Menu				
Quit					

# 420: Client Name Update Request, Continued

### 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. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
TYPE OF ENTRY	Click the <b>Add</b> , <b>Change</b> , or <b>Delete</b> 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.

# 420: Client Name Update Request, Continued

Update Screen	A sample screen	is shown	below.
- F	F		

03-15-99	420: Client Name Update Request	VC111850I
	Client Full Name Hill Rocky Client ID 2643642 Component Code 8LH	
	Add Client's Name	
	Last Name/Suff Hill First Name Rocky Middle Name	
Submit_Update Reset		
Return to Request Without Updating Return to Registration/ Demographics Ur Return to ICF/ <u>MR Menu</u> Return to CARE Main Menu Quit	odate Menu	

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 UpdateClick Submit Update to submit the update to the system.Result:The 420: Client Name Update Request screen is displayed<br/>with the message "Previous Information Added".

# **430: Client Address Update**

Introduction The <u>430: Client Address Update</u> screen allows you to update a client's address record.

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

Request Screen A sample request screen is shown below.

03-15-99	430: Client Address Update	VC111860A
	Component Code	
	Enter One of The Following:	
	Client ID	
Submit_Request Re	set	
etum to Registration/ Demo etum to ICF/MR Menu etum to CARE Main Menu vuit	graphics Update 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.
CLIENT ID	Key the consumer's statewide identification number. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> 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.

<u>Result</u>: The <u>430</u>: <u>Client Address Update</u> screen is displayed.

Update Screen

A sample screen is shown below.

03-15-99	430: Client	Address Update	VC111860B
Client Last Name/ Suf	Hill	. Client ID	2643651
Chent First Name Client Middle Name	Sandy James	Component Code Local Case Number	8LH 000000030
	Client'	s Current Address	
	Street .	Address 123 anystreet	]
		City Anytown	
		State TX	
	:	Zipcode 78729	
	Zipcod	e Suffix	
	Address Date (mmo	ddyyyy) 03011999	
Submit_Update Reset			
Return to Request Without Updating Return to Registration/ Demographics U Return to ICF/MR Menu	Jpdate Menu		
Return to CARE Main Menu			

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	<u>Note</u> : These fields are displayed but may be changed.	
STREET ADDRESS	Key the consumer's current street address.	
Сітү	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.

<u>Result</u>: The <u>430</u>: <u>Client Address Update</u> screen is displayed with the message "*Previous Information Changed*".

# **431: Client Correspondent Update**

Introduction	The <u>431: Client Correspondent Update</u> screen allows you to update a
	client's correspondent information.

Request Screen A sample request screen is shown below.

03-16-99	431: Client Correspondent Update	VC111845A
	Component Code	
	Enter One of The Following:	
	Client ID Local Case Number	
Submit_Request Reset		
Return to Registration/ Demographics Update Men Return to ICF/MR Menu Return to CARE Main Menu Out	2	

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. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> 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.

<u>Result</u>: The <u>431</u>: Client Correspondent Update screen is displayed.

# 431: Client Correspondent Update, Continued

Update Screen

A sample screen is shown below.

03-16-99	431: 0	Client Correspondent Update	VC111845
Client Last Name/ Suf Client First Name Client Middle Name	Hill Rocky James	. Client ID Component Code Local Case Number	2643642 8LH 000000025
Primary Correspondent: Name Relationship Telephone Street City State Zip Zip Suf			Secondary Correspondent:          Name         Relationship         Telephone         Street         City         State         Zip       Zip Suf
Submit_Update Reset Return to Request Without Updating Return to Registraton/ Demographics Update Return to ICF/MR Menu Return to CARE Main Menu Quit	<u>Menu</u>		

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.

# 431: Client Correspondent Update, Continued

Screen Field Table, continued

Field	Description		
RELATIONSHIP	Key the relationship of consumer.01 = Parent02 = Child03 = Spouse/Posslq04 = Sibling05 = Grandparent06 = Step-child07 = Step-parent08 = Step-sibling09 = Child-in-law10 = Sibling-in-law11 = Foster Parent12 = Aunt/uncle13 = Niece/nephew14 = Cousin	f the primary correspondent to the 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 corres	spondent's telephone number.	
Street	Key the primary corres	spondent's street address.	
Сіту	Key the primary corres	Key the primary correspondent's city of residence.	
State	Key the primary correspondent's state of residence.		
Zip	Key the primary corres	spondent's zip code.	
ZIP SUF	Key the primary corres available).	spondent's zip code suffix (if	
SECONDARY CORRESPONDENT NAME	Key the name of the se of the consumer in cas Correspondent cannot	econd person to contact on behalf e of an emergency if the Primary be reached.	
RELATIONSHIP	Key the relationship of the secondary correspondent to the consumer.		
TELEPHONE	Key the secondary cor	Key the secondary correspondent's telephone number.	
STREET	Key the secondary cor	respondent's street address.	
Сіту	Key the secondary cor	respondent's city of residence.	
State	Key the secondary cor	respondent's state of residence.	
Zip	Key the secondary cor	respondent's zip code.	
ZIP SUF	Key the secondary cor	respondent's zip code suffix.	

## Submit Update

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

<u>Result</u>: The <u>431</u>: <u>Client Correspondent Update</u> request screen is displayed with the message "*Previous Information Changed*".

# **Case Maintenance**

# 395: Local Case Number: Delete

Introduction	The <u>395: Local Case Number: Delete</u> screen allows you to delete a local case number.
	<u>Note</u> : Use <b>caution</b> 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.

02-26-99	395: Local Case Number:Delete	VC118670
	Component Local Case Number	
Return to Case Maintenance Menu Return to ICF/MR Menu Return to ICF/MR Menu Return to CARE Main Menu		
<u>2uit</u>		

## 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:Delet	e	VC11867
Last Name	HILL	Component	637
Suffix		Local Case Number	0000000024
First Name	ROCKY		
Middle Name			
CURRENT LOCAL O NUMBER OF RAS I NUMBER OF CAS I ID SYSTEM STATU ENTI ***** PLEA: ****	CASE PROGRAM : 2 RECORDS : 0 JS : 2 RE ID WILL BE DELETED SE 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			

# 395: Local Case Number: Delete, Continued

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.

<u>Result</u>: The <u>395</u>: 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 <u>396: Local Case Number: Change</u> screen allows you to change a local case number.

<u>Note</u>: 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.

	370. LIUCAI Case Multiper. Change	VC118680
	Client ID	
	Target Case Number	
Submit_Request Reset		
eturn to Case Maintenance Menu		
<u>eturn to ICF/MR Menu</u> .eturn to CARE Main Menu		
<u>uit</u>		

### 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <i>or</i> local case number.
TARGET CASE NUMBER	Key the new local case number.

# **396: Local Case Number: Change**, Continued

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.

<u>Result</u>: The <u>396</u>: Local Case Number: Change screen is displayed.

Change Screen A sample screen is shown below.

02-20-99	396: Local Case Number:Change		VC118680
Last Name	HILL	Client ID	2643600
Suffix		Component	637
First Name	ROCKY	Local Case Number	000000023
Middle Name		Target Case Number	000000024
LAST NAME/SUF: HILL FIRST NAME : ROCKY MIDDLE INIT : . CHANGING CASE NU NEW NU PROGRAM NUMBER OF RAS RE NUMBER OF CAS RE ID SYSTEM STATUS *****======= Submit_Update	. CLIENT ID : 2643600 LOCAL CASE NUMBER : 000000023 COMPONENT : 637 MBER TO A : MBER : 6370000000024 : COMMUNITY(2) CORDS IN OLD : 0 : 1 		

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.

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.

<u>Result</u>: The <u>396</u>: <u>Local Case Number</u>: <u>Change</u> 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 A sample <u>100: Client Name Search</u> screen is shown below. Screen

03-17-99	100: Client Name Search	VC111101
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, And ethnicity. SSN is optional but desirable)	
Client Last Name	Exact Last Name	
Client First Name		
Client ID	Medicaid Recip No*	
Component Code/ Local Case Number		
SSN	Sex Ethnicity	
Age (+ Or -5 Years) Birth Dt-mmddy Month/year-mm	yyy OR ddyyyy	
MH/MR MH	I Authority MR Authority	
Assignment Residen	tial County	
Component Type		
* This Name Search Will Look For The N	dedicaid Number Entered Into CARE Files	
Submit_Inquiry Reset		
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
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. <u>Note</u> : You can use the drop-down list to complete this field.

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.
Віктн Dt	Key the consumer's birth date.
MH/MR	Key <b>MR</b> to search for your MR consumers.
	<u>Note</u> : 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 <u>Note</u> : You can use the drop-down list to complete this

Submit InquiryBefore you click Submit Inquiry, you can click Reset to clear the<br/>data you have entered.When your data is correct, click Submit Inquiry to submit your<br/>inquiry.Result:The 100: Client Name Search (Screen 2) is displayed.

Name DisplayThe 100: Client Name Search (Screen 2) displays a list of all<br/>consumers who match the selection criteria you entered. A sample<br/>screen is shown below.

03-19-99	100: Client Name Search	VC111111
LINE ID LASTNM	FIRSTNM/M SEX ETH BIRTHDATE SSN	
1 2643642 HILL CNTY: TRAVIS	ROCKY JAMES M W 08-01-1960 U MEDICAID: MEDICARE:	
2 2643651 HILL CNTY: TRAVIS	SANDY JAMES M W 07-15-1965 U MEDICAID: MEDICARE:	
Return_to_Request		
<u>Return to ICF/MR Menu</u> Return to CARE Main Menu		
Quit		

Client Detail Screen The <u>101: Client Detail</u> 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 <u>100: Client Name Search</u> (Screen 2) shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

Client Detail Screen, continued

03-19-99			101	: Client Detai	1		VC111112
ID	NAME	SEX 1	ETH SSN	AGE REG DT	PRES PROB	-	
2643642 SYSTEM ST NAME HIST LAST HILL	HILL F ATUS: ACTIVE ORY: NAME SUF	ROCKY M FIRST NM ROCKY	W U MIDDLE NM COM JAMES	38 03-01-95 PONENT REPORT 8LH	MR ING AS OF DATE 03-15-99		
HILL LCL CASE D COMPON 8LH A MR AUTHORI	NUMBERS: ENT &M CARE INC TY: 030 AUSTIN-TH	ROCKY RAVIS CO MHMI	PROG LCL CASE 2 00000000 R CENTER	8LH STATUS 29 OPEN	03-01-99 LOC		
COMMUNITY COMP SLH LATEST ADD STREET CITY ST 2	ASSIGNMENTS: LCL CASE 0000000029 03- DRESS AS OF: 03-0 : 246 IP : MNYC	-01-99 11-99 ANYLANE	аст сом 711-	IVITY SVC TY MRES DOGC	PE LOC		
COUNTY OF	RESIDENCE HISTOR CNTY 227 03-01	Y: сомр -99 8LH					
<u>Return to ICF</u> <u>Return to CA</u> <u>Quit</u>	/ <u>MR Menu</u> RE Main Menu						

Display Data

The <u>101: Client Detail</u> 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. Introduction The <u>192: DHS Medicaid Eligibility Search I</u> 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
-------------------------------------------------

5-05-99 @09:49:30	192: DHS Medicaid Eligibility Search I VC110195
Pisplay Clients That Might Match to Those Selected	$\widecheck$ (Will only be performed if 1-10 clients are selected)
Jse Match Algorithm With Characteristics Entered elow	$\prod$ (Must enter last name, first name, sex, DOB, and ethnicity. SSN is optional but desirable)
lient Last Name	Exact Last Name
lient First Name	
Nient ID	Medicaid Recip No
Component Code/ Local Case Number	
Age (+ Or -5 Years) Birth DT -mmd IH/MR Signment Status Somponent Type	dyyyy OR Month/ Year-mmyyyy MH Authority MR Authority Residential County
Submit_Inquiry Reset	
eturn to ICF/MR Menu eturn to CARE Main Menu uit	
_	

Search Options

The <u>192: DHS Medicaid Eligibility Search I</u> 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.

# 192: DHS Medicaid Eligibility Search I, Continued

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.
	<u>Rule</u> : You <i>must</i> enter either the Client Last Name or Client ID to narrow your search.
EXACT LAST NAME	Key <b>Y</b> (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.
	<u>Note</u> : Searching by Client ID will only yield results if the person is currently assigned to your component.
	<u>Rule</u> : You <i>must</i> enter either the Client Last Name or Client ID to narrow your search.
MEDICAID RECIP. NO.	Key the consumer's Medicaid Recipient Number.
	<u>Note</u> : 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 $A = Asian$
	$ \begin{array}{llllllllllllllllllllllllllllllllllll$
	<u>Note</u> : 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 <i>or</i> MMYYYY format.

# Screen Field Table, continued

Field	Description
MH/MR	Key <b>MR</b> to search for your MR consumers.
	<u>Note</u> : 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)
	<u>Note</u> : You can use the drop-down list to complete this field.
RESIDENTIAL COUNTY	Key the consumer's county of residence to limit your search.
	<u>Note</u> : 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 <u>Note</u> : 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 <u>192: Client ID Information</u> screen is displayed.

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

LINE ]	ID LASTNM	FIRSTNM/M	SEX ETH BIRTHDATE SSN	
1 122	35 GREENE	EDWIN	M B 08-27-1968 440118888	
	CNTY: TARRANT	MEDICAID:	MEDICARE:	
2 26677	776 GREENE	ELAINE	F B 08-24-1978 411918876	
	CNTY: DALLAS	MEDICAID:	MEDICARE:	
3 28899	991 GREENE	EUNICE	F W 08-13-1957 443110001	
	CNTY: TYLER	MEDICAID:	MEDICARE:	
3 28899	CNTY: DALLAS 991 <u>GREENE</u> CNTY: TYLER Bequest	MEDICAID: EUNICE MEDICAID:	MEDICARE: <u>F W 08-13-1957 443110001</u> MEDICARE:	

Medicaid Eligibility Information Screen The <u>192</u>: <u>DHS Medicaid Eligibility Information</u> 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 <u>192</u>: <u>Client ID Information</u> screen shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

# 192: DHS Medicaid Eligibility Search I, Continued

Medicaid Eligibility Information Screen, continued

05-19-99 @14:13:02 192: DHS Medicaid Eligibility Information VC110197 CARE DEMOGRAPHICSCARE DEMOGRAPHICSLAST NAME, SUFFIX: GREENESSN: 440-11-8888 SSN : 440-11-8888 FIRST NAME, MIDDLE NM : EDWIN RECTP NO : CLIENT ID : M : 12235 SEX BIRTH DATE : 08-27-1968 SYSTEM STATUS : ACTIVE ETHNIC BIRTH DATE : B PRES PROB: MR NUMBER OF MATCHING RECIPIENTS FOUND: 1 ----- DHS DEMOGRAPHICS -LAST NAME, SUFFIX : GREENE FIRSTNM, MIDDLE : EDWIN M \_\_\_\_\_ SSN : 440-11-8888 \* RECIP NO : 507064560 FIRSTNM, MIDDLE : EDWIN M SEX : M \* ETHNIC : O BIRTH DATE : 08-27-1968 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

 04
 R
 13
 12-01-86
 01-31-99

 04
 R
 13
 09-01-86
 11-30-86
 Q 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 : 460464238C1 MEDICARE NUMBER 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**

Introduc	tion	The <u>193: DHS Mea</u> display Medicaid e against the Medica	dicaid Eligibility ligibility detail. 7 id demographics.	Search II screens are This function searche	e also used to es directly
Request	Screen	A sample request s	creen is shown b	elow.	
	05-19-99 @16::	30:46 193:	DHS Medicaid Elig	jbility Search II	VC110192A
	Enter CARE Ider Demographic Fie	tifier, and The Program Wa lds Entered In CARE	ll Scan The Medicaid I	Eligibility File For Matches t	to The
	Client ID				
	Component Code/	Local Case Number 📃 ;	·		
	Enter At Least T Medicaid Eligible Client Name_ Last SSN Birth Date (mmddy Medicaid Recip No	yyy)	OR te, and Medicaid Num Least Two of Those Fie First	ber. elds Will Be Displayed. Middle	
	Submit_Inquiry Return to General ( Return to ICF/MR Return to CARE M Quit	Reset <u>Client Inquiry Menu</u> <u>Menu</u> Lain Menu			

Search Options The <u>193: DHS Medicaid Eligibility Search II</u> 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

• 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.

# 193: DHS Medicaid Eligibility Search II, Continued

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.

<u>Result</u>: If the system finds persons who match the selection criteria entered, the <u>193</u>: <u>Medicaid Recipient Information</u> screen is displayed.

Medicaid Recipient The <u>193</u>: 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.

Live     ID     Last Iv       1     29793     Rose       Return_to_Request	Rodney	M	Eun	Birth Date	2214	Unty		Invienicare #
Return_to_Request	Roaney	IVI		01011050			461102642	
Return_to_Request			P	01011328			401123043	
eturn to ICF/MR Menu eturn to CARE Main M uuit	! Ienu							

Medicaid Eligibility Information Screen The <u>193</u>: 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 <u>193</u>: 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.

# 193: DHS Medicaid Eligibility Search II, Continued

Medicaid Eligibility Information Screen, continued

```
05-24-99 @15:07:46
                        193: DHS Medicaid Eligibility Information
  VC110194
   FIRST NAME, MIDDLE : RODNEY
   RECIP NO: 461123643
   BIRTH DATE : NODNEY
CARE CLIENT ID : 29793
  ETHNIC : B
   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
    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.

03-19-99	222:Display of All Movements for a Client	VC111227
	Client ID Component Local Case Number	
Begin Date (	mmddyyyy) End Da	te (mmddyyyy)
Submit_Inquiry         Reset           Return to General Client Inquiry 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
CLIENT ID	Key the consumer's statewide identification number.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> 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.
	<u>Rule</u> : You <i>must</i> enter either the client ID <b>or</b> 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.

# 222: Display of All Movements for a Client, Continued

Submit InquiryBefore you click Submit Inquiry, you can click Reset to clear the<br/>data you have entered.When your data is correct, click Submit Inquiry to submit your<br/>inquiry.Result: The 222: Display of All Movements for a Client (Screen 2) is<br/>displayed.

Display Screen A sample screen is shown below.

0-26-98	222	Display of All Movements fo	r a Client		VC11122
ast Name	DEMOGUY		Clie	nt ID 13617	
Suffix			Comp	onent 8BF	
First Name	WINSTON		Local Case Nu	<b>mber</b> 0000813617	
vliddle Name	R				
В	egin Date		End	Date	
COMP LOCAL CASE CODE NUMBER 8BF 0000813617	C PROG ACTIV/ I CODE SVC TYPE C 2 1	4/ DCASSIGNMEN DDE BEGIN DT/TIME END 09-01-98 0923A	ASG ABS DATE LOS COD 55 ADM	N ASGN E STATUS RES	
Return_To_Request					
etum to General Client In etum to ICF/MR Menu etum to CARE Main Mer	quiry Menu nu				

<u>Note</u>: Information on this screen is displayed in chronological order with the latest movement listed first.

Display Data The <u>222: Display of All Movements for a Client</u> 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.

Introduction	The <u>565: County List</u> 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						5	65:Co	unty List	:	VC116257	
CNTY	COUNTY	SRV	REG: MH	ION MR	-SERV:	ICE 1	DISTR- ST	РО	PULATION-		
CODE	NAME	AREA	REG	REG	HOS	SCH	CTR	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	П4	681	670		19410	19230	19054	
005	ARCHER	52	07	01	656	676		82.68	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 <u>565: County List</u> 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

Introductio	'n	The <u>569: ICH</u> information a	F/MR Provider Information screens provide gen about a specific provider.	neral
Request Sc	ereen	A sample <u>56</u> below.	9: ICF/MR Provider Information: Inquiry scree	en is shown
	05-24-9	99 @17:05:32	569:ICF/MR Provider Information: Inquiry	VC110550A
			Please Enter The Following:	
			Federal ID Number Component Code	
	Subm <u>Return to</u> <u>Return to</u> <u>Quit</u>	it_Inquiry Reset Component Profile I ICF/MR Menu CARE Main Menu	<u>İnquiry</u>	

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.

<u>Result</u>: The <u>569</u>: ICF/MR Provider/Contract In Component Code Order screen is displayed.

Display Screen A sample screen is shown below.

5-26-99 @11:32:32 569:ICF/MR Provider/Contract In	i Component Code Order VC110550B
COMPONENT: 8LH A&M CARE INC FED_ID: 752419859	PROFIT: YES
LEGAL NAME : A&M CARE INC DBA NAME(S):	
CEO CONTACT NAME: A&M CARE INC PHYSICAL ADDRESS: 1915 WEYMOUTH CT ARLINGTON TX 76013	PHONE: FAX:
MAILING ADDRESS : 1915 WEYMOUTH CT ARLINGTON TX 76013	
BILLING CONTACT NAME: ADMINISTRATOR BILLING ADDRESS : 1915 WEYMOUTH CT ARLINGTON TX 76013	PHONE: (817) 548-0911 FAX:
CONTRACT NO. CONTRACT NAME 000752401 QUINCY HOUSE	STATUS SVC GRP ACTIVE 6
Return_To_Request	
<u>etum to Component Profile Inquiry</u> <u>etum to ICF/MR Menu</u> <u>etum to CARE Main Menu</u> <u>Duit</u>	

### Display Data

The <u>569: ICF/MR Provider/Contract In Component Code Order</u> 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 <u>570: ICF/MR Contract Information</u> screens provide general information about a specific contract.					
Request S	Screen	A sample <u>570</u> below.	A sample <u>570: ICF/MR Contract Information: Inquiry</u> screen is shown below.				
	05-26-99	@14:27:53	570:ICF/MR Contract Information: Inquiry	VC110560A			
			Please Enter The Following:				
			Federal ID Number				
			Component Code				
			Contract Number				
	Submit_	Inquiry Reset					
	<u>Return to C</u> <u>Return to IC</u> <u>Return to C</u> <u>Quit</u>	'omponent Profile Inquiry CF/MR Menu ARE Main Menu					

Field	Description
FEDERAL ID NUMBER	Key the Federal ID Number.
	<u>Rule</u> : You <i>must</i> 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. <u>Rule</u> : You <i>must</i> 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.

<u>Result</u>: The <u>570</u>: 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	n VC110560B
COMPONENT: 8LH A&M CARE VENDOR/CONTRACT NO: 0007 CONTRACT NAME: QUINCY HO CONTRACT BEGIN DATE : 0	INC 752401 DUSE SERV 04-08-1993 CONTRACT END DATE	ICE GROUP: 6 :
MAX NUMBER OF CLIENTS: 6 COMPTROLLER VENDOR NO: 2 FEDERAL ID NUMBER : 7 PROGRAM CONTACT : ADMIN PHYSICAL ADDRESS: 2004 ( ARLING	6 STATUS: ACTIVE 17524198599001 MARSG VENDOR NO: 752419859 NISTRATOR P QUINCY CT F. GTON TX 76013	7524198590 HONE: (817) 548-0911 AX :
MAILING ADDRESS : 1915 M ARLING	WEYMOUTH CT GTON TX 76013	
TARRANT	CONTRACT SERVICE AREA(S)	
Return_To_Request		
<u>Return to Component Profile Inquiry</u> <u>Return to ICF/MR Menu</u> <u>Return to CARE Main Menu</u> <u>Quit</u>		

#### Display Data

The <u>570: ICF/MR Contract Information</u> 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 <u>571: ICF/MR Provider/Contract List</u> 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

A sample request screen is shown below.

05-26-99 @16:40:45	6-99 @16:40:45 571:ICF/MR Provider/Contract List		VC110540A
	Please Ente	er 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)	
Submit_Inquiry Reset			
Return to Component Profile Inquiry			
Return to ICF/MR Menu Return to CARE Main Menu			
Quit			

Field	Description
REPORT OPTION	Key <b>1</b> (By Component Code) or <b>2</b> (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.

#### 571: Provider/Contract List, Continued

 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
```

<u>Note</u>: In the sample above, the listing is displayed in component name order as selected on the request screen.

Display DataThe 571: ICF/MR Provider/Contract In Component Name Order<br/>screen displays a list of providers and the contract names and numbers<br/>for each.Information displayed includes:Total Number of Providers and<br/>Contracts, Component Name, Component Code, Contract Number,<br/>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.

5-27-99 @14:12:17	771:DSM/ICD C	ode and	l Text Search	VC118530.
I	lease enter at least one	of the f	ollowing:	
Diagnosis Code				
Diagnosis Descript	ion 🗌			
Search for string anyw	here in description (y/n)	N	(dsm only)	
	Sort Order	1	(1=Code, 2=Descript	ion)
	Group dsm codes by		(1=1 digit grps, 2=2	digit grps
	Axis (Dsm 3,3R,4,T)		1=axis1,2=axis2,Blar	ık for Both)
Submit_Inquiry Reset eturn to ICF/MR Menu eturn to General Client Inquiry Menu eturn to CARE Main Menu uuit		I	Diagnosis version	

Field	Description
DIAGNOSIS CODE	Key the specific diagnosis code.
	<u>Rule</u> : You <i>must</i> key the Diagnosis Code <b>or</b> the Diagnosis Description.
DIAGNOSIS DESCRIPTION	Key the diagnosis description.
	<u>Rule</u> : You <i>must</i> key the Diagnosis Description <b>or</b> the Diagnosis Code.
SEARCH FOR STRING ANYWHERE IN DESCRIPTION (Y/N)	Key $\mathbf{Y}$ (Yes) or $\mathbf{N}$ (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.

#### 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 <b>I</b> .
	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 3K 2-DSM 2
	T=DCO 3
	<u>Note 1</u> : This field defaults to 9.
	<u>Note 2</u> : You can use the drop-down list to complete this $\frac{1}{6}$
	neia.

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.

<u>Result</u>: The <u>771</u>: DSM: DSM 4 Search Results Display</u> screen is displayed.

### 771: DSM/ICD Code and Text Search, Continued

Display Screen A sample screen is shown below.

05-27-99 @16::	34:03 771: DSM: DSM 4 Searc	h Results Display	VC118530E
VERS DSM COI	E DESCRIPTION	AXIS TOTA	L: 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 II	LNESS 1	
4- 30021	PANIC DISORDER, WITH AGORAPHOBIA	1	
4- 30022	AGORAPHOBIA WITHOUT HISTORY OF PANI	C 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/HYPOCHONDE	IASIS 1	
4- 30081	SOMATIZATION DISORDER	1	
4- 30082	SOMATOFORM DISORDER NOS OR UNDIFFEF	ENTIAT 1	
4- 3009	UNSPECIFIED MENTAL DISORDER (NONPSY	CHOTIC 1	
Dotum To Do	rucat		
	quest		
Keturn to ICF/IVIR	Menu		
Ceturn to General (	Slient Inquiry Menu		
<u>(eturn to CARE M</u>	am Menu		
Juit			

<u>Note</u>: 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 <u>1161: Daily Census Report</u> 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.

03-23-99	1161:Daily Census Report	VC11909
	Component Report Date (mmddyyyy) Contract number	
Submit_Inquiry Reset 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
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.
	<u>Note</u> : 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.
	<u>Note</u> : If you leave this field blank, all contract numbers that apply to the component will be displayed.

#### 1161: Daily Census Report, Continued

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.

5-77 HIGH Pally Census Report								VCIID		
				Compon Report D	ent 8LH A&M CA ate 03/23/1999	ARE INC	;			
				Contract : 000752	2401 QUINCY HO	DUSE				
LAST NAME	SUF	FIRST NAME	м	MEDICAID #	LOC CASE #	MO TYPE	VEMENT DATE	ETH	SEX	BIRTH DATE
				F	lesident					
GLORY		MORNING			50	ADM	01-01-1999	W	F	10-08-1975
HILL		ROCKY	J		29	ADM	03-01-1999	W	М	08-01-1960
LANTANA		LOIS			70	ADM	02-01-1999	W	F	11-12-1975
ROSE		RUBY			60	ADM	01-15-1999	В	F	07-15-1960
					Absent					
						Т	otal For Contra	t 0007:	52401	4
Return_To_Reque un to ICF/MR Me un to CARE Main	nu Menu									

Display Data The <u>1161: Daily Census Report</u> 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

Introductic	on	The <u>1163: Clients With Service Authorizations/Client Assessments</u> <u>Changed During Period</u> 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.					
		<u>Note</u> : If you do not specify a report begin and end date, the system will report on the month preceding the current date.					
Request Sc	creen	A sample request screen is shown below.	_				
	05-28-99 @10:23:43	1163: Clients With Service Authorizations / Client Assessments Changed During Period	95				
- Fr S	Submit_Inquin Return to ICF/M Return to CARE Quit	Component Report Begin Date (mmddyyyy) Report End Date (mmddyyyy) Contract number					

#### 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. <u>Rule</u> : Contract Number is required.

#### **1163: Clients With Service Authorizations/Client Assessments Changed During Period**, Continued

ıbmit Inquiry	Before yo data you	ou click <b>Submit</b> have entered.	Inquiry	, you car	n click <b>Re</b> s	set to clea	ar the
	When you inquiry.	ur data is correc	t, click S	ubmit Iı	nquiry to	submit yo	our
	Result: T	The 1163: Client	s With S	ervice A	uthorizati	ons/Clien	t
	Assessme	ents Changed Du	uring Per	iod scree	en is displa	ayed.	-
port Screen	A sample	report screen is	s shown b	pelow.			
05-28-99 @10:57:29	1163: 0	Clients With Service	e Authoriza During	tions / Clie Period	ent Assessme	nts Change	ed VC11909
		Con Report Begin Report End	nponent 8CD n <b>Date</b> 04/28 <b>d Date</b> 05/28	HOME MG1 //1999 //1999	MT INC		
CLIENT ID		NAME	MED	ICAID IBER	BIRTH DATE	SEX	ETH
4511750	MOUNTAIN, ROCK Y		778	110887	11-13-1961	F	W
		Serv	vice Authoriz	ations			
COMP/CASE	CONTRACT		NO BILL	L FND SRC	BEGIN	END	PROC
	NUMBER	NAME			DATE	DATE	DATE
8CD655000005	5 000366801	LIVING TREE	B		09-01-1995		04-06-1999
			RC Assessi	nents			
COMP/CASE		NAME	LOC	LON	BEGIN DATE	END DATE	PROC DATE
80065500000	5 000366801	I RUING TREE	6		09-01-1995	12-31-1996	02-25-1999
8CD65500000	5 000366801	LIVING TREE	6	5	01-01-1997	05-18-1999	02-25-1999
8CD65500000	5 000366801	LIVING TREE	6	5	05-19-1999	05-17-2000	05-07-1999
			Elioihility				
	MEDIO	CAID BASE PLAN			BEGIN	END	
RECIPNO	CODE	DESCRIPTION	CVG	TYPE	DATE	DATE	SPDNCD
778110887	778110887 15 ICF-MR GROUP HOME		D	14	11-01-94		
Return_To_Req	uest						
Return to ICF/MIK M Return to CARE Ma Quit	<u>n Menu</u>						

#### **Display** Data

The <u>1163: Clients With Service Authorizations/Client Assessments</u> <u>Changed During Period</u> 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.
		10 0110 1111 0 010 111

05-28-99 @14:51:02	1164: Service Authorizations/	Client Assessments	VC119080
	Client ID		
	Component Local Case Number		
Begin Date (1	nmddyyyy)	End Date (mmddyyyy)	
<u>Return to CARE Main Menu</u> <u>Quit</u>			

Field	Description
CLIENT ID	Key the consumer's statewide identification number.
	<u>Rule</u> : You <i>must</i> 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.
	<u>Rule</u> : You <i>must</i> 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.

#### 1164: Service Authorizations/Client Assessments, Continued

 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.

ast Name		ROSE				Client ID	2643693
uffix						Component	8LH
rst Name		RUBY			Local	Case Number	
liddle Name							
CLIENT ID	N	AME	MEDICAL	D NUMBER	<b>BIRTH DATE</b>	SEX	ETH
2643693	Ros	se, Ruby			07-15-1960	F	B
			Service Autl	horizations			
COMBICASE	COP	ITRACT	NOPUL	END SPC	BEGIN DATE	END DATE	PROCDATE
COMPCASE	NUMBER	NAME	NOBILL	FND SKC	BEGIN DATE	END DATE	FROC DATE
			MR/RC As	sessments			
COMP/CASE	CON	ITRACT	LOC	LON	BEGIN DATE	END DATE	PROC DATE
	NUMBER	NAME					
8LH000000060	000752401	Quincy House	5	6	01-15-1999	07-13-1999	03-23-1999
			Eligib	ility	1		
RECIP NO	MEDICAI	D BASE PLAN	CVG	TYPE	BEGIN DATE	END DATE	SPDNCD
	CODE	DESCRIPTION					
Beturn To Beque	et						
r totam_r o_r toque							
RECIP_NO Return_To_Reque	CODE	DESCRIPTION	CVG	TYPE	BEGIN DATE	END DATE	SPDNCD

#### **Display Data**

The <u>1164: Service Authorizations/Client Assessments</u> 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 <u>1165: MR/RC Level of Care Expiration: Inquiry</u> 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.

03-23-99	1165:MR/RC Level of Care Expiration: Inquiry	VC110510A
	Enter the following:	
	Component Code :	
	End Date : (mmddyyyy)	
		_
	Enter if desired:	
	Contract Number :	
Submit_Inquiry Return to ICF/MR M Return to CARE Mai Quit	Reset enu n Menu	

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.
	<u>Note</u> : 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.

#### 1165: MR/RC Level of Care Expiration: Inquiry, Continued

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

A sample screen is shown below.

#### Screen

3-23-99	1165: MR/RC Le	VC1105101			
THROUGH 04-01-2001					
COMPONENT: 8LH AGM CARE INC					
CLIENT NAME LOCAL CASE NUMBER	NUMBER NUME	ER LOC/LON	BEGIN DT	END DT	
GLORY, MORNING 0000000050	000752401	5/6	01-01-1999	06-29-1999	
HILL, ROCKY J 0000000029	000752401		NO ASSESS	MENT 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					
etum to ICF/MR Menu etum to CARE Main Menu					
<u>411</u>					

#### **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 <u>1168: ICF/MR MR/RC Assessment Summary: Inquiry</u> screen allows you to view a summary of all MR/RC Assessments for a consumer.

Request Screen A sample request screen is shown below.

03-23-99	1168:ICF/MR MR/RC Assessment Summary: Inquiry	VC110501A
	Component Code	
	Enter One Of The Following:	
	Client ID	
	Local Case Number	
	Medicaid Number	
Submit_Inquiry Reset		
Return to ICF/MR Menu Return to CARE Main Menu Quit		

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

#### 1168: ICF/MR MR/RC Assessment Summary: Inquiry, Continued

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.

<u>Result</u>: The <u>1168</u>: ICF/MR MR/RC Assessment Summary: Inquiry screen is displayed.

Inquiry Screen A sample inquiry screen is shown below.

03-23-99	99 1168:ICF/MR MR/RC Assessment Summary: Inquiry				
NAME LOCAL CASE MEDICAID NUMBER	: NUMBER: LEVEL OF CARE 5	ROSE, RUBY 0000000060 LEV CARE BEGIN DT 01-15-99	LEV CARE PREVIOUS END DT END DT 07-13-99	CLIENT ID: 264369 COMPONENT: 8LH PURPOSE LON CODE SOURCE 2 6 TDMHMR	3
Return_To_Re Return to ICF/MR Return to CARE M Quit	equest <u>Menu</u> Iain Menu				

Display Data

The <u>1168: ICF/MR MR/RC Assessment Summary: Inquiry</u> 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 <u>1182: ICF/MR MR/RC Assessment Pending: Inquiry</u> screen allows you to view a list of consumers whose MR/RC Assessments are pending approval through TDMHMR Central Office Utilization Review.

03-23-99	1182:ICF/MR MR/RC Assessment Pending: Inquiry	VC110520A
	Component Code	
	Enter If Desired:	
	Contract Number	
	Status (P: Not Sent To TDMHMR	
	U: Sent To TDMHMR	
	X: Return To Provider For Correct	ion
	Blank: For All Status)	
Submit_Inquiry Reset		
Return to ICF/ <u>MR Menu</u> Return to CARE Main Menu Quit		

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

#### 1182: ICF/MR MR/RC Assessment Pending: Inquiry, Continued

 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 <u>1182: ICF/MR MR/RC Assessment Pending: Inquiry</u> screen is displayed.

Inquiry Screen A sample inquiry screen is shown below.

03-23-99	1182:ICI	F/MR MR/RC	Assessmen	t Pending:	Inquiry			VC110520
COMPONENT: 8LH A&M CARE	INC							
CLIENT NAME		CONTRACT NUMBER	MEDICAID NUMBER	PURPOSE CODE	REQ CARE BEGIN DT	REQ END	CARE DT	
LOCAL CASE NUMBER / PANSY, JOSEPH 0000000080 STATUS:	STATUS SENT TO	000752401 TDMHMR		2	02-15-99			
Return_To_Request								
Return to ICF/ <u>MR Menu</u> Return to CARE Main Menu								
Quit								

Display Data

The <u>1182: ICF/MR MR/RC Assessment Pending</u> 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 <u>1183: ICF MR/RC Assessment Inquiry</u> 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.

03-23-99	1183: ICF MR/RC Assessment Inquiry	VC11053
	*** Converted TDHS Records Will Not Display, See Action 1168 ***	
	Component Code	
	Enter One of The Following:	
	Client ID	
	Local Case Number	
	Medicaid Number	
	For Specific Assessment Enter:	
	Begin Date (mmddyyyy)	
Submit_Inquiry Reset		
Return to ICF/MR Menu		
Return to CARE Main Menu		
Quit		

<u>Note</u>: The request screen indicates that converted TDHS records will *not* display using 1183 and directs you to use Action 1168 for those records.

\_\_\_\_\_

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number.
	<u>Rule</u> : You <i>must</i> enter the Client ID, Local Case Number, <i>or</i> Medicaid Number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
	<u>Rule</u> : You <i>must</i> enter the Client ID, Local Case Number, <i>or</i> Medicaid Number.
MEDICAID NUMBER	Key the consumer's Medicaid number.
	<u>Rule</u> : You must enter the Client ID, Local Case Number, <i>or</i> 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: 10	CF MR/RC Assessment	Inquiry		VC110530
1. Facility Provider	QUINCY HOUS	E 2. 0	Contract No	000752	401
3. Mailing Address	1915 W	EYMOUTH CT, ARLINGTO	ON TX, 76013		
4. Name (Last/First/Middle)	ROSE, I	RUBY			
5. Applicant's Address					
(Street or P.O.Box, City, Stat	e, Zip)				
5. Component Code	8LH		7. C	ase No	60
3. Medicaid No			9. M	ledicare No	
0. Date of Birth	07-15-1960		11. 3	SSN	υ
2. Date Completed	01-15-1999		13.1	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
		Diagnosis			
l9. Primary Diagnosis	MILD MENTAL	RETARDATION		20. Code 317	21. Version Code
22. Onset	07-1960				
23. Current Medical Diag.				24. Code	25. Version Code
26. Psychiatric Diagnosis				27. Code	28. Version Code
Cognitive	Functioning	29. IQ 52		30. ABL 1	
		ICAP Data			
31. Broad Independence	1 3	2. General Maladaptive		1 33. Service	Level 1
		Behavior Status			
34. Behavior Program	N 35. Self-injurio	us Behavior	0 30	5. Serious Disruptive Bel	navior (
37. Aggressive Behavior	0 38. Sexually Aş	ggressive Behavior	0		
		Nursing			
1	39. Service Provider			40. Frequency	yCode 0
		Day Services			
Non-Vocational Setting:					
41. Service 0		42. Frequency Code	0	4	3. Funding Code 0
Vocational Setting:					
14. Service 0		45. Frequency Code	0	4	6. Funding Code 0
Functional Assessment	4	7. Ambulation 1			
Physician's Evaluation and	Recommendation				Y=Yes N=No
18.Does medical regimen of ir	idividual need to be under the :	supervision of an M.D./D.O.?			Y
49. Will the health status of the	individual prevent participation	n in the active treatement of th	e ICF/MR prog	ram?	N
50.To your knowledge does t	he individual have a condition o	of mental retardation and/or a 1	related conditio	n?	Y
51.Do you certify that this indi	vidual requires ICF/MR or IC	F/MR/RC care?			Y

continued on next page

## 1183: ICF/MR MR/RC Assessment: Inquiry, Continued

### Inquiry Screen, continued

52.Signature - M.D./D.O. I atte	st to Item 19 and Items 48 th	rough 51 only	
53. Full M.D./D.O. Name		JOHN DOE	
54. Date 01-15-199	9	55. License Number	780
Provider Certification:	On behalf of this fac	cility, I certify that to the best of my knowled	dge
all information on this form is tru	e and I also certify that the in	formation represents those items of	
the individual's treatment plan as	currently documented in the	record. I further certify that this	
facility can provide the prescribe	ed physical and medical care.		
56.Signature of RN/LVN/QMR	P/Case Manager		
57.Full name of RN/LVN/QMF	P/Case Manager	JANE DOE	
58. Date 01-15-	1999		
Requested Begin / End Date:	5		
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 AUTHO	DRIZED		
Return_to_Request			
Return to ICF/ <u>MR Menu</u> Return to CARE Main Menu			

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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

## ICF/MR Automated System Terminology, Continued

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

## ICF/MR Automated System Terminology, Continued

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	<ul> <li>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:</li> <li>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.</li> <li>SB: have a Severely challenging Behavior (with or without a mental illness diagnosis). The severity of the behavior is such that it interferes significantly with daily living or learning activities.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>TS: need either Training or Support to enable or maintain their community arrangements for living, working, training, etc.</li> <li>EC: are</li></ul>
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
	<ul> <li>ICF/MR Automated System Provider Access Request – IS 098</li> </ul>
	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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Client Assignment and Registration System Texas Department of Mental Health and Mental Retardation

CARE-REG1	Client l	Registration	(Action Code 325)	Rev. 5/1/96
Action	Add:		Update:	
Last Name/ Suffix			Client ID	
First Name		Local	Case Number	
Middle Name			Component	
Sex (M=M	fale, F=Female)	Ethnicity	(W=White, B=Black, H=Hispar A=Asian, I=American Indian, O=Other/Unknown)	iic,
Birthdate	DD YYYY	Social Security (N=None, U=U	Number	
Medicaid Number		Medicare Num	ber	
Presenting Problem	n (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 Add	ress	Zip Stat
City .		County of Residence	ee	Code
		Servi	ce Participant Group (MR Only)	Legal Guardians
			Marital Status Estimated A Family Size	Annual Gross Family Inco
			Primary Correspondent Seco	ndary Corresponden
Name		Name		
Street		Street		
City		City		
Relationship	Zip Code Phone ()	Relationsh	ip Phone ()	Zip Code
		Comple <u>ted</u>	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 <i>is not</i> registered in CARE.
ACTION UPDATE	You must check this box if the person <i>is</i> 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 <i>or</i> 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

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.
Сіту	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
# Client Registration Form, Continued

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.
Сітү	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.
Сітү	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.
Дате	Date the form is completed.

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TDMHMR-MR/RC August 1998	MR/RC Assessm	nent		Page 1 of 2
1. Facility/Provider Name		2. Contr	act 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/Mec	licare No		
10. Date of Birth $$	11. SSN _			
12. Date Completed	13. Purpos	e Code 🛛 💻		
14. Date of Physical Examination	- 15. Legal Status	16. Prev. Res	<b>17.</b> Rec. LOC .	18. Rec. LON
_	Diagnosis	_		-
19. Primary Diagnosis		20. Code		21. Version Code
22. Onset				
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 Servio	ce Level
	Behavioral Status			
34. Behavior Program	35. Self-injurious Behavior		36. Serious Dist	ruptive Behavior
37. Aggressive Behavior	38. Sexually Aggressive Behavi	or		
Nursing       39. Service Provider     40. Frequency Code				
	Dav Services			
Non-Vocational Setting:				
41. Service	42. Frequency Code		43. Funding Coo	le
Vocational Setting: 44. Service	45. Frequency Code		46. Funding Coo	le
Functional Assessment 47	Ambulation			

TDMHMR-MR/RC August 1998 MR/RC A	ssessment	Page 2 of 2
Physician's Evaluation and Recommendation         48. Does medical regimen of individual need to be under the supervision         49. Will the health status of the individual prevent participation in the act         50. To your knowledge does the individual have a condition of mental regime         51. Do you certify that this individual requires ICF/MR or ICF/MR-RC c         52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 on         53. Full M.D./D.O. Name (Please Print)         54. Date	Y = Yes, N = No of an M.D./D.O.? ive treatment of the ICF/MR program? tardation and/or a related condition? are? ly	
Provider Certification: On behalf of this facility, I certify that to t also certify that the information represents those items of the individual's I further certify that this facility can provide the prescri 56. Signature of RN/LVN/QMRP/Case Manager/MRLA Service Coordin 57. Full Name of RN/LVN/QMRP/Case Manager/MRLA Service Coordin (Please Print) 58. Date	he best of my knowledge all information on this form is treatment plan as currently documented in the record. bed physical and medical care. natornator	s true and I
Requested Begin/End Dates         59. Begin Date ${MM}$ ${YYYY}$ ${YYYY}$	60. End Date $$	_
For Departmental Use Only         61. LOC	64. Expiration Date	   
Provider Comments		
Reviewer Comments		

# **MR-RC** Assessment Instructions

Terms	The following terms are used in these instructions:
	• <b>ICF/MR</b> - Intermediate Care Facilities for Persons with Mental Retardation
	• <b>ICF/MR-RC</b> - 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:
	<ul> <li>make an assignment of a Level of Care for the ICF/MR and TDMHMR Waiver Programs</li> </ul>
	<ul> <li>make an assignment of a Level of Need for the ICF/MR and TDMHMR Waiver Programs</li> </ul>
	• 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:
	<ul> <li>obtain a level of care for entry into an ICF/MR facility and TDMHMR waiver programs</li> </ul>
	comply with continued-stay review
	• request a change in a level of need
	<ul> <li>request a reconsideration of level of care for a gap in assessment (Purpose Code E)</li> </ul>

Transmittal	Follow these transmittal procedures as appropriate:	
	• For <i>all</i> 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	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	
Regarding the MR/RC Assessment	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 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 person 6 = Adult w/limited guardianship 7 = Adult w/temporary guardian 8 = Adult, no guardian

### 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)
	3 = Another ICE/MR community-hased 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 = Derival of LOC
	0 = Demai 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 - LOIN 9 (Pervasive +)
_	<u>Note</u> : See page 11 for information on calculating Level of Need.
	Demon's summer minute discussions determined has a devision. A minute
19. FRIMARY DIAGNOSIS	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	Any other current medical diagnoses that the person may have as determined
DIAGNOSIS	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 if the person has any current mental disorder(s) in the Diagnosis
DIAGNOSIS	and Statistical Manual of Mental Disorders (DSM).
27. CODE	Code from the DSM for the person's psychiatric diagnosis.

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.
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
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 35. SELF-INJURIOUS BEHAVIOR	<ul> <li>Y (Yes) or N (No) to indicate whether or not a behavior program is in place for the person.</li> <li><u>Note</u>: If a value of N is entered, Items 35-38 must have a value of O.</li> <li>(Behavior examples include self-inflicted tissue damage, including that related to property destruction, pica, and excessive food consumption for individuals with Prader-Willi syndrome.)</li> <li>Code to indicate Level of Caregiver Preventive Intervention:</li> <li>0 = Not applicable or not on behavior program</li> <li>1 = Requires additional staff supervision to prevent dangerous behavior</li> <li>2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior</li> <li>Note: If a value of 1 or 2 is entered, then a Behavior Program must be in place for the consumer.</li> </ul>
36. SERIOUS DISRUPTIVE BEHAVIOR	<ul> <li>(Behavior examples include threatening strangers, running into traffic, and public disrobing.)</li> <li>Code to indicate Level of Caregiver Preventive Intervention:</li> <li>0 = Not applicable or not on behavior program</li> <li>1 = Requires additional staff supervision to prevent dangerous behavior</li> <li>2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior</li> <li>Note: If a value of 1 or 2 is entered, then a Behavior Program must be in place for the consumer.</li> </ul>

## Form Fields, continued

Field Name	Contents
37. Aggressive Behavior	<ul> <li>(Behavior examples include physical attacks against others.)</li> <li>Code to indicate Level of Caregiver Preventive Intervention:</li> <li>0 = Not applicable or not on behavior program</li> <li>1 = Requires additional staff supervision to prevent dangerous behavior</li> <li>2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior</li> </ul>
	<u>Note</u> : If a value of $1$ or $2$ is entered, then a Behavior Program must be in place for the consumer.
38. SEXUALLY AGGRESSIVE BEHAVIOR	<ul> <li>(Behavior examples include sexual assault, pedophilia, and public masturbation.)</li> <li>Code to indicate Level of Caregiver Preventive Intervention:</li> <li>0 = Not applicable or not on behavior program</li> <li>1 = Requires additional staff supervision to prevent dangerous behavior</li> <li>2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior</li> </ul>
	<u>Note</u> : 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	
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

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	
44. Service	<ul> <li>Code to indicate the day service in a vocational setting in which the person participates.</li> <li>0 = Person does not participate in Day Services</li> <li>1 = Vocational Training (workshop, work crews, enclaves, employment assessments, job development)</li> <li>2 = Supported Employment</li> <li>3 = Both Vocational Training and Supported Employment (both 1 and 2)</li> </ul>
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	<ul> <li>Code to indicate the person's ambulation.</li> <li>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</li> <li>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</li> <li>3 = Walking requires constant supervision and/or physical hands-on assistance (with or without mechanical devices but not a wheelchair)</li> <li>4 = Wheelchair is the most appropriate method of ambulation</li> </ul>

Form Fields, continued

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.         49. WILL THE HEALTH STATUS       Note: Y must be indicated for the person to be eligible for ICF/MR program or waiver services.         49. WILL THE HEALTH STATUS       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.         AFE. THE INDIVIDUAL       PREVENT PARTICIPATION IN THE RATUS         OF THE INDIVIDUAL MAYE A       Note: N must be indicated for the person to be eligible for ICF/MR program.         Stort THE INDIVIDUAL HAVE A       Note: N must be indicated for the person to be eligible for ICF/MR program or waiver services.         50. TO YOUR KNOWLEDGE DOES       Y (Yes) or N (No) to indicate whether or not the person has a condition of mental retardation and/or a related condition.         Stort NO VOU CERTIFY THAT THIS INDIVIDUAL HAVE A       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       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 ITEM 59 AN	Field Name	Contents
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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 REQURES 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?         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 SG SIGNATURE OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service COORDINATOR         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.		of mental retardation and/or a related condition.
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INDIVIDUAL REQUIRES       requires ICF/MR or ICF/MR-RC care.         ICF/MR or 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.       IATTEST TO ITEM 19 AND         ITEMS 48 THROUGH 51       Signature of the M.D./D.O.         ONLY.       Physician's printed full name.         53. FULL M.D./D.O. NAME       Physician's signature.         54. DATE       Date of the physician's signature.         55. LICENSE NUMBER       Physician's license number.         PROVIDER CERTIFICATION       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         COORDINATOR       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         S7. FULL NAME OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA	51. DO YOU CERTIFY THAT THIS	Y (Yes) or N (No) to indicate whether or not you certify that this person
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55. LICENSE NUMBER       Physician's license number.         PROVIDER CERTIFICATION       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         56. SIGNATURE OF RN/LVN/       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         QMRP/CASE MANAGER/       Coordinator responsible for the completion of this form.         MRLA SERVICE       COORDINATOR         57. FULL NAME OF RN/LVN/       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA         MRLA SERVICE       Service Coordinator who signed the form.         MRLA SERVICE       Coordinator who signed the form.	55 harris N	
PROVIDER CERTIFICATION       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         56. SIGNATURE OF RN/LVN/       Signature of the RN/LVN/QMRP/Case Manager/MRLA Service         QMRP/CASE MANAGER/       Coordinator responsible for the completion of this form.         MRLA SERVICE       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA         57. FULL NAME OF RN/LVN/       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA         MRLA SERVICE       Service Coordinator who signed the form.         MRLA SERVICE       Coordinator who signed the form.	55. LICENSE NUMBER	Physician's license number.
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MRLA SERVICE COORDINATOR       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA         57. FULL NAME OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR       Printed full name of the RN/LVN/QMRP/Case Manager/MRLA	QMRP/Case manager/	Coordinator responsible for the completion of this form.
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MRLA SERVICE COORDINATOR	QMRP/Case Manager/	Service Coordinator who signed the form.
COORDINATOR		
59 DATE Data of the signature of the DN/LV/N/OMDD/Cose Manager/MDLA		Data of the signature of the DN/LVN/OMDD/Cose Manager/MDL A
So. DATE Date of the signature of the KIN/LVIN/QWIKP/Case Manager/MKLA Service Coordinator who signed the form	JO. DATE	Service Coordinator who signed the form

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 <i>only</i> 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 +)
	<u>Note</u> : 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.

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 <b>2</b> in at least one of the following behavior items: 35. Self-Injurious behavior 36. Serious Disruptive Behavior 37. Aggressive Behavior 38. Sexually Aggressive Behavior

## Calculating Level of Need (LON)

### 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.

<u>Note 1</u>: A level of need 6-pervasive will never be increased to a level of need 9-pervasive plus.

<u>Note 2</u>: 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.

<u>Note 3</u>: 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. This page was intentionally left blank.

TDMHMR-Client Moven November 1998	nent ICF/MR Clier	nt Movement	11/3/98
Last Name/ Suffix Suffix Sirst Name Middle Name		Client ID Component Component Component Social Security No.	
Action	Add: Change:	Delete:	
Movement Effective Date		Movement HH MM A/P	
Location Code (State Operated)	or	Contract No. (Non-State Operated)	
	Movement Code: [		
Admission/Discharge ADM Admission DRE Discharge	Non-State OperatedAEVAbsent-Extended VisitASAAbsent-Special Activity: TATHAbsent-Therapeutic VisitAXAbsent-OtherRETReturn from Absence	State OperatedAHIAbsent-Comm. Hosp. w.TherapeuticAHNAbsent-Comm. Hosp. w.AHVAbsent-Comm. Hosp. w.AHVAbsent-Home VisitANSAbsent-Home VisitANSAbsent-Special ActivityASAAbsent-Special ActivityATVAbsent-Home Visit: TheAUDAbsent-Unauthorized DeAXAbsent-OtherRETReturn from Absence	/Priv. Ins. /o Priv. Ins. : Therapeutic erapeutic eparture
Residential Type:	For Admissions or Return For Discharges, enter res	as, enter previous residential setting. idential setting to which person is going.	
1 H 2 N 3 N 4 N 5 H If admitted from or then enter date of a	Iospital Jursing Facility Jon-State Operated Facility Aedicare/SNF Iome discharged to a hospital or privated dmission to that facility.	<ul> <li>6 State Operated Facility</li> <li>7 Hospice</li> <li>8 Private Pay Facility</li> <li>9 Other/Unknown</li> <li>te pay facility,</li> <li>MM DD YYYY</li> </ul>	
Comments: Signature - Administr	rator	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 <i>or</i> 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. <i>Required for non-state operated providers</i> .

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
	New State One wated
	Non-State Operated
	AEV = Absent-Extended VISIt ASA = Absent Special Activity: Therepeutic
	ASA = Absent-Special Activity. The apeuticATH = 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
	AIV = Absent Hnow therized Departure
	AOD - Absent-Offautionized Departure AY = Absent Other
	RFT = Return from Absence
	For Admissions or Returns from Absence enter previous residential setting
	For Discharges, enter residential setting to which person is going
	1 – Hegpitel
	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	Date of admission to a facility (if admitted from or discharged to a hospital
DISCHARGED TO A HOSPITAL	or private pay facility.) MMDDYYYY format.
OR PRIVATE PAY FACILITY,	
FACILITY.	
Comments	Enter any comments about the movement.
	······································

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	MAINFRAME USER ID ICF / MR								
ICF / MR AUTOMATED SYSTEM PROVIDER	ss#								
ACCESS REQUEST IS 098	NAME								
COMPUTER SECURITY AGREEMENT & INSTRUCTIONS FOUND ON BACK OF FORM	COMPONENT CODE:								
	DATE:								
	JOB TITLE:								
MANAGER'S NAME:	PHONE ( ) - x -								
MANAGER'S PHONE:( ) - X	SHIFT WORK? 🗖 No 🗖 Yes Which?								
PERSONAL ID CODE (PIC):	Birth Month: Birth Day:								
COMPONENT NAME:									
DEPARTMENT:									
MAILING ADDRESS:	not component address								
PHONE NUMBER:									
NAME CHANGE:	DELETE ALL MAINFRAME ACCESS FROM USER								

AUTHORIZED FUNCTIONS			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:	For TDMHMR Central Office use ONLY
TDMHMR - Information Security	
PO BOX 12668	
Austin, TX 78711-2668	TDMHMR Authorizing Signature
	Data
DATE IN:	DATE OUT:

IS 098 ICF / MR Provider Access Request

11/1998

#### TDMHMR INFORMATION SERVICES - SECURITY (ISS)

IS 098 ICF / MR Access Request Instructions

## 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 N	ame of 1 <sup>st</sup> Designee		
Signature	e of 1 <sup>st</sup> Designee		
		Phone (	)
Printed N	ame of 2 <sup>nd</sup> Designee	、 、	,
Signature	e of 2 <sup>nd</sup> Designee	*****	******
I designat	te the above individual(s) to authorize access to the	EICF/MR automated system a	and the HHSCNet.
CEO/Exe	ecutive Director/Superintendent		Signature Date
Printed N	ame CEO/Executive Director/Superintendent		
Verified b	by Medicaid Administration:		
			Date of Verification

NON-DISCLOSURE AGREEMENT		Social Security Number									
<b>Texas Department of Mental Health and Mental Retardation</b>				-			-				
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.** 

You understand that you will have access to and <u>are not to divulge</u> 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:

- 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

1.

Print or Type Full Name

Date Signed

Component Number

Department / Section

IS910a NDA for Full / Part-Time State Employees

Rev. 10-98

NON-DISCLOSURE AGREEMENT	Social Security Number											
<b>Texas Department of Mental Health and Mental Retardation</b>				-			-					
COMPLETED FORM IS TO BE MAILED TO AND RETAINED BY TXMHMR INFORMATION SERVICES												

As an employee of a mental health and mental retardation  $\Box$  Community Center  $\Box$  Private Provider  $\Box$  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 <u>are not to divulge</u> confidential information which may include, but is not limited to, information relating to:

- Atient/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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- 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.
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Signature

1.

Print or Type Full Name

Date Signed

Component Number

Facility Name / Department-Section Name

IS910b NDA for Non-State Employees

Rev. 10-98