Intermediate Care Facility
for Persons with Mental Retardation - ICF/MR
Non-State Operated Provider User Guide

Contents *Page*

3   Screens/Field Tables, Continued

Case Maintenance

Additional Component Data

ICF/MR Inquiry

Appendices

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 Provider

A non-state operated provider is a private business that provides Operated ICF/MR services and is not affiliated with a state facility or SOCS.

Although Community MHMR Centers are also considered non-state operated providers, *this documentation has been prepared for those private businesses that provide ICF/MR services*.

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.

System Functions

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

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

Overview, Continued

Flowchart   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.

```
                          ┌─────────────────────┐
                          │      ICF/MR         │◄──────────────────────┐
                          │  Non-State Operated │                        │
                          │     Providers       │                        │
                          └─────────────────────┘                        │
                                                                          │
                          ┌─────────────────────┐                   Direct
                          │ Web Data Entry      │                   Deposits
                          │ through HHSCN       │
                          │ Enter Client        │
                          │ Registrations,      │
                          │ MR/RC Assessments,  │
                          │ and Client          │
                          │ Movements into CARE │
                          └─────────────────────┘
  ┌─────────────────────┐
  │ MHMR QMRPs (UR) -    │
  │ Authorizes MR/RC     │
  │ Assessments and makes│
  │ corrections when     │
  │ necessary            │
  └─────────────────────┘
                          ┌─────────────────────┐      ┌──────────────┐      ┌──────────────┐
                          │ MHMR CARE System    │      │ Providers    │      │ Comptroller  │
                          └─────────────────────┘      │ Submit       │      │  (USAS)      │
                                                        │ Claims       │      └──────────────┘
                                                        │ through      │
                                                        │ CMSconnect   │      Payment      Warrants
                                                        └──────────────┘      Requests
  ┌──────────────────┐   ┌─────────────────────┐      ┌──────────────┐      ┌──────────────┐
  │ MHMR Medicaid    │   │ TDHS SAS -          │      │ NHIC -       │      │ MHMR FMIS -  │
  │ Billing Staff    │   │ Receives ICF/MR     │      │ Receives DHS │      │ Receives     │
  │ Receives Required│   │ Service             │      │ and ICF/MR   │      │ Vendor       │
  │ Documents to make│   │ Authorizations, DME │      │ Service      │      │ Payment      │
  │ DME              │   │ Authorizations, and │      │ Authorization│      │ Authorizations│
  │ Authorizations   │   │ Client Data         │      │ Data         │      │              │
  └──────────────────┘   └─────────────────────┘      └──────────────┘      └──────────────┘
```

Authorization

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

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

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

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

Other Required Forms
Other forms required for authorization and access are:

- ICF/MR Automated System Access Authorization Designees
- Non-Disclosure Agreement
- Form 4743, Request for IRIS Access Code (HSSCNet access for non-state operated providers, excluding Community MHMR Centers)

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

PC System Configuration Information

Introduction	The Texas Department of Mental Health and Mental Retardation operates an automated registration and service authorization system for the ICF/MR program. This information is being used in the Claims Management System (CMS) in conjunction with CMSconnect (NHIC's claims submission/processing system). CMSconnect allows providers to electronically submit/process claims and access service authorization information. To have access to these systems, the provider must have a PC system.
Minimum Requirements for New PC System	If you are purchasing a new PC system, the following minimum configuration should be purchased: • Pentium 200 (or better) IBM Compatible PC • 2GB Hard Disk (or larger to meet the user's needs) • 32 Meg RAM • US Robotics Sportster: 56k modem • Windows '95
Minimum Requirements for Existing PC System	If you have an existing PC system, the following are the minimum requirements: • 486DX-33 or better • 500 Meg Hard Disk (or larger to meet the user's needs) • 16 Meg RAM • 14.4 Baud modem Note: If a 28.8 Baud modem is selected, *must* be v32, v33, or v34 compliant. • Windows 3.1, Windows for Work Groups 3.11, or Windows '95
Other Considerations	• Analog phone lines are required for dial-up access. • DOS or Macintosh operating systems will not be supported.
Required Software	Software required to access and use the Web applications is the latest version of one of the following Web browsers: • Microsoft Explorer • Netscape Navigator
Questions	If you have any questions or require additional information, contact Medicaid Administration at (512) 206-5577.

Hardware and Software Support

Using the Web
Applications

To be able to use the Web applications, the user must be a certified non-state operated provider of ICF/MR services.

Technical Support

To effectively use Web 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 Web 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.

Web Access

_____

Dial-up Access   Access to the TDMHMR network will be through the Health and Human Services Commission Network (HHSCNet).

_____

Software   TDMHMR will supply the HHSCNet user ID, password, Access Point telephone number, user's guide, installation diskette(s), and instructions to give the user remote access through the HHSCN dial-up system.

It is the customer's responsibility to have a licensed copy of Windows loaded on each machine **and** their modem fully functioning **before** beginning. The current version of either Microsoft Explorer or Netscape Navigator is also required.

_____

Operational Hours   The dial-up access 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.

_____

Access Approval   You **must** complete and sign Form 4743, Request for IRIS Access Code before a user ID and password are issued allowing you access to the dial-up system.

_____

Other Required Forms   Other forms required for authorization and access are:

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

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

_____

2 Procedures

_____

Introduction The *Procedures* section of the manual describes the general steps to complete the work processes you will use in ICF/MR. This section is not intended to provide detailed instructions for each procedure. For more detailed instructions, refer to the appropriate screen in the *Screens/Field Tables* section of this manual.

_____

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:

_____

ICF/MR Work Processes

_____

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

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

_____

CARE Registration   All consumers not in the CARE system must be registered.

                     As a non-state operated provider, use Action Code **326** on the Web to
                     register a consumer.

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

_____

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

                   If the consumer has a current MR/RC Assessment:
                   - Use Action Code **410** to add a Local Case Number if one has not
                     been assigned.
                   - Use Action Code **337** to enter a client movement (admission).

                   If the consumer has *no* MR/RC Assessment:
                   - Use Action Code **410** to add a Local Case Number if one has not
                     been assigned.
                   - Use Action Code **337** to enter a client movement (admission).
                   - Use Action Code **1123** to enter an MR/RC Assessment.

_____

Discharges   When a consumer is discharged from an ICF/MR facility, use Action
              Code **337** to enter the discharge by entering the End Date on the current
              client movement.

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

_____

Transfers	When a consumer transfers from one ICF/MR component to another or transfers from one contract to another within the same component, use Action Code **337** as follows:

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

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 **1168** to see when the consumer's next MR/RC Assessment is due.

Process Order for New ICF/MR Consumers	Two examples are provided to determine the process order for new ICF/MR consumers:

If the consumer is a new ICF/MR consumer and will be admitted in two weeks:
- Use Action Code **326** on the Web to register the consumer.
- Use Action Code **1123** to enter an MR/RC Assessment.
- Use Action Code **337** to enter a client movement (admission) when the consumer is actually admitted.
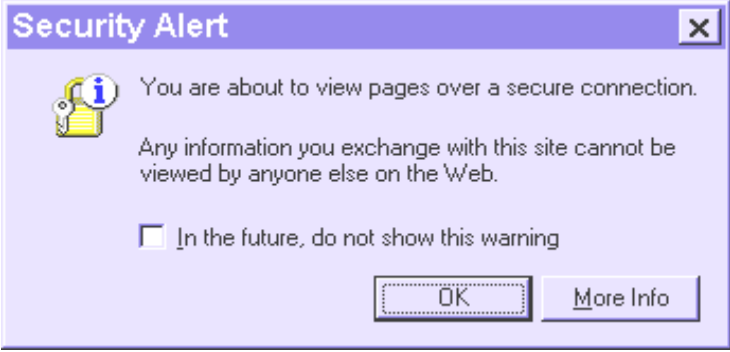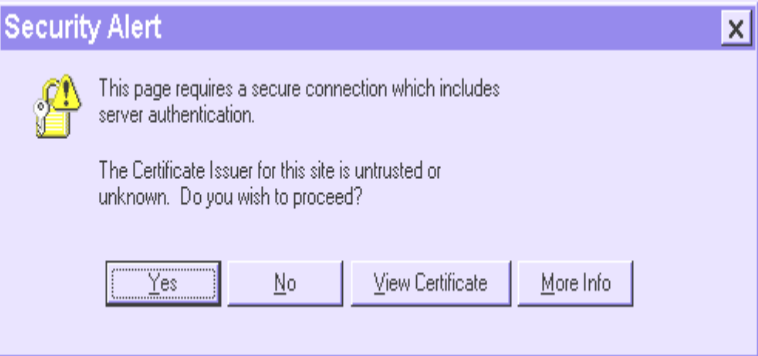
If the consumer is a new ICF/MR consumer and was admitted last week:
- Use Action Code **326** on the Web to register the consumer.
- Use Action Code **337** to enter a client movement (admission).
- Use Action Code **1123** to enter an MR/RC Assessment.

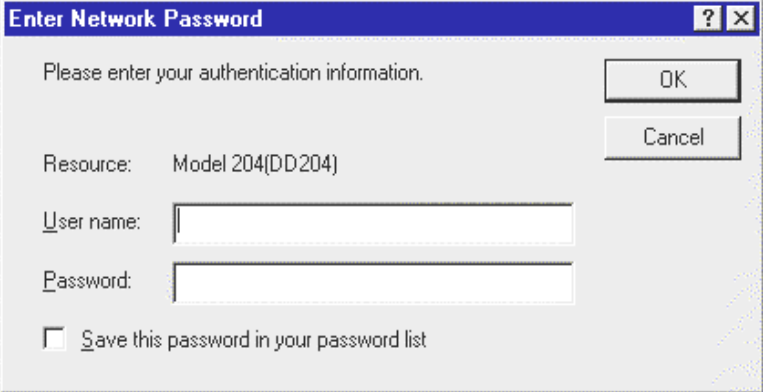
Accessing ICF/MR – Web Applications

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

Access Procedure, continued

Step	Action
5	A sample of the third <u>Security Alert</u> dialogue box is shown below. • Read the Security Alert. • Check DO NOT SHOW THIS WARNING so that this dialogue box will not be displayed again. • Click **Yes** to proceed. <u>Result</u>: The <u>Enter Network Password</u> dialogue box is displayed.
6	A sample <u>Enter Network Password</u> dialogue box is shown below. This screen is used to enter your authentication information and can also be used to change your password, if desired.

If…	then…
you are *not* changing your password	• Key your User Name in the USER NAME field. • Key your password in the PASSWORD field. • Click **OK**. <u>Result</u>: The <u>CARE Access Verification</u> screen is displayed.
you want to change your password	• Key your User Name in the USER NAME field. • Key your old password, a colon, and your new password in the PASSWORD field. <u>Example</u>: Key **old:new** • Click **OK**. <u>Result</u>: Your password has been changed, and the <u>CARE Access Verification</u> screen is displayed.

<u>Important</u>: **Do not check** 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.

	• Key your Social Security Number.
	• Click **Submit Signon**.
	<u>Note</u>: If you have changed your password, the <u>Enter Network Password</u> dialogue box is displayed again as in Step 6. You must:
	• Key your new password in the PASSWORD field and
	• Click **OK**.
	<u>Result</u>: The <u>M: CARE Main Menu</u> is displayed.

_____

Access Procedure, continued

Step	Action
8	A sample <u>M:CARE Main Menu</u> is shown below. 12-30-98 **M:CARE Main Menu** VC110100 <u>100</u> Client Name Search <u>200</u> General Client Inquiry <u>300</u> General Client Update <u>390</u> Case Maintenance <u>400</u> Registration/ Demographics Update <u>500</u> Component Profile Inquiry <u>1100</u> ICF/MR Menu <u>Q Quit</u> Click **1100** ICF/MR Menu. <u>Result</u>: The <u>1100: ICF/MR Menu</u> is displayed.
9	A sample <u>1100:ICF/MR Menu</u> is shown below. 05-28-99 @16:37:51 **1100:ICF/MR Menu** VC111100 **ICF/MR Data Entry** — **ICF/MR Inquiry** <u>336</u> State Operated Client Movements — <u>100</u> Client Name Search <u>337</u> Non-state Operated Client Movements — <u>192</u> DHS Medicaid Eligibility Search I <u>360</u> Death / Separation of Client — <u>193</u> DHS Medicaid Eligibility Search II <u>1123</u> MR/RC Assessment — <u>222</u> Display of All Movements For A Client **Registration/ Demographics Update** — <u>565</u> County List <u>326</u> Client Registration - Limited — <u>569</u> Provider Information <u>410</u> Add Case to ID / Demographics — <u>570</u> Contract Information <u>413</u> Medicaid/ Medicare Number — <u>571</u> Provider Contract List <u>420</u> Client Name — <u>771</u> DSM/ICD Code and Text Search <u>430</u> Client Address — <u>1161</u> Daily Census Report <u>431</u> Client Correspondent — <u>1163</u> Clients With Service Authorizations / Client Assessments Changed During Period **Case Maintenance** — <u>1164</u> Computed Service Authorizations / Client Assessments/ Medicaid Eligibility By Id <u>395</u> Local Case Number: Delete — <u>1165</u> MR/RC Assessment Expiration <u>396</u> Local Case Number: Change — <u>1168</u> MR/RC Assessment Summary — <u>1182</u> MR/RC Assessment Pending — <u>1183</u> Individual MR/RC Assessment <u>M CARE Main Menu</u> <u>Q Quit</u> **Download User Documentation**

Client Registration Using the Web

_____

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

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

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

Consumer   The <u>326: Client Registration – Limited</u> web screen is used to register
Registration   new consumers in CARE.

                      <u>Note</u>: This registration is limited due to client confidentiality
                      legislation.
                      _____

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

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

Client Registration Process

Registration Process

The following flow chart displays the client registration process for non-state operated providers.

```
┌─────────────────────┐              ╱╲                  ┌──────────────────────────┐
│ 326: Client         │             ╱    ╲               │ Call TDMHMR at 512-206-  │
│ Registration -      │────────────╱Partial╲──Yes───────▶│ 5577. Central Office will│
│ Limited             │            ╲Match? ╱             │ register the consumer,   │
└─────────────────────┘             ╲    ╱               │ assign the provider's    │
                                      ╲╱                 │ Local Case Number, and   │
                                       │                 │ inform the provider of   │
                                      No                 │ the Client ID.           │
                                       │                 └──────────────────────────┘
                                       ▼
                            ┌─────────────────────┐
                            │ Client is registered│
                            │ and a system message│
                            │ displays the Client │
                            │ ID.                 │
                            └─────────────────────┘
```
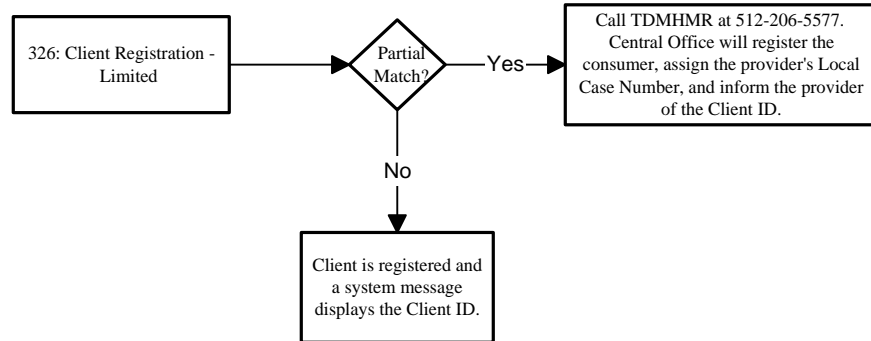
Possible Client Matches

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 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 currently registered), the 326: Client Registration – Limited screen is displayed with the system message, *"New ID is _____."*
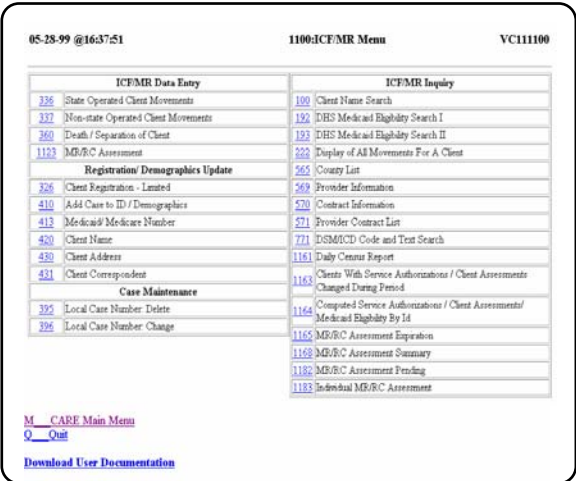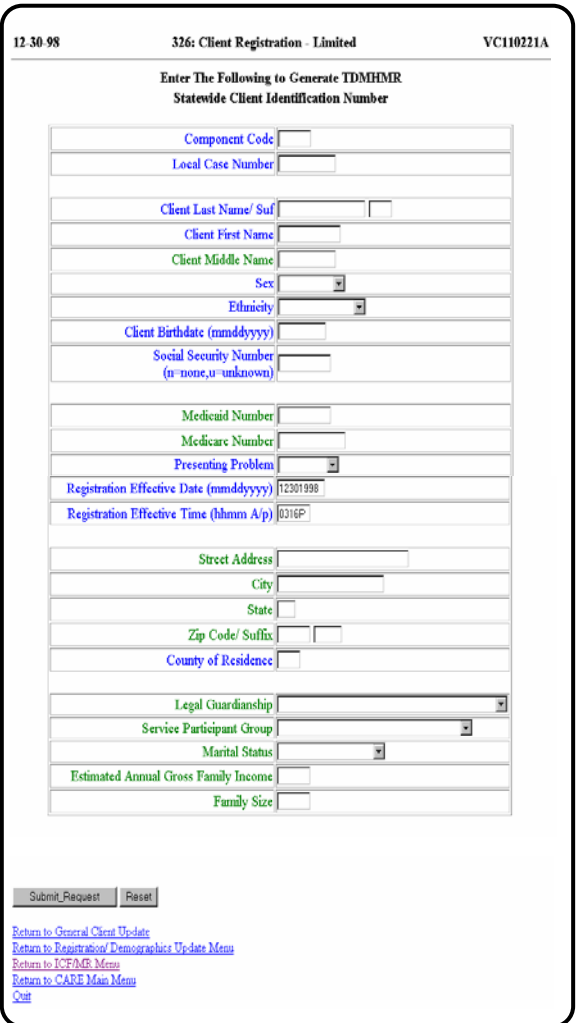
Possible Match

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

Client Registration Procedure

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

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

Client Registration Procedure, Continued

Procedure, continued

Step	Screen	Action
3	 11-23-98 326: Client Registration - Limited VC110221B Client Last Name/ Suf YEH Client First Name GEORGE Component Code 410 Client Middle Name Local Case Number 0000003470 Sex M Ethnicity W Client Birth Date 01011930 Social Security Number U Medicaid Number Medicare Number Presenting Problem 2 Registration Effective Date 11231998 Registration Time (hhmm A/P) 1059A Street Address 2350 TEST STREET City AUSTIN State TX Zip 78711 County of Residence 227 Legal Guardianship 3 - ADULT W/GUARDIAN OF ESTATE & PERSON Service Participant Group PD - SERVICE PARTICIPANT GROUP PD Marital Status 3 - DIVORCED Estimated Annual Gross Family Income 600 Family Size 4 Ready to Add (Y/N) ☐ Submit_Update Return to General Client Update Return to Registration/ Demographics Update Menu Return to ICF/MR Menu Return to CARE Main Menu Quit	On this sample screen: • Key **Y** (Yes) in the READY TO ADD (Y/N) field. • Click **Submit Update**. <u>Result</u>: The <u>326: Client Registration – Limited</u> screen is displayed with the messages *"New ID is _____."* and *"Previous Information Added."* The consumer has been registered in CARE.

Client Movements Using the Web

_____

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

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

_____
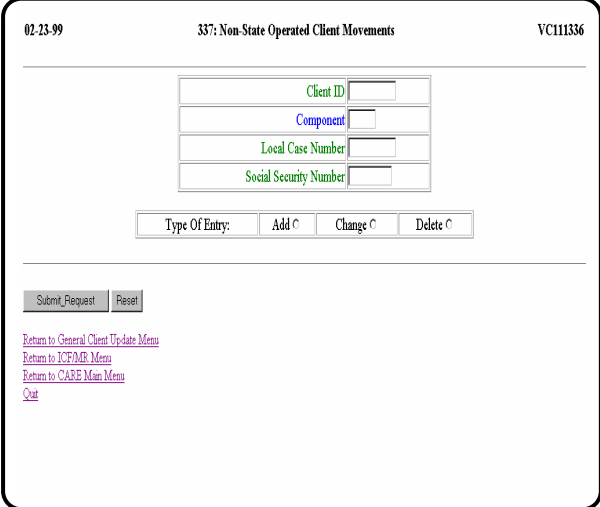
Client Movement   Non-state operated providers use the <u>337:Non-State Operated Client</u>
Entry   <u>Movement</u> screens to enter client movements.

_____

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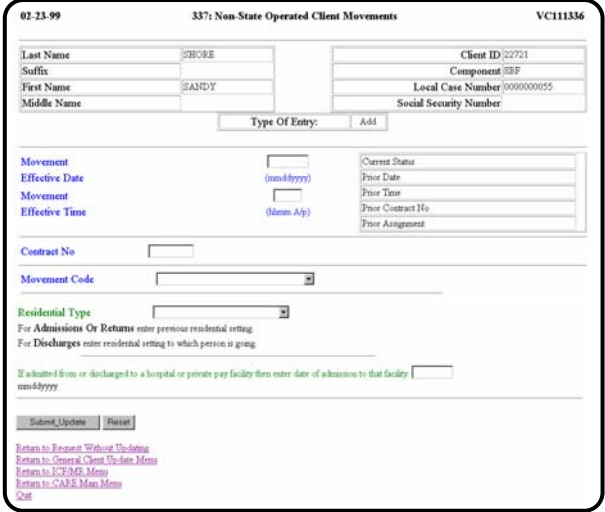
Procedure The following table describes the steps a non-state operated provider using the web follows to process client movements and begins at the 1100: ICF/MR Menu.

Step	Screen	Action
1		On the 1100: ICF/MR Menu: • Click **337 Non-State Operated Client Movements**. Result: The 337: Non-State Operated Client Movements request screen is displayed.
2		On the 337: Non-State Operated Client Movements request screen: • Key information in the CLIENT ID, LOCAL CASE NUMBER, *or* SOCIAL SECURITY NUMBER field. • Click the **Add** radio button in the TYPE OF ENTRY field. • Click **Submit Request**. Note: Your component code is displayed based on your logon account number. Result: The 337: Non-State Operated Client Movements (Screen 2) is displayed.

Client Movements Procedure, Continued

Procedure, continued

Step	Screen	Action
3		On the <u>337: Non-State Operated Client Movements</u> (Screen 2): • 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. • In the RESIDENTIAL TYPE field: - For admissions or returns from absence, key the previous residential setting. - For discharges, key the residential setting to which the person is going. - If an absence code (AEV, ASA, ATH, or AX) was entered for MOVEMENT CODE, leave RESIDENTIAL TYPE blank. <u>Note</u>: You can use the drop-down list to complete the MOVEMENT CODE and RESIDENTIAL TYPE fields. • If admitted from or discharged to a hospital or private pay facility, key the date of admission to that facility. • Click **Submit Update**. <u>Result</u>: The <u>337: Non-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.

MR/RC Assessments Using the Web

Introduction

MR/RC Assessments Using the Web describes the procedures involved in using web applications to interface with the CARE system to enter ICF/MR consumer assessments.

MR/RC Assessment Entry
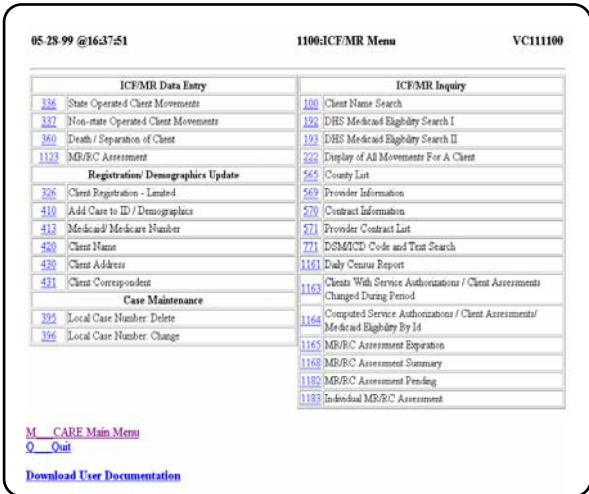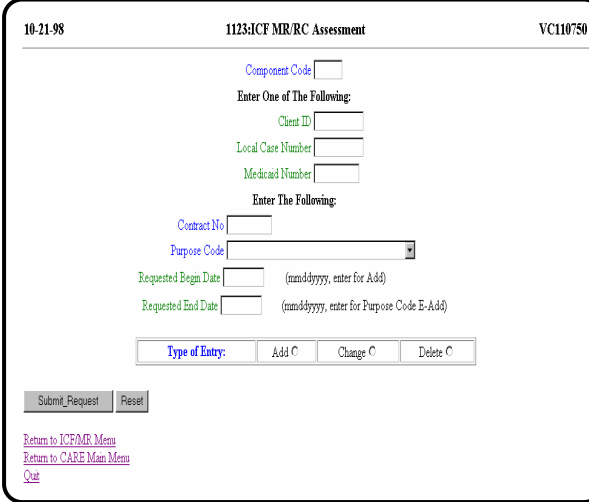
Non-state operated providers use the <u>1123: ICF MR/RC Assessment</u> screens to enter ICF/MR consumer assessments.

MR/RC Assessments Procedure

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

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

continued on next page

Procedures 2 -16   September 1999 R   ICF/MR

Procedure, continued

Step	Screen	Action
3	01-05-99 1123:ICF MR/RC Assessment Purpose Code 2: Add VC110751 1.Facility Provider 8BF CMS #1 2.Contract No 000077777 3.Mailing Address .. 4.Name (Last/First/Middle) DEMOGUY, WINSTON 5.Applicant's Address 2345 1ST ST, AUSTIN TX, 78705 (Street or P.O.Box, City, State, Zip) 6.Component Code 8BF 7.Case No 813617 8.Medicaid No 9.HIC/Medicare No 10.Date of Birth 02-02-1933 11.SSN U 12.Date Completed (mmddyyyy) [ ] 13.Purpose Code 2 14.Date of Physical Examination (mmddyyyy) [ ] 15.Legal Status [ ] 16.Prev. Res. [ ] 17.Rec.LOC [ ] 18.Rec.LON [ ] **Diagnosis** 19.Primary Diagnosis 20.Code [ ] 21.Version Code 9 22.Onset (mmyyyy) [ ] 23.Current Medical Diagnosis 24.Code [ ] 25.Version Code 9 26.Psychiatric Diagnosis 27.Code [ ] 28.Version Code 4 **Cognitive Functioning** 29.IQ [ ] 30.ABL [ ] **ICAP Data** 31.Broad Independence [ ] 32.General Maladaptive [ ] 33.ICAP Service Level [ ] **Behavior Status** 34.Behavior Program [ ] 35.Self-injurious Behavior [ ] 36.SeriousDisruptiveBehavior [ ] 37.Aggressive Behavior [ ] 38.Sexually Aggressive Behavior [ ] **Nursing** 39.Service Provider [ ] 40.Frequency Code [ ] **Day Services** Non-Vocational Setting 41.Service [ ] 42.Frequency Code [ ] 43.Funding Code [ ] Vocational Setting 44.Service [ ] 45.Frequency Code [ ] 46.Funding Code [ ] Functional Assessment 47.Ambulation [ ] Physician's Evaluation and Recommendation Y=Yes N=No 48.Does medical regimen of individual need to be under the supervision of an M.D./D.O.? [ ] 49.Will the health status of the individual prevent participation in the active treatement of the ICF/MR program? [ ] 50.To your knowledge does the individual have a condition of mental retardation and/or a related condition? [ ] 51.Do you certify that this individual requires ICF/MR or ICF/MR/RC care? [ ] 52.Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only. _____ 53. Full M.D./D.O. Name [ ] 54.Date (mmddyyyy) [ ] 55.License Number [ ] Provider Certification: On behalf of this facility, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents those items of the individual's treatment plan as currently documented in the record. I further certify that this facility can provide the prescribed physical and medical care. 56.Signature of RN/LVN/QMRP/Care Manager 57.Full name of RN/LVN/QMRP/Case Manager [ ] 58.Date (mmddyyyy) [ ] Requested Begin / End Dates 59.Begin Date (mmddyyyy) [09011998] 60.End Date (mmddyyyy) [ ] Provider Comments [ ] [ ] [ ] [ ] Ready to Send For Authorization? (Y/N) [ ] [Submit_Update] [Reset] Return to Request Without Updating Return to ICF/MR Menu Return to CARE Main Menu Quit	On the <u>1123: ICF MR/RC Assessment Purpose Code 2: Add</u> screen: • 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. • 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. • Click **Submit Update**. <u>Result</u>: The <u>1123: ICF MR/RC Assessment Purpose Code 2: Add</u> screen is displayed showing the data just entered and the message, *"The Following Information Has Been Processed."*

Critical Incident Data Using the Web

_____

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

_____

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

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

_____

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

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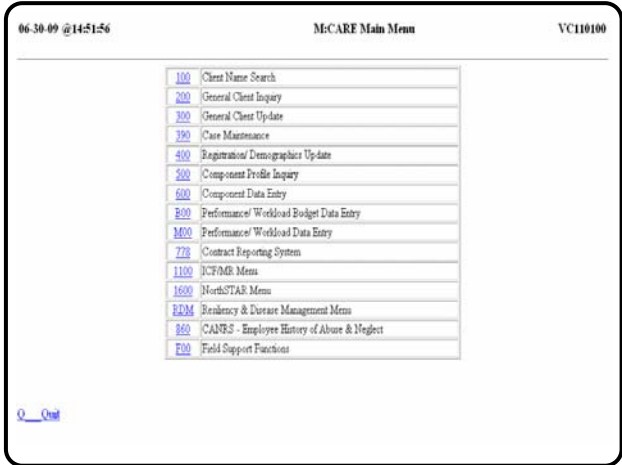
Reportable Data, continued

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

Critical Incident Data Procedure - Web
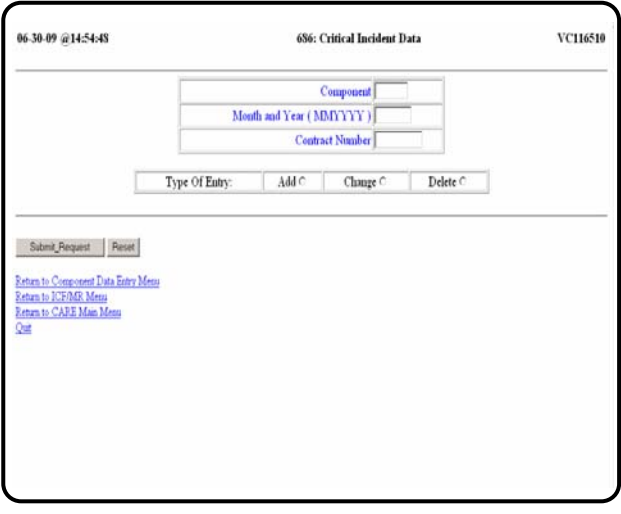
Procedure   The following table describes the steps a provider using the web follows to enter critical incident data and begins at the <u>M: CARE Main Menu</u>.

Step	Screen	Action
1	06-30-09 @14:51:56 M:CARE Main Menu VC110100 100 Client Name Search 200 General Client Inquiry 300 General Client Update 390 Care Maintenance 400 Registration/ Demographics Update 500 Component Profile Inquiry 600 Component Data Entry B00 Performance/ Workload Budget Data Entry M00 Performance/ Workload Data Entry 778 Contract Reporting System 1100 ICF/MR Menu 1600 NorthSTAR Menu PDM Residency & Disease Management Menu 860 CANRS - Employee History of Abuse & Neglect F00 Field Support Functions Q Quit	On the <u>M: CARE Main Menu</u>: • 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 VC110600 686 Critical Incident Data M Main Menu Q Quit	On the <u>600: Component Data Entry</u> menu: • Click **686 Critical Incident Data**. <u>Result</u>: The <u>686: Critical Incident Data</u> screen is displayed.

Procedure, continued

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

Critical Incident Data Procedure – Web, Continued

Procedure, continued

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

Procedure, continued

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

ICF/MR Inquiry

_____

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

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

_____

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

- 100   Client Name Search
- 192   DHS Medicaid Eligibility Search I
- 193   DHS Medicaid Eligibility Search II
- 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
- 1161   Daily Census Report
- 1163   Clients With Service Authorizations/Client Assessments
         Changed During Period
- 1164   Computed Service Authorizations/Client Assessments/
         Medicaid Eligibility by ID
- 1165   MR/RC Assessment Expiration
- 1168   MR/RC Assessment Summary
- 1182   MR/RC Assessment Pending
- 1183   Individual MR/RC Assessment

_____
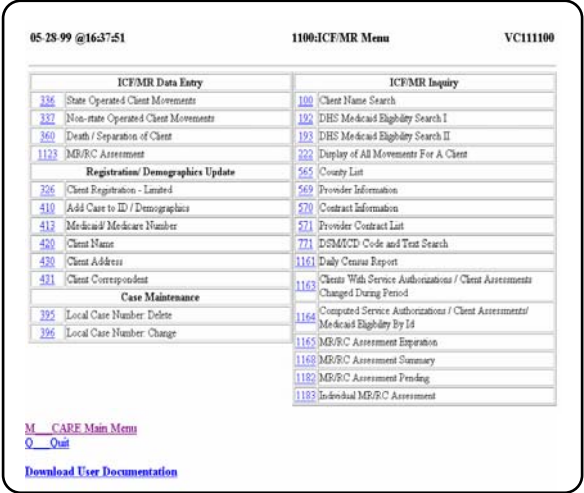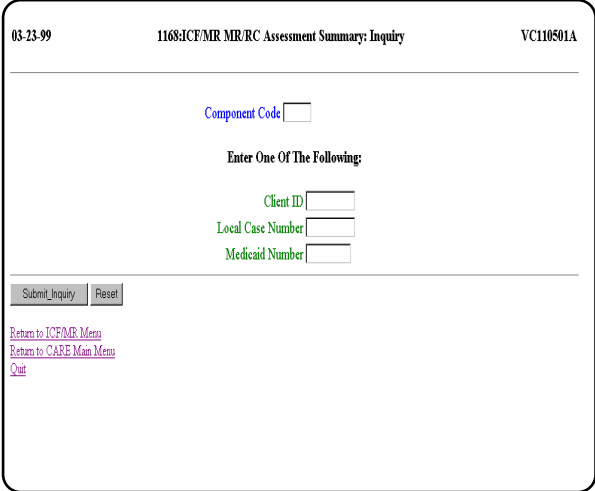
Inquiry Procedure

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

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

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

continued on next page

Inquiry Procedure, Continued

Procedure, continued

Step	Screen	Action
3	03-23-99 1168:ICF/MR MR/RC Assessment Summary: Inquiry VC110501B NAME : ROSE, RUBY CLIENT ID: 2643693 LOCAL CASE NUMBER: 0000000060 COMPONENT: 8LH MEDICAID LEVEL LEV CARE LEV CARE PREVIOUS PURPOSE LON NUMBER OF CARE BEGIN DT END DT END DT CODE SOURCE 5 01-15-99 07-13-99 2 6 TDMHMR [Return_To_Request] Return to ICF/MR Menu Return to CARE Main Menu Quit	The 1168: ICF/MR MR/RC Assessment Summary: Inquiry screen displays the following information: • Name • Client ID • Local Case Number • Component • Medicaid Number • Level of Care • Level of Care Begin Date • Level of Care End Date • Previous End Date • Purpose Code • LON (Level of Need) • Source

Exiting ICF/MR – Web Applications

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

Step	Action
1	Click **Q** **Quit** at the bottom of any screen. Result: The <u>CARE Signoff</u> 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 Verification</u> screen to logon to the system again.

This page was intentionally left blank.

3 Screens/Field Tables

Introduction   The *Screens/Field Tables* section of the User Guide displays sample 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.

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.

Add/Change/Delete   When using the data entry screens, you will add, change, and delete records.

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

Screens/Field Tables, Continued

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

1100: ICF/MR Menu

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

ICF/MR Menu The 1100: ICF/MR Menu is shown below.

| 03-08-11 @11:10:54 | | 1100:ICF/MR Menu | | VC111100 |

ICF/MR Data Entry	
336	State Operated Client Movements
337	Non-state Operated Client Movements
360	Death / Separation of Client
1121	Living Options Process Maintenance
1123	Provider MR/RC Assessment
L29	Authority MR/RC Assessment
1125	QA Fees Entry / Update By SG 6 Provider
1126	QA Fees Annual SG 6 Revenue Entry
------ Demographics Update ------	
410	Add Case to ID / Demographics
413	Medicaid/ Medicare Number
420	Client Name
430	Client Address
431	Client Correspondent
Case Maintenance	
395	Local Case Number: Delete
396	Local Case Number: Change
Additional Component Data	
683	ICF/MR Provider Characteristics
684	ICF/MR Provider Email Address Maintenance
689	ICF/MR 24-hour Contacts for DFPS Inquiries

ICF/MR Inquiry	
100	Client Name Search
192	DHS Medicaid Eligibility Search I
193	DHS Medicaid Eligibility Search II
222	Display of All Movements for a Client
286	Critical Incident Data Inquiry
565	County List
569	Provider Information
570	Contract Information
571	Provider Contract List
572	QAF Inquiry for Provider
573	Living Options Due: Web Inquiry
574	Living Options Inquiry
577	Rate Enhancement History INQ
771	DSM/ICD Code and Text Search
1161	Daily Census Report
1163	Clients with Service Authorizations / Client Assessments Changed During Period
1164	Computed Service Authorizations / Client Assessments/ Medicaid Eligibility By Id
1165	MR/RC Assessment Expiration
1168	MR/RC Assessment Summary
1182	MR/RC Assessment Pending
1183	Individual MR/RC Assessment
1185	Permanency Plan Status Report
1187	MRA Contact Information

M___CARE Main Menu
Q___Quit

Download User Documentation

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

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

ICF/MR Data Entry

337: Non-State Operated Client Movements

Introduction

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

Request Screen

A sample request screen is shown below.

```
02-23-99              337: Non-State Operated Client Movements              VC111336

                                        Client ID [          ]
                                       Component [      ]
                               Local Case Number [          ]
                            Social Security Number [          ]

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

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.

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

Add Screen

A sample screen is shown below.

337: **Non-State Operated Client Movements**, 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	Displays the consumer's local case number.
SOCIAL SECURITY NUMBER	Displays the consumer's social security number if the consumer's record was requested by social security number.
MOVEMENT EFFECTIVE DATE	Key the movement effective date. MMDDYYYY format.
MOVEMENT EFFECTIVE TIME	Key the movement effective time. HHMM A/P format.
CONTRACT NO.	Key the contract number under which services are provided to this consumer.
MOVEMENT CODE	Key the movement code. ADM = Admission DRE = Discharge AEV = Absent-Extended Visit ASA = Absent-Special Activity: Therapeutic ATH = Absent-Therapeutic Visit AX = Absent-Other RET = Return from Absence Note: You can use the drop-down list to complete this field.

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 Note: You can use the drop-down list to complete this field.
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY THEN ENTER DATE OF ADMISSION TO THAT FACILITY	Key the date of admission if admitted from or discharged to a hospital or private pay facility. MMDDYYYY format.

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

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

360: Death/Separation of Client

Introduction	The <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  [    ]
                              Local Case Number [       ]

                  Type Of Entry:      Add ○      Change ○      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.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

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

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. Note: 2 – DECEASED is the default for this field and is displayed. You can use the drop-down list to complete this field.

___

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

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

___

1123: ICF MR/RC Assessment

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

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

Request Screen   A sample screen is shown below.

```
10-26-98                    1123:ICF MR/RC Assessment                    VC110750
_____

                              Component Code [      ]
                          Enter One of The Following:
                                   Client ID [          ]
                          Local Case Number [          ]
                            Medicaid Number [          ]
                              Enter The Following:
                                 Contract No [          ]
                                Purpose Code [                              ▼]
                       Requested Begin Date [          ]  (mmddyyyy, enter for Add)
                         Requested End Date [          ]  (mmddyyyy, enter for Purpose Code E-Add)

                       |  Type of Entry:  |  Add ○  |  Change ○  |  Delete ○  |

     [ Submit_Request ]  [ Reset ]

Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

1123: ICF MR/RC Assessment, Continued

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

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

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

When your data is correct, click **Submit Request** to submit your request. Purpose Code 2, Add is used in the sample screen in this documentation.

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

1123: ICF MR/RC Assessment, Continued

Purpose Code 2
Add Screen

A sample screen is shown below and continued on the next page.

```
10-26-98                    1123:ICF MR/RC Assessment Purpose Code 2: Add           VC110751

1.Facility Provider              8BF CMS #1              2.Contract No              000077777
3.Mailing Address                , ,
4.Name (Last/First/Middle)       DEMOGUY, WINSTON ROCKWELL
5.Applicant's Address                                    2345 IST ST, AUSTIN TX, 78705
(Street or P.O.Box, City, State, Zip)
6.Component Code                 8BF                     7.Case No                  813617
8.Medicaid No                                            9.HIC/Medicare No
10.Date of Birth                 02-02-1933              11.SSN                     U
12.Date Completed (mmddyyyy)     [        ]              13.Purpose Code     2

14.Date of Physical Examination (mmddyyyy)    [      ]   15.Legal Status [ ]  16.Prev. Res. [ ]  17.Rec.LOC [ ]  18.Rec.LON [ ]


                                          Diagnosis
19.Primary Diagnosis                          20.Code  [     ]              21.Version Code  9
22.Onset (mmyyyy)                   [      ]
23.Current Medical Diagnosis                  24.Code  [     ]              25.Version Code  9
26.Psychiatric Diagnosis                      27.Code  [     ]              28.Version Code  4
        Cognitive Functioning          29.IQ  [    ]              30.ABL  [ ]


                                          ICAP Data
31.Broad Independence     [   ]   32.General Maladaptive   [   ]   33.ICAP Service Level   [   ]

                                        Behavior Status
34.Behavior Program     [ ]    35.Self-injurious Behavior  [ ]    36.SeriousDisruptiveBehavior  [ ]
37.Aggressive Behavior  [ ]    38.Sexually Aggressive Behavior [ ]

                                          Nursing
        39.Service Provider  [ ]                       40.Frequency Code  [   ]

                                        Day Services
Non-Vocational Setting:
41.Service    [   ]           42.Frequency Code  [   ]         43.Funding Code  [   ]
Vocational Setting:
44.Service    [   ]           45.Frequency Code  [   ]         46.Funding Code  [   ]

Functional Assessment          47.Ambulation  [ ]
```

Purpose Code 2 Add Screen, continued

Physician's Evaluation and Recommendation   Y=Yes N=No

48. Does medical regimen of individual need to be under the supervision of an M.D./D.O.?   ☐

49. Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?   ☐

50. To your knowledge does the individual have a condition of mental retardation and/or a related condition?   ☐

51. Do you certify that this individual requires ICF/MR or ICF/MR/RC care?   ☐

52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only.   _____

53. Full M.D./D.O. Name   [_____]

54. Date (mmddyyyy)   [_____]   55. License Number   [_____]

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge

all information on this form is true and I also certify that the information represents those items of

the individual's treatment plan as currently documented in the record. I further certify that this

facility can provide the prescribed physical and medical care.

56. Signature of RN/LVN/QMRP/Case Manager   _____

57. Full name of RN/LVN/QMRP/Case Manager   [_____]

58. Date (mmddyyyy)   [_____]

Requested Begin / End Dates

59. Begin Date (mmddyyyy)   [09011998]   60. End Date (mmddyyyy)

Provider Comments

[_____]
[_____]
[_____]
[_____]

Ready to Send For Authorization? (Y/N)   ☐

[Submit_Update] [Reset]

Return to Request Without Updating
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Ready to Send for Authorization?	Key **Y** (Yes) or **N** (No) in the READY TO SEND FOR AUTHORIZATION? field to indicate whether or not you are ready to send the MR/RC Assessment to Utilization Review (UR) at Central Office.
Submit Update	Click **Submit Update** to submit the update to the system.
	Result: The 1123: ICF MR/RC Assessment Purpose Code 2: Add screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

Registration/Demographics Update

326: Client Registration – Limited

___

Introduction

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

___

Registration Screen

A sample screen is shown below.

```
01-12-99                    326: Client Registration - Limited                    VC110221A

                    Enter The Following to Generate TDMHMR
                      Statewide Client Identification 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    [__]
                           Zip Code/ Suffix   [____] [____]
                       County of Residence    [__]

                          Legal Guardianship  [_____ ▼]
                     Service Participant Group [_____ ▼]
                             Marital Status   [_____ ▼]
              Estimated Annual Gross Family Income [_____]
                               Family Size    [_____]


        [Submit_Request]  [Reset]

        Return to General Client Update
        Return to Registration/ Demographics 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
COMPONENT CODE	Your component code is displayed.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
CLIENT LAST NAME/SUF	Key the consumer's last name/last name suffix.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT MIDDLE NAME	Key the consumer's middle name.
SEX	Key the consumer's sex. (M=Male, F=Female) Note: You can use the drop-down list to complete this field.
ETHNICITY	Key the consumer's ethnicity. Note: You can use the drop-down list to complete this field.
CLIENT BIRTHDATE	Key the consumer's birthdate. MMDDYYYY format.
SOCIAL SECURITY NUMBER	Key the consumer's social security number, if known, or key **N** (None) or **U** (Unknown).
MEDICAID NUMBER	Key the consumer's Medicaid number.
MEDICARE NUMBER	Key the consumer's Medicare number.
PRESENTING PROBLEM	Key the one-digit code to indicate the consumer's presenting problem. Note: You can use the drop-down list to complete this field.
REGISTRATION EFFECTIVE DATE	Displays the registration effective date. This date can be changed to a prior date.
REGISTRATION EFFECTIVE TIME	Displays the registration effective time. This time can be changed to a prior time of day.
STREET ADDRESS	Key the consumer's street address.
CITY	Key the consumer's city of residence.
STATE	Key the consumer's state of residence.
ZIP CODE/SUFFIX	Key the zip code/zip code suffix for the consumer's address.
COUNTY OF RESIDENCE	Key the consumer's county of residence.

Screen Field Table, continued

Field	Description
LEGAL GUARDIANSHIP	Key the number that represents the consumer's legal guardianship status. Note: You can use the drop-down list to complete this field.
SERVICE PARTICIPANT GROUP	Key the consumer's service participant group. Note: You can use the drop-down list to complete this field.
MARITAL STATUS	Key the number that represents the consumer's marital status. Note: You can use the drop-down list to complete this field.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the total annual gross income of all family members living with the consumer, rounded to the nearest thousand. Do not enter commas or decimal points.
FAMILY SIZE	Key the number of persons supported on the consumer's estimated annual gross family income including: • the number of parents living in the household, • the number of dependent children, • the consumer, and • any other persons dependent on the family for support.

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

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

Messages   If a message indicating a possible match is displayed, you must call TDMHMR Medicaid Administration at (512) 206-5577 and select the option for ICF/MR. Then select option **6** for assistance with completion of registration.

If a message to check demographics is displayed, use Action Codes 410, 413, 420, 430, and 431 to verify demographics.

326: Client Registration – Limited, Continued

_____

Sample Screen   A sample screen displaying the data just entered is shown below.

```
03-15-99                    326: Client Registration - Limited                    VC110221B
_____

   Client Last Name/ Suf          HILL
   Client First Name              SANDY        Component Code           8LH
   Client Middle Name                          Local Case Number        0000000027
_____

   Sex                            M
   Ethnicity                      W
   Client Birth Date              07151960
   Social Security Number         U
   Medicaid Number
   Medicare Number
   Presenting Problem             2
   Registration Effective Date    03011999
   Registration Time (hhmm A/P)   1137A
   Street Address                 123 ANYSTREET
   City                           ANYCITY
   State                          TX
   Zip                            78711
   County of Residence            227
   Legal Guardianship             5 - ADULT W/GUARD OF PERSON
   Service Participant Group      CB - SERVICE PARTICIPANT GROUP CB
   Marital Status                 3 - DIVORCED
   Estimated Annual Gross Family Income
   Family Size
   Ready to Add (Y/N)             [ ]

   [ Submit_Update ]

   Return to General Client Update
   Return to Registration/ Demographics Update Menu
   Return to ICF/MR Menu
   Return to CARE Main Menu
   Quit
```

_____

Ready to Add   On this sample screen:

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

Result: The 326: Client Registration – Limited screen is displayed with the messages *"New ID is _____."* And *"Previous Information Added."* The consumer has been registered in CARE.

_____

410: Add Case to ID/Demographic Update

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

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

Request Screen
A sample screen is shown below.

```
03-15-99                    410: Add Case to ID/ Demographic Update              VC111840

                                        Client ID  [          ]
                                        Component  [     ]
                                Local Case Number  [          ]

                    Type Of Entry:          Add ○          Change ○


  [ Submit_Request ]  [ Reset ]

  Return to Registration / Demographics Update
  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.
	Rule: You *must* enter Client ID if no Local Case Number exists at your component.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
	Rule: You *must* enter either Client ID **or** Local Case Number for changes to demographics.
TYPE OF ENTRY	Click the **Add** or **Change** radio button to indicate the type of entry.

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.

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

Update Screen   A sample screen is shown below.

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

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.
NOTE: SEX	*The following fields are/may be displayed but can be changed.* Key the consumer's sex.
ETHNICITY	Key the consumer's ethnicity.
CLIENT BIRTHDATE	Key the consumer's date of birth.
PRESENTING PROBLEM	Key the consumer's presenting problem.
REGISTRATION DATE	Key the effective date of the consumer's registration.
REGISTRATION TIME	Key the effective time of the consumer's registration.
LEGAL GUARDIANSHIP	Key the code for the consumer's legal guardianship.
SERVICE PARTICIPANT GROUP	Key the code for the consumer's service participant group.
MARITAL STATUS	Key the consumer's marital status.
ESTIMATED ANNUAL GROSS FAMILY INCOME	Key the consumer's estimated annual gross family income.
FAMILY SIZE	Key the consumer's family size.

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

Result: The 410: Add Case to ID/Demographic Update screen is displayed showing the data just entered and the message *"The Following Information Has Been Processed."* You can click **Return to Request** to return to the request screen.

413: Medicaid/Medicare Number Update

Introduction

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

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

Request Screen

A sample request screen is shown below.


```
04-14-99 @09:25:01              413: Medicaid/ Medicare Number Update              VC111855A
                                  _____

                                        Component Code  [    ]

                                     Enter One of The Following:

                                         Client ID  [        ]
                                 Local Case Number  [        ]
   _____
   [ Submit_Request ]  [ Reset ]

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

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.

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

Update Screen | A sample screen is shown below.

```
04-14-99 @09:25:56              413: Medicaid/ Medicare Number Update        VC111855B

Client Last Name/ Suf      Hill       Client ID              2643642
Client First Name          Rocky      Component Code         8LH
Client Middle Name         James      Local Case Number      0000000029

                               Medicaid Number [        ]
                               Medicare Number [        ]

   [ Submit_Update ]  [ Reset ]

   Return to Request Without Updating
   Return to Registration/ Demographics Update Menu
   Return to ICF/MR Menu
   Return to CARE Main Menu
   Quit
```

413: Medicaid/Medicare Number 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/last name suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
MEDICAID NUMBER	Key the consumer's Medicaid number.
MEDICARE NUMBER	Key the consumer's Medicare number.

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

Result: The 413: Medicaid/Medicare Number Update screen is displayed with the message *"Previous Information Changed.*

420: Client Name Update Request

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

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

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

Request Screen
A sample request screen is shown below.

```
03-15-99                    420: Client Name Update Request                    VC111850A


                             Component Code [    ]

                          Enter One of The Following:

                                  Client ID [        ]
                          Local Case Number [        ]
            |  Type Of Entry:  |  Add ○  |  Change ○  |  Delete ○  |

 [ Submit_Request ]  [ Reset ]

 Return to Registration/ Demographics 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
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number. Rule: You *must* enter either the client ID **or** local case number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. Rule: You *must* enter either the client ID **or** local case number.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

_____

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

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

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

_____

420: Client Name Update Request, Continued

Update Screen   A sample screen is shown below.

| 03-15-99 | 420: Client Name Update Request | VC111850B |

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 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 FULL NAME	Displays the consumer's full name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LAST NAME/SUFF	Key the consumer's last name/suffix.
FIRST NAME	Key the consumer's first name.
MIDDLE NAME	Key the consumer's middle name.

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

Result: The 420: Client Name Update Request screen is displayed with the message *"Previous Information Added"*.

430: Client Address Update

Introduction	The <u>430: Client Address Update</u> screen allows you to update a client's address record.
	Note: The address record should reflect the client's current ICF/MR living situation.

Request Screen   A sample request screen is shown below.

```
03-15-99                    430: Client Address Update                    VC111860A
_____

                            Component Code [      ]

                          Enter One of The Following:

                                Client ID [        ]
                       Local Case Number [        ]
_____
[ Submit_Request | ]  [ Reset ]

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

430: Client Address 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.

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

_____

Update Screen   A sample screen is shown below.

_____

430: Client Address 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/suffix.
CLIENT FIRST NAME	Displays the consumer's first name.
CLIENT MIDDLE NAME	Displays the consumer's middle name.
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT CODE	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
CLIENT'S CURRENT ADDRESS STREET ADDRESS	*Note: These fields are displayed but may be changed.* Key the consumer's current street address.
CITY	Key the consumer's current city of residence.
STATE	Key the consumer's current state of residence.
ZIP CODE	Key the consumer's current zip code.
ZIP CODE SUFFIX	Key the consumer's current zip code suffix.
ADDRESS DATE	Key the effective date of the consumer's address.

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

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

431: Client Correspondent Update

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

Request Screen   A sample request screen is shown below.

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

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

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

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

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

431: Client Correspondent Update, Continued

Update Screen   A sample screen is shown below.


```
03-16-99                        431: Client Correspondent Update              VC111845B


Client Last Name/ Suf        Hill        . Client ID          2643642
Client First Name            Rocky         Component Code     8LH
Client Middle Name           James         Local Case Number  0000000025


    Primary Correspondent:                              Secondary Correspondent:
Name        [            ]                          Name        [            ]
Relationship [ ]                                    Relationship [ ]
Telephone   [   ] [     ]                           Telephone   [   ] [     ]
Street      [            ]                           Street      [            ]
City        [          ]                             City        [          ]
State       [ ]                                      State       [ ]
Zip         [   ]  Zip Suf [   ]                     Zip         [   ]  Zip Suf [   ]


   [ Submit_Update ] [ Reset ]

Return to Request Without Updating
Return to Registraton/ Demographics 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 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.

Screen Field Table, continued

Field	Description
RELATIONSHIP	Key the relationship of the primary correspondent to the consumer.
	01 = Parent 15 = Guardian
	02 = Child 16 = Trustee
	03 = Spouse/Posslq 17 = Executor
	04 = Sibling 18 = Attorney
	05 = Grandparent 19 = Legal representative
	06 = Step-child 20 = Sponsor
	07 = Step-parent 21 = Friend
	08 = Step-sibling 22 = Parent-in-law
	09 = Child-in-law 23 = Other relation
	10 = Sibling-in-law 24 = This component
	11 = Foster Parent 25 = Case manager
	12 = Aunt/uncle 26 = Unknown
	13 = Niece/nephew 27 = Self
	14 = Cousin
TELEPHONE	Key the primary correspondent's telephone number.
STREET	Key the primary correspondent's street address.
CITY	Key the primary correspondent's city of residence.
STATE	Key the primary correspondent's state of residence.
ZIP	Key the primary correspondent's zip code.
ZIP SUF	Key the primary correspondent's zip code suffix (if available).
SECONDARY CORRESPONDENT NAME	Key the name of the second person to contact on behalf of the consumer in case of an emergency if the Primary Correspondent cannot be reached.
RELATIONSHIP	Key the relationship of the secondary correspondent to the consumer.
TELEPHONE	Key the secondary correspondent's telephone number.
STREET	Key the secondary correspondent's street address.
CITY	Key the secondary correspondent's city of residence.
STATE	Key the secondary correspondent's state of residence.
ZIP	Key the secondary correspondent's zip code.
ZIP SUF	Key the secondary correspondent's zip code suffix.

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

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

Case Maintenance

395: Local Case Number: Delete

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

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

Request Screen A sample request screen is shown below.

```
02-26-99                    395: Local Case Number:Delete                    VC118670

                                    Component [      ]
                              Local Case Number [        ]


      [ Submit_Request ] [ Reset ]

      Return to Case Maintenance Menu
      Return to ICF/MR Menu
      Return to CARE Main Menu
      Quit
```

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

Field	Description
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.

395: Local Case Number: Delete, 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>395: Local Case Number: Delete</u> screen is displayed.

Delete Screen A sample screen is shown below.

```
02-26-99                           395: Local Case Number:Delete                        VC118670


Last Name                    HILL                    Component 637
Suffix                       .                       Local Case Number 0000000024
First Name                   ROCKY
Middle Name                  .



            CURRENT LOCAL CASE STATUS     : .
            CURRENT LOCAL CASE PROGRAM    : 2
            NUMBER OF RAS RECORDS         : 0
            NUMBER OF CAS RECORDS         : 0

            ID SYSTEM STATUS              : 2

                    ENTIRE ID WILL BE DELETED


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


     Submit_Update

Return to Request Without Updating
Return to Case Maintenance Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

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

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.
COMPONENT	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
CURRENT LOCAL CASE STATUS	Displays consumer's case status.
CURRENT LOCAL CASE PROGRAM	Displays 1 (campus-based) or 2 (community-based program).
NUMBER OF RAS RECORDS	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

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

Result: The 395: Local Case Number: Delete screen is displayed showing the data just entered and the message *"The Following Case Has Been Deleted"*.

396: Local Case Number: Change

Introduction

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

Note: Converted case numbers can be changed to reflect your case number scheme, but use caution when changing local case numbers.

Request Screen

A sample request screen is shown below.

```
02-26-99                    396: Local Case Number:Change                    VC118680


                                        Client ID [          ]
                                      Component [      ]
                               Local Case Number [          ]
                              Target Case Number [          ]


    [ Submit_Request ]  [ Reset ]

    Return to Case Maintenance Menu
    Return to ICF/MR Menu
    Return to CARE Main Menu
    Quit
```

Screen Field Table

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

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

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.

Result: The 396: Local Case Number: Change screen is displayed.

Change Screen

A sample screen is shown below.

```
02-26-99                          396: Local Case Number:Change                      VC118680

  Last Name              HILL                       Client ID  2643600
  Suffix                 .                           Component  637
  First Name             ROCKY                 Local Case Number  0000000023
  Middle Name            .                    Target Case Number  0000000024


    LAST NAME/SUF: HILL              .      CLIENT ID        : 2643600
    FIRST NAME   : ROCKY                    LOCAL CASE NUMBER : 0000000023
    MIDDLE INIT  : .                        COMPONENT        : 637

               CHANGING CASE NUMBER TO A    :
                      NEW  NUMBER           : 6370000000024
               PROGRAM                      : COMMUNITY(2)
               NUMBER OF RAS RECORDS IN OLD : 0
               NUMBER OF CAS RECORDS IN OLD : 0

               ID SYSTEM STATUS             : 1

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


    Submit_Update

  Return to Request Without Updating
  Return to Case Maintenance Menu
  Return to ICF/MR Menu
  Return to CARE Main Menu
  Quit
```

Screen Field Table

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

Field	Description
LAST NAME	Displays the consumer's last name.
SUFFIX	Displays the consumer's last name suffix, if any.
FIRST NAME	Displays the consumer's first name.
MIDDLE NAME	Displays the consumer's middle name.

continued on next page

396: Local Case Number: Change, Continued

Screen Field Table, continued

Field	Description
CLIENT ID	Displays the consumer's statewide identification number.
COMPONENT	Displays your component code.
LOCAL CASE NUMBER	Displays the consumer's local case number issued by your component.
TARGET CASE NUMBER	Displays the new (target) local case number.
CURRENT LOCAL CASE STATUS	Displays consumer's case status.
PROGRAM	Displays 1 (campus-based) or 2 (community-based program).
NUMBER OF RAS RECORDS IN OLD	Displays number of campus-based assignment records.
NUMBER OF CAS RECORDS IN OLD	Displays number of community-based assignment records.
ID SYSTEM STATUS	Displays system status.

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

Result: The 396: Local Case Number: Change screen is displayed showing the data just entered and the message *"The Following Case Has Been Changed"*.

Additional Component Data

689: ICF/MR 24-hour Contacts for DFPS Inquiries

Introduction   The <u>689: ICF/MR 24-hour Contacts for DFPS Inquiries</u> screen allows you to add, change, and delete the names and telephone numbers of the primary and secondary contact persons to receive notifications of allegations of abuse, neglect, and exploitation (A/N/E) in a licensed ICF/MR.

<u>Note</u>: The phone numbers listed for the primary and secondary contacts must be different. Since WebCARE will not update if text fields are left blank, ***complete information for the primary and secondary contacts must be entered***.

Request Screen   A sample request screen is shown below.

```
03-09-11 @16:02:00          689: ICF/MR 24-Hour Contacts for DFPS Inquiries          VC119115


                                              Component [      ]
                                              Contract No [      ]
                              Type Of Entry:     Add ⊙      Change ○      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
COMPONENT	Displays your component code based on your logon account number.
CONTRACT NO	Type your component's contract number.
TYPE OF ENTRY	Click the **Add**, **Change**, or **Delete** radio button to indicate the type of entry.

689: ICF/MR 24-hour Contacts for DFPS Inquiries, 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.

Result: The 689: ICF/MR 24-hour Contacts for DFPS Inquiries screen is displayed.

___

Sample Screen

A sample screen is shown below.

Screen Field Table

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

Field	Description
COMPONENT	Your component code based on your logon account number and component name is displayed.
CONTRACT NO	Your component's contract number and location is displayed.

continued on next page

Screen Field Table, continued

Field	Description
CONTACT INFORMATION	
PRIMARY CONTACT NAME	Type the primary contact's name. ***You must type the name in the following order, with the commas and no spaces***: Last Name,Last Suffix,First,Middle Initial Examples: Mrs. Bunny W. Rabbit would be typed: **Rabbit,Mrs.,Bunny,W** Jack Rabbit, Jr. would be typed: **Rabbit,Jr.,Jack,** Jack has no middle initial, but a comma placeholder is still used. The system recognizes the comma placeholder as no middle initial and inserts a blank in that space. Tom T. Turtle would be typed: **Turtle,,Tom,T** Tom T. Turtle has no suffix, but a comma placeholder is used.
PRIMARY CONTACT TELEPHONE	Type the primary contact's telephone number including punctuation. Example 999-999-9999
PRIMARY CONTACT TITLE	Type the primary contact's title.
SECONDARY CONTACT NAME	Type the secondary contact's name. ***You must type the name in the following order, with the commas and no spaces***: Last Name,Last Suffix,First,Middle Initial Examples: Mrs. Bunny W. Rabbit would be typed: **Rabbit,Mrs.,Bunny,W** Jack Rabbit, Jr. would be typed: **Rabbit,Jr.,Jack,** Jack has no middle initial, but a comma placeholder is still used. The system recognizes the comma placeholder as no middle initial and inserts a blank in that space. Tom T. Turtle would be typed: **Turtle,,Tom,T** Tom T. Turtle has no suffix, but a comma placeholder is used.
SECONDARY CONTACT TELEPHONE	Type the secondary contact's telephone number including punctuation. Example 999-999-9999
SECONDARY CONTACT TITLE	Type the secondary contact's title.
INFORMATION VERIFICATION	
HAVE YOU VERIFIED THE INFORMATION ON THIS FORM?	Type **Y** (yes) or **N** (no) to indicate whether you have verified the information.

_____

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

Result: The 689: ICF/MR 24-hour Contacts for DFPS Inquiries screen is displayed showing the data just entered with the message *"The Following Form Has Been Processed"* at the top of the page.

_____

ICF/MR Inquiry

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. Using the Client Name Search function as an ICF/MR provider will only display a listing of clients at your component.

___

Client Name Search Screen   A sample screen is shown below.

___

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

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
EXACT LAST NAME	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered. Leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling. <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 to limit your search. B = Black A = Asian H = Hispanic I = American Indian W = White O = Other Note: You can use the drop-down list to complete this field.
AGE (+ OR – 5 YEARS)	This field is not applicable for private providers.
BIRTH DT	Key the consumer's birth date.
MH/MR	Key **MR** to search for your MR consumers. Note: You can use the drop-down list to complete this field.
MH AUTHORITY	This field is not applicable for private providers.
MR AUTHORITY	This field is not applicable for private providers.
ASSIGNMENT STATUS	This field is not applicable for private providers.
RESIDENTIAL COUNTY	This field is not applicable for private providers.
COMPONENT TYPE	This field is not applicable for private providers.

100: Client Name Search, 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 100: Client Name Search (Screen 2) is displayed.

Name Display
Screen

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

```
03-19-99                        100: Client Name Search                    VC111111


LINE    ID    LASTNM          FIRSTNM/M   SEX ETH BIRTHDATE   SSN

1     2643642 HILL            ROCKY JAMES   M   W 08-01-1960 U
              CNTY: TRAVIS    MEDICAID:       MEDICARE:

2     2643651 HILL            SANDY JAMES   M   W 07-15-1965 U
              CNTY: TRAVIS    MEDICAID:       MEDICARE:

   Return_to_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

Client Detail Screen

The 101: Client Detail screen is provided to allow you to view a name history (if any), assignment history, latest address, county of residence history, and additional detail information on a specific consumer. The screen can be accessed from the 100: Client Name Search (Screen 2) shown above by clicking the Line # of the consumer you want to view. A sample screen is shown on the next page.

100: Client Name Search, Continued

Client Detail Screen, continued

```
03-19-99                          101: Client Detail                          VC111112



                                                                    PRES
  ID           NAME            SEX ETH   SSN       AGE  REG DT  PROB
=================================================================================

 2643642   HILL            ROCKY     M   W U--         38 03-01-99  MR

 SYSTEM STATUS: ACTIVE

 NAME HISTORY:
       LAST NAME        SUF FIRST NM    MIDDLE NM COMPONENT REPORTING AS OF DATE
       HILL                 ROCKY       JAMES          8LH              03-15-99
       HILL                 ROCKY                      8LH              03-01-99

 LCL CASE NUMBERS:
    COMPONENT                        PROG LCL CASE     STATUS    LOC
     8LH A&M CARE INC                  2  0000000029   OPEN

 MR AUTHORITY: 030 AUSTIN-TRAVIS CO MHMR CENTER

 COMMUNITY ASSIGNMENTS:
    COMP LCL CASE                          ACTIVITY  SVC TYPE LOC
    8LH  0000000029    03-01-99            COMM RES     D030

 LATEST ADDRESS AS OF: 03-01-99
 STREET           : 246 ANYLANE
 CITY,ST,ZIP      : ANYCITY , TX 78711-

 COUNTY OF RESIDENCE HISTORY:
               CNTY          COMP
               227  03-01-99  8LH

    Return_to_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

Display Data   The 101: Client Detail screen displays the following information: ID,
                Name, Sex, Ethnicity, SSN, Age, Registration Date, Presenting
                Problem, System Status, Name History, Local Case Numbers, MR
                Authority, Community Assignments, Latest Address As Of (date),
                Street, City, State, Zip, and County of Residence History.

192: DHS Medicaid Eligibility Search I

Introduction   The <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 below.

```
05-05-99 @09:49:30              192: DHS Medicaid Eligibility Search I              VC110195A

Display Clients That Might Match to Those Selected    [Y] (Will only be performed if 1-10 clients are selected)
Below
Use Match Algorithm With Characteristics Entered      [ ] (Must enter last name, first name, sex, DOB, and ethnicity. SSN is optional but
Below                                                     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 -mmddyyyy OR Month/ Year-mmyyyy  [        ]
MH/MR            [    ▼]                MH Authority [   ]       MR Authority [   ]
Assignment Status [      ▼]            Residential County [   ]
Component Type   [            ▼]

[ Submit_Inquiry ]  [ Reset ]

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

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.

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

Field	Description
CLIENT LAST NAME	Key the consumer's last name.
	Rule: You *must* enter either the Client Last Name or Client ID to narrow your search.
EXACT LAST NAME	Key **Y** (Yes) to display only consumers with last names spelled exactly as the name entered.
	Leave the field blank to display consumers with last names spelled exactly the same as the name entered, names that sound familiar, and names with a similar spelling.
	Note: You can use the drop-down list to complete this field as blank or Yes.
CLIENT FIRST NAME	Key the consumer's first name.
CLIENT ID	Key the consumer's statewide identification number.
	Note: Searching by Client ID will only yield results if the person is currently assigned to your component.
	Rule: You *must* enter either the Client Last Name or Client ID to narrow your search.
MEDICAID RECIP. NO.	Key the consumer's Medicaid Recipient Number.
	Note: This search will look for the Medicaid number entered into CARE files for your component.
COMPONENT CODE/LOCAL CASE NUMBER	Key a component code/local case number to search for the consumer by component/local case number.
SSN	Key the consumer's social security number.
SEX	Key the consumer's sex (M=Male, F=Female) to limit your search.
	Note: You can use the drop-down list to complete this field.
ETHNICITY	Key the consumer's ethnicity to limit your search. B = Black A = Asian H = Hispanic I = American Indian W = While O = Other Note: You can use the drop-down list to complete this field.
AGE (+ OR – 5 YEARS)	Key the consumer's age to limit your search.
BIRTH DT –MMDDYYYY OR MONTH/YEAR-MMYYYY	Key the consumer's birth date in MMDDYYYY *or* MMYYYY format.

Screen Field Table, continued

Field	Description
MH/MR	Key **MR** to search for your MR consumers. Note: You can use the drop-down list to complete this field.
MH AUTHORITY	Key the code for the Mental Health Authority. (optional)
MR AUTHORITY	Key the code for the Mental Retardation Authority. (optional)
ASSIGNMENT STATUS	Key the consumer's assignment status to limit your search. (Res, Absent, UD, Temptr, Disch, Commpl, Dead, Open, Closed) Note: You can use the drop-down list to complete this field.
RESIDENTIAL COUNTY	Key the consumer's county of residence to limit your search. Note: You can use the drop-down list to complete this field.
COMPONENT TYPE	Key the component type. H = State Hospital S = State School D = State Center C = Community Center Y = State Operated Community Center P = Private Note: You can use the drop-down list to complete this field.

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

When your data is correct, click **Submit Inquiry** to submit your inquiry.

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

Client ID
Information Screen

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

```
05-19-99 @13:48:04              192: Client ID Information              VC110195A
_____


  LINE      ID   LASTNM           FIRSTNM/M   SEX ETH BIRTHDATE    SSN

1       12235  GREENE             EDWIN         M    B 08-27-1968 440118888
               CNTY: TARRANT    MEDICAID:        MEDICARE:

2      2667776 GREENE             ELAINE        F    B 08-24-1978 411918876
               CNTY: DALLAS     MEDICAID:        MEDICARE:

3      2889991 GREENE             EUNICE        F    W 08-13-1957 443110001
               CNTY: TYLER      MEDICAID:        MEDICARE:


   [ Return_to_Request ]

Return to General Client Inquiry
Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

Medicaid Eligibility
Information Screen

The <u>192: 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: 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.

Medicaid Eligibility Information Screen, continued

```
05-19-99 @14:13:02          192: DHS Medicaid Eligibility Information        VC110197
_____


        ----------------    CARE DEMOGRAPHICS    ------------------------
        LAST NAME, SUFFIX   : GREENE                     SSN      : 440-11-8888
        FIRST NAME,MIDDLE NM : EDWIN                      RECIP NO :

        CLIENT ID           : 12235                       SEX      : M
        BIRTH DATE          : 08-27-1968                  ETHNIC   : B
        SYSTEM STATUS       : ACTIVE                      PRES PROB: MR

        NUMBER OF MATCHING RECIPIENTS FOUND: 1
        ----------------    DHS DEMOGRAPHICS    ----------------------
        LAST NAME, SUFFIX    : GREENE                    SSN      : 440-11-8888
        FIRSTNM, MIDDLE      : EDWIN M                  * RECIP NO : 507064560
                                                          SEX      : M
        BIRTH DATE           : 08-27-1968              * ETHNIC   : O

        MEDICAID BASE PLAN          : 13 COMMUNITY BASED - NOT INSTITUTIONALIZED
        MEDICAID CERTIFICATION DATE: 12-27-1986
        MEDICARE NUMBER             : 460464238C1
        EARLIEST DATE OF PART 'A'
        ENTITLEMENT                 : 02-1999

        MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 507064560
                 CVG   TYPE    BEG        END          SPENDDOWN
        CATEGORY CODE PROG   DATE       DATE            CODE
          04      R    13   02-01-99                    Q
          04      R    13   12-01-86   01-31-99
          04      R    13   09-01-86   11-30-86

        CASE INFORMATION FOR DHS RECIPIENT NUMBER: 507064560
        DHS CASE NUMBER       : 000253203
        DHS CASE NAME         : GREENE,EDWIN M
        DHS CASE COUNTY       : 220
        DHS CASE GUARDIAN     : GLADYS B GREENE FOR
        DHS CASE ADDRESS      : 6401 EVONSHIRE
                                FT WORTH TX 76119

        MEDICARE INFORMATION FOR DHS RECIPIENT NUMBER: 507064560
        MEDICARE NUMBER             : 460464238C1
        EARLIEST DATE OF PART 'A'
        ENTITLEMENT                 : 02-1999

        BEGIN AND END DATES FOR PART B:
             BEG MONTH-YR: 02-1999         END MONTH-YR:

    [ Return_to_Request ]

  Return to General Client Inquiry Menu
  Return to ICF/MR Menu
  Return to CARE Main Menu
  Quit
```

193: DHS Medicaid Eligibility Search II

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

Request Screen   A sample request screen is shown below.

```
05-19-99 @16:30:46           193: DHS Medicaid Eligibility Search II           VC110192A


Enter CARE Identifier, and The Program Will Scan The Medicaid Eligibility File For Matches to The
Demographic Fields Entered In CARE

Client ID                              [          ]
Component Code/ Local Case Number   [   ] / [          ]


                                      OR
Enter At Least Two of Name, SSN, Birth Date, and Medicaid Number.
Medicaid Eligible Clients That Match to At Least Two of Those Fields Will Be Displayed.


Client Name_ Last    [            ]    First [        ]    Middle [          ]
SSN                  [        ]
Birth Date (mmddyyyy)[        ]
Medicaid Recip No    [        ]



[ Submit_Inquiry ] [ Reset ]

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

Search Options   The 193: DHS Medicaid Eligibility Search II screen provides a choice of two search options:

- Enter CARE identifier, and the program will scan the Medicaid eligibility file for matches to the demographic fields entered in CARE

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

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.

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

193: DHS Medicaid Eligibility Search II, Continued

Medicaid Recipient Information Screen

The <u>193: Medicaid Recipient Information</u> screen displays a list of all consumers who match the selection criteria you entered. The sample screen below displays Medicaid recipient information for the consumer whose Client ID was entered on the request screen.

```
05-24-99 @14:57:48          193: Medicaid Recipient Information          VC110192B
```

Click On Line Number For The DHS Medicaid Eligibility Information:

LINE	ID	Last Name	First Name	MI	Sex	Eth	Birth Date	SSN	Cnty	Medicaid #	Medicare #
1	29793	Rose	Rodney		M	B	01011958			461123643	

[Return_to_Request]

Return to Client Inquery Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Medicaid Eligibility Information Screen

The <u>193: DHS Medicaid Eligibility Information</u> 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: Medicaid Recipient 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.

193: DHS Medicaid Eligibility Search II, Continued

Medicaid Eligibility Information Screen, continued

```
05-24-99 @15:07:46        193: DHS Medicaid Eligibility Information        VC110194


        ------------------    DHS DEMOGRAPHICS    -------------------------
        LAST NAME,SUFFIX     : ROSE                SSN      : --
        FIRST NAME, MIDDLE   : RODNEY              RECIP NO: 461123643
        BIRTH DATE           : 01-01-1958          ETHNIC   : B
        CARE CLIENT ID       : 29793               SEX      : M

        MEDICAID CERTIFICATION DATE: 09-01-1990


        EARLIEST DATE OF PART 'A'
        ENTITLEMENT                      : 01-1979
        MEDICAID ELIGIBILITY INFO FOR DHS RECIPIENT NUMBER: 461123643
                  CVG   TYPE   BEG          END           SPENDDOWN
        CATEGORY CODE   PROG   DATE         DATE            CODE
           01      R     13   01-01-96                        Q


  [ Return_to_Request ]

  Return to General Client Inquiry Menu
  Return to ICF/MR Menu
  Return to CARE Main Menu
  Quit
```

222: Display of All Movements for a Client

Introduction   The <u>222: Display of All Movements for a Client</u> 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 Date (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 *must* enter either the client ID **or** local case number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u>: You *must* enter either the client ID **or** local case number.
BEGIN DATE	If you want to specify a begin date for your inquiry, key a date in MMDDYYYY format.
END DATE	If you want to specify an end date for your inquiry, key a date in MMDDYYYY format.

222: Display of All Movements for a Client, 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 222: Display of All Movements for a Client (Screen 2) is displayed.

Display Screen	A sample screen is shown below.

```
10-26-98                    222:Display of All Movements for a Client              VC111227

Last Name              DEMOGUY                         Client ID 13617
Suffix                                                 Component 8BF
First Name             WINSTON                         Local Case Number 0000813617
Middle Name            R


        Begin Date                                          End Date


                                CM/                          ASGN
COMP LOCAL CASE PROG ACTIV/     LOC  ---------ASSIGNMENT---------- ABS   ASGN
CODE  NUMBER    CODE SVC TYPE CODE BEGIN DT/TIME  END DATE LOS  CODE STATUS
8BF  0000813617 2    1             09-01-98 0923A           55   ADM  RES

    Return_To_Request

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit
```

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

Display Data	The 222: Display of All Movements for a Client screen displays the following information: Client Name, Client ID, Component, Local Case Number, Program Code*, Activity*, Assignment Begin Date, Assignment Begin Time, Assignment End Date, Length of Stay (LOS), Assignment (Movement) Code, and Assignment Status.

* Program Code displays **2** indicating community and will always be displayed for your consumers. Activity Type displays **1** indicating residential and will always be displayed for your consumers.

565: County List

Introduction	The <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                    565:County List              VC116257
_____


CNTY      COUNTY      SRV   REGION   -SERVICE DISTR- ------POPULATION---------
                            MH  MR              ST
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  04    681 670        19410     19230     19054
 005    ARCHER         52  07  01    656 676         8268      8232      8203
 006    ARMSTRONG       2  07  07    656 687         1979      1985      1992
 007    ATASCOSA       47  03  12    681 650        36144     35320     34599
 008    AUSTIN         33  04  03    677 688        20591     20447     20372
 009    BAILEY          7  01  07    686 687         7406      7317      7259
 010    BANDERA        40  02  02    674 678        13520     13110     12735
 011    BASTROP        36  04  13    677 678        51471     49510     47717
 012    BAYLOR         55  07  07    656 687         4149      4153      4186
 013    BEE            65  03  04    681 670        32337     31945     31831
 014    BELL            6  04  13    677 672       208049    205570    203575
 015    BEXAR           4  03  12    681 650      1337864   1328323   1308092
 016    BLANCO         32  04  02    677 678         7101      6932      6800
 017    BORDEN         37  01  01    686 676          815       812       811
 018    BOSQUE         17  04  09    677 672        15997     15845     15722
 019    BOWIE          21  06  05    682 660        86419     86150     85862
 020    BRAZORIA       15  04  10    677 668       217988    214527    211258
 021    BRAZOS          5  04  03    677 688       123855    127898    127009
 022    BREWSTER       58  01  11    686 671 661    10500     10466     10251
 023    BRISCOE         7  01  07    686 687         1918      1923      1928
```

Display Data	The <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

_____

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

_____

Request Screen   A sample <u>569: ICF/MR Provider Information: Inquiry</u> screen is shown
                      below.

05-24-99 @17:05:32   569:ICF/MR Provider Information: Inquiry   VC110550A

Please Enter The Following:

Federal ID Number [   ]
Component Code [   ]

Submit_Inquiry   Reset

Return to Component Profile Inquiry
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
FEDERAL ID NUMBER	Key the Federal ID Number.
COMPONENT CODE	Your component code is displayed based on your logon account number.

_____

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

                  When your data is correct, click **Submit Inquiry** to submit your
                  inquiry.

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

Display Screen   A sample screen is shown below.

```
05-26-99 @11:32:32      569:ICF/MR Provider/Contract In Component Code Order     VC110550B
─────────────────────────────────────────────────────────────────────────────────


    COMPONENT: 8LH A&M CARE INC                                   PROFIT: YES
    FED_ID: 752419859

    LEGAL NAME : A&M CARE INC
    DBA NAME(S):


    CEO CONTACT NAME:  A&M CARE INC                      PHONE:
    PHYSICAL ADDRESS: 1915 WEYMOUTH CT                    FAX:
                      ARLINGTON TX 76013

    MAILING ADDRESS : 1915 WEYMOUTH CT
                      ARLINGTON TX 76013

    BILLING CONTACT NAME:  ADMINISTRATOR                 PHONE: (817) 548-0911
    BILLING ADDRESS : 1915 WEYMOUTH CT                    FAX:
                      ARLINGTON TX 76013


    CONTRACT NO.   CONTRACT NAME                         STATUS    SVC GRP
    000752401      QUINCY HOUSE                          ACTIVE    6



    [ Return_To_Request ]

  Return to Component Profile Inquiry
  Return to ICF/MR Menu
  Return to CARE Main Menu
  Quit
```

Display Data   The 569: ICF/MR Provider/Contract In Component Code Order screen
                displays general information for the specific provider selected.

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

570: Contract Information

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

Request Screen 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 ]

Return to Component Profile Inquiry
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
FEDERAL ID NUMBER	Key the Federal ID Number. Rule: You *must* enter at least one of the request selection fields.
COMPONENT CODE	Your component code is displayed based on your logon account number.
CONTRACT NUMBER	Key the number of the contract you want displayed. Rule: You *must* enter at least one of the request selection fields.

570: Contract Information, 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 570: ICF/MR Contract Information screen is displayed.

_____

Display Screen   A sample inquiry screen is shown below.

```
05-26-99 @15:40:04              570:ICF/MR Contract Information          VC110560B
_____

   COMPONENT: 8LH A&M CARE INC
   VENDOR/CONTRACT NO: 000752401
   CONTRACT NAME: QUINCY HOUSE                          SERVICE GROUP: 6

   CONTRACT BEGIN DATE  : 04-08-1993    CONTRACT END DATE:
   MAX NUMBER OF CLIENTS: 6             STATUS: ACTIVE
   COMPTROLLER VENDOR NO: 17524198599001 MARSG VENDOR NO: 7524198590
   FEDERAL ID NUMBER    : 752419859
   PROGRAM CONTACT :  ADMINISTRATOR                 PHONE: (817) 548-0911
   PHYSICAL ADDRESS: 2004 QUINCY CT                 FAX  :
                     ARLINGTON TX 76013

   MAILING ADDRESS : 1915 WEYMOUTH CT
                     ARLINGTON TX 76013

                          CONTRACT SERVICE AREA(S)
   TARRANT


       [ Return_To_Request ]

   Return to Component Profile Inquiry
   Return to ICF/MR Menu
   Return to CARE Main Menu
   Quit
```

_____

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

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

_____

571: Provider/Contract List

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

Request Screen   A sample request screen is shown below.

```
05-26-99 @16:40:45              571:ICF/MR Provider/Contract List              VC110540A


                              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)

   [ Submit_Inquiry ]  [ Reset ]

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

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
```

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

Display Data

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

Information displayed includes: Total Number of Providers and Contracts, Component Name, Component Code, Contract Number, and Contract Name.

771: DSM/ICD Code and Text Search

Introduction   The <u>771: DMS/ICD Code and Text Search</u> 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.

```
05-27-99 @14:12:17              771:DSM/ICD Code and Text Search              VC118530A
_____

                      Please enter at least one of the following:
              Diagnosis Code              [      ]
              Diagnosis Description        [            ]

    ┌──────────────────────────────────────────────────────────────────────────────┐
    │ Search for string anywhere in description (y/n)  [N]  (dsm only)               │
    │                              Sort Order  [1]  (1=Code, 2=Description)          │
    │                       Group dsm codes by  [ ]  (1=1 digit grps, 2=2 digit grps │
    │                      Axis (Dsm 3,3R,4,T)  [ ]  1=axis1,2=axis2,Blank for Both) │
    └──────────────────────────────────────────────────────────────────────────────┘

    ┌──────────────────────────────────────────────────────────────────────────────┐
    │   Type of Diagnosis  [I -ICD        ▼]   Diagnosis Version  [9 -ICD-9-CM ▼]    │
    └──────────────────────────────────────────────────────────────────────────────┘

    [Submit_Inquiry]  [Reset]
    Return to ICF/MR Menu
    Return to General Client Inquiry Menu
    Return to CARE Main Menu
    Quit
```

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 *must* key the Diagnosis Code **or** the Diagnosis Description.
DIAGNOSIS DESCRIPTION	Key the diagnosis description. <u>Rule</u>: You *must* key the Diagnosis Description **or** the Diagnosis Code.
SEARCH FOR STRING ANYWHERE IN DESCRIPTION (Y/N)	Key **Y** (Yes) or **N** (No) to indicate whether you want to search for a string anywhere in the diagnosis description (for DSM only). <u>Note</u>: 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 **I**. Note 2: You can use the drop-down list to complete this field.
DIAGNOSIS VERSION	Key the code for the diagnosis version. 9=ICD-9-CM 4=DSM 4 R=DSM 3R 3=DSM 3 T=DCO 3 Note 1: This field defaults to **9**. Note 2: You can use the drop-down list to complete this field.

Submit Inquiry

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

When your data is correct, click **Submit Inquiry** to submit your inquiry.

Result: The 771: DSM: DSM 4 Search Results Display screen is displayed.

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 Search Results Display          VC118530B


    VERS DSM CODE DESCRIPTION                              AXIS    TOTAL: 21

      4- 30000    ANXIETY DISORDER,NOS                       1
      4- 30001    PANIC DISORDER, WITHOUT AGORAPHOBIA         1
      4- 30002    GENERALIZED ANXIETY DISORDER               1
      4- 30011    CONVERSION DISORDER                        1
      4- 30012    DISSOCIATIVE AMNESIA                       1
      4- 30013    DISSOCIATIVE FUGUE                         1
      4- 30014    DISSOCIATIVE IDENTITY DISORDER             1
      4- 30015    DISSOCIATIVE DISORDER NOS                  1
      4- 30016    FACTITIOUS DISORDER W/PREDOMINANTLY PSYCH 1
      4- 30019    OTHER AND UNSPECIFIED FACTITIOUS ILLNESS   1
      4- 30021    PANIC DISORDER, WITH AGORAPHOBIA           1
      4- 30022    AGORAPHOBIA WITHOUT HISTORY OF PANIC DISO  1
      4- 30023    SOCIAL PHOBIA                              1
      4- 30029    SPECIFIC PHOBIA                            1
      4- 3003     OBSESSIVE-COMPULSIVE DISORDER              1
      4- 3004     DYSTHYMIC DISORDER                         1
      4- 3006     DEPERSONALIZATION DISORDER                 1
      4- 3007     BODY DYSMORPHIC DISORDER/HYPOCHONDRIASIS   1
      4- 30081    SOMATIZATION DISORDER                      1
      4- 30082    SOMATOFORM DISORDER NOS OR UNDIFFERENTIAT  1
      4- 3009     UNSPECIFIED MENTAL DISORDER (NONPSYCHOTIC  1


    Return_To_Request
    Return to ICF/MR Menu
    Return to General Client Inquiry Menu
    Return to CARE Main Menu
    Quit
```

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

Display Data   The 771: DSM: DSM 4 Search Results Display screen displays the following information: Version, DSM Code, Description, Axis, and Total.

1161: Daily Census Report

Introduction   The <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                          VC119090
_____

                                         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. Note: If you leave this field blank, the system will default to today's date.
CONTRACT NUMBER	If you want to view a census report for a specific contract, key the contract number under which consumers are served. Note: If you leave this field blank, all contract numbers that apply to the component will be displayed.

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.

| 03-23-99 | | | | 1161:Daily Census Report | | | | | | VC119090 |

Component 8LH A&M CARE INC
Report Date 03/23/1999

Contract : 000752401 QUINCY HOUSE

LAST NAME	SUF	FIRST NAME	MI	MEDICAID #	LOC CASE #	MOVEMENT TYPE	MOVEMENT DATE	ETH	SEX	BIRTH DATE
Resident										
GLORY		MORNING			50	ADM	01-01-1999	W	F	10-08-1975
HILL		ROCKY	J		29	ADM	03-01-1999	W	M	08-01-1960
LANTANA		LOIS			70	ADM	02-01-1999	W	F	11-12-1975
ROSE		RUBY			60	ADM	01-15-1999	B	F	07-15-1960
Absent										
							Total For Contract 000752401			4

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1161: Daily Census Report screen displays information on resident and absent consumers and provides totals for each contract reported at your component.

Information displayed includes: Component, Report Date, Contract Number and Name, Client Name, Medicaid Number, Local Case Number, Movement Type, Movement Date, Ethnicity, Sex, and Birth Date.

1163: Clients With Service Authorizations/Client Assessments Changed During Period

___

Introduction

The 1163: Clients With Service Authorizations/Client Assessments Changed During Period screens allow you to view a listing of all consumers at your component/contract whose service authorizations/ client assessments have changed during a specified period.

Note: If you do not specify a report begin and end date, the system will report on the month preceding the current date.

___

Request Screen

A sample request screen is shown below.

```
05-28-99          1163: Clients With Service Authorizations / Client Assessments Changed      VC119095
@10:23:43                                    During Period
_____

                                                    Component [      ]
                                   Report Begin Date (mmddyyyy) [        ]
                                     Report End 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 BEGIN DATE (MMDDYYYY)	If you want a specific report period, key a report begin date in MMDDYYYY format.
REPORT END DATE (MMDDYYYY)	If you want a specific report period, key a report end date in MMDDYYYY format.
CONTRACT NUMBER	Key the contract number under which consumers are served. Rule: Contract Number is required.

___

1163: Clients With Service Authorizations/Client Assessments Changed During Period, 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 1163: Clients With Service Authorizations/Client Assessments Changed During Period screen is displayed.

Report Screen

A sample report screen is shown below.

05-28-99 @10:57:29	1163: Clients With Service Authorizations / Client Assessments Changed During Period	VC119095

Component 8CD HOME MGMT INC
Report Begin Date 04/28/1999
Report End Date 05/28/1999

CLIENT ID	NAME	MEDICAID NUMBER	BIRTH DATE	SEX	ETH
4511750	MOUNTAIN, ROCKY	778110887	11-13-1961	F	W

Service Authorizations

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	NO BILL	FND SRC	BEGIN DATE	END DATE	PROC DATE
8CD6550000055	000366801	LIVING TREE	B		09-01-1995		04-06-1999

MRRC Assessments

COMP/CASE	CONTRACT NUMBER	CONTRACT NAME	LOC	LON	BEGIN DATE	END DATE	PROC DATE
8CD6550000055	000366801	LIVING TREE	6		09-01-1995	12-31-1996	02-25-1999
8CD6550000055	000366801	LIVING TREE	6	5	01-01-1997	05-18-1999	02-25-1999
8CD6550000055	000366801	LIVING TREE	6	5	05-19-1999	05-17-2000	05-07-1999

Eligibility

RECIP NO	MEDICAID BASE PLAN CODE	MEDICAID BASE PLAN DESCRIPTION	CVG	TYPE	BEGIN DATE	END DATE	SPDNCD
778110887	15	ICF-MR GROUP HOME	D	14	11-01-94		

Return_To_Request

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data

The 1163: Clients With Service Authorizations/Client Assessments Changed During Period screen displays the following information: Component Number and Name, Report Begin and End Dates, Client ID, Client Name, Medicaid Number, Birth Date, Sex, Ethnicity, and Service Authorization, MR/RC Assessment, and Medicaid Eligibility information for those consumers who have had service authorization/client assessments changed during the specified period.

1164: Service Authorizations/Client Assessments

Introduction   The <u>1164: Service Authorizations/Client Assessments</u> screens allow
         you to view service authorization/client assessment information for a
         specific consumer.

Request Screen   A sample request screen is shown below.

```
05-28-99 @14:51:02          1164: Service Authorizations/ Client Assessments          VC119080

                                    Client ID [          ]
                                    Component [     ]
                                 Local Case Number [          ]


            Begin Date (mmddyyyy) [        ]              End Date (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 *must* enter either the Client ID or Local Case Number.
COMPONENT	Displays your component code based on your logon account number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component. <u>Rule</u>: You *must* enter either the Client ID or local case number.
BEGIN DATE (MMDDYYYY)	If you want to view a specific report period, key the report begin date in MMDDYYYY format.
END DATE (MMDDYYYY)	If you want to view a specific report period, key the report end date in MMDDYYYY format.

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.

```
05-28-99 @15:04:49          1164: Service Authorizations/ Client Assessments          VC119080
```

Last Name	ROSE	Client ID	2643693
Suffix		Component	8LH
First Name	RUBY	Local Case Number	
Middle Name			

CLIENT ID	NAME	MEDICAID NUMBER	BIRTH DATE	SEX	ETH
2643693	Rose, Ruby		07-15-1960	F	B

Service Authorizations

COMP/CASE	CONTRACT		NO BILL	FND SRC	BEGIN DATE	END DATE	PROC DATE
	NUMBER	NAME					

MR/RC Assessments

COMP/CASE	CONTRACT		LOC	LON	BEGIN DATE	END DATE	PROC DATE
	NUMBER	NAME					
8LH0000000060	000752401	Quincy House	5	6	01-15-1999	07-13-1999	03-23-1999

Eligibility

RECIP_NO	MEDICAID BASE PLAN		CVG	TYPE	BEGIN DATE	END DATE	SPDNCD
	CODE	DESCRIPTION					

```
[ Return_To_Request ]
```

Return to General Client Inquiry Menu
Return to ICF/MR Menu
Return to CARE Main Menu
Quit

Display Data	The 1164: Service Authorizations/Client Assessments screen displays the following information: Client Name, Client ID, Component, Local Case Number, Medicaid Number, Birth Date, Sex, Ethnicity, and Service Authorization, MR/RC Assessment, and Medicaid Eligibility information for the consumer selected.

1165: MR/RC Level of Care Expiration: Inquiry

_____

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

_____

Request Screen   A sample request screen is shown below.

```
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 ]  [ 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 CODE	Displays your component code based on your logon account number.
END DATE	Key the date to end your inquiry in MMDDYYYY format. Note: If you leave this field blank, the system will default to today's date.
CONTRACT NUMBER	Key the contract number on which you want to base your inquiry, if desired.

_____

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 Screen   A sample screen is shown below.

```
03-23-99                    1165: MR/RC Level of Care Expiration Inquiry Results            VC110510B


              THROUGH 04-01-2001
   COMPONENT: 8LH  A&M CARE INC
                                CONTRACT  MEDICAID            LEV CARE   LEV CARE
   CLIENT NAME                   NUMBER    NUMBER  LOC/LON  BEGIN DT    END DT
      LOCAL CASE NUMBER
   GLORY, MORNING               000752401             5/6   01-01-1999 06-29-1999
      0000000050
   HILL, ROCKY J                000752401                   NO ASSESSMENT FOUND
      0000000029
   LANTANA, LOIS                000752401             5/6   02-01-1999 07-30-1999
      0000000070
   ROSE, RUBY                   000752401             5/6   01-15-1999 07-13-1999
      0000000060

   [ Return_To_Request ]

   Return to ICF/MR Menu
   Return to CARE Main Menu
   Quit
```

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

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

Introduction   The <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
```
_____

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

_____

Submit Inquiry

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

When your data is correct, click **Submit Inquiry** to submit your inquiry.

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

Inquiry Screen

A sample inquiry screen is shown below.

```
03-23-99                 1168:ICF/MR MR/RC Assessment Summary: Inquiry          VC110501B


     NAME            : ROSE, RUBY                      CLIENT ID: 2643693
     LOCAL CASE NUMBER: 0000000060                      COMPONENT: 8LH

     MEDICAID     LEVEL    LEV CARE    LEV CARE  PREVIOUS   PURPOSE  LON
     NUMBER      OF CARE   BEGIN DT    END DT    END DT     CODE            SOURCE
                    5      01-15-99    07-13-99              2       6      TDMHMR


     [ Return_To_Request ]

     Return to ICF/MR Menu
     Return to CARE Main Menu
     Quit
```

Display Data

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

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

Introduction

The <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.

Request Screen

A sample request screen is shown below.

```
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 Correction
                                          Blank: For All Status)
_____
[ 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 CODE	Displays your component code based on your logon account number.
CONTRACT NUMBER	Key the contract number under which the consumer is receiving services, if desired.
STATUS	Key the assessment status to limit your inquiry. P = Not sent to TDMHMR U = Sent to TDMHMR X = Return to Provider for Correction Blank = For all Status

_____

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

When your data is correct, click **Submit Inquiry** to submit your
inquiry.

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

_____

Inquiry Screen   A sample inquiry screen is shown below.

```
03-23-99                    1182:ICF/MR MR/RC Assessment Pending: Inquiry            VC110520B
  _____


  COMPONENT: 8LH A&M CARE INC

                                    CONTRACT   MEDICAID  PURPOSE  REQ CARE  REQ CARE
  CLIENT NAME                       NUMBER     NUMBER    CODE     BEGIN DT  END DT
     LOCAL CASE NUMBER / STATUS
  PANSY, JOSEPH                     000752401            2        02-15-99
     0000000080   STATUS: SENT TO TDMHMR

  [ Return_To_Request ]

  Return to ICF/MR Menu
  Return to CARE Main Menu
  Quit
```

_____

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

_____

1183: ICF MR/RC Assessment Inquiry

Introduction   The 1183: ICF MR/RC Assessment Inquiry screen allows you to view a mirror image of the MR/RC assessment record for the consumer you request and displays its current status. Only records entered into 1123 will be displayed on this screen.

Request Screen   A sample request screen is shown below.

```
03-23-99                      1183: ICF MR/RC Assessment Inquiry                      VC110530

                     *** 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
```

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

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

Field	Description
COMPONENT CODE	Displays your component code based on your logon account number.
CLIENT ID	Key the consumer's statewide identification number.
	Rule: You *must* enter the Client ID, Local Case Number, **or** Medicaid Number.
LOCAL CASE NUMBER	Key the consumer's local case number issued by your component.
	Rule: You *must* enter the Client ID, Local Case Number, **or** Medicaid Number.
MEDICAID NUMBER	Key the consumer's Medicaid number.
	Rule: You must enter the Client ID, Local Case Number, or Medicaid Number.
BEGIN DATE	Key the begin date if you want to view a specific assessment.

Inquiry Screen   A sample inquiry screen is shown below and is continued on the next page.

1. Facility Provider	QUINCY HOUSE	2. Contract No	000752401
3. Mailing Address	1915 WEYMOUTH CT, ARLINGTON TX, 76013		
4. Name (Last/First/Middle)	ROSE, RUBY		
5. Applicant's Address			
(Street or P.O.Box, City, State, Zip)			
6. Component Code	8LH	7. Case No	60
8. Medicaid No		9. Medicare No	
10. Date of Birth	07-15-1960	11. SSN	U
12. Date Completed	01-15-1999	**13. Purpose Code**	2
14. Date of Physical Exam.	01-15-1999	15. Legal Status 5 16. Res. 5 17. Rec. LOC 5	18. Rec. LON 6

Diagnosis

19. Primary Diagnosis	MILD MENTAL RETARDATION	20. Code 317	21. Version Code 9
22. Onset	07-1960		
23. Current Medical Diag.		24. Code	25. Version Code 9
26. Psychiatric Diagnosis		27. Code	28. Version Code 4
Cognitive Functioning	29. IQ 52	30. ABL 1	

ICAP Data

31. Broad Independence	1	32. General Maladaptive	1	33. Service Level 1

Behavior Status

34. Behavior Program	N	35. Self-injurious Behavior	0	36. Serious Disruptive Behavior 0
37. Aggressive Behavior	0	38. Sexually Aggressive Behavior	0	

Nursing

39. Service Provider   40. Frequency Code   0

Day Services

Non-Vocational Setting:

41. Service	0	42. Frequency Code 0	43. Funding Code 0

Vocational Setting:

44. Service	0	45. Frequency Code 0	46. Funding Code 0

Functional Assessment   47. Ambulation 1

Physician's Evaluation and Recommendation	Y=Yes N=No
48. Does medical regimen of individual need to be under the supervision of an M.D./D.O.?	Y
49. Will the health status of the individual prevent participation in the active treatement of the ICF/MR program?	N
50. To your knowledge does the individual have a condition of mental retardation and/or a related condition?	Y
51. Do you certify that this individual requires ICF/MR or ICF/MR/RC care?	Y

Inquiry Screen, continued

52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only. _____

53. Full M.D./D.O. Name   JOHN DOE

54. Date   01-15-1999   55. License Number   780

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge
all information on this form is true and I also certify that the information represents those items of
the individual's treatment plan as currently documented in the record. I further certify that this
facility can provide the prescribed physical and medical care.

56. Signature of RN/LVN/QMRP/Case Manager   _____

57. Full name of RN/LVN/QMRP/Case Manager   JANE DOE

58. Date   01-15-1999

Requested Begin / End Dates

59. Begin Date   01-15-1999   60. End Date

For Departmental Use Only

61. LOC   5   62. LON   6

63. Effective Date   01-15-1999   64. Expiration Date   07-13-1999

65. Name of Reviewer   F550777   66. Date Reviewed   03-23-1999

67. Name of Physician

Provider Comments

Reviewer Comments

Status   AUTHORIZED

[Return_to_Request]

Return to ICF/MR Menu
Return to CARE Main Menu
Quit

This page was intentionally left blank
.

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.

_____

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.

_____

Term	Definition
Separation	Administrative action that documents that an individual being served is leaving the TDMHMR service delivery system. In the CARE system, individuals are separated due to death or establishing legal residence out of state.
Service Participant Group	Groupings designed to provide a structure for gathering data about members of the priority population who have specific characteristics that seem to influence the type and intensity of services required to meet their needs. Service participant groups are comprised of members of the priority population who: • **CB**: have a Challenging Behavior (with or without a mental illness diagnosis) which requires frequent intervention or regular monitoring. The severity of the behavior is such that it interferes significantly with daily living or learning activities. • **SB**: have a Severely challenging Behavior (with or without a mental illness diagnosis). The severity of the behavior is such that it seriously threatens the health and safety of this person or others. The management of the behavior is a primary consideration in planning the individual's activities. • **PD**: have a severe Physical Disability as evidenced by a need for an ongoing program designed and monitored by a professionally qualified habilitation therapist or specialist. Such programs are designed to alleviate the primary condition and decrease the effects of any secondary disability. These disabilities may include, but are not limited to, eating problems, ambulation problems, severe sensory (tactile, visual, and/or auditory) impairments, and other major physical disabilities. • **HC**: have a Health Care need so severe that its treatment and monitoring are the foremost considerations in planning the individual's activities. Immediate 24-hour response from nursing staff, weekly physician intervention, and monitoring of a health care plan by a professional nurse is often needed. • **TS**: need either Training or Support to enable or maintain their community arrangements for living, working, training, etc. • **EC**: are eligible to receive Early Childhood Intervention services. • **UC**: Unclassified.
State Operated Provider	State facility (state school or state center) or SOCS (State Operated Community Services) that provides ICF/MR services.

This page was intentionally left blank.

Appendix B

Forms

_____

Introduction   Appendix B contains copies of the forms available for ICF/MR.

_____

In this Section   This section contains the following:

- CARE-REG1 Client Registration Form and Form Field Table
- MR/RC Assessment Form and Instructions
- ICF/MR Client Movement Form and Form Field Table
- ICF/MR Automated System Provider Access Request – IS 098 and Instructions
- ICF/MR Automated System Access Authorization Designees
- Request for IRIS Access – Form 4743 and Instructions
- Non-Disclosure Agreement for Non-State Employees

_____

This page was intentionally left blank.

*C*ARE

Client Assignment and Registration System
Texas Department of Mental Health and Mental Retardation

| CARE-REG1 | **Client Registration** | (Action Code 325) | Rev. 5/1/96 |

Action　　　Add: ☐　　　　　　　　　　　Update: ☐

Last Name/ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐　　Client ID ☐☐☐☐☐☐☐☐☐
Suffix ☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐☐☐　　Local Case Number ☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐☐　　Component ☐☐☐

Sex ☐ (M=Male, F=Female)　　　Ethnicity ☐ (W=White, B=Black, H=Hispanic, A=Asian, I=American Indian, O=Other/Unknown)

Birthdate ☐☐–☐☐–☐☐☐☐　　　Social Security Number ☐☐☐–☐☐–☐☐☐☐
　　　　MM　DD　YYYY　　　　　(N=None, U=Unknown)

Medicaid Number ☐☐☐☐☐☐☐☐☐　　Medicare Number ☐☐☐☐☐☐☐☐☐☐☐

Presenting Problem ☐ (1=MH, 2=MR, 3=ECI/DD, 4=SA, 5=RC)

Registration Effective Date ☐☐–☐☐–☐☐　　Registration Effective Time (HH-MM-A/P) ☐☐–☐☐–☐
　　MM　DD　YY　　　　　　　　　　　　　　　　　HH　MM　A/P

Street Address _____　State ☐☐　Zip Code _____

City _____　County of Residence _____ Code ☐☐☐

Service Participant Group ☐☐
(MR Only)　　　　　　　　　Legal Guardianship ☐

Marital Status ☐

Family Size ☐☐　　Estimated Annual Gross Family Income ☐☐☐☐☐☐

| Primary Correspondent | Secondary Correspondent |

Name _____　　Name _____
Street _____　　Street _____
City _____　　City _____
State ☐☐　Zip Code _____　　State ☐☐　Zip Code _____
Relationship ☐☐　Phone (___) _____　　Relationship ☐☐　Phone (___) _____

Completed By: _____　Date: _____

Client Registration Form

Form Fields   The following table describes the fields as they are displayed on the form.

Field Name	Contents
ACTION ADD	You must check this box if you believe the person *is not* registered in CARE.
ACTION UPDATE	You must check this box if the person *is* registered in CARE.
LAST NAME	Person's last name.
SUFFIX	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	Person's first name.
MIDDLE NAME	Person's middle name.
CLIENT ID	Person's statewide identification number.
LOCAL CASE NUMBER	Person's local case number.
COMPONENT	Component code.
SEX	Person's sex. M = Male, F = Female.
ETHNICITY	Person's ethnicity. W = White B = Black H = Hispanic A = Asian I = American Indian O = Other/Unknown
BIRTHDATE	Person's date of birth. MMDDYYYY format.
SOCIAL SECURITY NUMBER	Person's social security number *or* N = None, U = Unknown.
MEDICAID NUMBER	Person's Medicaid number.
MEDICARE NUMBER	Person's Medicare number.
PRESENTING PROBLEM	One-digit code to indicate the person's presenting problem. 1 = MH (Mental Health) 2 = MR (Mental Retardation) 3 = ECI/DD (Early Childhood Intervention/Developmentally Delayed) 4 = SA (Substance Abuse) 5 = RC (Related Condition-MR only)

Client Registration Form, Continued

_____

Form Fields, continued

Field Name	Contents
REGISTRATION EFFECTIVE DATE	Date the registration is effective. MMDDYY format.
REGISTRATION EFFECTIVE TIME	Time the registration is effective. HHMM A/P format.
STREET ADDRESS	Person's street address.
CITY	Person's city of residence.
STATE	Person's state of residence.
ZIP CODE	Person's zip code and zip code suffix (if available).
COUNTY OF RESIDENCE	Name of the person's county of residence.
CODE	Three-digit code for the person's county of residence.
SERVICE PARTICIPANT GROUP (MR ONLY)	Person's MR service participant group.
MARITAL STATUS	Person's marital status. 1 = Married 2 = Widowed 3 = Divorced 4 = Separated 5 = Never Married 6 = Unknown/NA
FAMILY SIZE	Number of persons supported on the person's family's estimated annual gross income. Includes the number of parents living in the household, the number of dependent children, the person and any other persons dependent on the family for support.
LEGAL GUARDIANSHIP	Person's legal status. 1 = Minor 2 = Minor with conservator 3 = Adult with guardian of estate and person 4 = Adult with guardian of estate 5 = Adult with guardian of person 6 = Limited guardian 7 = Temporary guardian 8 = No guardian
ESTIMATED ANNUAL GROSS FAMILY INCOME	Total annual gross income of all family members living with the person, rounded to the nearest thousand. Do not enter commas or decimal points.

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.
CITY	Primary correspondent's city of residence.
STATE	Primary correspondent's state of residence.
ZIP CODE	Zip code and zip code suffix (if available) of primary correspondent.
RELATIONSHIP	Relationship of the primary correspondent to the person. If a primary correspondent is named, this field is required.
PHONE	Telephone number of primary correspondent. If the telephone number is entered, the area code is required.
SECONDARY CORRESPONDENT NAME	Name of the person to contact on behalf of the person in case of an emergency if the primary correspondent cannot be reached.
STREET	Secondary correspondent's street address.
CITY	Secondary correspondent's city of residence.
STATE	Secondary correspondent's state of residence.
ZIP CODE	Zip code and zip code suffix (if available) of secondary correspondent.
RELATIONSHIP	Relationship of the secondary correspondent to the person. If a secondary correspondent is named, this field is required.
PHONE	Telephone number of secondary correspondent. If the telephone number is entered, the area code is required.
COMPLETED BY	Signature of the person completing the form.
DATE	Date the form is completed.

This page was intentionally left blank.

MR/RC Assessment

1. Facility/Provider Name _____

2. Contract No. __ __ __ __ __ __ __ __ __

3. Mailing Address _____

_____

4. Name (Last/First/Middle) _____

5. Applicant's Address (Street or PO Box, City, State, Zip) _____

_____

6. Component Code __ __ __ __ __

7. Case No. __ __ __ __ __ __ __ __ __

8. Medicaid No. __ __ __ __ __ __ __ __ __

9. HIC/Medicare No. __ __ __ __ __ __ __ __ __ __ __ __

10. Date of Birth __ __ - __ __ - __ __ __ __
MM   DD   YYYY

11. SSN __ __ __ - __ __ - __ __ __ __
MM   DD   YYYY

12. Date Completed __ __ - __ __ - __ __ __ __
MM   DD   YYYY

13. Purpose Code __

14. Date of Physical Examination __ __ - __ __ - __ __ __ __
MM   DD   YYYY

15. Legal Status __   16. Prev. Res. __   17. Rec. LOC __   18. Rec. LON __

Diagnosis

19. Primary Diagnosis _____

20. Code __ __ __ __ __   21. Version Code __

22. Onset __ __ - __ __ __ __
MM   YYYY

23. Current Medical Diagnosis _____

24. Code __ __ __ __ __   25. Version Code __

26. Psychiatric Diagnosis _____

27. Code __ __ __ __ __   28. Version Code __

Cognitive   29. IQ __ __ __   30. ABL __

ICAP Data

31. Broad Independence __ __ __   32. General Maladaptive __ __ __   33. ICAP Service Level __ __

Behavioral Status

34. Behavior Program __   35. Self-injurious Behavior __   36. Serious Disruptive Behavior __

37. Aggressive Behavior __   38. Sexually Aggressive Behavior __

Nursing

39. Service Provider __ __   40. Frequency Code __ __

Day Services

Non-Vocational Setting:

41. Service __ __   42. Frequency Code __ __   43. Funding Code __ __

Vocational Setting:

44. Service __ __   45. Frequency Code __ __   46. Funding Code __ __

Functional Assessment   47. Ambulation __

Physician's Evaluation and Recommendation

Y = Yes, N = No

48. Does medical regimen of individual need to be under the supervision of an M.D./D.O.? __

49. Will the health status of the individual prevent participation in the active treatment of the ICF/MR program? __

50. To your knowledge does the individual have a condition of mental retardation and/or a related condition? __

51. Do you certify that this individual requires ICF/MR or ICF/MR-RC care? __

52. Signature - M.D./D.O. I attest to Item 19 and Items 48 through 51 only. _____

53. Full M.D./D.O. Name (Please Print) _____

54. Date __ __ - __ __ - __ __ __ __
           MM   DD   YYYY
55. License Number _____

Provider Certification: On behalf of this facility, I certify that to the best of my knowledge all information on this form is true and I also certify that the information represents those items of the individual's treatment plan as currently documented in the record.
I further certify that this facility can provide the prescribed physical and medical care.

56. Signature of RN/LVN/QMRP/Case Manager/MRLA Service Coordinator _____

57. Full Name of RN/LVN/QMRP/Case Manager/MRLA Service Coordinator _____
    (Please Print)

58. Date __ __ - __ __ - __ __ __ __
           MM   DD   YYYY

Requested Begin/End Dates

59. Begin Date __ __ - __ __ - __ __ __ __
                MM   DD   YYYY
60. End Date __ __ - __ __ - __ __ __ __
              MM   DD   YYYY

For Departmental Use Only

61. LOC __   62. LON __

63. Effective Date __ __ - __ __ - __ __ __ __
                    MM   DD   YYYY
64. Expiration Date __ __ - __ __ - __ __ __ __
                     MM   DD   YYYY

65. Name of Reviewer _____
66. Date Reviewed __ __ - __ __ - __ __ __ __
                   MM   DD   YYYY

67. Name of Physician _____

Provider Comments

Reviewer Comments

MR-RC Assessment Instructions

Terms

The following terms are used in these instructions:

- **ICF/MR** - Intermediate Care Facilities for Persons with Mental Retardation

- **ICF/MR-RC** - Intermediate Care Facilities for Persons with Mental Retardation or a Related Condition

- **HCS** - Home and Community-based Services

- **HCS-O** – Home and Community-based Services – OBRA

- **MRLA** - Mental Retardation Local Authority

- **TDMHMR Waiver Programs** - HCS, HCS-O, MRLA

Purpose

These instructions are to be used for all ICF/MR and TDMHMR waiver programs.

The purpose of the MR/RC Assessment form is to:

- make an assignment of a Level of Care for the ICF/MR and TDMHMR Waiver Programs

- make an assignment of a Level of Need for the ICF/MR and TDMHMR Waiver Programs

- demonstrate compliance with federal utilization review requirements.

When to Prepare

An interested party may provide information to complete the MR/RC Assessment form on behalf of a person to request a level of care assessment for the ICF/MR program or TDMHMR Waiver Programs (HCS, HCS-O, or MRLA). Once a person is enrolled in a program, this form is completed for every level-of-care action. Additionally, this form is used to document the level of need.

Use the MR/RC Assessment form to:

- obtain a level of care for entry into an ICF/MR facility and TDMHMR waiver programs

- comply with continued-stay review

- request a change in a level of need

- request a reconsideration of level of care for a gap in assessment (Purpose Code E)

MR/RC Assessment Instructions, Continued

_____

Transmittal   Follow these transmittal procedures as appropriate:

- For *all* MR/RC assessments, enter the form into the TDMHMR automated system.

- For persons with a Related Condition enrolling into the ICF/MR or TDMHMR Waiver Programs, a copy of the Related Conditions Eligibility Screening Instrument must be kept in the consumer's chart.

- All other original forms must be maintained by the provider.

_____

Form Retention   Keep copies of all forms for five years after a recipient's discharge or death. The facility must keep the records of persons under 18 for three years beyond his 18th birthday even if this retention period exceeds five years.

_____

Source of Forms &   The copy of the MR/RC Assessment form that precedes this section can
Information   be used to make additional copies. The form is also available through
                     the
Regarding the   Office of Medicaid Administration web page
MR/RC Assessment   (www.mhmr.state.tx.us/medicaid).

If you have any questions regarding the MR/RC Assessment form or instructions, call the TDMHMR Medicaid Administration Help Desk at (512) 206-5577.

If you want to mail your inquiries, use the following address:
TDMHMR
ATTN: UR/UC
Medicaid Administration
P.O. Box 12668
Austin, TX 78711-2668

_____

Purpose Code 4
Special Instructions

For a Purpose Code 4, *only* the following fields are entered on the assessment:

1.   FACILITY/PROVIDER NAME
2.   CONTRACT NO.
3.   MAILING ADDRESS
4.   NAME
5.   APPLICANT'S ADDRESS
6.   COMPONENT CODE
7.   CASE NO.
8.   MEDICAID NO.
9.   HIC/MEDICARE NO.
10. DATE OF BIRTH
11. SSN
12. DATE COMPLETED
13. PURPOSE CODE
18. REC. LON

ICAP DATA
31. BROAD INDEPENDENCE
32. GENERAL MALADAPTIVE
33. ICAP SERVICE LEVEL

BEHAVIORAL STATUS
34. BEHAVIOR PROGRAM
35. SELF-INJURIOUS BEHAVIOR
36. SERIOUS DISRUPTIVE BEHAVIOR
37. AGGRESSIVE BEHAVIOR
38. SEXUALLY AGGRESSIVE BEHAVIOR

NURSING (Required only for ICF/MR Program, not TDMHMR Waiver Programs)
39. SERVICE PROVIDER
40. FREQUENCY CODE

PROVIDER CERTIFICATION
56. SIGNATURE OF RN/LVN/QMRP/CASE MANAGER/MRLA SERVICE COORDINATOR
57. FULL NAME OF RN/LVN/QMRP/CASE MANAGER/MRLA SERVICE COORDINATOR
58. DATE OF SIGNATURE

REQUESTED BEGIN/END DATES
59. BEGIN DATE (Begin date cannot precede the data entry date.)

Refer to the following form field table for a description of the contents of these fields.

Form Fields   The following table describes the fields as they are displayed on the form.

Field Name	Contents
1. FACILITY/PROVIDER NAME	If the person lives in an ICF/MR or ICF/MR-RC facility, the name of the facility. If the person is receiving waiver services, the name of the provider agency.
2. CONTRACT NO.	Contract number under which services are provided to this person.
3. MAILING ADDRESS	Provider's mailing address for facility or waiver services.
4. NAME (LAST/FIRST/MIDDLE)	Person's last name, first name, and middle name or initial.
5. APPLICANT'S ADDRESS	Person's current address, including street or PO box, city, state, and zip code.
6. COMPONENT CODE	Code to indicate the agency component at which the person is or will be receiving services.
7. CASE NO.	Person's local case number assigned by the component.
8. MEDICAID NO.	Person's Medicaid number, if known.
9. HIC/MEDICARE NO.	Person's Health Insurance Claim (HIC) number and letters or Medicare number, if known.
10. DATE OF BIRTH	Person's date of birth in MMDDYYYY format.
11. SSN	Person's nine-digit social security number.
12. DATE COMPLETED	Date the form is completed by the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator.
13. PURPOSE CODE	Code to indicate the purpose of this assessment. 2 = No Current Assessment 3 = Continued Stay Assessment 4 = Change LON on Existing Assessment (requires supporting documentation to be forwarded to TDMHMR, UR/UC, Medicaid Administration, P.O. Box 12668, Austin, TX 78711) E = Gaps in Assessment
14. DATE OF PHYSICAL EXAMINATION	Date of the most recent physical evaluation in MMDDYYYY format.
15. LEGAL STATUS	Code to indicate the person's legal status. 0 = Minor - less than 18 years of age (with parent/guardian) 1 = Minor (ward of the state) 2 = Minor w/conservator 3 = Adult w/guardian of estate and person 4 = Adult w/guardian of estate 5 = Adult w/ guardian of person 6 = Adult w/limited guardianship 7 = Adult w/temporary guardian 8 = Adult, no guardian

_____

Form Fields, continued

Field Name	Contents
16. PREV. RES.	Code to indicate the person's previous residence location (program) before the current enrollment. 1 = Home (not enrolled in any program) 2 = Hospital 3 = Another ICF/MR community-based facility 4 = HCS, HCS-O, MRLA, or CLASS provider services 5 = State hospital or state school 6 = Nursing facility 7 = Other 8 = Cannot determine
17. REC. LOC	(Recommended Level of Care) Code to indicate the level of care recommended by the provider. 0 = Denial of LOC 1 = LOC 1 8 = LOC VIII
18. REC. LON	(Recommended Level of Need) Code to indicate the level of need recommended by the provider. 1 = LON 1 (Intermittent) 5 = LON 5 (Limited) 8 = LON 8 (Extensive) 6 = LON 6 (Pervasive) 9 = LON 9 (Pervasive +) Note: See page 11 for information on calculating Level of Need.
DIAGNOSIS 19. PRIMARY DIAGNOSIS	Person's current primary diagnosis as determined by a physician. A primary diagnosis is the condition that is chiefly responsible for occasioning the request for programmatic services.
20. CODE	Code from the International Classification of Diseases-9th Revision-Clinical Modification Manual (ICD-9CM) indicating the person's primary diagnosis.
21. VERSION CODE	Version of the ICD-9CM used for the person's primary diagnosis.
22. ONSET	Month and year that the person's disabling condition was originally diagnosed.
23. CURRENT MEDICAL DIAGNOSIS	Any other current medical diagnoses that the person may have as determined by a physician. Used to indicate other factors that have a direct bearing on the required treatment or care.
24. CODE	Code from the ICD-9CM indicating the person's current medical diagnosis.
25. VERSION CODE	Version of the ICD-9CM used for the person's current medical diagnosis.
26. PSYCHIATRIC DIAGNOSIS	Diagnosis if the person has any current mental disorder(s) in the Diagnosis and Statistical Manual of Mental Disorders (DSM).
27. CODE	Code from the DSM for the person's psychiatric diagnosis.

_____

_____

Form Fields, continued

Field Name	Contents
28. VERSION CODE	Version of the DSM used for the person's psychiatric diagnosis.
COGNITIVE FUNCTIONING 29. IQ	Actual IQ score, if obtainable. If IQ cannot be ascertained for a person because of the severity of the disability (such as profound mental retardation), enter 19 as the score. Note: This item is optional if LOC VIII is requested.
30. ABL	Code to indicate the person's Adaptive Behavior Level. 01 = Mild ABL deficit 02 = Moderate ABL deficit 03 = Severe ABL deficit 04 = Profound ABL deficit
ICAP DATA 31. BROAD INDEPENDENCE	Enter the domain score.
32. GENERAL MALADAPTIVE	Enter the score with + or - as applicable.
33. ICAP SERVICE LEVEL	Enter the person's actual service level obtained from the ICAP assessment.
BEHAVIORAL STATUS 34. BEHAVIOR PROGRAM	**Y** (Yes) or **N** (No) to indicate whether or not a behavior program is in place for the person. Note: If a value of **N** is entered, Items 35-38 must have a value of **O**.
35. SELF-INJURIOUS BEHAVIOR	(Behavior examples include self-inflicted tissue damage, including that related to property destruction, pica, and excessive food consumption for individuals with Prader-Willi syndrome.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
36. SERIOUS DISRUPTIVE BEHAVIOR	(Behavior examples include threatening strangers, running into traffic, and public disrobing.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.

_____

Form Fields, continued

Field Name	Contents
37. AGGRESSIVE BEHAVIOR	(Behavior examples include physical attacks against others.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
38. SEXUALLY AGGRESSIVE BEHAVIOR	(Behavior examples include sexual assault, pedophilia, and public masturbation.) Code to indicate Level of Caregiver Preventive Intervention: 0 = Not applicable or not on behavior program 1 = Requires additional staff supervision to prevent dangerous behavior 2 = Requires constant one-on-one supervision during waking hours to prevent extremely dangerous behavior Note: If a value of **1** or **2** is entered, then a Behavior Program must be in place for the consumer.
NURSING 39. SERVICE PROVIDER	Code to indicate the licensed or registered professionals who provide nursing services to the person. 15 = Registered Nurse 16 = Licensed Vocational Nurse
40. FREQUENCY CODE	Code to indicate the frequency of nursing services for the person. 0 = Person does not have these services included in the IPP, ISP, IPC, or IHP 1 = 15 minutes or less per week 2 = 16-30 minutes per week 3 = 31-60 minutes per week 4 = 61-149 minutes per week 5 = 150-180 minutes per week 6 = 181 or more minutes per week
DAY SERVICES **NON-VOCATIONAL SETTING** 41. SERVICE	Code to indicate the day service in a non-vocational setting in which the person participates. 0 = Person does not participate in Day Services 1 = Day Activity (non-vocational training)
42. FREQUENCY CODE	Code to indicate the frequency of the person's participation in day services in a non-vocational setting. 0 = Person does not participate in Day Services 1 = up to 5 hours per week 2 = 6-10 hours per week 3 = 11-15 hours per week 4 = 16-20 hours per week 5 = 21-25 hours per week 6 = 26 or more hours per week

_____

Form Fields, continued

Field Name	Contents
DAY SERVICES, continued **NON-VOCATIONAL SETTING** 43. FUNDING CODE	Code to indicate funding for the day services in a non-vocational setting. 0 = Person does not participate in Day Services 1 = Medicaid funding 2 = Texas Education Agency funding 3 = Funding from other state agencies 4 = General Revenue funding 5 = Other funding sources (church, senior citizen center, Salvation Army, etc.)
DAY SERVICES **VOCATIONAL SETTING** 44. SERVICE	Code to indicate the day service in a vocational setting in which the person participates. 0 = Person does not participate in Day Services 1 = Vocational Training (workshop, work crews, enclaves, employment assessments, job development) 2 = Supported Employment 3 = Both Vocational Training and Supported Employment (both 1 and 2)
45. FREQUENCY CODE	Code to indicate the frequency of the person's participation in day services in a vocational setting. 0 = Person does not participate in Day Services 1 = up to 5 hours per week 2 = 6-10 hours per week 3 = 11-15 hours per week 4 = 16-20 hours per week 5 = 21-25 hours per week 6 = 26 or more hours per week
46. FUNDING CODE	Code to indicate funding for the day services in a vocational setting. 0 = Person does not participate in Day Services 1 = Medicaid funding 2 = Texas Education Agency funding 3 = Vocational Rehabilitation funding (TRC/TCB) 4 = General Revenue funding 5 = Other funding sources (church, senior citizen center, Salvation Army, etc.)
FUNCTIONAL ASSESSMENT 47. AMBULATION	Code to indicate the person's ambulation. 1 = Walks independently; walks with no supervision or physical hands-on assistance. May require mechanical devices (such as cane, crutch, or walker) but not a wheelchair 2 = Walks with intermittent supervision or physical hands-on assistance for difficult maneuvers (such as for stairs, ramps). May or may not require the use of mechanical devices (such as cane, crutch, or walker) but not a wheelchair 3 = Walking requires constant supervision and/or physical hands-on assistance (with or without mechanical devices but not a wheelchair) 4 = Wheelchair is the most appropriate method of ambulation

_____

Form Fields, continued

Field Name	Contents
PHYSICIAN'S EVALUATION AND RECOMMENDATION	
48. DOES MEDICAL REGIMEN OF INDIVIDUAL NEED TO BE UNDER THE SUPERVISION OF AN M.D./D.O.?	**Y** (Yes) or **N** (No) to indicate whether or not the person's medical regimen needs to be under the supervision of an M.D. or D.O. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
49. WILL THE HEALTH STATUS OF THE INDIVIDUAL PREVENT PARTICIPATION IN THE ACTIVE TREATMENT OF THE ICF/MR PROGRAM?	**Y** (Yes) or **N** (No) to indicate whether or not the person's health status will prevent participation in the active treatment of the ICF/MR program. Note: **N** must be indicated for the person to be eligible for ICF/MR program or waiver services.
50. TO YOUR KNOWLEDGE DOES THE INDIVIDUAL HAVE A CONDITION OF MENTAL RETARDATION AND/OR A RELATED CONDITION?	**Y** (Yes) or **N** (No) to indicate whether or not the person has a condition of mental retardation and/or a related condition. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
51. DO YOU CERTIFY THAT THIS INDIVIDUAL REQUIRES ICF/MR OR ICF/MR-RC CARE?	**Y** (Yes) or **N** (No) to indicate whether or not you certify that this person requires ICF/MR or ICF/MR-RC care. Note: **Y** must be indicated for the person to be eligible for ICF/MR program or waiver services.
52. SIGNATURE-M.D./D.O. I ATTEST TO ITEM 19 AND ITEMS 48 THROUGH 51 ONLY.	Signature of the M.D./D.O.
53. FULL M.D./D.O. NAME	Physician's printed full name.
54. DATE	Date of the physician's signature.
55. LICENSE NUMBER	Physician's license number.
PROVIDER CERTIFICATION	
56. SIGNATURE OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR	Signature of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator responsible for the completion of this form.
57. FULL NAME OF RN/LVN/ QMRP/CASE MANAGER/ MRLA SERVICE COORDINATOR	Printed full name of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator who signed the form.
58. DATE	Date of the signature of the RN/LVN/QMRP/Case Manager/MRLA Service Coordinator who signed the form.

Form Fields, continued

Field Name	Contents
REQUESTED BEGIN/END DATES 59. BEGIN DATE	Requested effective date of the LOC determination/LON assignment.
60. END DATE	Requested end date of the LOC determination/LON assignment. Note: Use END DATE *only* for Purpose Code E.
FOR DEPARTMENTAL USE ONLY 61. LOC	(Level of Care) Code to indicate the assigned level of care. 0 = Denial of LOC 1 = LOC 1 8 = LOC VIII
62. LON	(Level of Need) Code to indicate the assigned level of need. 0 = Denial of LON 1 = LON 1 (Intermittent) 5 = LON 5 (Limited) 8 = LON 8 (Extensive) 6 = LON 6 (Pervasive) 9 = LON 9 (Pervasive +) Note: See page 11 for information on calculating Level of Need.
63. EFFECTIVE DATE	Effective date of the LOC determination/LON assignment.
64. EXPIRATION DATE	Expiration date of the LOC determination/LON assignment.
65. NAME OF REVIEWER	Name of person reviewing the assessment and assigning the LOC/LON.
66. DATE REVIEWED	Date the assessment was reviewed.
67. NAME OF PHYSICIAN	Name of TDMHMR physician who reviews the assessment when LOC has been denied.

Calculating Level of Need (LON)

LON	Description	ICAP Service Level	Service Score Range	Other
1	Intermittent	7, 8, or 9	>= 70	
5	Limited	4, 5, or 6	40 – 69	
8	Extensive	2 or 3	20 – 39	
6	Pervasive	1	1 – 19	
9	Pervasive Plus	Any	Any	Must have a value of **2** in at least one of the following behavior items: 35. Self-Injurious behavior 36. Serious Disruptive Behavior 37. Aggressive Behavior 38. Sexually Aggressive Behavior

Behavior Increase (*both* **ICF/MR** *and* **HCS/HCS-O/MRLA**):

If at least one of the behavior items 35 through 38 is a value of one, then a behavior increase is indicated. If the level of need has a value of 1, 5, or 8, then the level of need will be increased one level.

Medical Increase (**ICF/MR only**)

If item 40 Nursing: Frequency Code has a value of 6 indicating that 181 or more minutes per week of nursing services are provided and item 39 Nursing: Service Provider has a value of 15 or 16 (15=Registered Nurse, 16=Licensed Vocational Nurse), then a medical increase is indicated. If the level of need has a value of 1, 5, or 8, then the level of need will be increased one level.

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

Note 2: Cap guidelines for HCS/HCS-O/MRLA consumers is based on their level of need. If the information on the MR/RC Assessment form indicates a medical increase, then that consumer's cap guideline will be increased one level. If the level of need has a value of 1, 5, or 8, then the cost ceiling will be increased one level.

Note 3: In ICF/MR a consumer's level of need can only be increased one time.
For example, if a consumer's MR/RC Assessment satisfies both the behavior criteria for an increase *and* the nursing criteria for an increase, then their level of need is only increased *one* level.

This page was intentionally left blank.

ICF/MR Client Movement

11/3/98

Last Name/ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Suffix ☐☐☐

First Name ☐☐☐☐☐☐☐☐☐☐

Middle Name ☐☐☐☐☐☐☐☐☐

Client ID ☐☐☐☐☐☐☐☐☐

Component ☐☐☐

Local Case Number ☐☐☐☐☐☐☐☐☐

Social Security No. ☐☐☐☐☐☐☐☐☐

Action Add: ☐ Change: ☐ Delete: ☐

Movement Effective Date ☐☐–☐☐–☐☐☐☐ MM DD YYYY

Movement Effective Time ☐☐–☐☐–☐ HH MM A/P

Location Code (State ☐☐☐☐ *or* Contract No. (Non-State ☐☐☐☐☐☐☐☐

Movement Code: ☐☐☐

Admission/Disc

| ADM | Admission |
| DRE | Discharge |

Non-State Operated

AEV	Absent-Extended Visit
ASA	Absent-Special Activity: Therapeutic
ATH	Absent-Therapeutic Visit
AX	Absent-Other
RET	Return from Absence

State Operated

AHI	Absent-Comm. Hosp. w/Priv. Ins.
AHN	Absent-Comm. Hosp. w/o Priv. Ins.
AHV	Absent-Home Visit
ANS	Absent-Special Activity
ASA	Absent-Special Activity: Therapeutic
ATV	Absent-Home Visit: Therapeutic
AUD	Absent-Unauthorized Departure
AX	Absent-Other
RET	Return from Absence

Residential Type: ☐ *For Admission or Returns, enter previous residential setting.*
For Discharges, enter residential setting to which person is going.

1	Hospital	6	State Operated Facility
2	Nursing Facility	7	Hospice
3	Non-State Operated Facility	8	Private Pay Facility
4	Medicare/SNF	9	Other/Unknown
5	Home		

If admitted from or discharged to a hospital or private pay facility, then enter date of admission to that facility. ☐☐–☐☐–☐☐☐☐ MM DD YYYY

Comments:

Signature - Administrator _____ Date _____

Print Name _____

Completed By: _____ Date: _____

ICF/MR Client Movement Form

Form Fields   The following table describes the fields as they are displayed on the form.

Field Name	Contents
LAST NAME	Person's last name.
SUFFIX	Person's last name suffix. (e.g., Jr, Sr, II)
FIRST NAME	Person's first name.
MIDDLE NAME	Person's middle name.
CLIENT ID	Person's statewide identification number.
COMPONENT	Component code.
LOCAL CASE NUMBER	Person's local case number.
SOCIAL SECURITY NO.	Person's social security number *or* N = None, U = Unknown.
ACTION ADD	Check this box to add a client movement record.
ACTION CHANGE	Check this box to change a client movement record.
ACTION DELETE	Check this box to delete a client movement record.
MOVEMENT EFFECTIVE DATE	Effective date of the client movement. MMDDYYYY format.
MOVEMENT EFFECTIVE TIME	Effective time of the client movement. HHMM A/P format.
LOCATION CODE	Location code. *Required for state operated providers*.
CONTRACT NO.	Contract number under which services are provided. *Required for non-state operated providers*.

Form Fields, continued

Field Name	Contents
MOVEMENT CODE	Code to indicate the person's movement.
	Admission/Discharge (State Operated and Non-State Operated)
	ADM = Admission
	DRE = Discharge
	Non-State Operated
	AEV = Absent-Extended Visit
	ASA = Absent-Special Activity: Therapeutic
	ATH = Absent-Therapeutic Visit
	AX = Absent-Other
	RET = Return from Absence
	State Operated
	AHI = Absent-Comm. Hospital with Private Insurance
	AHN = Absent-Comm. Hospital without Private Insurance
	AHV = Absent-Home Visit
	ANS = Absent-Special Activity
	ASA = Absent-Special Activity: Therapeutic
	ATV = Absent-Home Visit: Therapeutic
	AUD = Absent-Unauthorized Departure
	AX = Absent-Other
	RET = Return from Absence
RESIDENTIAL TYPE	For Admissions or Returns from Absence, enter previous residential setting.
	For Discharges, enter residential setting to which person is going.
	1 = Hospital
	2 = Nursing Facility
	3 = Non-State Operated Facility
	4 = Medicare/SNF
	5 = Home
	6 = State Operated Facility
	7 = Hospice
	8 = Private Pay Facility
	9 = Other/Unknown
IF ADMITTED FROM OR DISCHARGED TO A HOSPITAL OR PRIVATE PAY FACILITY, THEN ENTER DATE OF ADMISSION TO THAT FACILITY.	Date of admission to a facility (if admitted from or discharged to a hospital or private pay facility.) MMDDYYYY format.
COMMENTS	Enter any comments about the movement.

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.

This page was intentionally left blank.

TDMHMR ACCESS AUTHORIZATION REQUEST

| MAINFRAME USER ID | | | | | | | | **ICF / MR** |

ICF / MR AUTOMATED SYSTEM PROVIDER ACCESS REQUEST IS 098

SS# | | | | - | | | - | | | |

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		ADD	DELETE
CARE Access - Component Inquiry	C-1		
ICF / MR - Access / Inquiry	1,3		
ICF / MR Client Data Entry	3		
ICF / MR Client Movement & MR / RC Assessment	4		
ICF / MR Management Update	5		

☐ **STATE EMPLOYEES! Yes!** - The Signed Non-Disclosure form has been placed in Personnel File **PRIOR** to submitting Request for Access

☐ **NON-STATE EMPLOYEES! - YES!** The Signed Non-Disclosure form has been signed and attached to this Request for Access.

PRINT NAME OF PERSON AUTHORIZING ACCESS

SIGNATURE OF PERSON AUTHORIZING ACCESS

TITLE OF PERSON AUTHORIZING ACCESS

DATE FORM IS SIGNED

MAIL TO:

TDMHMR - Information Security
PO BOX 12668
Austin, TX 78711-2668

For TDMHMR Central Office use ONLY

TDMHMR Authorizing Signature

Date _____

DATE IN:

DATE OUT:

TDMHMR INFORMATION SERVICES - SECURITY (ISS)

REQUIRED INFORMATION FOR ALL TDMHMR ACCESS AUTHORIZATION FORMS

PRINT ALL INFORMATION WHEN COMPLETING FORMS.

1. USER ID - Current/existing Mainframe ID assigned to you for the facility listed in #4. **DO NOT fill-in if this is a new request for this facility.**
2. SSN - Your SOCIAL SECURITY NUMBER.
3. NAME - Your full name. If you are an existing user and have checked the 'NAME CHANGE' box, put your former name here.
4. COMPONENT CODE - The facility code that you need access for - call a supervisor if you do not know it.
5. DATE - The date you completed this form.
6. JOB TITLE - Your current job title.
7. MANAGER'S NAME - Your immediate supervisor's full name.
8. PHONE NUMBER - Your phone number, including the area code and extension (if applicable).
9. MANAGER'S PHONE - The phone number of your immediate supervisor, including area code and extension (if applicable)
10. Do You Work Shift Work? - Check 'yes' or 'no'. If yes, indicate which shift in the following space.
11. PERSONAL ID CODE (PIC) - **NEW USERS ONLY**. 4 to 5 characters that you makeup, used to provide verification of your identity when you call for assistance (Do not use your name, the name of a spouse or family member or your PIN for a bank card).
12. BIRTH MONTH - The month in which you were born (ex: 04 for April).
13. BIRTH DAY - The day of the month on which you were born.
14. COMPONENT NAME - The name of the facility at which you are located.
15. DEPARTMENT - The name of the department at which you work.
16. MAILING ADDRESS - Your complete mailing address at work, including city and zip code. Check box to right if different from facility/component address.
17. PHONE NUMBER - The number of the facility's main switchboard.
18. NAME CHANGE - Check this box if your name has changed. The full new name should be filled in on the following line.
19. DELETE ALL MAINFRAME ACCESS FROM USER - Check this box to delete all access, regardless of application system, from the userid listed in #1. This applies to termination and/or change of duties and **TERMINATES ALL MAINFRAME ACCESS.**

SPECIFIC INSTRUCTIONS FOR COMPLETING THE HCS / HCS-O / MRLA FORM

1. **ICF / MR ACCESS / INQUIRY:** All ICF / MR inquiry screens.
2. **ICF / MR CLIENT DATA ENTRY:** 325 / 326 - Registration, 410 - Add case to ID / Demographic Update, 420 - Name Update, 430 - Client Address Change, and 431 - Client Correspondent Update .
3. **ICF / MR CLIENT MOVEMENT & MR / RC ASSESSMENT:** 1123 - MR / RC Assessment Entry, 336 / 337 - Admission / Discharge Entry, and 360 - Client Separation.
4. **ICF / MR MANAGEMENT UPDATE:** 395 - Local Case Number Delete and 396 - Local Case Number Change.

HELPFUL INFORMATION WHEN COMPLETING FORM.

The record keeping practices of Information Security **REQUIRE** that **ALL FORMS CONTAIN ORIGINAL SIGNATURE(S).**

FORMS MUST BE SENT BY MAIL.

Access is either added (ADD, A) or deleted (DELETE, DEL, D). Refer to the Application Documentation to determine the appropriate level of access.

Forms that are incomplete, incorrect, outdated or faxed will be returned to the sending party without being processed by ISS.

This form MUST be signed by the person Authorized to grant user access, or it will be returned unprocessed.

All forms are two-sided. Remember to copy the backside when reproducing forms.

The Computer Security Agreement below MUST be signed by the user.

TDMHMR COMPUTER SECURITY AGREEMENT

I acknowledge that I have been assigned an individual identification code (USERID) and password to use to access MHMR Applications. I understand that I will be held personally accountable for any activity performed under my userid. Under no circumstances will I allow my confidential password to be used by any other individual, nor will I use one belonging to someone else. I will not enter any unauthorized data, change any data or disclose any data without proper authorization.

Violating a data security system or allowing unauthorized access by another party is a class A misdemeanor under Chapter 33 of the Texas Penal Code ("Computer Crime Law") and is punishable by a fine of $2,000, a year in jail or both. Altering data or causing a computer malfunction may constitute a felony of the third degree if damage exceeds $2,500.

I understand that if I violate any of these standards I may be subjected to disciplinary action or prosecution under one or more applicable statutes.

INDIVIDUAL'S NAME - PRINT:

INDIVIDUAL'S SIGNATURE:

DATE:

ICF/MR Automated System
Access Authorization Designees

Please designate one primary individual and one secondary individual at your component to authorize access to the Intermediate Care Facility for persons with Mental Retardation (ICF/MR) automated system and dialup access to the Health and Human Services Commission Network (HHSCNet). The request of more than one logon to this network will also require a non-refundable payment for that logon. This fee for one year of services will need to accompany the "Request for IRIS Access Code" form 4743. If you have any questions please contact Medicaid Administration at (512) 206-5577.

Dialup access to HHSCN is primarily used by private providers and **NOT** by state schools, SOCS, and community centers.

The responsibilities of these individuals are to:
- determine computer access based on an individual's duties and responsibilities
- request computer access using the ICF/MR Access Form (IS 098)
- change computer access if an individual's duties change
- delete computer access if an individual is no longer employed.

Mail this form to:

Texas Department of Mental Health and Mental Retardation (TDMHMR)
Larry North, Contracts Director
P.O. Box 12668
Austin, TX 78711-2668

Do not fax this form. Forms requesting access to the automated system must be signed by one of the individuals designated. Access forms will not be processed without the appropriate signatures on file at TDMHMR. Full signature of primary or secondary designees must be present on each access form; initialed forms will not be accepted.

Please note: A copy of the legislation relating to the creation and prosecution of offenses involving computers is attached.

The access form and instructions for completing the form are attached. If you have any questions regarding this procedure, please contact Larry North at (512) 206-5708.

FROM: Component Code: _____

Provider Legal Name: _____

****

_____   Phone (   ) _____
Printed Name of 1st Designee

_____
Signature of 1st Designee

_____   Phone (   ) _____
Printed Name of 2nd Designee

_____
Signature of 2nd Designee

****

I designate the above individual(s) to authorize access to the ICF/MR automated system and the HHSCNet.

_____   _____
CEO/Executive Director/Superintendent   Signature Date

_____
Printed Name CEO/Executive Director/Superintendent

Verified by Medicaid Administration: _____   _____
                                                                                                  Date of Verification

Rev. 09/23/98

Texas Department
of Human Resources

Form 4743
March 1997

REQUEST FOR IRIS ACCESS

SEND   **TX Department of Mental Health Mental Retardation**   **FROM:** _____

ORIGINAL   **Attention Medicaid Administration, Enrollment / Sanctions** _____

TO   **P.O. 12668** _____

    Austin, Texas 78711-2668 _____

FOR SECURITY SECTION USE ONLY Identifier	Password

Employee Name (Last, First, MI)	New Name (Last, First, MI)

Site Address	Mail Code	Action ☐ Add ☐ Delete ☐ Modify*

Employee No.	SSN	Employee Title		Effective Date	Reg. Section No.

			Dept. / Mode	Dept. / Mode	Dept. / Mode	Default Dept.
☐ MAPPER: ☐ Development ☐ Production ☐ San Antonio						
☐ OTIS: ☐ Development ☐ Production ☐ San Antonio						

*For modifications to existing codes, indicate items to delete by placing a "D" in the appropriate box below or items to add by placing an "A" in the box.

1. TWFINI	16. Nursing Home DE (S.O. Only)	31. ARCMS: ARINQ
2. Non-LAN Financial Services Limited Inq.	17. Community Care DE (S.O. Only)	32. ARCMS: ARMNT, ARDELT
3. Non-LAN Financial Services Limited Inq.	18. MFST (S.O. only)	33. LAN: WordPerfect / OASYS
4. Non-LAN Financial Services Data Entry	19. SMIB (S. O. Only)	34. LAN: : DOS
5. Recouplement Data Entry	20 HRMIS - General Inquiry	35. LAN : CSS ☐ Clerk ☐ Worker
6. Non-LAN CMOS	21. HRMIS - Personnel Inquiry	36. LAN : CCAD ☐ Clerk ☐ Worker
7. Nursing Home Criminal History Check	22. HRMIS - Reg. Pers. Data Entry	37. LAN : LSA
8. JOBS LINC	23. HRMIS - S. O. Pers. Data Entry	38. LAN : CCS Broadcast
9. Social Services ☐ Inq. ☐ DE	24. HRMIS - Fiscal Data Entry	39. LAN : HCS Broadcast
10. RMS ☐ Inq. ☐ DE	25. Fiscal Claims Proc. (AE) ☐ Inq. ☐ DE	40. LAN Protective (Servs.) Broadcast
11. CANRIS ☐ Inq. ☐ DE	26. FMIS ☐ Inq. ☐ DE	41. Other: Dial up access MHMRS
12. APS ☐ Inq. ☐ DE	27. Stock Inventory (BAMAIN) ☐ Inq. ☐ DE	
13. Licensing (SHMENU)	28. Cap. Assets Inv. (BCMAST) ☐ Inq. ☐ DE	
14. Medical Provider Services Inquiry	29. Dist. Of Print. Material (BDMAST) ☐ Inq. ☐ DE	
15. Pharmacy Claims DE (S.O. Only)	30. ARCMS, ARSTAT, ARCOMP, ARADO	

Comments: _____

_____

_____

_____

_____	_____	_____ _____
Signature of Requestor	Date Date	Signature-Reg. Network Mgr / Reg. User Analyst / Section Mgr.

FOR SECURITY SECTION USE ONLY

☐ **APPROVED**   ☐ **DISAPPROVED (EXPLAIN):** _____

_____   _____
Signature – MIS Security Staff   Date

Instructions for filling out the Request for IRIS Access Form. TDHS form 4743

Please complete the following information:

From:	Enter the Provider name, Contact name, and address of the individual authorizing this dial-up access at your provider location.
Identifier:	No Information Required.
Password:	No Information Required.
Employee Name:	Enter the name of the individual responsible for this dial-up access. (If requesting additional logons, employee name must by unique.)
New Name:	Use only for changes in employee name.
Site Address:	The mailing address for the individual responsible for this dial-up access.
Mail Code:	No Information Required.
Action:	Check the appropriate box for your action.
Employee No. :	No Information Required.
SSN:	Enter the social security number f the individual responsible for this dial-up access.
Employee Title:	Enter the title of the individual responsible for this dial-up access.
Effective Date:	Enter today's date.
Reg. Section No.:	No Information Required.
MAPPER: Section:	No Information Required.
Dept. Mode:	No Information Required.
Default Dept.:	No Information Required.
OTIS: Section:	No Information Required.
Boxes No.1-40:	No Information Required.
Box 41. Other: Dial-up access:	Mark the appropriate action in the box. "A" for add and "D" for delete.
Comments:	No Information Required.
Signature of Requestor:	The signature of the individual responsible for this dial-up access.
Date:	Date of the signature in the Signature of Requestor blank.
Signature - Reg. Network Mgr. / Reg. User Analyst / Section Mgr.:	Signature of the individual authorizing this access at your provider location (Note: requesting of more than one logon to HHSCNet requires the payment for that service to accompany the application for access. If you have any questions regarding this please contact Medicaid Administration at (512)206-5577.)
Date:	Date of the signature in the Signature-Reg. Network Mgr. / Reg. User Analyst Section Mgr. Blank.
For Security Section User Only:	No Information Required.

Mail the form to: **Texas Department of Mental Health and Mental Retardation**
Attention: Medicaid Administration, Enrollment / Sanctions
P.O. Cox 12668
Austin, TX 78711-2668

NON-DISCLOSURE AGREEMENT	Social Security Number
Texas Department of Mental Health and Mental Retardation	☐ ☐ ☐ - ☐ ☐ - ☐ ☐ ☐ ☐

COMPLETED FORM IS TO BE MAILED TO AND RETAINED BY TXMHMR INFORMATION SERVICES

As an employee of a mental health and mental retardation ☐ Community Center ☐ Private Provider ☐ Contracting Agency with privileges at Texas Department of Mental Health and Mental Retardation (TXMHMR), you may have access to what this agreement refers to as "confidential information". The purpose of this agreement is to help you understand your duties regarding confidential information.

Confidential information includes patient/client identifying information, patient/client medical information, or any information that is classified confidential by federal or state law. You may have access to some or all of this confidential information through a computer system or through your associated activities with TXMHMR.

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. 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 access privileges, 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:**

1.   You will use confidential information only as needed to perform legitimate duties. This means, among other things, that:

   ◆ You will only access confidential information for which you have a need to know; and
   ◆ You will not in any way divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly authorized within the scope of your activities affiliated with TXMHMR; and
   ◆ You will not misuse confidential information or carelessly handle confidential information.

2.   You will safeguard and will not disclose your access code/password or any other authorization you have that allows you to access confidential information.

3.   You accept responsibility for all activities undertaken using your access code/password and other authorization.

4.   You will report activities by any other individual or entity that you suspect may compromise the confidentiality, integrity or availability of confidential information. Reports are made in good faith about suspect activities and will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

5.   You understand that your obligations under this Agreement will continue after termination of your association with TXMHMR. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.

6.   You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. TXMHMR may revoke your access code or other authorized access to confidential information. At all times during your association with TXMHMR, you will safeguard and retain the confidentiality, integrity and availability of confidential information.

7.   You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code/password or other authorized access to confidential information. You understand that your failure to comply with this Agreement may also result in the loss of access privileges at TXMHMR.

I understand that instructions concerning proper authorization for disclosing confidential information are available in the Commissioner's Rule on Client-Identifying Information, Chapter 403, Subchapter k, and that if I have ANY questions concerning whether a disclosure is properly authorized I will seek out advice / legal counsel before I disclose the requested information.

_____   _____   _____
Signature   Print or Type Full Name   Date Signed

_____   _____
Facility Name / Department-Section Name   Component Number

IS910b NDA for Non-State Employees   Rev. 10-98