

8 CARE On-line Reporting

Overview

Introduction

The reporting function of CARE provides specific consumer information, statistical summaries, and information about components. You can view the reports on-line or print them.

On-line Reporting Contents

Two menus list the reports included in the on-line reporting function. They are:

- CARE Client Reporting Menu
- CARE Component Reporting Menu

The following table shows the action codes and menu/report names. The documentation in this section is presented in action code order and is located on the pages indicated below.

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On-line Reporting Contents, continued

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Overview, Continued

How to Access
Client or Component
Information

To access a report request screen:

- Key the action code of the report.
- Press <Enter>.

Result: A request screen or screens used to select the criteria for the report is displayed.

Note: Your component code is supplied by CARE based on your logon account number.

Generate Report for
Another Component

To generate a report for a component other than your own:

- Key the component code (type over your component code).
- Key the selection criteria.
- Press <Enter>.

Requesting Reports

If...	And you...	Then...
records are found	left the printer code field blank	the report is displayed on-line.
records are found	keyed in a printer code	a hard copy of the report is printed.
more than 200 records that meet the selection criteria are found, the message <i>"Too large to report on-line. Do you want to run tonight in Batch? __Y/N"</i> is displayed	key Y (yes) key N (no) or do not respond	the report will be run in batch and routed through VPS to your print queue the next day. the message <i>"Report will not be run in batch"</i> will be displayed and your request will be canceled.
no records are found	— —	the message <i>"No record found"</i> will be displayed.

Overview, Continued

Options

After the report is displayed or printed, you are returned to the report's request screen. You have the following options:

If you want to...	Then key...
request another report	the action code of the report in the ACT: field and press <Enter>.
display the <u>CARE Client Reporting Menu</u>	700 in the ACT: field and press <Enter>.
display the <u>CARE Component Reporting Menu</u>	790 in the ACT: field and press <Enter>.
return to the <u>CARE Main Menu</u>	M in the ACT: field and press <Enter>.
branch to another screen	the screen's action code in the ACT: field and press <Enter>.

On-line Reports

The next part of this section describes each on-line report within the CARE Reporting function and includes instructions for accessing, printing, and displaying reports.

Action Code 700 - CARE Client Reporting Menu

How to Access the Client Reporting Menu

To access the 700: CARE Client Reporting Menu:

- Key **700** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The menu is displayed.

Client Reporting Menu

The 700: CARE Client Reporting Menu is shown below.

```
02-06-02                700:CARE CLIENT REPORTING MENU                UC028000
705 - LIST OF CAMPUS-BASED ASSIGNMENTS          767 - SUPPORTED HOUSING/
706 - DAILY CENSUS REPORT                       EMPLOY/ACT FOR PERIOD
710 - ASSIGNMENTS BY PROG/ACTIVITY/LOC          768 - CLIENT DEATH REVIEW DATA
715 - CHARACTERISTICS OF ACTIVE CLIENTS         REPORT
720 - CLIENT CHARACTERISTICS FOR PERIOD         776 - BED COUNT AT OPEN
722 - CAMPUS-BASED ASSIGNMENTS FOR PERIOD       RESIDENTIAL LOCATIONS
725 - BIRTHDAY LIST                             777 - CONTRACT SYSTEM
726 - COMMUNITY-BASED ASSIGNMENTS FOR PERIOD   REPORTING
730 - COMMITMENTS TO EXPIRE                    778 - CONTRACT REPORT FY00-02
735 - DAILY CAMPUS-BASED CENSUS REPORT         780 - DEMOGRAPHIC DATA SHEET
740 - DIAGNOSTIC REPORT                        784 - CLIENT TREATMENT HISTORY
745 - ACTIVE CLIENTS BY DIAGNOSIS              786 - MH BED VACANCY TRACKING
750 - COUNT OF ACTIVE CLIENTS BY DEMOGRAPHICS  795 - NEW GENERATION MEDICA-
755 - COUNT OF ACTIVE CLIENTS BY DIAG GROUPS   TION TRACKING REPORT
760 - CHARACTERISTICS OF MR CLIENTS            798 - PHYSICAL CHARACTERISTICS
766 - CLIENTS IN PATH PROGRAM FOR PERIOD       REPORT
ACT: ____ (M/MENU)
```

Action Codes

The action codes listed on the 700: CARE Client Reporting Menu are used to access report request screens that allow you to inquire about client information. The menu lists the screens available to you to produce client reports.

Note: Once you know these action codes, you can bypass the menu by keying the action code in any ACT: field of the CARE system.

Action Code 705 - List of Campus-Based Assignments

Introduction

Action Code 705 - List of Campus-Based Assignments displays a report on campus-based admissions, returns, absences, community placements, end respites, discharges, or residential reassignments at a given component (or location within a component) during a given timeframe. It groups clients by location within movement type, with subtotals for each location and movement type. The request screen is used to select criteria for the report.

Record Order

This report contains information about assignment records that are sorted by assignment action. The sort order is:

- Admissions and Returns
 - Absences
 - Community Placement/End Respite/Discharges
 - Residential Reassignments
-

How to Access

To access the request screen:

- Key **705** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          705:LIST OF CAMPUS-BASED ASSIGNMENTS          UC028010

                PLEASE ENTER THE FOLLOWING:

COMPONENT CODE      :  ___
REPORT BEGIN DATE   :  ____ (MMDDYY)
REPORT END DATE     :  ____ (MMDDYY)

                ENTER IF DESIRED:

REPORT SELECT       :  _ (A=ADM/RET, D=DISCH/ABS, R=RR)
LOCATION CODE        :  ___
PRINTER CODE       :  ____ (ENTER FOR HARD-COPY)

                *** PRESS ENTER ***

ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 705 - List of Campus-Based Assignments, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE cannot be blank.
REPORT BEGIN DATE	key the first date of the report period. <u>Rule:</u> REPORT BEGIN DATE cannot be blank. <u>Note:</u> REPORT BEGIN DATE and REPORT END DATE can be the same if you want to view data for one date only.
REPORT END DATE	key the last date of the report period or leave blank for today's date. <u>Note:</u> REPORT BEGIN DATE and REPORT END DATE can be the same if you want to view data for one date only.
REPORT SELECT	key the code for admissions and returns, discharges and absences, or residential reassignments only, if desired. (A=Adm/Ret, D=Disch/Abs, R=RR) <u>Note:</u> If you leave this field blank, all movement types are included.
LOCATION CODE	key the code for a location within the specified component, if desired. <u>Note:</u> If you key a location code in this field, the report is limited to movements associated with that location.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 706 - Daily Census Report

Introduction

Action Code 706 - Daily Census Report displays a report that provides information necessary to monitor and update patient activity on a daily basis. A Daily Census Report can be printed showing admissions, returns from absence, discharges, absences, and residential reassignments for a component, or a location within a component, for a specified date. The request screen is used to select criteria for the report.

Note: Only the assignments that began on the report date are printed.

How to Access

To access the request screen:

- Key **706** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          706: DAILY CENSUS REPORT          UC029100

                PLEASE ENTER THE FOLLOWING:

COMPONENT CODE   :  ___
REPORT DATE      :  ____ (MMDDYY)

                ENTER IF DESIRED:

REPORT SELECT    :  ___ (ADM/RET/DIS/ABS/RR)
LOCATION CODE     :  ___
PRINTER CODE    :  ____ (ENTER FOR HARD-COPY)

                *** PRESS ENTER ***

ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 706 - Daily Census Report, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE cannot be blank.
REPORT DATE	key the date for which you want a report. MMDDYY format. <u>Rule:</u> REPORT BEGIN DATE cannot be blank.
REPORT SELECT	key the code for admissions, return from absence, discharge, absent, or residential reassignment, if desired. ADM=Admissions RET=Return from Absence DIS=Discharge ABS=Absent RR=Residential Reassignment
LOCATION CODE	key the code for a location within the specified component, if desired. <u>Note:</u> If you key a location code in this field, the report is limited to movements associated with that location.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Viewing the Report

The report is displayed in 132-character format which is too wide for a complete viewing on your screen. The information is visible through the beginning of the admission date and then wraps to the next line on your screen. This second line of data does not include field names. If you print the report, you will be able to view the entire report, including the appropriate field names.

Action Code 710 - Assignments by Program/Activity/Service/Location

Introduction

Action Code 710 - Assignments By Program/Activity/Service/Location displays a report of persons who have open assignments to a given component and program. The report can be further limited to a single community-based activity, to either MH or MR clients, to a particular service type/category, and/or to clients assigned to a particular campus-based or community-based location, Client and Family Support location, or case management unit. The request screen is used to select criteria for the report.

How to Access

To access the request screen:

- Key **710** in any ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97 710:ASGNMTS BY PROGRAM/ACTIVITY/SERVICE/LOCATION REQUEST UC028020

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE      :  _
TYPE OF PROGRAM     :  _ (1/CAMPUS, 2/COMMUNITY)

ENTER IF DESIRED:

TYPE OF ACTIVITY    :  _
CLIENT TYPE (MH/MR) :  _
SERVICE TYPE/CATEGORY :  _
LOCATION/CM UNIT CODE :  _
CM POSITION           :  _

PRINTER CODE        :  _ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT:  _ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 710 - Assignments by Program/Activity/Service/Location, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE <i>cannot</i> be blank.
TYPE OF PROGRAM	key the code for the type of program to which the persons are assigned. (1=Campus, 2=Community) <u>Rule 1:</u> TYPE OF PROGRAM <i>cannot</i> be blank. <u>Rule 2:</u> If TYPE OF PROGRAM is 1 , you <i>cannot</i> select TYPE OF ACTIVITY <i>or</i> SERVICE TYPE.
TYPE OF ACTIVITY	key the code for the person's community-based activity if you want to limit your report to a single community-based activity. (1=Residential, 2=Client & Family Support, 3=Case Management) <u>Rule 1:</u> If you key a type of activity in this field, you <i>cannot</i> enter a 1 in TYPE OF PROGRAM. <u>Rule 2:</u> You cannot key <i>both</i> TYPE OF ACTIVITY <i>and</i> SERVICE TYPE.
CLIENT TYPE	key the code to select persons who are MH and/or MR (determined by diagnosis and/or presenting problem) if you want to limit the list of assignments to that client type. (H=MH, R=MR, B=Both)
SERVICE TYPE/ CATEGORY	key the community-based assignment service type code (H0 , R0 , or TC) if you want to limit the list of assignments to that service type/category. <u>Rule 1:</u> If you key a service type/category in this field, you <i>cannot</i> enter a 1 in TYPE OF PROGRAM. <u>Rule 2:</u> You cannot key <i>both</i> SERVICE TYPE <i>and</i> TYPE OF ACTIVITY.
LOCATION/CM UNIT CODE	key the code for a residential location or case management unit within the specified component if you want to limit the list of assignments to that location or case management unit. <u>Rule:</u> If location is entered and TYPE OF PROGRAM is 2 , you <i>must</i> also enter TYPE OF ACTIVITY <i>or</i> SERVICE TYPE.
CM POSITION	key the position code assigned to a case manager if you want to limit your report to persons assigned to that case management position.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 715 - Characteristics of Active Clients

Introduction

Action Code 715 - Characteristics of Active Clients displays a report of persons whose characteristics meet your specifications. Active persons are those who have an open assignment in the component/program/activity/service type and/or location/case management unit selected. Two request screens are used to select characteristics and to determine how those characteristics are displayed in the report.

How to Access

To access the first request screen:

- Key **715** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
12-13-99          715:CHARACTERISTICS OF ACTIVE CLIENTS          UC028030
                   PLEASE ENTER DESIRED SELECTION CRITERIA:      PAGE 1 OF 2
COMPONENT CODE    : _____
COMPONENT TYPE    : _ (H=HOS,S=SCH,C=GEN,D=ST GEN,Y=SOCS)
TYPE OF PROGRAM   : _____
TYPE OF ACTIVITY  : _____ (COMMUNITY-BASED)
SERVICE TYPE     : _____ (COMMUNITY-BASED)
LOC / CM UNIT CODE : _____ (COMPONENT & PROGRAM REQUIRED)
4-DIGIT ACCT CODE : _____ (COMPONENT REQUIRED)
CM POSITION        : _____
TYPE OF CLIENT    : _____ (H=MH,R=MR,B=BOTH)
LOCAL SERVICE AREA : _____
CP'D FROM SS AFTER 8-7-91?: _ (Y OR BLANK)
PRINTER CODE     : _____ (ENTER CODE FOR HARD-COPY)

ENTER VALUES OF CLIENT CHARACTERISTICS (BLANK FOR ALL):
SEX              : _ PRES PROB : _ RES CNTY : _
ETHNICITY       : _ SERU PARTIC GRP: _ COMMIT TYPE : _ COMMIT CNTY : _
ABL             : _ ADM CNTY   : _

*** PRESS ENTER TO CONTINUE ***

ACT: _____ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 715 - Characteristics of Active Clients, Continued

Request Screens,
continued

```
12-13-99          715:CHARACTERISTICS OF ACTIVE CLIENTS          UC028035
                                     PAGE 2 OF 2
  SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)
  CLIENT NAME   : _  RES CNTY   : _  CLIENT ID   : _

  REPORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6)

  CLIENT NAME   : _  RES COUNTY : _  COMMIT CNTY : _  ETHNICITY   : _
  CLIENT ID     : _  SEX         : _  COMMIT TYPE : _  ACTIVITY     : _
  MOBILITY      : _  VISION      : _                               SSN           : _
  BIRTHDATE     : _  PRES PROB   : _                               MEDICARE NO : _
  AGE           : _  SUC PARTIC GRP: _  ABL         : _  MEDICAID NO  : _
  LOCATION      : _  COMP CODE   : _  (PROG=1 REQUIRED)
  AT RISK PLCMNT: _  IN SPECIAL ED : _  EARLY INTERU: _  FRST OFFENDER: _
  CASE NUMBER   : _  (COMP & PROG REQUIRED)          SERVICE TYPE: _
  ADM/ASIGN DATE: _  (COMP & ACTIU OR PROG=1 REQUIRED)
  ADM CNTY     : _  (PROG=1 REQUIRED)

  IF CASE # OTHER THAN LOCAL CASE # IS DESIRED, ENTER:
  OTHER PROG _  OTHER COMP  _
                                     *** PRESS ENTER ***

  ACT:  _  (700/CLIENT REPORTING MENU, M/MENU, 716/PREV PAGE)
```

Screen Organization The first request screen (Page 1 of 2) is organized as follows:

- Selection Criteria
- Client Characteristics

The second request screen (Page 2 of 2) is organized as follows:

- Sort Criteria
 - Report Criteria
-

Action Code 715 - Selection Criteria

Introduction

Please Enter Desired Selection Criteria is used to determine the active population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <i>all</i> components.
COMPONENT TYPE	key the code for the component type. <ul style="list-style-type: none"> • H=Hospital • S=School • C=Community Center • D=State Center • Y=SOCS
TYPE OF PROGRAM	key the code for the type of program to which the persons are assigned. (1=Campus, 2=Community) <u>Rule</u> : If TYPE OF PROGRAM is 1 , you <i>cannot</i> select TYPE OF ACTIVITY or SERVICE TYPE.
TYPE OF ACTIVITY	key the code for the persons' community-based activity if you want to limit your report to a single community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management <u>Rule 1</u> : If you key a type of activity in this field, you <i>cannot</i> enter a 1 in TYPE OF PROGRAM. <u>Rule 2</u> : You cannot key <i>both</i> TYPE OF ACTIVITY <i>and</i> SERVICE TYPE.
SERVICE TYPE	key the <i>specific</i> community-based assignment service type code (HOXX , ROXX or TCXX) if you want to limit the list of assignments to that service type. <u>Rule</u> : You cannot key <i>both</i> SERVICE TYPE <i>and</i> TYPE OF ACTIVITY.

continued on next page

Action Code 715 - Selection Criteria, Continued

Choosing Selection Criteria, continued

If you want your report based on the Selection Criteria of	Then you will...
LOC/CM UNIT CODE	<p>key the code for a residential location or case management unit within the specified component to limit the list of assignments to that location or case management unit.</p> <p><u>Rule 1:</u> If you key a location code or case management unit code in this field, you <i>must</i> also enter the COMPONENT CODE and TYPE OF PROGRAM.</p> <p><u>Rule 2:</u> If location is selected and TYPE OF PROGRAM is 2, you <i>must</i> also enter TYPE OF ACTIVITY <i>or</i> SERVICE TYPE.</p>
4-DIGIT ACCT CODE	<p>key the four-digit accounting code.</p> <p><u>Rule:</u> If you key an accounting code in this field, you <i>must</i> also enter the COMPONENT CODE.</p>
CM POSITION	<p>key the position code assigned to a case manager.</p> <p><u>Rule 1:</u> If you key a case manager position code in this field, you <i>must</i> also enter a 3 in TYPE OF ACTIVITY.</p> <p><u>Rule 2:</u> CM Position code selection is valid only if TYPE OF ACTIVITY is 3.</p>
TYPE OF CLIENT	<p>key the code to select persons who are MH and/or MR (determined by diagnosis and/or presenting problem) if you want to limit the list of assignments to that client type. (H=MH, R=MR, B=Both)</p> <p><u>Note:</u> Leaving TYPE OF CLIENT blank indicates all.</p>
LOCAL SERVICE AREA	<p>key the code that identifies the Local Service Area.</p>
CP'D FROM SS AFTER 8-7-91?	<p>key Y (yes) to select persons who were community placed from state schools after 8/7/91.</p>
PRINTER CODE	<p>key the printer code for your printer if you want a hard copy of your report.</p> <p><u>Note:</u> If you leave the field blank, the report will be displayed on your screen.</p>

Action Code 715 - Client Characteristics

Introduction

Enter Values of Client Characteristics (Blank for All) allows you to enter the characteristics to further define the selection for your report and limit your report to a specific population.

Example: If you need a report of all males from a given county, you will enter **M** in the SEX field and the three-digit county code in the RES CNTY field.

If all fields are left blank, all the client characteristics will be used.

Client Characteristics Selection

If you choose to select the Client Characteristic of	Then key ...
SEX	the code for the sex to specify which population you want on your report. (M=Male, F=Female)
PRES PROB	the code indicating the initially perceived problem for which a person needs TDMHMR services. Persons are identified as probably needing one of the four following areas of services: <ul style="list-style-type: none"> • 1=MH (Mental Health) • 2=MR (Mental Retardation) • 3=ECI/DD (Early Childhood Intervention/ Developmentally Delayed) • 4=SA (Substance Abuse)
RES CNTY	the three-digit code for the persons' county of residence.
ETHNICITY	the code to specify which ethnic population you want on your report. <ul style="list-style-type: none"> • B=Black • H=Hispanic • W=White • A=Asian • I=American Indian • O=Other
SERV PARTIC GRP	the code for the appropriate MR service participant group. <ul style="list-style-type: none"> • CB=Challenging Behavior • SB=Severely Challenging Behavior • PD=Physical Disability • HC=Health Care • TS=Training or Support • EC=Early Childhood Intervention • UC=Unclassified
COMMIT TYPE	the two-digit code for the type of commitment.
COMMIT CNTY	the three-digit code for the commitment county.

continued on next page

Action Code 715 - Client Characteristics, Continued

Client
Characteristics
Selection, continued

If you choose to select the Client Characteristic of	Then key ...
ABL	the code that identifies the current adaptive behavior level as one of the following: <ul style="list-style-type: none">• 0=Not Retarded• 1=Mild• 2=Moderate• 3=Severe• 4=Profound
ADM CNTY	the three-digit code for the county of admission for campus assignments. If selected, TYPE OF PROGRAM must be 1 (Campus).

Page Forward

Press <Enter> to continue to page 2 after you have entered the criteria on the first screen (page 1 of 2).

Result: The second screen (page 2 of 2) is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **716** in the ACT: field and press <Enter>. The first screen will be displayed.
 - Make your changes to the first request screen and press <Enter>. The second request screen is displayed.
-

Action Code 715 - Sort Criteria

Introduction

Sort Criteria: Please Enter In Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Example: If you need a report of client characteristics by county of residence and in alphabetical order by name within county, you will enter **1** after RES CNTY and **2** after CLIENT NAME.

Note: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Sort Criteria Selection

If you choose	Your report will be sorted by...
CLIENT NAME	the person's name.
RES CNTY	the three-digit code for person's county of residence.
CLIENT ID	the person's statewide identification number assigned by CARE.

Action Code 715 - Report Criteria

Introduction

Report Criteria: Please Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** following CLIENT NAME would cause client name to be listed in the first column.

Rule: You *must* choose at least one field in Report Criteria. If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Note: When activity, service type, or program = **2** and location are selected for reporting, all community assignments for an individual during the time period will be displayed.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
CLIENT NAME	the person's name.
RES COUNTY	the person's county of residence code.
COMMIT CNTY	the commitment county code.
ETHNICITY	the person's ethnicity.
CLIENT ID	the person's statewide identification number assigned by CARE.
SEX	the person's sex.
COMMIT TYPE	the person's type of commitment.
ACTIVITY	the person's community-based activity.
MOBILITY	the person's mobility impairment.
VISION	the person's vision impairment.
SSN	the person's social security number.
BIRTHDATE	the person's birthdate.
PRES PROB	the initially perceived problem for which a person needs TDMHMR services.
MEDICARE NO	the person's Medicare number.
AGE	the person's age.

continued on next page

Action Code 715 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
SVC PARTIC GRP	the MR service participant group.
ABL	the person's current adaptive behavior level.
MEDICAID NO	the person's Medicaid number.
LOCATION	the location code. <u>Rule:</u> If you select this criteria, COMPONENT CODE is required and TYPE OF PROGRAM <i>must</i> be 1 in the Selection Criteria.
COMP CODE	the component code. <u>Rule:</u> If you select this criteria, TYPE OF PROGRAM <i>must</i> be 1 in the Selection Criteria.
AT RISK PLCMNT	Y (Yes) or N (No) to indicate whether the person is at risk of placement.
IN SPECIAL ED	Y (Yes) or N (No) to indicate whether the person is in Special Education.
EARLY INTERV	Y (Yes) or N (No) to indicate whether the person is in early intervention.
FIRST OFFENDER	Y (Yes) or N (No) to indicate whether the person is a first time offender.
CASE NUMBER	the person's local case number. <ul style="list-style-type: none"> • To display the local case number assigned by the component selected, COMPONENT CODE and TYPE OF PROGRAM <i>must</i> be chosen in the Selection Criteria. • To display the local case number assigned by your own component for persons being served by another component, the component code and program for your component <i>must</i> be entered in the OTHER PROG and OTHER COMP fields at the bottom of the second request screen.
SERVICE TYPE	the community-based assignment service type. <u>Note:</u> If a specific Service Type is requested in the Selection Criteria, CARE displays persons with this Service Type <i>plus</i> all other open Service Types.
ADM/ASIGN DATE	the date the person was admitted or assigned to an activity. <u>Rule:</u> If you select this criteria, COMPONENT CODE is required and TYPE OF PROGRAM <i>must</i> be 1 in the Selection Criteria. If TYPE OF PROGRAM is 2, then TYPE OF ACTIVITY is required in the Selection Criteria.
ADM CNTY	the person's county of admission code. <u>Rule:</u> If you select this criteria, TYPE OF PROGRAM <i>must</i> be 1 in the Selection Criteria.

Submit Request

Press <Enter> to submit your request.

Action Code 720 - Generate Client Characteristics Report for a Specified Period

Introduction

Action Code 720 - Generate Client Characteristics Report for a Specified Period displays a report of persons whose characteristics meet your specifications for a specified time period.

Example: You may need a list of persons who had a specific assignment/absence code during a particular time period. Two request screens are used to select characteristics and to determine how those characteristics are displayed in the report.

How to Access

To access the first request screen:

- Key **720** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
12-13-99          720:GENERATE CLIENT CHARACTERISTICS REPORT          UC028037
                   FOR SPECIFIED PERIOD                               PAGE 1 OF 2
PLEASE ENTER DESIRED SELECTION CRITERIA:
COMPONENT CODE   : ___
TYPE OF PROGRAM  : ___
TYPE OF ACTIVITY : ___ (COMMUNITY-BASED)
SERVICE TYPE    : ___ (COMMUNITY-BASED)
LOCATION CODE     : ___ (COMP AND PROGRAM REQUIRED)
TYPE OF CLIENT   : ___ (H=MH,R=MR,B=BOTH)
LOCAL SERVICE AREA : ___
PRINTER CODE    : ___ (ENTER CODE FOR HARD-COPY)
NOTE DATES CHANGED TO 8 CHARACTER ENTRY
PERIOD BEGIN DATE : _____ PERIOD END DATE : _____

ENTER VALUES OF CLIENT CHARACTERISTICS (BLANK FOR ALL):
SEX      : ___ PRES PROB : ___ RES CNTY : ___
ETHNICITY: ___ SUC PARTIC GRP: ___ COMMIT TYPE: ___
AGE ___ THRU ___ ABL : ___ COMMIT CNTY: ___ BEG ASSIGN : ___
ADM CNTY : ___ ASSN STATUS : _____ EFF ASSIGN : ___
*** PRESS ENTER TO CONTINUE ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 720 - Generate Client Characteristics Report for a Specified Period, Continued

Request Screens,
continued

```
12-13-99          720:GENERATE CLIENT CHARACTERISTICS REPORT          UC028038
                  FOR SPECIFIED PERIOD                                PAGE 2 OF 2

          SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

          CLIENT NAME  : _  CLIENT ID   : _  RES COUNTY   : _

          REPORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6)

          CLIENT NAME  : _  RES COUNTY   : _  COMMIT CNTY : _  AT RISK PLCMNT: _
          CLIENT ID   : _  SEX          : _  COMMIT TYPE : _  IN SPECIAL ED : _
          MOBILITY    : _  VISION       : _              : _  EARLY INTERU  : _
          BIRTHDATE   : _  PRES PROB    : _              : _  FIRST OFFENDER: _
          AGE         : _  SUC PARTIC GRP: _  ABL         : _  AT RISK RENUL  : _
          ETHNICITY   : _  ACTIIVITY    : _  ASSIGN DATE : _
          MEDICAID    : _  MEDICARE     : _  NEXT COMP   : _
          LOCAL CASE NO.: _  (COMPONENT CODE REQUIRED) CAUSE : _
          LOCATION    : _  (COMP & PROG REQUIRED)  SSN     : _
          ADMISSION CNTY: _  (PROG = 1 REQUIRED) SERVICE TYPE: _
                               *** PRESS ENTER ***

          ACT: ___ (700/CLIENT REPORTING MENU, M/MENU, 721/PREV PAGE)
```

Screen Organization The first request screen (Page 1 of 2) is organized as follows:

- Selection Criteria
- Time Period
- Client Characteristics

The second request screen (Page 2 of 2) is organized as follows:

- Sort Criteria
- Report Criteria

Action Code 720 - Selection Criteria

Introduction

Please Enter Desired Selection Criteria is used to determine the active population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <u>all</u> components.
TYPE OF PROGRAM	key the code for the type of program to which persons are assigned. (1=Campus, 2=Community) <u>Rule:</u> If TYPE OF PROGRAM is 1 , you <i>cannot</i> select TYPE OF ACTIVITY or SERVICE TYPE.
TYPE OF ACTIVITY	key the code for the person's community-based activity. 1=Residential 2=Client & Family Support 3=Case Management <u>Rule 1:</u> If you key a type of activity in this field, you <i>cannot</i> enter a 1 in TYPE OF PROGRAM. <u>Rule 2:</u> You cannot key <i>both</i> TYPE OF ACTIVITY <i>and</i> SERVICE TYPE.
SERVICE TYPE	key the community-based assignment service type code (H0 , R0 , or TC) if you want to limit the list of assignments to that service type. <u>Rule:</u> You cannot key <i>both</i> SERVICE TYPE <i>and</i> TYPE OF ACTIVITY.
LOCATION CODE	key the code for a location within the specified component. If you key a location code in this field, the report limits the list of assignments to that location. <u>Rule 1:</u> If you key a location code in this field, you <i>must</i> also enter the COMPONENT CODE and TYPE OF PROGRAM. <u>Rule 2:</u> If location is selected and TYPE OF PROGRAM is 2 , you <i>must</i> also enter TYPE OF ACTIVITY <i>or</i> SERVICE TYPE.

continued on next page

Action Code 720 - Selection Criteria, Continued

Choosing Selection Criteria, continued

If you want your report based on the Selection Criteria of	Then you will...
TYPE OF CLIENT	key the code to select persons who are MH and/or MR (determined by diagnosis and/or presenting problem) if you want to limit the list of assignments to that client type. (H=MH, R=MR, B=Both) <u>Note:</u> Leaving TYPE OF CLIENT blank indicates all.
LOCAL SERVICE AREA	key the code that identifies the Local Service Area.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 720 - Time Period

Introduction

Period Begin Date and *Period End Date* determines the period of time the report covers.

Time Period Selection

For the field	You will...
PERIOD BEGIN DATE	key the first date of the report period you want for your report. <u>Rule 1:</u> PERIOD BEGIN DATE <i>cannot</i> be blank. <u>Rule 2:</u> The date <i>must</i> be in MMDDYYYY format. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.
PERIOD END DATE	key the last date of the report period you want for your report or leave blank for today's date. <u>Rule:</u> The date <i>must</i> be in MMDDYYYY format. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.

Action Code 720 - Client Characteristics

Introduction

Enter Values of Client Characteristics (Blank for All) allows you to enter the characteristics to further define the selection for your report and limit your report to a specific population.

Example: If you need a report of all females who are Hispanic, you would enter **F** in the SEX field and **H** in the ETHNICITY field.

If all fields are left blank, all the client characteristics will be used.

Client Characteristics Selection

If you choose to select the Client Characteristic of	Then key ...
SEX	the code for the sex to specify which population you want on your report. (M=Male, F=Female)
PRES PROB	the code indicating the initially perceived problem for which a person needs TDMHMR services. Persons are identified as probably needing one of the four following areas of services: <ul style="list-style-type: none"> • 1=MH (Mental Health) • 2=MR (Mental Retardation) • 3=ECI/DD (Early Childhood Intervention/ Developmentally Delayed) • 4=SA (Substance Abuse) • 5=Related Condition (MR)
RES CNTY	the three-digit code for the persons' county of residence. <u>Note:</u> If a person's county of residence meets the specifications at any time during the report period, that person will be included on your report.
ETHNICITY	the code to specify which ethnic population you want on your report. <ul style="list-style-type: none"> • B=Black • H=Hispanic • W=White • A=Asian • I=American Indian • O=Other
SVC PARTIC GRP	the code for the appropriate MR service participant group. <ul style="list-style-type: none"> • CB=Challenging Behavior • SB=Severely Challenging Behavior • PD=Physical Disability • HC=Health Care • TS=Training or Support • EC=Early Childhood Intervention • UC=Unclassified
COMMIT TYPE	the two-digit code for the type of commitment. <u>Note:</u> If a person's commitment type meets the specifications at any time during the report period, that person will be included on your report.

continued on next page

Action Code 720 - Client Characteristics, Continued

Client
Characteristics
Selection, continued

If you choose to select the Client Characteristic of	Then key ...
AGE ____ THRU ____	numerals in the blanks to specify any age range.
ABL	the code that identifies the current adaptive behavior level as one of the following: <ul style="list-style-type: none"> • 0=Not Retarded • 1=Mild • 2=Moderate • 3=Severe • 4=Profound
COMMIT CNTY	the three-digit code for the persons' commitment county.
BEG ASSIGN	the assignment code to have the system search for persons with an assignment of that type that began during the stated date range. <u>Rule:</u> If you want the assignment date to appear on the report, you <i>must</i> key the assignment code on the BEG ASSIGN or EFF ASSIGN field.
ADM CNTY	the three-digit code for the persons' county of admission.
ASSN STATUS	the person's latest assignment status during the specified report period. Status type choices are RES, ABSENT, TEMPTR, UD, and OPEN.
EFF ASSIGN	the assignment code to have the system search for persons with an assignment of that type that was in effect during the stated date range. <u>Rule:</u> If you want the assignment date to appear on the report, you <i>must</i> key the assignment code on the BEG ASSIGN or EFF ASSIGN field.

Page Forward

Press **<Enter>** to continue to page 2 after you have entered the criteria on the first screen (page 1 of 2).

Result: The second screen (page 2 of 2) is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **721** in the ACT: field and press **<Enter>**. The first screen will be displayed.
- Make your changes to the first request screen and press **<Enter>**. The second request screen is displayed.

Action Code 720 - Sort Criteria

Introduction

Sort Criteria: Please Enter in Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Example: If you need a report of client characteristics by county of residence and in alphabetical order by name within county, you will enter **1** after RES CNTY and **2** after CLIENT NAME.

Note: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Sort Criteria Selection

If you choose	Your report will be sorted by...
CLIENT NAME	the person's name.
CLIENT ID	the person's statewide identification number assigned by CARE.
RES COUNTY	the three-digit code for the person's county of residence.

Action Code 720 - Report Criteria

Introduction

Report Criteria: Please Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** following CLIENT NAME would cause client name to be listed in the first column.

Rule: You *must* choose at least one field in Report Criteria. If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Note: When activity, service type, or program = **2** and location are selected for reporting, all community assignments for an individual during the time period will be displayed.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
CLIENT NAME	the person's name.
RES COUNTY	the person's county of residence code.
COMMIT CNTY	the commitment county code.
AT RISK PLCMNT	Y (Yes) or N (No) to indicate whether the person is at risk of placement.
CLIENT ID	the person's statewide identification number assigned by CARE.
SEX	the person's sex.
COMMIT TYPE	the person's type of commitment.
IN SPECIAL ED	Y (Yes) or N (No) to indicate whether the person is in Special Education.
MOBILITY	the person's mobility impairment.
VISION	the person's vision impairment.
EARLY INTERV	Y (Yes) or N (No) to indicate whether the person is in Early Intervention.
BIRTHDATE	the person's birthdate.
PRES PROB	the initially perceived problem for which a person needs TDMHMR services.
FIRST OFFENDER	Y (Yes) or N (No) to indicate whether the person is a first time offender.
AGE	the person's age.

continued on next page

Action Code 720 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
SVC PARTIC GRP	the MR service participant group.
ABL	the person's current adaptive behavior level.
AT RISK REMVL	Y (Yes) or N (No) to indicate whether the person is at risk of removal from preferred child care.
ETHNICITY	the person's ethnicity.
ACTIVITY	the person's community-based activity.
ASSIGN DATE	the date the person was assigned to an activity. <u>Rule:</u> If you select this criteria, a campus-based assignment code is required in BEG ASSIGN or EFF ASSIGN in the Values of Client Characteristics.
MEDICAID	the person's Medicaid number.
MEDICARE	the person's Medicare number.
NEXT COMP	code of the component to which the person is reassigned. <u>Rule:</u> If you select this criteria, a campus-based assignment code (ATP/DRE/DNS/DED or CP) is required in BEG ASSIGN or EFF ASSIGN in the Values of Client Characteristics.
LOCAL CASE NO.	the person's local case number assigned by the component. <u>Rule:</u> If you select this criteria, COMPONENT CODE is required in the Selection Criteria.
CAUSE	the number from court commitment papers.
LOCATION	the code that identifies the person's residential location. <u>Rule:</u> If you select this criteria, COMPONENT CODE and TYPE OF PROGRAM are required in the Selection Criteria.
SSN	the person's social security number.
ADMISSION CNTY	the code for the person's county of admission. <u>Rule:</u> If you select this criteria, TYPE OF PROGRAM must be 1 in the Selection Criteria.
SERVICE TYPE	the community-based assignment service type. <u>Note:</u> If a specific Service Type is requested in the Selection Criteria, CARE displays persons with this Service Type <i>plus</i> all other open Service Types.

Submit Request

Press <Enter> to submit your request.

Action Code 722 - Campus-Based Assignments for a Specific Period

Introduction

Action Code 722 - Campus-Based Assignments for a Specific Period displays a report or counts (duplicated) of persons' campus-based assignments for a time period according to your specifications. Two request screens are used to select assignments and to determine how those assignments are displayed in the report.

Example: You may need a list of persons who had a specific assignment/absence code during a particular time period.

How to Access

To access the first request screen:

- Key **722** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
04-07-97      722:CAMPUS-BASED ASSIGNMENTS FOR A SPECIFIC PERIOD      UC028230

PLEASE ENTER SELECTION CRITERIA:
COMPONENT CODE      : ___
COMPONENT TYPE      : _ (H=HOS,S=SCH,D=ST CEN)
LOCATION CODE         : ___
LOCAL SERVICE AREA  : ___
RES COUNTY          : ___
ADMISSION COUNTY    : ___
DEST COMP           : ___
DEST PROGRAM        : _
PRINTER CODE        : _____ (ENTER FOR HARD-COPY)
PERIOD BEGIN DATE   _____ PERIOD END DATE _____

ENTER DESIRED ASSIGNMENT CODES:
_ _ _ _ _ AND/OR _ _ _ _ _
ALL ABSENCES (Y/N) _ OR ALL DISCH/DEAD/CP (Y/N) _

*** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 722 - Campus-Based Assignments for a Specific Period, Continued

Request Screens,
continued

```
05-25-99      722:CAMPUS-BASED ASSIGNMENTS FOR A SPECIFIC PERIOD      UC028231

SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

  ID:  _  COMP:  _  CASE:  _  LOC:  _  RES COUNTY:  _  EFF DT:  _

TO REQUEST A REPORT, ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6):
COMP:  _  CASE:  _  ASSIGN:  _  DEST COMP:  _  ID:  _
NAME:  _  SEX:  _  STATUS:  _  DEST PROG:  _  LOC:  _
      BIRTHDATE:  _  ETHNIC:  _  RES CNTY:  _  SSN:  _
      EFF DT:  _  AGE:  _  DT JCSP:  _  ADM CNTY:  _
      NH AFTERCARE:  _  JCSP COMP:  _  ADM COMMIT:  _  EFF TH :  _

IF CASE # OTHER THAN LOCAL CASE # IS DESIRED, ENTER:
OTHER PROG  _  OTHER COMP  _

*** PRESS ENTER TO CONTINUE ***

ACT:  _  (700/CARE REPORTING MENU, M/MENU, 723/PREV PAGE)
```

Screen Organization The first request screen is organized as follows:

- Selection Criteria
- Time Period
- Assignment Codes

The second request screen is organized as follows:

- Sort Criteria
- Report Criteria

Action Code 722 - Selection Criteria

Introduction

Please Enter Selection Criteria is used to determine the active population on which you want your report based.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <i>all</i> components.
COMPONENT TYPE	key the code for the component type. <ul style="list-style-type: none"> • H=Hospital • S=School • D=State Center
LOCATION CODE	key the code for a residential location within the specified component to limit the list of assignments to that location. <u>Rule:</u> If you key a location code or case management unit code in this field, you <i>must</i> also enter the COMPONENT CODE.
LOCAL SERVICE AREA	key the code that identifies the Local Service Area.
RES COUNTY	key the three-digit code for the county of residence.
ADMISSION COUNTY	key the three-digit code for the county of admission.
DEST COMP	key the component code indicating the component to which the person is reassigned.
DEST PROGRAM	key the code for the type of program to which the person is reassigned. (1=Campus-based, 2=Community-based)
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Rule:</u> Do not indicate a printer code if you want only a <i>count</i> of assignments. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 722 - Time Period

Introduction

Period Begin Date and *Period End Date* determine the period of time the report covers.

Time Period Selection

For the field	You will...
PERIOD BEGIN DATE	key the first date of the report period you want for your report. <u>Rule:</u> PERIOD BEGIN DATE <i>cannot</i> be blank. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.
PERIOD END DATE	key the last date of the report period you want for your report or leave blank for today's date. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.

Action Code 722 - Assignment Codes

Introduction

Enter Desired Assignment Code allows you to enter specific assignment/absence codes and/or specify all absences or all discharges, deaths, or community placements to be included in the report.

Assignment Codes

For the field	You will...
ASSIGNMENT CODES	key specific assignment/absence codes you want to include in your report.
ALL ABSENCES (Y/N)	respond whether you want your report to list all absences. <ul style="list-style-type: none">• Y=Yes• N=No• Blank=No
ALL DISCH/DEAD/ CP (Y/N)	respond whether you want your report to list all discharges, deaths, or community placements. <ul style="list-style-type: none">• Y=Yes• N=No• Blank=No

If all areas are left blank, all assignments are reported.

Page Forward

Press **<Enter>** to continue to the second screen after you have entered the criteria on the first screen.

Result: The second screen is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **723** in the ACT: field and press **<Enter>**. The first screen will be displayed.
 - Make your changes to the first request screen and press **<Enter>**. The second request screen is displayed.
-

Action Code 722 - Sort Criteria

Introduction

Sort Criteria: Please Enter in Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Note 1: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Note 2: If you want only a *count* of assignments, leave all fields blank in Sort Criteria and Report Criteria and do not indicate a printer.

Sort Criteria Selection

If you choose	Your report will be sorted by...
ID	the person's statewide identification number assigned by CARE.
COMP	the three-digit component code to which the person is assigned.
CASE	the person's local case number assigned by the component.
LOC	the code for a location within the specified component.
RES COUNTY	the three-digit code for person's county of residence.
EFF DT	the date of assignment selected.

Action Code 722 - Report Criteria

Introduction

To Request a Report, Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** following NAME would cause the person's name to be listed in the first column.

Note 1: If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Note 2: If you want only a *count* of assignments, leave all fields blank in Sort Criteria and Report Criteria and do not indicate a printer.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
COMP	component code.
CASE	local case number. <ul style="list-style-type: none"> To display the local case number assigned by the component selected, COMP CODE and TYPE OF PROGRAM must be chosen in the Selection Criteria. To display the local case number assigned by your own component for persons being served by another component, the component code and program for your component must be entered in the OTHER PROG and OTHER COMP fields at the bottom of the second request screen.
ASSIGN	a valid assignment/absence code.
DEST COMP	code of component to which the person is referred for services.
ID	person's statewide identification number assigned by CARE.
NAME	person's name.
SEX	person's sex.
STATUS	person's assignment status.

continued on next page

Action Code 722 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
DEST PROG	program code (1 or 2) to which the person is referred for services.
LOC	code for a location within the specified component.
BIRTHDATE	person's birthdate.
ETHNIC	person's ethnicity.
RES CNTY	three-digit code for person's county of residence.
SSN	person's Social Security number.
EFF DT	date of assignment/destination assignment date
AGE	person's age.
DT JCSP	date of the Joint Community Support Plan.
ADM CNTY	three-digit code of the county of admission.
NH AFTERCARE	Y (Yes) or N (No) to indicate whether the person is a member of the nursing home aftercare population. <u>Note:</u> If this field is selected, the assignment must be an ATP, DNS, or DRE.
JCSP COMP	code of the component participating in the Joint Community Support Plan.
ADM COMMIT	two-digit code for the commitment type at the time of admission.
EFF TM	effective time of the assignment.

Submit Request

Press <Enter> to submit your request.

Action Code 725 - Birthday List

Introduction

Action Code 725 - Birthday List displays a list of clients at the requested component, program, and/or location with birthdays during the requested birth month. The request screen is used to select criteria for the report.

How to Access

To access the request screen:

- Key **725** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97                725:BIRTHDAY LIST REQUEST                VC028040

      PLEASE ENTER THE FOLLOWING:

      COMPONENT CODE   :   ___
      PROGRAM CODE    :   -   (1/CAMPUS,2/COMMUNITY)
      BIRTH MONTH     :   -   (1-12)

      ENTER IF DESIRED:

      LOCATION CODE   :   ___
      PRINTER CODE    :   _____ (ENTER FOR HARD-COPY)

      *** PRESS ENTER ***

      ACT ___ (700/CARE REPORTING,M/MENU)
```

Action Code 725 - Birthday List, Continued

Criteria Selection

For the field	You will...						
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. <u>Rule:</u> COMPONENT CODE cannot be blank.						
PROGRAM CODE	key the code for the type of program to which the person is assigned. (1=Campus, 2=Community) <u>Rule:</u> TYPE OF PROGRAM cannot be blank.						
BIRTH MONTH	key the number (1-12) that indicates the month for which you want to display birthdays. <u>Rule:</u> Birth month <i>must</i> be 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, or 12.						
LOCATION CODE	key the code for a location within the specified component, if desired. <table border="1" style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: center;">If...</th> <th style="text-align: center;">Then...</th> </tr> </thead> <tbody> <tr> <td>you want all locations for the component and program indicated</td> <td>leave the LOCATION CODE field blank.</td> </tr> <tr> <td>a location code is entered</td> <td>the report displays the location code and location name.</td> </tr> </tbody> </table>	If...	Then...	you want all locations for the component and program indicated	leave the LOCATION CODE field blank.	a location code is entered	the report displays the location code and location name.
If...	Then...						
you want all locations for the component and program indicated	leave the LOCATION CODE field blank.						
a location code is entered	the report displays the location code and location name.						
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.						

Submit Request

Press <Enter> to submit your request.

Action Code 726 - Community-Based Assignments for a Specific Period

Introduction

Action Code 726 - Community-Based Assignments for a Specific Period displays a report or counts (duplicated) of assignments that were *made, open, or closed* during the date range entered.

Example: You may need a list of persons who had a specific assignment during a particular time period. Two request screens are used to select assignments and to determine how those assignments are displayed in the report.

How to Access

To access the first request screen:

- Key **726** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
04-07-97  726:COMMUNITY-BASED ASSIGNMENTS FOR A SPECIFIC PERIOD  UC028240

      PLEASE ENTER SELECTION CRITERIA:

      COMPONENT CODE   :  ___
      TYPE OF ACTIVITY  :  _
      SERV TYPE/CATEGORY:  ___
      LOC/CM UNIT CODE  :  ___
      CM POSITION        :  ___
      DEST COMP        :  ___
      DEST PROGRAM      :  _
      TYPE OF ASSIGNMENT:  _ (1 = ASSIGNMENTS MADE IN PERIOD,
                             2 = ASSIGNMENTS OPEN IN PERIOD,
                             3 = ASSIGNMENTS CLOSED IN PERIOD)
      PRINTER CODE     :  ___ (ENTER FOR HARD-COPY)

      PERIOD BEGIN DATE  ___      PERIOD END DATE  ___

      *** PRESS ENTER ***

      ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 726 - Community-Based Assignments for a Specific Period, Continued

Request Screens,
continued

```
04-16-97  726:COMMUNITY-BASED ASSIGNMENTS FOR A SPECIFIC PERIOD  UC028241

SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

ID:  _  COMP:  _  CASE:  _  LOC :  _  ACTIVITY:  _  SERU TYPE:  _  EFF_DT:  _

TO REQUEST A REPORT, ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6):

COMP      :  _  CASE  :  _  SSN      :  _  ID      :  _  SVC PARTIC GRP:  _
NAME     :  _  SEX   :  _  EFF_DT  :  _  END_DT  :  _  LOS       :  _
BIRTHDATE :  _  ACTIU :  _  DEST COMP :  _  SERU TYPE:  _
CML_POSIT :  _  STATUS:  _  DEST_PROG:  _  LOC      :  _
CLIENT TYPE (MH/MR) :  _  ETHNIC  :  _  RES CNTY :  _

*** PRESS ENTER TO CONTINUE ***

ACT:  __ (700/CARE REPORTING MENU, M/MENU, 727/PREV PAGE)
```

Screen Organization The first request screen is organized as follows:

- Selection Criteria
- Time Period

The second request screen is organized as follows:

- Sort Criteria
- Report Criteria

Action Code 726 - Selection Criteria

Introduction

Please Enter Selection Criteria is used to determine the population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <i>all</i> components.
TYPE OF ACTIVITY	key the code for the person's community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management <u>Rule:</u> You cannot key <i>both</i> TYPE OF ACTIVITY and SERVICE TYPE.
SERV TYPE/CATEGORY	key the community-based assignment service type code (H0 , R0 , or TC) if you want to limit the list of assignments to that service type/category. <u>Rule:</u> If you key a specific service type, you cannot key <i>both</i> SERVICE TYPE and TYPE OF ACTIVITY.
LOC/CM UNIT CODE	key the code for a residential location or case management unit within the specified component to limit the list of assignments to that location or case management unit. <u>Rule 1:</u> If you key a location code or case management unit code in this field, you <i>must</i> also enter the COMPONENT CODE. <u>Rule 2:</u> If you choose location, you <i>must</i> also enter either TYPE OF ACTIVITY or SERVICE TYPE.
CM POSITION	key the position code assigned to a case manager. <u>Rule:</u> CM Position code selection is valid only if TYPE OF ACTIVITY is 3 .
DEST PROGRAM	key the code for the type of program to which the person is reassigned. (1=Campus-based, 2=Community-based) <u>Rule:</u> If destination program is selected, you <i>cannot</i> select TYPE OF ACTIVITY, LOC CODE, SERVICE TYPE, or TYPE OF ASSIGNMENT as 2 or 3 .

continued on next page

Action Code 726 - Selection Criteria, Continued

Choosing Selection Criteria, continued

If you want your report based on the Selection Criteria of	Then you will...
TYPE OF ASSIGNMENT	key the code that indicates the type of assignment. <ul style="list-style-type: none"> • 1=Assignments Made in Period • 2=Assignments Open in Period • 3=Assignments Closed in Period
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 726 - Time Period

Introduction

Period Begin Date and *Period End Date* determine the period of time the report covers.

Time Period Selection

For the field	You will...
PERIOD BEGIN DATE	key the first date of the report period you want for your report. <u>Rule:</u> PERIOD BEGIN DATE <i>cannot</i> be blank. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.
PERIOD END DATE	key the last date of the report period you want for your report or leave blank for today's date. <u>Note:</u> PERIOD BEGIN DATE and PERIOD END DATE can be the same if you want to view data for one date only.

Page Forward

Press **<Enter>** to continue to page 2 after you have entered the criteria on the first screen.

Result: The second screen is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **727** in the ACT: field and press **<Enter>**. The first screen will be displayed.
- Make your changes to the first request screen and press **<Enter>**. The second request screen is displayed.

Action Code 726 - Sort Criteria

Introduction

Sort Criteria: Please Enter In Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Example: If you need a report of community-based assignments by the component where the persons are assigned and by activity, you will enter **1** after COMP and **2** after ACTIVITY.

Note 1: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Note 2: If you want only a count of assignments, leave all fields blank in Sort Criteria and Report Criteria and do not indicate a printer.

Sort Criteria Selection

If you choose	Your report will be sorted by...
ID	the person's statewide identification number assigned by CARE.
COMP	the component to which the person is assigned.
CASE	the person's local case number assigned by the component.
LOC	the location within the specified component.
ACTIVITY	the person's community-based activity.
SERV TYPE	the community-based assignment service type.
EFF DT	the date of assignment or referral to destination program.

Action Code 726 - Report Criteria

Introduction

To Request a Report, Enter in Order of Sequence (1-6/Max of 6) is used to determine the format of your report, or the sequence of the report columns. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria. The number entered will indicate the sequence.

Example: Entering a **1** following NAME would cause the person's name to be listed in the first column.

Rule: You *must* choose at least one field in Report Criteria.

Note 1: If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Note 2: If you want only a count of assignments, leave all fields blank in Sort Criteria and Report Criteria and do not indicate a printer.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
COMP	the code of the component at which the assignment was made or opened during the period.
CASE	the person's local case number assigned by the component.
SSN	the person's Social Security number.
ID	the person's statewide identification number assigned by CARE.
SVC PARTIC GRP	the MR service participant group.
NAME	the person's name.
SEX	the person's sex.
EFF DT	the effective date of the assignment.
END DT	the ending date of the assignment.
LOS	the number of days of the person's assignment.
BIRTHDATE	the person's birth date.

continued on next page

Action Code 726 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
ACTIV	the code for the person's community-based activity.
DEST COMP	the component code indicating the component to which the person is reassigned.
SERV TYPE	the community-based assignment service type.
CM POSIT	the position code assigned to a case manager.
STATUS	the person's assignment status.
DEST PROG	the type of program to which the person is reassigned.
LOC	the location code.
CLIENT TYPE (MH/MR)	whether the person is MH or MR.
ETHNIC	the person's ethnicity.
RES CNTY	the code for the person's county of residence.

Submit Request

Press <Enter> to submit your request.

Action Code 730 - Commitments To Expire Request

Introduction

Action Code 730 - Commitments to Expire Request displays a list of persons whose commitments expire within a specified time period. It also displays expired commitments if they fall within the requested period. Selected clients are grouped by commitment type. The request screen is used to identify selection criteria for the report.

Note: The commitment records on this report are displayed in local case number order.

How to Access

To access the request screen:

- Key **730** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          730:COMMITMENTS TO EXPIRE REQUEST          UC028050

PLEASE ENTER THE FOLLOWING:

COMPONENT CODE : ___

EXPIRATION BETWEEN
(MMDDYY) _____ AND _____ (MMDDYY)

ENTER IF DESIRED:

CAUSE NUMBER      : _____
COMMITMENT COUNTY : ___
LOCATION CODE      : ___
COMMITMENT TYPE   : ___
PRINTER CODE      : _____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 730 - Commitments To Expire, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE cannot be blank.
EXPIRATION BETWEEN (MMDDYY) AND (MMDDYY)	key a beginning and an ending date to specify a date range for the report. <u>Rule:</u> The dates <i>must</i> be the same if you want to view data for one date only. <u>Note:</u> Date fields <i>cannot</i> be blank.
CAUSE NUMBER	key the court document number (assigned by the court) of the commitment, if desired.
COMMITMENT COUNTY	key the county code for the county in which the person was committed, if desired. <u>Note:</u> If you key a county code in this field, the report limits the list of assignments to that county.
LOCATION CODE	key a code for a location within the specified component, if desired. <u>Note:</u> If you key a location code in this field, the report limits the list of assignments to that location.
COMMITMENT TYPE	key a two-digit code for the type of commitment, if desired.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 735 - Daily Campus-Based Census Report

Introduction

Action Code 735 - Daily Campus-Based Census Report displays the number of persons currently resident or absent from a campus-based component. Organized by accounting unit, and subdivided by location code, the report lists numbers of male and female clients, total clients, and number of clients currently absent from each location. The request screen is used to select criteria for the report.

How to Access

To access the request screen:

- Key **735** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          735:DAILY CAMPUS-BASED CENSUS REPORT          UC028200

                PLEASE ENTER THE FOLLOWING:

COMPONENT CODE      :  ___

                ENTER IF DESIRED:

DATE OF CENSUS      :  ____ (MMDDYY)
LOCATION CODE        :  ____
PRINTER CODE       :  ____ (ENTER FOR HARD-COPY)

                *** PRESS ENTER ***

ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 735 - Daily Campus-Based Census Report, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE <i>cannot</i> be blank.
DATE OF CENSUS	key the date of the census, if desired. MMDDYY format.
LOCATION CODE	key the code for a location within the specified component, if desired. If you key a location code in this field, the report limits the list of assignments to that location.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Client Information

This report contains information about the number of persons resident or absent from the component you selected on the date you specify for the report. The information is presented in the following order:

- Component Code
- Component Name
- Accounting Code
- Location Code (in alphanumeric order)
- Location Name
- Number of Clients Resident (Male, Female and Total)
- Number of Clients Absent
- Accounting Code Total
- Component Total

Note: Remember to make sure *all* accounting codes are valid for your component and have been entered in CARE.

Action Code 740 - Diagnostic Report

Introduction

Action Code 740 - Diagnostic Report displays a decoded diagnostic report for a specified individual. The request screen is used to identify the person whose report you want to display.

Note: If you request a diagnostic report for a specific Client ID, that person's statewide diagnostic records will be displayed. If the request is by a person's local case number, the diagnostic report will display just what has been entered by that component.

How to Access

To access the request screen:

- Key **740** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
10-29-97          740:REQUEST DIAGNOSTIC REPORT          UC028060

      PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID                : _____

COMPONENT CODE/LOCAL CASE NUMBER: ___ / _____

TO PRINT ALL RECORDS ENTER Y : ___
(BLANK OR N WILL PRINT THE LATEST RECORD)

PRINTER CODE              : _____

          *** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 740 - Diagnostic Report, Continued

Criteria Selection

For the field	You will...
CLIENT ID	key the person's statewide identification number assigned by CARE to display all diagnoses in the CARE system. <u>Rule:</u> You <i>must</i> key the CLIENT ID or the COMPONENT CODE/LOCAL CASE NUMBER.
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE is required with LOCAL CASE NUMBER.
LOCAL CASE NUMBER	key the person's local case number assigned by the component to display only diagnoses entered by the specified component. <u>Rule:</u> You <i>must</i> key the CLIENT ID or the COMPONENT CODE/LOCAL CASE NUMBER.
TO PRINT ALL RECORDS ENTER Y	key Y (Yes) if you want to print <i>all</i> diagnostic records. <u>Note:</u> If you leave this field blank or key N (No), the latest diagnostic record will print.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

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

Result: The Diagnostic Report is displayed and contains the diagnostic data you requested. The most recent diagnostic data is displayed first.

Action Code 745 - Active Clients by Diagnosis

Introduction

Action Code 745 - Active Clients by Diagnosis displays a listing of persons who meet the diagnostic criteria you specify in the report request. The report displays information from the person's *latest* DG (diagnostic form). Selection may be made by specific DSM-IV diagnostic code, by two-digit diagnostic grouping, by ABL, by ICD9 diagnostic code, or a combination of these.

Example: You may need a report listing persons at your component with a principal diagnosis of Down's Syndrome. Two request screens are used to select diagnostic values and to determine how the information requested is displayed in the report.

How to Access

To access the first request screen:

- Key **745** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
04-07-97          745:REPORT OF ACTIVE CLIENTS BY DIAGNOSIS          UC028070
                                                           PAGE 1 OF 2

      PLEASE ENTER THE FOLLOWING:

      COMPONENT CODE : ___
      TYPE OF PROGRAM : _

      ENTER IF DESIRED:

      TYPE OF ACTIVITY: _      (COMMUNITY-BASED ONLY)
      SERVICE TYPE   : ___
      LOCATION CODE  : ___
      PRINTER CODE   : ___ (ENTER FOR HARD-COPY)
      ENTER DIAGNOSTIC VALUES (BLANK FOR ALL)
      DSM VERS : 4
      PRINCIPAL DIAGNOSIS: ___  AXIS I : ___  AXIS II : ___  AXIS III : ___
      2 DIGIT GROUP OF PRINCIPAL DIAG : _  AXIS IV : _  AXIS V : _
                                          CURRENT ABL : _  ICD VERS : 9

      *** PRESS ENTER TO CONTINUE ***

      ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 745 - Active Clients by Diagnosis, Continued

Request Screens,
continued

```
04-07-97          745:REPORT OF ACTIVE CLIENTS BY DIAGNOSIS          UC028070
                                     PAGE 2 OF 2

SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

NAME      : -   PRIN DIAG : -   DIAG. GROUP : -
AXIS I    : -   AXIS II  : -   AXIS III   : -
AXIS IV   : -   AXIS V   : -   CURR ABL   : -
                                     CLIENT ID : -

REPORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6)

NAME      : -   PRIN DIAG : -   DIAG. GROUP : -
AXIS I    : -   AXIS II  : -   AXIS III   : -
AXIS IV   : -   AXIS V   : -   CURR ABL   : -
LOCAL CASE : -   CLIENT ID : -

*** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU, 746/PREVIOUS PAGE)
```

Screen Organization The first request screen (Page 1 of 2) is organized as follows:

- Selection Criteria
- Diagnostic Values

The second request screen (Page 2 of 2) is organized as follows:

- Sort Criteria
 - Report Criteria
-

Action Code 745 - Selection Criteria

Introduction

Please Enter the Following and Enter if Desired are used to determine the active population on which you want your report based.

Note: Active clients are those who have at least one open assignment in the component/program/activity/location selected.

Choosing Selection Criteria

If you want your report based on the Selection Criteria	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number. <u>Rule:</u> COMPONENT CODE <i>cannot</i> be blank.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
TYPE OF PROGRAM	key the code for the type of program to which the persons are assigned. (1=Campus, 2=Community) <u>Rule:</u> TYPE OF PROGRAM <i>cannot</i> be blank.
TYPE OF ACTIVITY	key the code for a person's community-based activity, if desired. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management
SERVICE TYPE	key the <i>specific</i> community-based assignment service type code (H0XX , R0XX , or TCXX), if desired. <u>Notes:</u> Service types only apply to community-based programs. You cannot enter a 4-digit service type <i>and</i> an activity code.
LOCATION CODE	key the code for a location within the specified component, if desired. If you key a location code in this field, the report limits the list of assignments to that location. <u>Rule:</u> If you key a location code in this field, you <i>must</i> also enter the COMPONENT CODE and TYPE OF PROGRAM.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 745 - Diagnostic Values

Introduction

Enter Diagnostic Values (Blank for All) allows you to define the population on which you want your report based. There are eight fields for entering codes.

Note: You can key codes in any combination of these fields or leave all the fields blank to select all diagnostic values.

Diagnostic Values Selection

For the field	You will...
DSM VERS: 4	view the version of the DSM codes used for diagnosis. 4 is displayed to indicate the DSM-IV version. You can change the DSM VERS to select earlier evaluations.
PRINCIPAL DIAGNOSIS	key the five-digit code to indicate the person's principal diagnosis.
AXIS I	key the DSM-IV code for psychiatric syndromes diagnoses.
AXIS II	key the DSM-IV code for personality, specific developmental disorders, and mental retardation.
AXIS III	key the ICD-9-CM code for physical disorders.
2 DIGIT GROUP OF PRINCIPAL DIAG	key the two-digit code to indicate principal diagnosis group.
AXIS IV	key the code for psychosocial and environmental problems.
AXIS V	key the code for highest level of adaptive functioning.
CURRENT ABL	key the code that identifies the person's current adaptive behavior level. <ul style="list-style-type: none">• 0 = Not Retarded• 1 = Mild• 2 = Moderate• 3 = Severe• 4 = Profound
ICD VERS: 9	view the version of the ICD codes used for diagnosis. 9 is displayed to indicate the ICD version used.

Page Forward

Press **<Enter>** to continue to page 2 after you have entered the criteria on the first screen (page 1 of 2).

Result: The second screen (page 2 of 2) is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **746** in the ACT: field and press **<Enter>**. The first screen will be displayed.
 - Make your changes to the first request screen and press **<Enter>**. The second request screen is displayed.
-

Action Code 745 - Sort Criteria

Introduction

Sort Criteria: Please Enter in Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Note: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Sort Criteria Selection

If you choose	Your report will be sorted by...
NAME	the person's name.
PRIN DIAG	the person's principal diagnosis.
DIAG. GROUP	the person's diagnostic group.
AXIS I	DSM-IV code for psychiatric syndromes diagnoses.
AXIS II	DSM-IV code for personality, specific developmental disorders, and mental retardation.
AXIS III	ICD-9-CM code for physical disorders.
AXIS IV	code for psychosocial and environmental problems.
AXIS V	code for highest level of adaptive functioning.
CURR ABL	the person's current adaptive behavior level.
CLIENT ID	person's statewide identification number assigned by CARE.

Action Code 745 - Report Criteria

Introduction

Report Criteria: Please Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** in PRIN DIAG would cause the person's principal diagnosis to be listed in the first column.

Rule: You *must* choose at least one field in Report Criteria.

Note: If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
NAME	person's name.
PRIN DIAG	person's principal diagnosis.
DIAG. GROUP	person's diagnostic group.
AXIS I	DSM-IV code for psychiatric syndromes diagnoses.
AXIS II	DSM-IV code for personality, specific developmental disorders, and mental retardation.
AXIS III	ICD-9-CM code for physical disorders.
AXIS IV	code for psychosocial and environmental problems.
AXIS V	code for highest level of adaptive functioning.
CURR ABL	person's current adaptive behavior level.
LOCAL CASE	person's local case number assigned by the component.
CLIENT ID	person's statewide identification number assigned by CARE.

Submit Request

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

Action Code 750 - Count of Active Clients by Demographics

Introduction

Action Code 750 - Count of Active Clients by Demographics displays statistics based on the client demographic characteristics you choose.

Example: You may need a report comparing sex, ethnicity and presenting problem at your component. The request screen is used to select characteristics and determine how those characteristics are displayed in the report.

How to Access

To access the request screen:

- Key **750** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          750:COUNT OF ACTIVE CLIENTS BY DEMOGRAPHICS          UC028080
                   PLEASE ENTER SELECTION CRITERIA:

                   COMPONENT CODE      :  ___
                   TYPE OF PROGRAM     :  _
                   TYPE OF ACTIVITY    :  _ (COMMUNITY-BASED ONLY)
                   SERVICE TYPE       :  ___ (COMMUNITY-BASED ONLY)
                   LOCATION CODE      :  ___ (COMPONENT & PROGRAM REQUIRED)
                   TYPE OF CLIENT     :  _ (H=MH,R=MR,B=BOTH)
                   LOCAL SERVICE AREA :  _
                   PRINTER CODE       :  ___ (ENTER CODE FOR HARD-COPY)
                   SELECT FIELDS FOR CROSS SECTION (1-3 MAX OF 3)
                   SEX : _ AGE : _ ETHNICITY : _ PRES PROB : _
                   SVC PARTIC GRP: _ IQ : _ ABL : _ BIRTH DATE: _
                   SELECT RANGES FOR AGE/BIRTH_DT AND IQ SELECTION
                   AGE ___ THRU ___ AGE ___ THRU ___ AGE ___ THRU ___ AGE ___ THRU ___
                   IQ ___ THRU ___ IQ ___ THRU ___ IQ ___ THRU ___ IQ ___ THRU ___
                   BDATE _____ THRU _____ BDATE _____ THRU _____
                   BDATE _____ THRU _____ BDATE _____ THRU _____
                   *** PRESS ENTER ***

                   ACT: ___ (700/CARE REPORTING MENU,M/MENU)
```

Screen Organization The request screen is organized as follows:

- Selection Criteria
 - Cross Section
 - Ranges for Age/Birth Date and IQ
-

Action Code 750 - Selection Criteria

Introduction

Please Enter Selection Criteria is used to determine the population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <u>all</u> components.
TYPE OF PROGRAM	key the code for the type of program to which the persons are assigned. (1=Campus, 2=Community)
TYPE OF ACTIVITY	key the code for the person's community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management
SERVICE TYPE	key the community-based assignment service type code (HO , RO , or TC), if you want to limit the list of assignments to that service type. <u>Rule</u> : You cannot key <i>both</i> SERVICE TYPE <i>and</i> TYPE OF ACTIVITY.
LOCATION CODE	key the code for a residential location within the specified component. If you key a location code in this field, the report limits the list of assignments to that location. <u>Rule</u> : If you key a location code in this field, you <i>must</i> also enter the COMPONENT CODE and TYPE OF PROGRAM. TYPE OF ACTIVITY is required if a Community Residential/Client & Family Support location is entered.
TYPE OF CLIENT	key the code to indicate whether the persons are receiving MH and/or MR services. (H=MH, R=MR, B=Both)
LOCAL SERVICE AREA	key the code that identifies the Local Service Area.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note</u> : If you leave the field blank, the report will be displayed on your screen.

Action Code 750 - Cross Section

Introduction

Select Fields for Cross Section (1-3/Max of 3) allows you to identify how you want to see the population grouped. To select fields for cross section, you must enter a number from 1 to 3 in the blank following the criteria.

Rule: At least one of these fields *must* be entered.

Note: The first field selected for Cross Section is displayed horizontally, the remaining two vertically.

Cross Section Selection

If you choose	The cross section will be by...
SEX	person's sex.
AGE	person's age.
ETHNICITY	person's ethnicity.
PRES PROB	initially perceived problem for which a person needs TDMHMR services.
SVC PARTIC GRP	person's service participant group (MR). <ul style="list-style-type: none">• CB=Challenging Behavior• SB=Severly Challenging Behavior• PD=Physical Disability• HC=Health Care• TS=Training or Support• EC=Early Childhood Intervention• UC=Unclassified
IQ	person's IQ score.
ABL	code that identifies the person's current adaptive behavior level.
BIRTH DATE	person's date of birth.

Action Code 750 - Ranges for Age/Birth Date and IQ

Introduction

Select Ranges for Age/Birth Date and IQ Selection is used only if you chose age, birth date, or IQ in Cross Section. It allows you to specify how you would like those ranges divided.

Example: If you select AGE or BIRTH DATE in Cross Section, you *must* enter ranges for age here. For example, active clients from 0 - 22, 23 - 45, 46 - 65.

Ranges for Age/ Birth Date and IQ Selection

For the fields	Key ...
AGE ____ THRU ____	numbers for any date ranges.
IQ ____ THRU ____	number scores for any IQ score ranges.
BDATE _____ THRU ____	dates for time periods for birth date ranges.

Submit Request

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

Action Code 755 - Count of Active Clients by Diagnostic Group

Introduction

Action Code 755 - Count of Active Clients by Diagnostic Group displays statistics based on the diagnostic groups you choose.

Example: You may need a report showing the number of males at your component who have alcohol-related diagnoses. The request screen is used to identify population, diagnostic groups, and characteristics for comparison within those groups.

How to Access

To access the request screen:

- Key **755** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97      755:COUNT OF ACTIVE CLIENTS BY DIAGNOSTIC GROUP      UC028090

                PLEASE ENTER SELECTION CRITERIA:

                COMPONENT CODE      :  ___
                TYPE OF PROGRAM     :  _
                TYPE OF ACTIVITY    :  _ (COMMUNITY-BASED ONLY)
                SERVICE TYPE        :  ___ (COMMUNITY-BASED ONLY)
                LOCATION CODE       :  ___ (COMPONENT MUST BE ENTERED)
                TYPE OF CLIENT      :  _ (H=MH,R=MR,B=BOTH)
                LOCAL SERVICE AREA  :  _
                PRINTER CODE        :  ___ (ENTER CODE FOR HARD-COPY)

                ENTER DIAGNOSTIC GROUPINGS FOR REPORT (UP TO 5)
                _      _      _      _      _

                SELECT FIELDS FOR COUNT (1-2 : MAX OF 2)
                SEX : _      ABL : _      ETHNICITY : _
                SVC PARTIC GRP : _      PRES_PROB : _
                *** PRESS ENTER ***

                ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

Screen Organization The request screen is organized as follows:

- Selection Criteria
 - Diagnostic Groupings
 - Client Characteristics
-

Action Code 755 - Selection Criteria

Introduction

Please Enter Selection Criteria is used to determine the population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <u>all</u> components.
TYPE OF PROGRAM	key the code for the type of program to which the person is assigned. (1=Campus, 2=Community)
TYPE OF ACTIVITY	key the code for the person's community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management
SERVICE TYPE	key the community-based assignment service type code (H0 , R0 , or TC), if you want to limit the list of assignments to that service type. <u>Rule:</u> You cannot key <i>both</i> SERVICE TYPE <i>and</i> TYPE OF ACTIVITY.
LOCATION CODE	key the code for a residential location within the specified component. <u>Rule:</u> If you key a location code in this field: <ul style="list-style-type: none"> • you <i>must</i> also enter the COMPONENT CODE • your report will be limited to the list of assignments to that location. <u>Note:</u> You may key a location code if TYPE OF PROGRAM is 1 (Campus) <i>or</i> 2 (Community).
TYPE OF CLIENT	key the code to indicate whether the person is receiving MH and/or MR services. (H=MH, R=MR, B=Both)
LOCAL SERVICE AREA	key the code that identifies the Local Service Area.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 755 - Diagnostic Groupings

Introduction

Enter Diagnostic Groupings for Report (Up to 5) determines which diagnostic groupings are included in your report. To select diagnostic groupings, you must enter the two-digit diagnostic groupings in any or all of the five blanks that appear on the screen. You can choose up to five diagnostic groupings to be included in your report.

For more information refer to the *CARE Reference manual, Section I, Decode Tables*.

Note: The diagnostic groupings will be displayed horizontally on your report.

Action Code 755 - Client Characteristics

Introduction

Select Fields for Count (1-2; Max of 2) allows you to select a maximum of two characteristics by which you may group your report. To select client characteristics, you must enter the numbers 1 or 2 in the blank following the criteria.

For more information refer to the *CARE Reference Manual, Section I, Decode Tables*.

Note: Fields for counts are displayed vertically on your report.

Client Characteristics Selection

If you choose	Your report will give counts by...
SEX	person's sex.
ABL	person's current adaptive behavior level. (Mild, Moderate, None, Severe, Profound)
ETHNICITY	person's ethnicity. (American Indian, Asian, Black, Hispanic, Other, White)
SVC PARTIC GRP	person's service participant group (MR). <ul style="list-style-type: none">• CB=Challenging Behavior• SB=Severly Challenging Behavior• PD=Physical Disability• HC=Health Care• TS=Training or Support• EC=Early Childhood Intervention• UC=Unclassified
PRES PROB	initially perceived problem for which a person needs TDMHMR services. Persons are identified as probably needing ECI/DD, MH, MR, RC, SA.

Submit Request

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

Action Code 760 - Characteristics of MR Clients

Introduction

Action Code 760 - Characteristics of MR Clients displays characteristics of mentally retarded persons according to your specifications. Two request screens are used to select MR characteristics and to determine how those characteristics are displayed in the report.

How to Access

To access the first request screen:

- Key **760** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
12-13-99  760:REPORT CHARACTERISTICS OF MR CLIENTS: SELECTION  UC028100
          PLEASE ENTER DESIRED SELECTION CRITERIA:                PAGE 1 OF 2
SYSTEM STATUS      : _ (A/ACTIVE,I/INACTIVE,BLANK/ALL)
COMPONENT          CODE : _ OR TYPE: _ (H/S/D/C/Y)
TYPE OF PROGRAM    : _
TYPE OF ACTIVITY   : _
SERVICE TYPE      : _ (COMMUNITY-BASED)
LOCATION CODE        : _
4-DIGIT ACCT CODE  : _ (COMPONENT REQUIRED)
LOCAL SERVICE AREA : _
CP'D FROM SS AFTER 8-7-91?: _ (Y OR BLANK)
PRINTER CODE       : _ (ENTER CODE FOR HARD-COPY)
BEGIN DATE (MMDDYY) : _ END DATE (MMDDYY) : _
** NOTE: DATE RANGE IS APPLICABLE TO PERSONS OPEN IN THE COMMUNITY
ENTER VALUES OF CLIENT CHARACTERISTICS (BLANK FOR ALL)
SEX : _ RES CNTY : _ ETHNICITY : _ RECOMMENDED MOVE-13C: _
    REG MON CD: _ GUARDIANSHIP : _ AGE _ THRU _
ABL : _ LEAST RES : _ SUC PARTIC GRP: _ IQ _ THRU _
          *** PRESS ENTER TO CONTINUE ***

ACT: _ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 760 - Characteristics of MR Clients, Continued

Request Screens,
continued

```
12-13-99    760:REPORT CHARACTERISTICS OF MR CLIENTS: SELECTION    UC028105
                                                    PAGE 2 OF 2

      SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

CLIENT NAME  : _ SUC PARTIC GRP: _ RES CNTY : _ SEX      : _
ETHNICITY    : _ ABL              : _ CLIENT ID : _

REPORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6)

CLIENT NAME      : _ RES COUNTY : _ CLIENT ID : _
LOCAL CASE       : _
RECOMMENDED MOVEMENT: _ BIRTHDATE : _ AGE       : _
SUC PARTIC GROUP : _ ABL         : _ LSA       : _
ETHNICITY        : _ SEX         : _ MOBILITY  : _
HEARING LOSS     : _ LEV OF CARE : _ VISION    : _
HEALTH STATUS    : _ BEHAVIOR   : _ SQ       : _
LEAST RESTRICTIVE ENVIRONMENT: _ GUARDIANSHIP: _

                *** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU, 761/PREV PAGE)
```

Screen Organization The first request screen (Page 1 of 2) is organized as follows:

- Selection Criteria
- Client Characteristics

The second request screen (Page 2 of 2) is organized as follows:

- Sort Criteria
 - Report Criteria
-

Action Code 760 - Selection Criteria

Introduction

Please Enter Desired Selection Criteria is used to determine the population on which you want your report based.

Rule: At least one of these fields *must* be entered.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
SYSTEM STATUS	key the code for the person's statewide assignment status. (A=Active, I=Inactive, Blank=All) <u>Rule:</u> If SYSTEM STATUS is I or blank, you <i>cannot</i> select TYPE OF PROGRAM.
COMPONENT CODE <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <u>all</u> components.
TYPE	key the code for the component type. <ul style="list-style-type: none"> • H=Hospital • S=School • D=State Center • C=Community Center • Y=SOCS
TYPE OF PROGRAM	key the code for the type of program to which the person is assigned. (1=Campus, 2=Community) <u>Rule:</u> If TYPE OF PROGRAM is 1 , you <i>cannot</i> select SERVICE TYPE.
TYPE OF ACTIVITY	key the code for the person's community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management
SERVICE TYPE	key the MR community-based assignment service type code (R0XX) if you want to limit the list of assignments to that service type. <u>Rule:</u> SERVICE TYPE <i>must</i> be entered if LOCATION CODE is selected and TYPE OF PROGRAM is 2 .
LOCATION CODE	key the code for a residential location within the specified component if you want to limit the list of assignments to that location. <u>Rule:</u> If you key a location code in this field, you <i>must</i> also enter the COMPONENT CODE and TYPE OF PROGRAM.

continued on next page

Action Code 760 - Selection Criteria, Continued

Choosing Selection
Criteria, continued

If you want your report based on the Selection Criteria of	Then you will...
4-DIGIT ACCT CODE	key the four-digit accounting code. <u>Rule:</u> If you key an accounting code in this field, you <i>must</i> also enter the COMPONENT CODE.
LOCAL SERVICE AREA	key the code that identifies the Local Service Area.
CP'D FROM SS AFTER 8-7-91?	key Y (yes) to select persons who were community placed from state schools after 8/7/91.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.
BEGIN DATE	key the first date of the report period you want for your report.
END DATE	key the last date of the report period you want for your report or leave blank for today's date. <u>Note:</u> BEGIN DATE and END DATE can be the same if you want to view data for one date only.

Action Code 760 - Client Characteristics

Introduction

Enter Values of Client Characteristics (Blank for All) allows you to enter the characteristics to further define the selection for your report and limit your report to a specific population.

Example: If you need a report of all females from a given county, you would enter **F** in the SEX field and the three-digit county code in the RES CNTY field.

Client Characteristics Selection

If you choose to select the Client Characteristic of	Then key ...
SEX	the code for the sex to specify which population you want on your report. (M=Male, F=Female)
RES CNTY	the three-digit code for the persons' county of residence.
ETHNICITY	the code to specify which ethnic population you want on your report. <ul style="list-style-type: none"> • B=Black • H=Hispanic • W=White • A=Asian • I=American Indian • O=Other
RECOMMENDED MOVE-13C	the one-digit code to identify Recommended Movement as one of the following: <ul style="list-style-type: none"> • 1=None • 2=Move to Another Dorm on Same Campus • 3=Move to Another State Facility • 4=Move from Community to Campus • 5=Move from Campus to Community • 6=Move from one Community Residence to Another
REG MON CD	the two-digit code for the person assigned as regional monitor. Required for MR community placements.
GUARDIANSHIP	the code for person's legal status. <ul style="list-style-type: none"> • 1=Minor • 2=Minor w/Conservator • 3=Adult w/Guardian of Estate and Person • 4=Adult w/Guardian of Estate • 5=Adult w/Guardian of Person • 6=Adult w/Limited Guardian • 7=Adult w/Temporary Guardian • 8=Adult, No Guardian
AGE ____ THRU ____	numbers to indicate the age range.

continued on next page

Action Code 760 - Client Characteristics, Continued

Client Characteristics Selection, continued

If you choose to select the Client Characteristic of	Then key ...
ABL	the code that identifies the person's current adaptive behavior level as one of the following: <ul style="list-style-type: none"> • 0=Not Retarded • 1=Mild • 2=Moderate • 3=Severe • 4= Profound
LEAST RES	the code that identifies the least restrictive placement as one of the following: <ul style="list-style-type: none"> • 1=Own Home • 2=Natural Family • 3=Surrogate Family • 4=Supervised Home • 5=Alternate Institution • 6=Current Institution
SVC PARTIC GRP	the appropriate MR service participant group. <ul style="list-style-type: none"> • CB=Challenging Behavior • SB=Severely Challenging Behavior • PD=Physical Disability • HC=Health Care • TS=Training or Support • EC=Early Childhood Intervention • UC=Unclassified
IQ ____ THRU ____	numbers to indicate IQ score range.

Page Forward

Press <Enter> to continue to page 2 after you have entered the criteria on the first screen (page 1 of 2).

Result: The second screen (page 2 of 2) is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **761** in the ACT: field and press <Enter>. The first screen will be displayed.
- Make your changes to the first request screen and press <Enter>. The second request screen is displayed.

Action Code 760 - Sort Criteria

Introduction

Sort Criteria: Please Enter in Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Example: If you need a report of MR client characteristics by county of residence and in alphabetical order by name within county, you will enter **1** after RES CNTY and **2** after CLIENT NAME.

Note: If you do not choose any sort criteria in this section, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Sort Criteria Selection

If you choose	Your report will be sorted by...
CLIENT NAME	the person's name.
SVC PARTIC GRP	the MR service participant group.
RES CNTY	the person's county of residence.
SEX	the person's sex.
ETHNICITY	the person's ethnicity.
ABL	the person's current adaptive behavior level.
CLIENT ID	the person's statewide identification number assigned by CARE.

Action Code 760 - Report Criteria

Introduction

Report Criteria: Please Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** in CLIENT NAME would cause client name to be listed in the first column.

Rule: You *must* choose at least one field in Report Criteria.

Note: If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
CLIENT NAME	person's name.
RES COUNTY	person's county of residence code.
CLIENT ID	person's statewide identification number assigned by CARE.
LOCAL CASE	person's local case number assigned by the component.
IQ	person's IQ score.
RECOMMENDED MOVEMENT	recommended movement code.
BIRTHDATE	person's date of birth.
AGE	person's age.
SVC PARTIC GROUP	the MR service participant group.
ABL	person's current adaptive behavior level.
LSA	local service area.
ETHNICITY	person's ethnicity.
SEX	person's sex.
MOBILITY	person's mobility impairment.

continued on next page

Action Code 760 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
HEARING LOSS	person's hearing loss impairment.
LEV OF CARE	person's level of care.
VISION	person's vision impairment.
HEALTH STATUS	person's health status impairment.
BEHAVIOR	person's behavior management impairment.
SQ	person's SQ score.
LEAST RESTRICTIVE ENVIRONMENT	person's least restrictive environment.
GUARDIANSHIP	person's legal status.

Submit Request

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

Action Code 765 - Description of Residential Programs

Introduction

Action Code 765 - Description of Residential Programs displays all campus-based and community-based residential programs at a component. No options are given with regard to sorting or formatting the report. The request screen is used to identify selection criteria for the report.

Note: Records are sorted by location code.

How to Access

To access the request screen:

- Key **765** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97      765:DESCRIPTION OF RESIDENTIAL PROGRAMS REQUEST      VC028500

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

COMPONENT CODE   ___   (REQUIRED)
PRINTER CODE     _____ (OPTIONAL HARD-COPY)
PROGRAM STATUS:  -     (OPTIONAL)

                        O (OPEN PROGRAMS ONLY)
                        C (CLOSED PROGRAMS ONLY)

                        *** PRESS ENTER ***

ACT: ___ (790/CARE REPORTING MENU, Q/QUIT, M/MENU)
```

Action Code 765 - Description of Residential Programs, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code.) <u>Rule:</u> COMPONENT CODE <i>cannot</i> be blank.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.
PROGRAM STATUS	key the code for the program status, if desired. (O=Open Programs Only, C=Closed Programs Only) If you leave the field blank, all residential programs for campus and community will be displayed.

Submit Request

Press <Enter> to submit your request.

Action Code 766 - Clients in PATH Program for a Period

Introduction

Action Code 766 - Clients in PATH Program for a Period makes two different types of reports possible on PATH Program persons. The first is a list of persons who were in the program during the specified period. You may choose to view PATH Program persons from a single component, or only information on one person by entering the local case number or client ID.

The second type of report which may be selected from the 766 request screen is a single page detail on each person meeting the report criteria. Information on this detail page includes ID, name, sex, ethnicity, SSN, age, registration date, presenting problem, assignment information, homeless assignment information, and current principle diagnosis. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **766** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          766:CLIENTS IN PATH PROGRAM FOR A PERIOD          UC028260

* SELECT REPORT TYPE AND DATES
  1=LIST, 2=DETAIL (1 PG/CLIENT) : _
  PERIOD BEGIN DATE              : ____ (MMDDYY)
  PERIOD END DATE                 : ____ (MMDDYY)

* PLEASE ENTER THE FOLLOWING TO DELIMIT REPORT
  COMPONENT CODE                  : ____
  LOCAL CASE NUMBER               : _____
  CLIENT ID                       : _____
  GRANT PROGRAM                   : ____ (H026=PATH,H027=ACCESS,BLANK=BOTH)
  TYPE OF ASSIGNMENT: _ (1 = ASSIGNMENTS MADE IN PERIOD,
                        2 = ASSIGNMENTS OPEN IN PERIOD,
                        3 = ASSIGNMENTS CLOSED IN PERIOD)

  IF DESIRED, ENTER PRINTER CODE: ____ (FOR HARD-COPY)
                        *** PRESS ENTER ***

  REPORT 1 USES CURRENT DATA, REPORT 2 USES DATA COMPUTED OVERNIGHT

  ACT: ____ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 766 - Clients in PATH Program for a Period, Continued

Criteria Selection

For the field	You will...
REPORT TYPE	key a number (<i>must</i> be 1 or 2) to select type of report you want. (1=List, 2=Detail or one page per client) <u>Note:</u> Report option 1 uses current data; report option 2 uses data computed overnight.
PERIOD BEGIN DATE	key the first date of the report period you want for your report. <u>Rule:</u> PERIOD BEGIN DATE <i>cannot</i> be blank.
PERIOD END DATE	key the last date of the report period you want for your report or leave blank for today's date.
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code).
LOCAL CASE NUMBER	key the person's local case number to delimit the report.
CLIENT ID	key the person's statewide identification number to delimit the report.
AGE RANGE	key the numbers to indicate the person's age range.
GRANT PROGRAM	key H026 for PATH only or H027 for ACCESS only to specify the homeless grant under which the person is being served, or leave blank for both.
TYPE OF ASSIGNMENT	key the number to select the type of assignment you want. <ul style="list-style-type: none"> • 1 = Assignments made in period • 2 = Assignments open in period • 3 = Assignments closed in period
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 767 - Persons in Supported Housing/ACT/Supported Emp for a Period

Introduction

Action Code 767 - Persons in Supported Housing/ACT/Supported Emp for a Period makes two different types of reports possible on persons in the Supported Housing/Assertive Community Treatment/Supported Employment programs. The first is a register of Supported Housing/ Housing/ACT/Supported Employment assignments by component. You may choose to view persons from a single component, or only information on one person by entering the local case number or client ID.

The second type of report which may be selected from the 767 request screen is a single page detail report sorted by component on each person meeting the report criteria. Information on this detail page includes ID, name, sex, ethnicity, SSN, age, registration date, presenting problem, assignment information, and current principle diagnosis. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **767** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
06-08-99      767:PERSONS IN SUPPORTED HOUSING/ACT/SUPPORTED EMP      UC028300
                FOR A PERIOD

===== SELECT PROGRAM,REPORT TYPE AND DATES =====
PROGRAM        : _ (1=SUPPORTED HOUSING,2=ASSERTIVE
                  COMM.TREATMENT,3=SUPPORTED EMPLOY)
REPORT OPTION  : _ (1=LIST,2=DETAIL,1 PG/CLIENT)
PERIOD BEGIN DATE: _____
PERIOD END DATE : _____

== PLEASE ENTER THE FOLLOWING TO DELIMIT REPORT ==
COMPONENT CODE : _____
LOCAL CASE NUMBER: _____
CLIENT ID      : _____

PRINTER CODE   : _____ (ENTER FOR HARD-COPY)
                *** PRESS ENTER ***

***** REPORT OPTION 1 USES CURRENT DATA *****
* REPORT OPTION 2 USES DATA COMPUTED OVERNIGHT *

ACT: ____ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 767 - Persons in Supported Housing/ACT/Supported Emp for a Period, Continued

Criteria Selection

For the field	You will...
PROGRAM	key the number indicating the program type on which to base the report. 1=Supported Housing 2=Assertive Community Treatment 3=Supported Employment
REPORT OPTION	key a number (<i>must</i> be 1 or 2) to select the type of report you want. (1=List, 2=Detail or one page per client) <u>Note:</u> Report option 1 uses current data; report option 2 uses data computed overnight.
PERIOD BEGIN DATE	key the first date of the report period you want for your report. <u>Rule:</u> PERIOD BEGIN DATE <i>cannot</i> be blank.
PERIOD END DATE	key the last date of the report period you want for your report or leave blank for today's date.
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code).
LOCAL CASE NUMBER	key the person's local case number to delimit the report.
CLIENT ID	key the person's statewide identification number to delimit the report.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 768 - Death Review System Inquiry

Introduction

Action Code 768 - Death Review System Inquiry displays information concerning a person's death review. The report includes demographic data, death review information, death diagnosis information, last campus-based and last community-based assignments, and indicates whether a death review data sheet has been generated. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **768** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          768:DEATH REVIEW SYSTEM INQUIRY SELECTION          UC027840

      PLEASE ENTER THE FOLLOWING:

CLIENT ID                : _____

      ENTER PRINTER CODE FOR HARD COPY:

PRINTER CODE             : _____

*** PRESS ENTER ***

ACT: __ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 768 - Death Review System Inquiry, Continued

Criteria Selection

For the field	You will...
CLIENT ID	key the person's statewide identification number assigned by CARE. <u>Rule:</u> CLIENT ID <i>cannot</i> be blank.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 770 - Accounting Codes for Residential Programs

Introduction

Action Code 770 - Accounting Codes for Residential Programs displays all current accounting codes for campus-based and community-based residential programs. No options are given with regard to sorting or formatting the report. The request screen is used to identify selection criteria for the report.

Note: Records are sorted by location code.

How to Access

To access the request screen:

- Key **770** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97      770:ACCOUNTING CODES FOR RESIDENTIAL PROGRAMS      UC028510

PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

      COMPONENT CODE :  ___
      PRINTER CODE  :  ____ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT:  ___ (790/CARE REPORTING MENU, M/MENU)
```

Action Code 770 - Accounting Codes for Residential Programs,
Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code.) <u>Rule:</u> COMPONENT CODE <i>cannot</i> be blank.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 771 - DSM/ICD Code and Text Search

Introduction

Action Code 771 - DSM/ICD Code and Text Search displays a set of DSM or ICD codes based on a pattern search either for the diagnosis code or the text (diagnosis description).

How to Access

To access the request screen:

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

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
10-06-97          771:DSM/ICD CODE AND TEXT SEARCH          UC028530
PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:
DIAGNOSIS CODE      : _____
DIAGNOSIS DESCRIPTION: _____
SEARCH FOR STRING ANYWHERE
IN DESCRIPTION (Y/N) : N   (DSM ONLY)
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   : 1 (1=ICD, D=DSM ,5=ICD CHAPTER 5)
DIAGNOSIS VERSION   : 9 (9=ICD-9-CM,
                        4 = DSM 4,
                        R = DSM 3R,
                        3 = DSM 3,
                        T = DC0-3)
INPUT PRINTER CODE  : _____
                    *** PRESS ENTER ***
ACT: ____ (790/REPORTING MENU,330/DIAGNOSTIC DATA ENTRY,M/MENU,Q/QUIT)
```

Action Code 771 - Selection Criteria

Criteria Selection

For the field	You will...
DIAGNOSIS CODE	key the specific diagnosis code. <u>Rule:</u> You <i>must</i> key the DIAGNOSIS CODE and/or the DIAGNOSIS DESCRIPTION.
DIAGNOSIS DESCRIPTION	key the diagnosis description. <u>Rule:</u> You <i>must</i> key the DIAGNOSIS DESCRIPTION and/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 .
SORT ORDER	key the order by which you want to sort your report. (1=Code, 2=Description) <u>Note:</u> 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)	key the code for the Axis used to record the diagnosis for DSM 3, DSM 3R, or DSM 4. (1=Axis 1, 2=Axis 2, <i>or</i> blank to indicate both)
TYPE OF DIAGNOSIS	key the code for the type of diagnosis. (I=ICD, D=DSM, 5=ICD Chapter 5) <u>Note:</u> This field defaults to I .
DIAGNOSIS VERSION	key the code for the diagnosis version. <ul style="list-style-type: none"> • 9=ICD-9-CM • 4=DSM 4 • R=DSM 3R • 3=DSM 3 • T=DC0-3 <u>Note:</u> This field defaults to 9 .
INPUT PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

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

Action Code 776 - Bed Count at Open Residential Locations

Introduction

Action Code 776 - Bed Count at Open Residential Locations displays bed counts at current campus and community residential locations. Report Count Categories provide options of displaying the bed counts. The request screen is used to select criteria for the report.

How to Access

To access the request screen:

- Key **776** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          776:BED COUNT AT OPEN RESIDENTIAL LOCATIONS          UC028520

      PLEASE ENTER SELECTION CRITERIA:

COMPONENT CODE      :  ___
COMPONENT TYPE      :  _   (H=HOS,C=COM CTR,S=SCH,D=STATE CTR, Y=SOCS)
TYPE OF PROGRAM    :  _   (REQUIRED)
SERVICE TYPE       :  ___
LIVING SITUATION(MH) :  _
LOCATION CODE        :  ___ (COMPONENT ALSO MUST BE ENTERED)
4-DIGIT ACCT CODE   :  ___ (COMPONENT ALSO MUST BE ENTERED)
TYPE OF LOCATION    :  _   (H=MH,R=MR) (LEAVE BLANK TO SELECT BOTH)
RELATIONSHIP TO COMP :  _   (C=CONTRACT, O=OPERATED BY, P=OTHER)
UNIT TYPE           :  ___
PRINTER CODE       :  ___ (ENTER CODE FOR HARD-COPY)

      SELECT REPORT COUNT CATEGORIES (1-3 : MAX OF 3)
RELATION TO COMP: _ COUNTY: _ COMP: _ LOC: _
TYPE OF PLACEMENT: _ SERVICE TYPE: _ LIVING SITUATION: _
MC(MEDICARE)/ICFMR(MEDICAID)/IMD BEDS: _ ICF-MR LEVEL: _ UNIT TYPE: _
      *** PRESS ENTER TO CONTINUE ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Screen Organization The request screen is organized as follows:

- Selection Criteria
 - Report Count Categories
-

Action Code 776 - Selection Criteria

Introduction

Please Enter Selection Criteria allows you to select a particular location or set of locations.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMPONENT CODE <i>for your own component</i>	leave your component code which is supplied by CARE based on your logon account number.
COMPONENT CODE <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMPONENT CODE <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <i>all</i> components.
COMPONENT TYPE	blank out COMPONENT CODE and key the code for the component type to allow you to produce a bed count for all components of a particular type. <ul style="list-style-type: none"> • H=Hospital • C=Community Center • S=State School • D=State Center • Y=SOCS
TYPE OF PROGRAM	key the code for the type of program. (1=Campus, 2=Community) <u>Rule:</u> TYPE OF PROGRAM <i>cannot</i> be blank.
SERVICE TYPE	key the community-based assignment service type code (H0XX , R0XX , or TCXX) if you want to limit the list of assignments to that service type.
LIVING SITUATION (MH)	key the code for the type of living situation (MH). <i>For Child/Adolescent:</i> <ul style="list-style-type: none"> • 07=Hospital Services/Crisis Stabilization Units • 09=Therapeutic Foster Care • 16=Foster Group Home • 17=Other Residential <i>For Adult:</i> <ul style="list-style-type: none"> • 19=Treatment/Training • 20=Other Assisted Living • 22=Hospital Services • 23=Crisis Stabilization Units • 24=Crisis Residential/In-Home Services • 25=Forensic Transitional Program • 26=Adult Foster Care • 27=Licensed Personal Care Home
LOCATION CODE	key the code for a residential location within the specified component. <u>Rule:</u> If you key a location code in this field, you <i>must</i> also enter the COMPONENT CODE.

continued on next page

Action Code 776 - Selection Criteria, Continued

Choosing Selection Criteria, continued

If you want your report based on the Selection Criteria of	Then you will...
4-DIGIT ACCT CODE	key a valid four-digit accounting code. <u>Rule:</u> If you key an accounting code in this field, you <i>must</i> also enter the COMPONENT CODE.
TYPE OF LOCATION	key the code for the type of location. (H=MH, R=MR) <u>Note:</u> If you leave the field blank, both types of locations will be included in the bed count.
RELATIONSHIP TO COMP	key one of the following to indicate whether the community-based location is contracted by the component, operated by the component, or has other relationship. <ul style="list-style-type: none"> • C=Contracted By • O=Operated By • P=Other <u>Rule:</u> If RELATIONSHIP TO COMPONENT is entered, TYPE OF PROGRAM <i>must</i> be 2 .
UNIT TYPE	key the three-character code for the unit type. <ul style="list-style-type: none"> • ADP=Adult Psychiatric • BIC=Bicultural • CAU=Child/Adolescent • DEF=Deaf Unit • GER=Geriatric • MDU=Multiple Disabilities Unit • MSU=Medical Surgical Unit • TRN=Transitional • DDY=Drug Dependent Youth • MAX=Maximum Security • RES=Research Unit
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 776 - Report Count Categories

Introduction

Select Report Count Categories (1-3:Max of 3) offers a number of options to display bed counts. You may select up to three report count categories by entering a number from 1 to 3 in the blank following the categories.

If none of these options is selected, then the total count of beds available at the location selected will be displayed.

Report Count Categories Selection

If you choose	Your report will display...
RELATION TO COMP	a bed count for the selected locations by their relationship to the component. <u>Rule:</u> If counts are by relationship to component, TYPE OF PROGRAM <i>must</i> be 2 .
COUNTY	a bed count for the selected locations by the county in which the beds are located.
COMP	a bed count for each component in the set of locations selected.
LOC	a bed count for each location selected.
TYPE OF PLACEMENT	a bed count for each type of community placement in the set of locations selected. <u>Rule:</u> If counts are by type of placement, TYPE OF PROGRAM <i>must</i> be 2 .
SERVICE TYPE	a bed count for the selected locations by service type. <u>Rule:</u> If counts are by service type, TYPE OF PROGRAM <i>must</i> be 2 .
LIVING SITUATION	a bed count for the selected living situation.
MC (MEDICARE)/ ICFMR (MEDICAID)/ IMD BEDS	a count of Medicare/Medicaid/IMD beds. <u>Rule:</u> If counts are by MC/ICFMR/IMD bed type, TYPE OF PROGRAM <i>must</i> be 1 .
ICF-MR LEVEL	a bed count for each ICF-MR (Medicaid-funded) level in the set of locations selected. Possible levels are 1, 5, 6, and 9. <u>Rule:</u> If counts are by ICF-MR level, TYPE OF PROGRAM <i>must</i> be 2 .
UNIT TYPE	a bed count for the selected unit type.

Submit Request

Press <Enter> to submit your request.

Action Code 777 - Contract System Reporting

Introduction

Action Code 777 - Contract System Reporting displays projected and/or performed information for mental health and mental retardation services provided by the Mental Health and Mental Retardation Authorities. The request screen is used to select criteria for the report.

Note: This Action Code is used through FY99. **Action Code 778** will be used for contract system reporting for FY2000.

How to Access

To access the request screen:

- Key **777** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
05-25-99          777:CONTRACT SYSTEM REPORTING          UC028930
                   PLEASE ENTER THE FOLLOWING:

COMPONENT CODE:  _
FISCAL YEAR:    _
QUARTER:        _ (1,2,3,4,P,P1,P2,P3,P4,A,A1,A2,A3,A4,B,T)
REPORT TYPE:    _ (1/I.A,2/II.A,3/EXPEND,4/BUDGET,5/I.B)
                   (6/ATTACHMENT III)

                   ENTER IF DESIRED:
AMENDMENT TYPE: _ (1/AMENDMENT ENTERED, 2/AMENDMENT CALCULATED)
SYSTEM TOTALS:  _ (15/COMM CTR,16/SOCS,17/ALL)
PRINTER CODE:   _

                   *** PRESS ENTER ***

** NOTE FY98/99 IA/IIA PROJECTIONS:
   TO VIEW QUARTERLY CASE RATE YOU MUST SELECT P1,P2,P3,P4

ACT ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 777 - Report Criteria Selection

Criteria Selection

For the field	You will...									
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number.									
FISCAL YEAR	key the two-digit fiscal year. <u>Rule:</u> FISCAL YEAR <i>cannot</i> be blank.									
QUARTER	key the quarter (1, 2, 3, or 4, P, P1, P2, P3, or P4 for projected, A, A1, A2, A3, or A4 for amendments, B for budget, or T for targets for FY). <u>Rule:</u> QUARTER <i>cannot</i> be blank.									
REPORT TYPE	key the number to indicate the type of report you want. (1=I.A, 2=II.A, 3=Expend, 4=Budget, 5=I.B, 6=Attachment III) <u>Rule:</u> REPORT TYPE <i>cannot</i> be blank.									
AMENDMENT TYPE	key the number to indicate the type of amendment, if desired. (1=Amendment entered, 2=Amendment calculated).									
SYSTEM TOTALS (For Central Office use only)	key the number to indicate the system totals you want to display. (15=Community Centers, 16=SOCS, 17=All)									
PRINTER CODE	select an option. <table border="1" data-bbox="792 999 1365 1339"> <thead> <tr> <th>If you want...</th> <th>then...</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>a hard copy of your report</td> <td>key your printer code and press <Enter>.</td> <td>Report looks like the I.A manual form (132 characters).</td> </tr> <tr> <td>to view the report</td> <td>leave the printer code blank and press <Enter>.</td> <td>Report looks like a data entry screen (80 characters).</td> </tr> </tbody> </table>	If you want...	then...	Result	a hard copy of your report	key your printer code and press <Enter> .	Report looks like the I.A manual form (132 characters).	to view the report	leave the printer code blank and press <Enter> .	Report looks like a data entry screen (80 characters).
If you want...	then...	Result								
a hard copy of your report	key your printer code and press <Enter> .	Report looks like the I.A manual form (132 characters).								
to view the report	leave the printer code blank and press <Enter> .	Report looks like a data entry screen (80 characters).								

Submit Request

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

Action Code 778 - FY 01/02 Contract System Reporting

Introduction

Action Code 778 - FY 01/02 Contract System Reporting displays projected and/or performed information for mental health and mental retardation services provided by the Mental Health and Mental Retardation Authorities. The request screen is used to select criteria for the report.

How to Access

To access the request screen:

- Key **778** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
01-28-02          778:FY 01/02 CONTRACT SYSTEM REPORTING          UC028931
                   PLEASE ENTER THE FOLLOWING:

COMPONENT CODE:  ___
FISCAL YEAR:    ___
QUARTER:        ___ (1,2,3,4,P,P1,P2,P3,P4,A,B,T)
REPORT TYPE:    ___ (1/MH,2/MR,3/EXPEND,4/BUDGET,5/OUTCOME
                   (6/IN KIND LOCAL MATCH)

                   ENTER IF DESIRED:
AMENDMENT TYPE: ___ (1/AMENDMENT ENTERED, 2/AMENDMENT CALCULATED)
SYSTEM TOTALS:  ___ (15/COMM CTR,16/SOCS,17/ALL)
PRINTER CODE:   _____

                   *** PRESS ENTER ***

** NOTE FY MH/MR PROJECTIONS:
   TO VIEW QUARTERLY CASE RATE YOU MUST SELECT P1,P2,P3,P4

                   ACT ___ (700/CARE REPORTING MENU, H/MENU)
```

Action Code 778 - Report Criteria Selection

Criteria Selection

For the field	You will...									
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number.									
FISCAL YEAR	key the two-digit fiscal year. <u>Rule:</u> FISCAL YEAR <i>cannot</i> be blank.									
QUARTER	key the quarter (1, 2, 3, or 4, P, P1, P2, P3, or P4 for projected, A for amendments, B for budget, or T for targets for FY). <u>Rule:</u> QUARTER <i>cannot</i> be blank.									
REPORT TYPE	key the number to indicate the type of report you want. (1=MH, 2=MR, 3=Expend, 4=Budget, 5=Outcome, 6=In Kind Local Match) <u>Rule:</u> REPORT TYPE <i>cannot</i> be blank.									
AMENDMENT TYPE	key the number to indicate the type of amendment, if desired. (1=Amendment Entered, 2=Amendment Calculated).									
SYSTEM TOTALS (For Central Office use only)	key the number to indicate the system totals you want to display. (15=Community Centers, 16=SOCS, 17=All)									
PRINTER CODE	select an option. <table border="1" data-bbox="792 999 1365 1339"> <thead> <tr> <th>If you want...</th> <th>then...</th> <th>Result</th> </tr> </thead> <tbody> <tr> <td>a hard copy of your report</td> <td>key your printer code and press <Enter>.</td> <td>Report looks like the I.A manual form (132 characters).</td> </tr> <tr> <td>to view the report</td> <td>leave the printer code blank and press <Enter>.</td> <td>Report looks like a data entry screen (80 characters).</td> </tr> </tbody> </table>	If you want...	then...	Result	a hard copy of your report	key your printer code and press <Enter> .	Report looks like the I.A manual form (132 characters).	to view the report	leave the printer code blank and press <Enter> .	Report looks like a data entry screen (80 characters).
If you want...	then...	Result								
a hard copy of your report	key your printer code and press <Enter> .	Report looks like the I.A manual form (132 characters).								
to view the report	leave the printer code blank and press <Enter> .	Report looks like a data entry screen (80 characters).								

Submit Request

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

Action Code 780 - Demographic Data Sheet

Introduction

Action Code 780 - Demographic Data Sheet displays a demographic data sheet for a person. No options are given with regard to sorting or formatting the report. The request screen is used to identify the person.

How to Access

To access the request screen:

- Key **780** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
05-14-97          780:DEMOGRAPHIC DATA SHEET SELECTION          UC021250

      PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID                : _____

COMPONENT CODE/LOCAL CASE NUMBER: ___ / _____

      ENTER PRINTER CODE FOR HARD COPY:

PRINTER CODE              : _____

*** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 780 - Demographic Data Sheet, Continued

Criteria Selection

For the field	You will...
CLIENT ID	key the person's statewide identification number assigned by CARE. <u>Rule:</u> You <i>must</i> key the CLIENT ID or the COMPONENT CODE/LOCAL CASE NUMBER.
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE is required with LOCAL CASE NUMBER.
LOCAL CASE NUMBER	key the person's local case number assigned by the component. <u>Rule:</u> You <i>must</i> key the CLIENT ID or the COMPONENT CODE/LOCAL CASE NUMBER.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

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

Action Code 784 - Client Individual Treatment History

Introduction

Action Code 784 - Client Individual Treatment History displays a report of the person's individual treatment history including current principal diagnosis, current physical diagnosis, commitment information, and campus and community assignments. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **784** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
@4-07-97      784:CLIENT INDIVIDUAL TREATMENT HISTORY: SELECTION      UC028290

                PLEASE ENTER AT LEAST ONE OF THE FOLLOWING:

CLIENT ID                : _____

COMPONENT CODE/LOCAL CASE NUMBER: ___ / _____

PRINTER CODE              : _____ (ENTER FOR HARD-COPY)

                *** PRESS ENTER ***

                ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 784 - Client Individual Treatment History, Continued

Criteria Selection

For the field	You will...
CLIENT ID	key the person's statewide identification number assigned by CARE. <u>Rule:</u> You <i>must</i> key the CLIENT ID <i>or</i> the COMPONENT CODE/LOCAL CASE NUMBER.
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> COMPONENT CODE is required with LOCAL CASE NUMBER.
LOCAL CASE NUMBER	key the person's local case number assigned by the component. <u>Rule:</u> You <i>must</i> key the CLIENT ID <i>or</i> the COMPONENT CODE/LOCAL CASE NUMBER.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 785 - Counties in Service District

Introduction

Action Code 785 - Counties in Service District lists counties in the service districts of a particular component or type of component for state hospitals, state schools, and state centers (components 661 and 659). No options are given with regard to sorting or formatting the report. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **785** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97      785:COUNTIES IN SERVICE DISTRICT REQUEST      UC026292

                PLEASE ENTER ONE OF THE FOLLOWING:

COMPONENT CODE      :  ___

                <OR>

TYPE OF COMPONENT   :  _  (H/HOSPITAL, S/SCHOOL,
                        D/STATE CENTER)

                ENTER IF DESIRED:

PRINTER CODE        :  _____  (ENTER FOR HARD-COPY)

                *** PRESS ENTER ***

ACT:  ___ (790/CARE REPORTING MENU, M/MENU)
```

Action Code 785 - Counties in Service District, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code). <u>Rule:</u> You <i>must</i> key the COMPONENT CODE or the TYPE OF COMPONENT.
TYPE OF COMPONENT	key H (hospital), S (school), or D (state center) to list all components of a unique component type. In addition, you must blank out your component code. <u>Rule:</u> You <i>must</i> key the COMPONENT CODE or the TYPE OF COMPONENT.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

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

Action Code 786 - MH Bed Vacancy at MH Campus Locations

Introduction

Action Code 786 - MH Bed Vacancy at MH Campus Locations displays a report of MH bed vacancies at MH campus locations including funded and current census and vacancy counts. The request screen is used to identify selection criteria for the report.

How to Access

To access the request screen:

- Key **786** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen

The request screen is shown below.

```
04-07-97          786:MH BED VACANCY AT MH CAMPUS LOCATIONS          UC028310
                PLEASE ENTER SELECTION CRITERIA:
COMPONENT CODE   :  ___
COMPONENT TYPE   :  -   (H=HOSP, D=STATE CTR)
GENDER OF PROGRAM :  -
AGE RANGE        :  ___ TO ___
MEDICARE?        :  -   (Y OR N)
UNIT TYPE        :  ___
PRINTER CODE     :  _____ (ENTER CODE FOR HARD-COPY)

ADP = ADULT PSYCH      GER = GERIATRIC      DDY = DRUG DEP YOUTH
CAU = CHILD/ADOLESES  TRN = TRANSITIONAL   MAX = MAX SECURITY
MDU = MULTIPLE DIS    BIC = BICULTURAL      RES = RESEARCH UNIT
MSU = MEDICAL SURG    DEF = DEAF UNIT

                *** PRESS ENTER TO CONTINUE ***

ACT:  ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 786 - MH Bed Vacancy at MH Campus Locations,
Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	view your component code which is supplied by CARE based on your logon account number. To display data for a component other than your own, key the component code (type over your component code).
COMPONENT TYPE	key the code for the component type. (H=Hospital, D=State Center)
GENDER OF PROGRAM	key the code for the gender of the persons in the program. (M=Male, F=Female, C=Coed)
AGE RANGE	key the range of ages of the persons in the program.
MEDICARE?	key Y (Yes) to select Medicare beds or N (No) to select beds that are not Medicare.
UNIT TYPE	key the code for the unit type of the location from those listed at the bottom of the screen.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

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

Action Code 790 - CARE Component Reporting Menu

How to Access
the Component
Reporting Menu

To access the CARE Component Reporting Menu:

- Key **790** in the ACT: field of any screen.
- Press **<Enter>**.

Result: The request screen is displayed.

Component
Reporting Menu

The CARE Component Reporting Menu screen is shown below.

```
04-07-97          790:CARE COMPONENT REPORTING MENU          UC028005
                                     ENTER APPROPRIATE NUMBER TO CHOOSE ACTION

                                     765 - DESCRIPTION OF RESIDENTIAL PROGRAMS
                                     770 - ACCOUNTING CODES FOR RESIDENTIAL PROGRAMS
                                     771 - ICD/DSM CODE AND TEXT SEARCH
                                     785 - COUNTIES IN SERVICE DISTRICT LIST

                                     ACT:  ___ (M/MENU)
```

Action Codes

The action codes listed on the CARE Component Reporting Menu are used to access report request screens that allow you to inquire about component information. The menu lists the screens available to you to produce component reports.

Note: Once you know these action codes, you can bypass the menu by keying the action code in any ACT: field of the CARE system.

Action Code 795 – New Generation Medication Tracking Report

Introduction Action Code 795 – New Generation Medication Tracking Report allows you to produce a list of persons receiving Clozaril. The request screen is used to select criteria for the report.

How to Access To access the request screen:

- Key **795** in the ACT: field.
- Press **<Enter>**.

Result: The request screen is displayed.

Request Screen The request screen is shown below.

```
02-11-02      795:NEW GENERATION MEDICATION TRACKING REPORT      UC028920

PLEASE ENTER THE FOLLOWING TO DELIMIT REPORT:

COMPONENT CODE      :      ___
LOCAL CASE NUMBER   :      _____
CLIENT ID           :      _____
DRUG TYPE           :      ___ (C=CLOZAPINE, R=RISPERIDONE,
FUNDING SOURCE      :      ___ 0=OLANZAPINE,Q=QUETIAPINE,
REASON FOR ENDING   :      ___ GC=GENERIC CLOZAPINE
                    :      ___ Z=ZIPRASIDONE)
PERIOD BEGIN DATE   :      ___      PERIOD END DATE   :      ___

ENTER IF DESIRED:

PRINTER CODE        :      ___ (ENTER FOR HARD-COPY)

*** PRESS ENTER ***

ACT: ___ (700/CARE REPORTING MENU, M/MENU)
```

Action Code 795 – New Generation Medication Tracking Report, Continued

Criteria Selection

For the field	You will...
COMPONENT CODE	key the three-digit code of the billing component. <u>Example:</u> 030
LOCAL CASE NUMBER	key a valid local case number. <u>Rule:</u> If you enter a local case number, you <i>must</i> enter a component code.
CLIENT ID	key a valid statewide CARE identification number.
DRUG TYPE	key the code for the type of atypical antipsychotic drug prescribed to the person. (C=Clozapine, R=Risperidone, O=Olanzapine, Q=Quetiapine, GC=Generic Clozapine, Z=Zipradisone)
FUNDING SOURCE	key a one-digit funding source code. Valid codes are: <ul style="list-style-type: none"> • 1=Hospital In-Patient - 74th/HB1 • 2=State Campus Facility Pay • 3=MHMR (Appropriation Fund) • 4=Other/M=Other Medicaid • 5=Medicaid • 6=MHMR (Community Only) - 74th/HB1 • 7=Medicaid (Community Only) - 74th/HB1 • 8=Free/N=Hospital Referral/P, Q=Hospital Referral Medicaid
REASON FOR ENDING	key a one-digit reason for ending code. Valid codes are: <ul style="list-style-type: none"> • 1=No or Poor Response • 2=Decreased WBC • 3=Side Effect Other Than WBC • 4=Loss of Funding • 5=Other
PERIOD BEGIN DATE	key the month, day, and year for which the report period is to begin. <u>Rule:</u> Date <i>must</i> be in MMDDYY format.
PERIOD END DATE	key the month, day, and year for which the report period is to end. <u>Rule:</u> Date <i>must</i> be in MMDDYY format.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Submit Request

Press <Enter> to submit your request.

Action Code 798 - Persons Physical Characteristics Report

Introduction

Action Code 798 - Persons Physical Characteristics Report displays a report of MR persons' physical characteristics according to your specifications. Two request screens are used to select characteristics and to determine how those characteristics are displayed in the report.

How to Access

To access the first request screen:

- Key **798** in the ACT: field.
- Press **<Enter>**.

Result: The first request screen is displayed. You will be able to page to the second screen after you have entered the criteria on the first screen.

Request Screens

The first request screen is shown below. The second screen is shown on the next page.

```
12-13-99          798:PERSONS PHYSICAL CHARACTERISTICS REPORT          UC028910

                PLEASE ENTER DESIRED SELECTION CRITERIA:

                COMP /LOCAL CASE NUMBER:  __ \  _____
                ID                          :  _____
                PROGRAM                      :  _____
                ACTIVITY                    :  _____
                SERVICE TYPE                 :  _____
                LOC CODE                     :  _____
                PRINTER CODE                 :  _____ (ENTER FOR HARD-COPY)

                ENTER VALUES OF CLIENT CHARACTERISTICS
                HLTH STAT:  _ MOBILITY:  _ COORD:  _ HEAR LOSS:  _ VIS HAND:  _ SPCH HAND:  _
                BEH MGT  :  _
                HEARING AID? :  _ DENTAL PROSTH? :  _ CORR LENSES? :  _ WHEELCHAIR? :  _
                WALKER/CANE? :  _ ORTHOPED SHOES?:  _ ORTHOPED APP? :  _ SPEC POS EQUIP?:  _
                ADAPT EAT DEV?:  _ AUG COMM DEV? :  _ OTHER IMPAIR? :  _
                ABL          :  _ LEVEL OF RETARDATION:  _ ADVOCATE :  _
                               *** PRESS ENTER TO CONTINUE ***

                ACT:  __ (700/CARE REPORTING MENU, M/MENU)
```

continued on next page

Action Code 798 - Persons Physical Characteristics Report, Continued

Request Screens,
continued

```
12-13-99      798:PERSONS PHYSICAL CHARACTERISTICS REPORT      UC028911

SORT CRITERIA: PLEASE ENTER IN ORDER OF SEQUENCE (1 - 3 / MAX OF 3)

NAME: _      CASE: _      ID: _      ABL: _      LEV RET: _

TO REQUEST A REPORT, ENTER IN ORDER OF SEQUENCE (1 - 6 / MAX OF 6):
NAME: _      CASE: _      ID: _      ABL: _      LEV RET: _      SEX: _
AGE: _      IQ: _      SQ: _      ETHNIC: _      LOC: _
CNTY: _      LEG STAT: _      FAM CONT: _      ADVOC: _
HEALTH: _      MOBIL: _      COORD: _      HEAR LOSS: _      VIS HAND: _      SPEECH: _
BEH MGT: _      HEAR AID: _      DENTAL: _      CORR LENS: _      WHEELCHR: _      WALKER: _
SHOES: _      POS EQUIP: _      ORTH APP: _      EAT DEV: _      COMM DEV: _      OTH IMP: _
HLTH AVAIL: _

*** PRESS ENTER TO CONTINUE ***

ACT: __ (700/CARE REPORTING MENU, M/MENU, 799/PREV PAGE)
```

Screen Organization The first request screen is organized as follows:

- Selection Criteria
- Client Characteristics

The second request screen is organized as follows:

- Sort Criteria
 - Report Criteria
-

Action Code 798 - Selection Criteria

Introduction

Please Enter Desired Selection Criteria is used to determine the active population on which you want your report based.

Choosing Selection Criteria

If you want your report based on the Selection Criteria of	Then you will...
COMP <i>for your own component</i>	view your component code which is supplied by CARE based on your logon account number.
COMP <i>for another component</i>	key the component code (type over your component code) to display data for a component other than your own.
COMP <i>for all components</i>	leave COMPONENT CODE blank to find persons meeting your criteria at <u>all</u> components.
LOCAL CASE NUMBER	key the local case number assigned by the component. <u>Note:</u> If you key a local case number in this field, you must also enter the COMPONENT CODE.
ID	key the person's statewide identification number assigned by CARE.
PROGRAM	key the code for the type of program to which the persons are assigned. (1=Campus, 2=Community)
ACTIVITY	key the person's community-based activity. <ul style="list-style-type: none"> • 1=Residential • 2=Client & Family Support • 3=Case Management <u>Rule 1:</u> If you key an activity in this field, you <i>cannot</i> enter a 1 in PROGRAM. <u>Rule 2:</u> You cannot key <i>both</i> ACTIVITY <i>and</i> SERVICE TYPE.
SERVICE TYPE	key the community-based assignment service type code (ROXX) if you want to limit your report to that service type. <u>Rule:</u> You cannot key <i>both</i> SERVICE TYPE <i>and</i> ACTIVITY.
LOC CODE	key the code for a residential location within the specified component to limit the list of assignments to that location. <u>Note:</u> If you key a location code in this field, you must also enter the COMPONENT CODE.
PRINTER CODE	key the printer code for your printer if you want a hard copy of your report. <u>Note:</u> If you leave the field blank, the report will be displayed on your screen.

Action Code 798 - Client Characteristics

Introduction

Enter Values of Client Characteristics allows you to enter the characteristics to further define the selection for your report and limit your report to a specific population.

If all fields are left blank, all the physical characteristics will be used.

Client Characteristics Selection

If you choose to select the Client Characteristic of	Then key ...
HLTH STAT	the one-digit code to identify the person's health status impairment. <ul style="list-style-type: none"> • 1=No Major Problems • 2=Mild • 3=Moderate • 4=Severe
MOBILITY	the one-digit code to identify the person's mobility impairment. <ul style="list-style-type: none"> • 1=Unimpaired • 2=Mild • 3=Moderate • 4=Mobile/Non-Ambulatory • 5=Non-Ambulatory
COORD	the one-digit code to identify the person's coordination impairment. <ul style="list-style-type: none"> • 1=Unimpaired • 2=Reduced • 3=Disabling
HEAR LOSS	the one-digit code to identify the person's hearing loss impairment. <ul style="list-style-type: none"> • 1=None • 2=Mild • 3=Moderate • 4=Moderately Severe • 5=Severe • 6=Profound
VIS HAND	the one-digit code to identify the person's vision impairment. <ul style="list-style-type: none"> • 1=None • 2=Mild • 3=Moderate • 4=Severe
SPCH HAND	the one-digit code to identify the person's speech impairment. <ul style="list-style-type: none"> • 1=None • 2=Mild • 3=Moderate • 4=Severe

continued on next page

Action Code 798 - Client Characteristics, Continued

Client Characteristics Selection, continued

If you choose to select the Client Characteristic of	Then key ...
BEH MGT	the one-digit code to identify the person's behavior management impairment. <ul style="list-style-type: none"> • 1=None • 2=Mild • 3=Moderate • 4=Severe
HEARING AID?	a response which allows you to include only those persons who do/do not need a hearing aid. (Y=Yes, N=No)
DENTAL PROSTH?	a response which allows you to include only those persons who do/do not need a dental prosthesis. (Y=Yes, N=No)
CORR LENSES?	a response which allows you to include only those persons who do/do not need corrective lenses. (Y=Yes, N=No)
WHEELCHAIR?	a response which allows you to include only those persons who do/do not need a wheelchair. (Y=Yes, N=No)
WALKER/CANE?	a response which allows you to include only those persons who do/do not need a walker/cane. (Y=Yes, N=No)
ORTHOPEd SHOES?	a response which allows you to include only those persons who do/do not need orthopedic shoes. (Y=Yes, N=No)
ORTHOPEd APP?	a response which allows you to include only those persons who do/do not need an orthopedic appliance. (Y=Yes, N=No)
SPEC POS EQUIP?	a response which allows you to include only those persons who do/do not need special positioning equipment. (Y=Yes, N=No)
ADAPT EAT DEV?	a response which allows you to include only those persons who do/do not need adaptive eating devices. (Y=Yes, N=No)
AUG COMM DEV?	a response which allows you to include only those persons who do/do not need augmented communication devices. (Y=Yes, N=No)
OTHER IMPAIR?	a response which allows you to include only those persons who do/do not have other impairments. (Y=Yes, N=No)
ABL	the one-digit code to identify the person's adaptive behavior level. <ul style="list-style-type: none"> • 0=Not Retarded • 1=Mild • 2=Moderate • 3=Severe • 4=Profound

continued on next page

Action Code 798 - Client Characteristics, Continued

Client
Characteristics
Selection, continued

If you choose to select the Client Characteristic of	Then key ...
LEVEL OF RETARDATION	the one-digit code to identify the person's level of retardation. <ul style="list-style-type: none"> • 0=Not Retarded (IQ > 84) • 1=Mild (IQ 50-70) • 2=Moderate (IQ 35-49) • 3=Severe (IQ 20-34) • 4=Profound (IQ < 20) • 5=Borderline (IQ 71-84) • 6=Unspecified (Blank IQ and SQ)
ADVOCATE	the one-digit code to identify the person's need for an advocate. <ul style="list-style-type: none"> • 0=No need for an advocate at this time • 1=Individuals without a parent/guardian/ correspondent to advocate for them • 2=Individuals with a parent/guardian/ correspondent who do not routinely and/or regularly visit or attend meetings to advocate for them • 3=Individuals with a parent/guardian/ correspondent who request an advocate

Page Forward

Press **<Enter>** to continue to the second page after you have entered the criteria on the first screen.

Result: The second screen is displayed.

Previous Page

Since this report contains two request screens, you may need to go back to the first request screen. If this occurs:

- Key **799** in the ACT: field and press **<Enter>**. The first screen will be displayed.
- Make your changes to the first request screen and press **<Enter>**. The second request screen is displayed.

Action Code 798 - Sort Criteria

Introduction

Sort Criteria: Please Enter in Order of Sequence (1-3/Max of 3) allows you to select the sequence in which records appear on the report. To select sort criteria, you must enter a number from 1 to 3 in the blank following the criteria. The number entered will indicate the grouping and/or sequence.

Example: If you need a report of physical characteristics by level of retardation and in alphabetical order by name, you will enter **1** after LEV RET and **2** after NAME.

Note: If you do not choose any sort criteria, the records are displayed as they are located, which may not be in any particular order.

Criteria used to sort a report must also be displayed on the report. You will select items to be displayed on your report in Report Criteria.

Sort Criteria Selection

If you choose	Your report will be sorted by...
NAME	the person's name.
CASE	the person's local case number assigned by the component.
ID	the person's statewide identification number assigned by CARE.
ABL	the person's adaptive behavior level.
LEV RET	the person's level of retardation.

Action Code 798 - Report Criteria

Introduction

To Request a Report, Enter in Order of Sequence (1-6/Max of 6) is used to determine the column sequence format of your report. To select report criteria, you must enter a number from 1 to 6 in the blank following the criteria.

Example: Entering a **1** in CASE would cause the local case number to be listed in the first column.

Note: If you made a selection in Sort Criteria, you *must* select the same criteria here. You may select additional report criteria for a maximum of 6.

Report Criteria Selection

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
NAME	person's name.
CASE	person's local case number assigned by the component.
ID	person's statewide identification number assigned by CARE.
ABL	person's adaptive behavior level.
LEV RET	person's level of retardation.
SEX	person's sex.
AGE	person's age.
IQ	person's IQ score.
SQ	person's SQ score.
ETHNIC	person's ethnicity.
LOC	person's location.
CNTY	person's county of residence.
LEG STAT	person's legal status.
FAM CONT	code indicating frequency of family contact.
ADVOC	code indicating person's need for advocate.
HEALTH	code identifying person's health status impairment.

continued on next page

Action Code 798 - Report Criteria, Continued

Report Criteria
Selection, continued

If you enter 1 through 6 following the criteria	Then one of the columns on your report will be...
MOBIL	code identifying person's mobility impairment.
COORD	code identifying person's coordination impairment.
HEAR LOSS	code identifying person's hearing loss impairment.
VIS HAND	code identifying person's vision impairment.
SPEECH	code identifying person's speech impairment.
BEH MGMT	code identifying person's behavior management impairment.
HEAR AID	code identifying person's need for a hearing aid.
DENTAL	code identifying person's need for a dental prosthetic.
CORR LENS	code identifying person's need for corrective lenses.
WHEELCHAIR	code identifying person's need for a wheelchair.
WALKER	code identifying person's need for a walker.
SHOES	code identifying person's need for orthopedic shoes.
POS EQUIP	code identifying person's need for special positioning equipment.
ORTH APP	code identifying person's need for orthopedic appliances.
EAT DEV	code identifying person's need for adaptive eating devices.
COMM DEV	code identifying person's need for augmented communication devices.
OTHER IMP	code identifying other impairment.
HLTH AVAIL	code identifying person's need for health care availability.

Submit Request

Press <Enter> to submit your request.