

# **CMH User Guide**

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*In compliance with HIPAA regulations, this guide does not contain PHI.*

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# Working with Applicant Information

You can add new applicants, update their information, and pull current address information from VaMMIS. You can also log phone call information, and you can delete an applicant who does not have any associated phone, CAFAS, CANS, Decline, or Entrance/Diagnosis records.

Refer to the subsections in this section for additional information. The Recipient screen fields appear in Figure 1-1 below.

The screenshot shows a web form titled "CMH RECIPIENT" with the following fields and controls:

- SSN: Text input field
- Any Calls?: Checkmark box
- CALL LOG: Button with a pink border
- First Name: Text input field
- Middle Init: Text input field
- Last Name: Text input field
- Medicaid ID: Text input field
- Get/Update VaMMIS Info: Button with a blue border, highlighted by a black arrow pointing from the text "VAMMIS ADDRESS INFO:" on the right.
- DOB: Text input field
- Address1: Text input field
- Address2: Text input field
- City: Text input field
- State: Text input field
- Zip: Text input field
- FIPS: Checkmark box
- Date of First Ever PRTF Admission: Text input field with a pink border
- Contact First Name: Text input field
- Last Name: Text input field
- Home Phone: Two text input fields
- Cell Phone: Two text input fields
- Work Phone: Two text input fields
- Other Phone: Two text input fields
- Contact Relationship: Dropdown menu
- Saved By: Text input field
- Saved Date: Text input field

### VAMMIS ADDRESS INFO:

Use this button to get or refresh the Recipient's address with current VaMMIS address info at any time.

Note that in order for the button to work, there must be a value in the "Medicaid ID" field

Figure 1-1. Recipient Information.

## ***Adding a New Recipient***

Do the following to add a new Recipient:

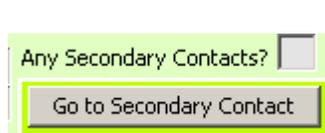
- If you have an existing applicant on the Recipient screen, click the Insert Record icon on the toolbar to insert a blank Recipient record; then proceed to the next bullet point; or, if you already have a blank Recipient record, proceed to the next bullet point.
- Type the Recipient's Social Security Number (without dashes) in the "SSN" field and press Enter.
- Type the Medicaid ID in the "Medicaid ID" field.
- Type the Recipient's date of birth (MMDDYYYY, without slashes) in the "DOB" field and press Enter.
- Type the first name in the "First Name" field and press Enter.
- Type the middle initial in the "Middle Initial" field and press Enter.
- Type the last name in the "Last Name" field and press Enter to advance to the
- Type the address information in the corresponding address fields, or click the "Get/Update VaMMIS Info" button to populate them. Note that the "FIPS" field will automatically populate.
- Supply the "Date of First-ever PRTF Admission". (This field is required.)
- If there is information for an applicant contact, type that information in the Contact fields.
- Click the Save icon on the toolbar to save the new applicant.

### **Adding Additional Contact Names**

There may be times when a Recipient has more than one contact name associated with him or her. The CMH database allows you to add as many additional contacts as you need.

Do the following to add secondary contact names for a Recipient:

- On the main screen, click the "Go to Secondary Contact" button shown in Figure 1-1a below.



NOTE: The number of secondary contacts for a Recipient will show in this box, with a brightly colored background, so that you do not have to go to that screen to see if there are any. If there are zero contacts, the box appears gray as you see here.

**Figure 1-1a. Secondary Contact Button.**

- On the "Secondary Contact Info" screen shown in Figure 1-1b below, enter the applicable information. Note that "Relationship" is a required field.

**Figure 1-1b. Secondary Contact Screen.**

**Figure 1-1b. Secondary Contact Screen.**

- Click the Save icon.
- Click the blue right-pointing double-arrow icon on the toolbar to return to the main screen.

**NOTES:**

- You can add as many secondary contacts as you need to. Add additional secondary contacts by clicking the “Insert Record” icon on the toolbar while on the screen. View all contacts by clicking the “down” arrow on your keyboard to scroll through them.
- Only the contact shown on the main screen will receive any automated letters that go to a contact person instead of the Recipient.

### ***Logging Phone Calls***

The CMH database allows you to log incoming phone calls that are specific to a Recipient.

Do the following to log a Recipient-related phone call:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Click the “CALL LOG” button (shown in Figure 1-1 above) to go to the Call Log screen, shown in Figure 1-2 below:

**Figure 1-2. Recipient Call Log Screen.**

- Indicate the date that the call was received.
- Choose the reason for the call from the “Reason” dropdown list.
- Type any comments about the call.
- Click either of the double arrows on the Toolbar to auto-save the call and return to the main screen.

Note that when you return to the Recipient screen, you will see a “Y” in the “Any Calls?” field shown in Figure 1-3 below:

**Figure 1-3. Any Calls? Display Field.**

🔔 **NOTE:** Do not use the Call Log to log Complaints or Critical Incidents. See the “Logging Complaints and Critical Incidents subsection in this chapter for information on logging these items.

### ***Pulling VaMMIS Address Info***

At any time, as long as the Recipient has a Medicaid ID in the “Medicaid ID” field on the Recipient screen, you can click the “Get/Update VaMMIS Info” button on the Recipient screen, shown in Figure 1-1 above.

### ***Tracking Missing Application Info***

From time to time you may have an applicant whose application is missing one or more required component, such as an 800 Form, a signature, a diagnosis, a Plan of Care, etc.

The CMH database thus provides a mechanism for tracking missing information, and it prompts you (using an automated report at login) to pursue still-missing information if you have not indicated your receipt of that information within 10 days of logging it.

#### **Logging Missing Information**

Do the following to log missing information:

- On the main screen, click the “Request Missing Info” button shown in Figure 1-4 below:

**1. Request Missing Info** (if applicable)

**Figure 1-4. Request Missing Info Button.**

- On the Missing Screening Information screen (shown in Figure 1-5 below), choose the missing information from the dropdown list **OR** describe it in the free-form text field if it is not in the list.

**Figure 1-5. Missing Information Screen.**

- Indicate the date that you requested the missing information (should be the current day’s date) in the “Date Requested” field.
- Click the Save icon on the toolbar.
- Click the blue, right-pointing double-arrow icon on the toolbar to return to the main screen.

### Logging Receipt of Missing Information

When you receive information that you logged as missing (using the steps above), go to the “Missing Screening Information” screen (described above), and indicate the date you received the missing information in the “Date Received” field shown in Figure 1-5 above.

### Viewing the “Overdue Missing Info Report”

The “Overdue Missing Info Report” is not something you have to seek out. It pops up at login if any missing information meets the criterion of the report, which is any piece of missing information requested over 10 days ago but not yet indicated as received. See the two subsections above for logging the request for and receipt of missing information.

### ***Logging Complaints / Critical Incidents***

The potential for a wide range of abuses in any program for caring for vulnerable persons makes it necessary for the CMH database be able to track information about complaints and critical incidents. See the “Reports” section of this manual for two associated reports (one automatic, one user-driven).

Do the following to log a complaint or critical incident in the CMH database:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Click the “Complaints / Critical Incidents” button shown in Figure 1-6 below.



**Figure 1-6. Complaints / Critical Incidents Button.**

- On the screen shown in Figure 1-7 below, fill in all of the fields in the “Preliminary Information” section.

**Figure 1-7. Complaints / Critical Incidents Screen.**

- Indicate whether it is a Critical Incident or a Complaint by choosing one or the other of those items from the applicable “LIST” fields. Note that you cannot log both on the same record.
- Supply any comments.
- Indicate the “Referred To” entity and corresponding date if you already know it. (If you do not do this, an automatic report will identify the record as needing follow-up until you choose a value from that dropdown list. Note that “No follow-up Required” is an option.)
- Indicate any comments associated with the referral/follow-up.
- Save the record.
- Click either set of double blue arrows on the toolbar to return to the Recipient screen. Note that when there is one or more Complaint or Critical Incident for a Recipient,

the number of Complaints / Critical Incidents will appear next to the button as shown in Figure 1-8 below.



**Figure 1-8. Number of Complaints / Critical Incidents for a Recipient.**

### Adding to the LIST of Complaints or Critical Incidents

See the “Working with the Maintenance Screen” section of this guide for information on adding new Complaints or Critical Incidents to the lists for these fields. The fields and their corresponding “LIST” buttons appear in Figure 1-7 above.

## Working with Entrance Dates/Diagnoses and Declines

A person cannot enter CMH without having entrance dates and at least one of the four “AXIS” diagnoses on file. The CMH database allows you to enter those things by way of the first button in figure 2-1 below:



Figure 2-1. Entrance Dates and Diagnoses Button.

### *Adding New Entrance Dates and Diagnoses*

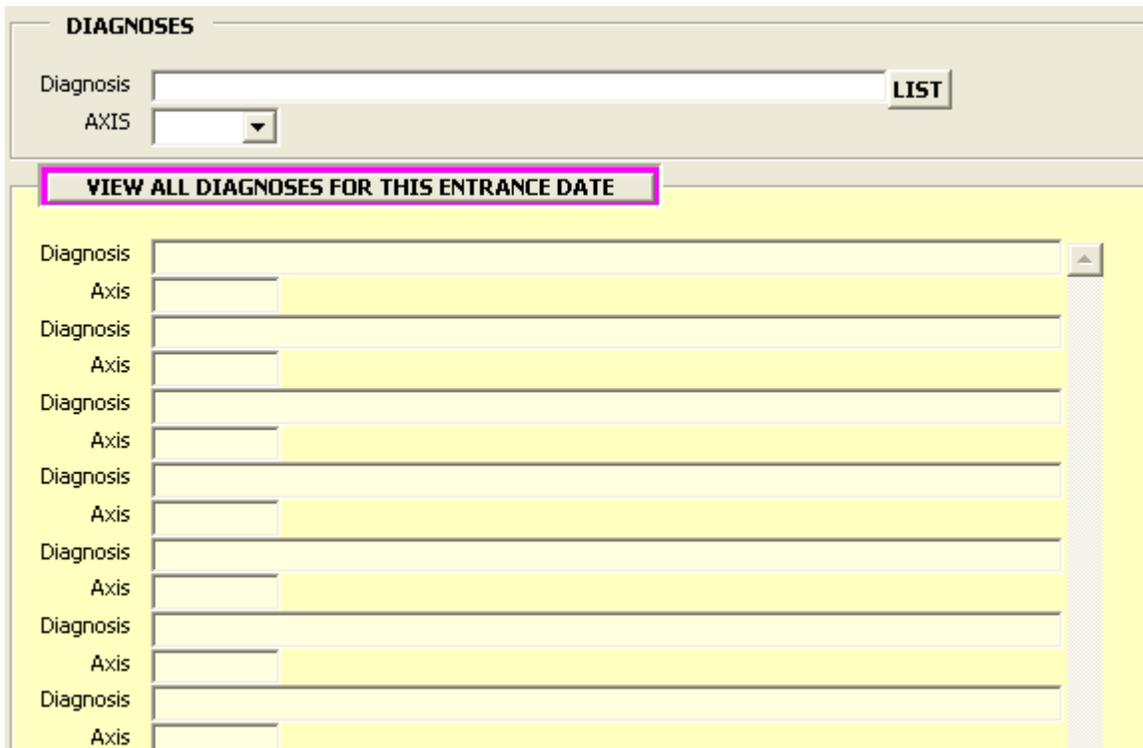
Do the following to add entrance dates and one or more diagnoses for a CMH Recipient:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Click the ENTRANCE DATES and DIAGNOSES button shown in the figure above. Doing so will take you to the screen shown in Figure 2-2 below:



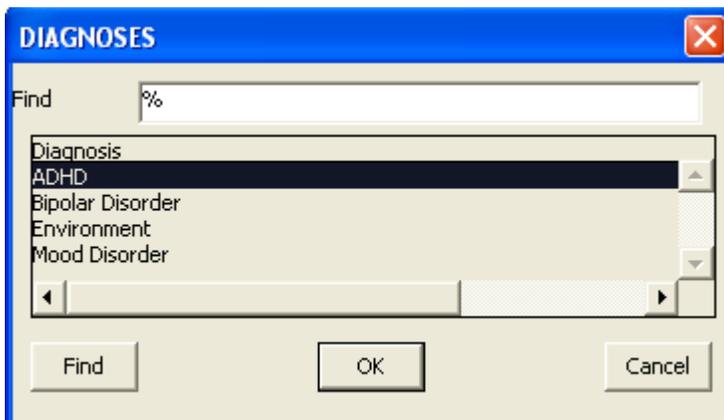
Figure 2-2. Entrance Dates Screen.

- Fill in all of the fields (e.g., both signature dates, both signatures, and AXIS V).
- Then click the GO TO DIAGNOSES button (or click the forward-pointing double arrows on the toolbar). Doing this will automatically save the record and take you to the screen shown in Figure 2-3 below:



**Figure 2-3. Diagnoses Screen.**

- Click the LIST button shown in the figure above. Doing this will raise a list of Diagnoses that can be added to by way of the MAINTENANCE screen. (See the “Working with the Maintenance Screen” section of the manual for details.) A sample of this list is shown in Figure 2-4 below:



**Figure 2-4. Diagnoses List.**

- Click once on the desired diagnosis; then click OK to dismiss the list box and pull the diagnosis into the “Diagnosis” field in Figure 2-3 above.
- Next, choose the corresponding AXIS (1 - 4) from the AXIS field dropdown list (also shown in Figure 2-3 above).
- Click the Save icon on the toolbar.

- To add another diagnosis, click the Insert Record icon on the toolbar and repeat the above process. (Note that your cursor must be in the upper portion of the screen when you click the Insert Record icon.)
- Repeat the process until you have added all of the diagnoses for the person.
- To view the diagnoses you have added, click the VIEW ALL DIAGNOSES FOR THIS ENTRANCE DATE button, shown in Figure 2-3 above.
- Click either set of double arrows on the toolbar to return to the Entrance Dates screen. From there, click the backwards-pointing double arrows to return to the main screen. Note that in the VIEW ONLY area of the screen the Entrance Dates you supplied will appear in green as shown in Figure 2-5 below.



Figure 2-5. Display-only Entrance Dates.

### Adding Entrance Dates and Diagnoses for a Second Time

If you are adding Entrance Dates and Diagnoses for a second time, in the case of someone who has left the program and is returning, simply go to the Entrance Dates screen and click the Insert Record icon on the toolbar and fill in the new, blank record. Then, go to the Diagnoses screen and add those. Then, proceed to the Diagnoses screen to add the corresponding diagnoses for the new enrollment period.

### ***Adding a New Decline***

When someone declines the opportunity to participate in CMH, you must add a “Decline” record using the second button shown in Figure 2-1 above.

Do the following to add a Decline record for a CMH Recipient:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Click the “Decline” button shown in Figure 2-1 above. Doing so will take you to the screen shown in Figure 2-6 below:

Figure 2-6. Decline Screen.

- Click the dropdown arrow and choose a reason. Ideally, you should have only one reason. The multiple rows you see in the figure above are for a person who declines the program more than once over a period of time.
- Type the Choice Form signature in the corresponding field and press Enter.
- Type the Choice form signature date and press Enter.
- Next, click one of the sets of double-arrows on the Toolbar.
- Once you are back to the Recipient screen, note that the “Decline” date you indicated is shown, with a red background to indicate a decline, in the “Current Dates – View Only” area of the screen:

<u>ENTRANCE FORMS</u>	
Referral	<input type="text"/>
Choice Form	<input type="text"/>
CAFAS	<input type="text"/>
CANS	<input type="text"/>
<u>DECLINE</u>	03/09/2008

**Figure 2-7. Display-only Decline Date**

### ***Re-enrolling a Terminated Recipient***

See the “Re-enrolling a Terminated Recipient” subsection of Chapter 5, “Working with Discharges and Appeals.”

## Working with CANS Forms and QA Surveys

A person who has a current Entrance Date/Diagnoses record or a current Decline record is ready to have his or her CANS information entered in the system.

Note that the CANS form has time-related distinctions that include “intake”, “six-month/annual,” and “exit.”

The first time you add a CANS record, the system will automatically supply “INTAKE” as the type. That will be indicated in the “CANS Type” field, an example of which is shown in Figure 3-1 below.



**Figure 3-1. CANS Type Field.**

When you add subsequent CANS forms for a given Recipient, the above fields will auto-populate based on your answer to a dialog box asking what kind of CANS form you are creating (e.g., “intake,” “six-months/annual,” or “exit”).

### ***Adding a CANS Record***

Do the following to add a new CANS record:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Click the CANS button shown in Figure 3-2 below. Doing this will take you to the CANS screen.



**Figure 3-2. CANS Button.**

- On the CANS screen (shown in Figure 3-3 below), type the date you received the form in the “Date Received” field and press Enter.
- Then, choose an item for all of the dropdown list items (also shown below), even if that score is “No evidence / No need for action”.
- Click the Save icon on the toolbar to save the record.
- Respond to the Save Alert.

Note that if you consented to saving the record when asked by the Save Alert, *and this is someone’s first CANS*, the CANS Type” field received “INTAKE” as its auto-populate value (shown below).

The screenshot shows the CMH CANS screen with the following data:

Category	Item	Status
School Functioning:	School Achievement	Mild evidence/Need for watching, waiting
	School Attendance	Mild evidence/Need for watching, waiting
	School Behavior	No evidence/No need for action
Juvenile Justice:	Crime Delinquency	Moderate evidence/Need for action
Alcohol & Other Drug Use:	Substance Use	Mild evidence/Need for watching, waiting
Mental Health:	Adjustment To Trauma	Mild evidence/Need for watching, waiting
	Depression Anxiety	Mild evidence/Need for watching, waiting
	Attention Def / Impulse Control / Hyperactivity	No evidence/No need for action
	Danger To Others	Mild evidence/Need for watching, waiting
Oppositional Behavior		Mild evidence/Need for watching, waiting
Mental Health (Cont'd):	Psychosis	Severe evidence/Need for immediate or intensive action
	Sexual Aggression Abuse	Moderate evidence/Need for action
	Danger To Self Suicide	Mild evidence/Need for watching, waiting
	Social Behavior	Mild evidence/Need for watching, waiting
Social Support:	Family	Mild evidence/Need for watching, waiting
	Interpersonal	Mild evidence/Need for watching, waiting
	Relationship Performance	Mild evidence/Need for watching, waiting
Family Functioning Outcomes:	Safety	Mild evidence/Need for watching, waiting
	Knowledge	Mild evidence/Need for watching, waiting
	Involvement	Mild evidence/Need for watching, waiting
	Supervision	Moderate evidence/Need for action

Additional information: Date Received: 03/15/2008, CANS Type: INTAKE, Created Date: 03/25/2008, Created By: CMH

Figure 3-3. CANS Screen.

- Click the CANS button (shown in Figure 3-2 above) to close the CANS form and return to the Recipient screen.
- Note that the CANS “Date Received” will appear below the Entrance dates for that person in the “View Only – Current Dates” area of the screen:

The screenshot shows the following data:

Entrance Form	Date
Referral	03/15/2008
Choice Form	03/15/2008
CAFAS	
CANS	03/15/2008

Figure 3-4. Display-only CANS Date.

### ***Sending out Notices when Annual CANS are Coming Due***

A new CANS screening is required each year for CMH enrollees. To facilitate timely receipt of annual CANS screenings, the CMH database has a batching process that identifies whose CANS are coming due in the next 30 days and generates a letter to the Case Manager (as identified on the enrollee’s CSP).

There are two ways to generate the letters: one is automatic, the other is manually driven. The automatic method is described in the “Automatic Reports” subsection of the “Reports” section of this guide. The manual method is described below:

#### **Generating the Notices Manually**

Do the following to manually generate CANS renewal notices:

- In the upper-right area of the main screen, click the “Run CANS Letters” button shown in Figure 3-5, *but only if the number shown is greater than 0*. If the number shown is 0, then no one requires a renewal CANS.



Figure 3-5. "Run CANS Letters" Button

- When the first letter pops up, save it as a .pdf to a drive folder *if that is required as part of your business process* by following the steps below. If it is not required, skip the four sub-steps below and proceed to the next bullet point.

Saving the letter as a .pdf:

- Click the "File" menu on the letter.
  - Choose "Generate to File"
  - Choose PDF
  - Browse for the location where you want to save the file, and save it
- Print the letter and close it.
  - Print the envelope that pops up after you close the letter.
  - Repeat this process for each letter.

### ***Generating a QA Survey (for mail or phone)***

The CMH database automatically generates a QA survey form and envelope for mailing when you indicate that the type of CANS form you are adding is a "6-MONTH / ANNUAL" type. The message shown in Figure 3-6 below precedes the automatic generation of the form, which can be used for a phone call or for mailing:

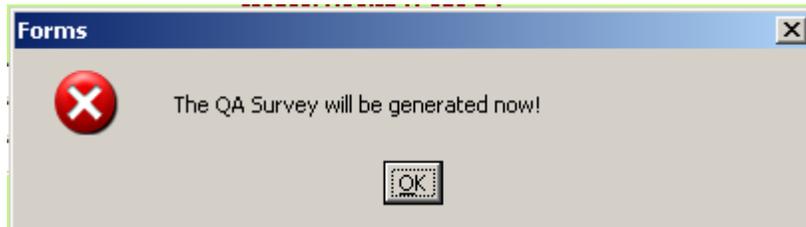


Figure 3-6. Message Preceding QA Survey.

When you have clicked OK on the above, the survey form will appear. You can print and mail the form, or you can print it and use it for a phone survey.

When you have dismissed the survey form (by clicking the "X" in its upper-right corner), you will see the message shown in Figure 3-7 below:

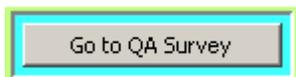


**Figure 3-7. QA Survey Record Message.**

### Indicating QA Survey Responses

After you have phoned the Recipient or received back a filled-out, mailed-in copy of the QA Survey, you need to log the responses in the database. Do the following to log QA Survey responses:

- Bring up the Recipient on the main screen (if you haven't already)
- Click the CANS button.
- Click the "Go to QA Survey" button in the upper-right corner of the CANS screen and shown in Figure 3-8 below.



**Figure 3-8. Go to QA Survey Button.**

- On the "CMH QA Survey" screen (shown partially in Figure 3-9 below), note that three fields have already been filled in: the "Associated CANS Date Received" field (shown below) and the "Created Date" and "Created Time" fields (not shown below). This is how you know that you are looking at an existing but as-yet-not-filled-out QA Survey record for the Recipient.
- Fill in the responses.
- Click the Save icon on the toolbar.
- Click the right-pointing blue double-arrow icon on the toolbar to return to the CANS screen.

**CMH QA Survey**

Associated CANS Date Received: 05/13/2010

**Services**

EM  In-home Res.  Family Caregiver Training  Cons Dir Companion Care and/or Respite   
 Companion Care  Agency Respite  Transition Coordination

**Responses**

I am happy with the services I receive through CMH.

[RESPONSE KEY:](#) The services I receive through CMH help me stay at home and be involved in my community.

5 = Strongly Agree  
 4 = Agree  
 3 = Undecided  
 2 = Disagree  
 1 = Strongly Disagree  
 0 = No Comment

The services I receive through CMH meet my needs.

I am able to find service providers.

My CM/TC responds to my calls in a timely manner.

I am happy with the support my CM/TC provides.

My Comprehensive Service Plan (CSP) includes all of the services I want to receive.

DMAS is available to answer my questions.

Additional services:

**Figure 3-9. CMH QA Survey Screen.**

### Declining to Mail or Phone a Recipient for 6-MONTH Surveys

As mentioned above, the QA Survey automatically generates when you indicate that you are creating a “6-MONTH / ANNUAL” CANS. If you are doing a 6-MONTH CANS and do not wish to indicate responses for the QA Survey, simply go to the Survey screen (using the button in Figure 3-8 above) and indicate this in the “Comments” field on the QA Survey screen.

## Working with CSPs

CSPs are the heart of the CMH database, because that is where a Recipient's services are tracked.

Note that there are prerequisites for adding a CSP for the first time. The Recipient must have both of the following before you can add the first CSP for him or her:

- An Entrance Dates and Diagnosis record; and,
- A CANS form

### ***Adding the First CSP for Someone***

When you add a CSP for someone for the first time, it is a little bit different than adding a "revision" or "annual" CSP later on.

Do the following to add a CSP for someone for the first time:

- Perform a query to find the desired Recipient. If you are unsure how to perform a query, refer to Appendix B.
- Make sure you have current Entrance dates and a current CANS.
- Then, click the CSP button shown in Figure 4-1 below. Doing this will take you to the CSP screen.



Figure 4-1. CSP Button.

- On the CSP Screen (shown partially in Figure 4-2 below), type the date you received the CSP.

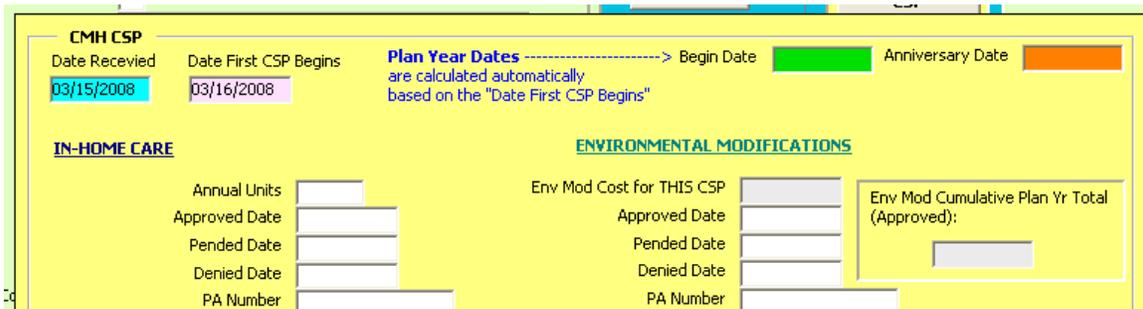


Figure 4-2. CSP Screen (partial).

- Then, click in the "Date First CSP Begins" field (shown above) and type the date on which the CSP will begin, and press Enter.
- Pressing Enter will take you to the bottom of the screen, shown below, where you must fill in two signature and date fields before you can save the record.

**Signatures:**

Case Manager Signature: CASE MANAGER NAME

Case Manager Date: 03/14/2008

[SAME DATE]

Recipient Date: 03/14/2008

Recipient Signature: RECIPIENT SIGNATURE NAME

Saved By: [ ] Saved Date: [ ]

**Figure 4-3. Signature Area of CSP Screen**

- Click the Save icon on the toolbar. After you do this, the Begin and Anniversary date fields will be auto-populated based on the “Date this CSP Begins” date that you supplied. Follow-up CSPs within this Plan Year will “inherit” this date range automatically, saving you the trouble of tracking CSP Plan Year dates:

**CMH CSP**

Date Received: 03/15/2008

Date First CSP Begins: 03/16/2008

Plan Year Dates -----> Begin Date: 03/16/2008 Anniversary Date: 03/16/2009  
 are calculated automatically based on the "Date First CSP Begins"

**Figure 4-4. Auto-populate Begin and Anniversary Dates.**

- Now you are ready to add Units and dates for the various services. Add what you know, by filling in the Unit and date fields for the services that the Recipient is scheduled to receive. To add Environmental Modifications, Therapeutic Consultations, or Transition Services, see the corresponding subsections below.
- Click the Save icon on the Toolbar.
- Click the CSP button (shown in Figure 4-1 above) to close the CSP screen. Note that the CSP Begin and Anniversary dates will appear in the “Current Dates – View Only” area of the screen, as shown below:

**CSP**

Begin Date: 03/16/2008

Anniversary Date: 03/16/2009

**Figure 4-4a. Display-only Begin and Anniversary Dates.**

### Adding Environmental Modifications

Environmental Modifications are different than most of the other services in that they require you to add text that indicates what modifications will be performed, and they involve a dollar amount ceiling of \$5,000 for a given Plan Year.

The system automatically tracks an individual’s running total for the Plan Year so that you do not have to do that. The specifics of this receive attention below.

Before you add Environmental Modifications for someone, the Environmental Modifications fields on the CSP screen appear as shown below:

Figure 4-5. Environmental Mod Fields on the CSP Screen.

Do the following to add Environmental Modifications for someone:

- On the CSP screen, click the “GO ENV MODS” button shown above. Doing this will take you to the Environmental Modifications screen shown below:

Figure 4-6. Environmental Modifications Screen.

- Type the first modification in the first “Mod” field shown above. Then, type the corresponding cost in the first “Cost” field. (You do not need to supply formatting for the dollar amount; it will auto-format.)
- If there are additional modifications, type them in the same manner, using the other “Mod” and “Cost” fields.
- When you have indicated all of the modifications and costs, click either of the sets of double-arrows on the Toolbar to return to the CSP screen.

- See the “Reporting Service Statuses (Pend/Approve/Deny) and Qualifying Comments to Case Managers” subsection later in this section for information on conveying the status of the service to the Case Manager. (DO NOT SKIP THIS STEP!)

Note that the “Env Mod Cost for THIS CSP” field now shows whatever amount (or sum of amounts) you indicated on the Environmental Modifications screen, as shown below:

The screenshot shows a yellow header with the text "ENVIRONMENTAL MODIFICATIONS". Below the header, there is a single input field labeled "Env Mod Cost for THIS CSP" containing the value "\$500.00".

**Figure 4-7. Display Amount for Env Mods for THIS CSP.**

When you supply an Approved Date, the “Env Mod Cumulative Plan Yr Total (Approved)” field will populate, as shown in the figure below:

The screenshot shows a yellow header with the text "ENVIRONMENTAL MODIFICATIONS". Below the header, there are several input fields. On the left, there are five fields: "Env Mod Cost for THIS CSP" (value: \$500.00), "Approved Date" (value: 03/18/2008), "Pended Date", "Denied Date", and "PA Number". On the right, there is a larger box containing the label "Env Mod Cumulative Plan Yr Total (Approved):" and a corresponding input field with the value "\$500.00".

**Figure 4-8. Display Cumulative Amount for Env Mods for Plan Year.**

Again, there is a \$5,000 limit for Environmental Modifications, which is why there is a field that tracks the Plan Year total.

When you add a “Revision” CSP for the same Plan Year, the running total for that Plan Year will automatically appear in the field above, even if the Revision itself does not have any corresponding environmental modifications.

### Adding Transition Services

Transition Services are different than most of the other services in that they require you to add text that indicates what services will be compensated, and they involve a dollar amount ceiling of \$5,000 for a given Plan Year.

The system automatically tracks an individual’s running total for the Plan Year so that you do not have to do that. The specifics of this receive attention below.

Before you add Transition Services for someone, the Transition Services fields on the CSP screen appear as shown below:

**TRANSITION SERVICES**

Transition Cost for THIS CSP

Approved Date

Pended Date

Denied Date

PA Number

Transition Cost Cumulative Plan Yr Total (Approved):

**GO TRANSITION SERVICES**      **View Approved Trans Svcs for This Plan Year**

**Figure 4-9. Transition Service Fields on the CSP Screen.**

Do the following to add Transition Services for someone:

- On the CSP screen, click the “GO TRANSITION SERVICES” button shown above. Doing this will take you to the Transition Services screen shown below:

**TRANSITION SERVICES**

NOTE: Any Transition costs listed below correspond to the CSP received on

Transition Service	<input type="text"/>
Cost	<input type="text"/>
Transition Service	<input type="text"/>
Cost	<input type="text"/>
Transition Service	<input type="text"/>
Cost	<input type="text"/>
Transition Service	<input type="text"/>
Cost	<input type="text"/>
Transition Service	<input type="text"/>
Cost	<input type="text"/>

**Plan Year Total (Approved) Before Any Additions Above:**

*There may be other Transition costs for the same Plan Year, belonging to a different CSP.*

**Figure 4-10. Transition Services Screen.**

- Type the first modification in the first “Transition Service” field shown above. Then, type the corresponding cost in the first “Cost” field. (You do not need to supply formatting for the dollar amount; it will auto-format.)
- If there are additional modifications, type them in the same manner, using the other “Transition Service” and “Cost” fields.
- When you have indicated all of the services and costs, click either of the sets of double-arrows on the Toolbar to return to the CSP screen.
- See the “Reporting Service Statuses (Pend/Approve/Deny) and Qualifying Comments to Case Managers” subsection later in this section for information on conveying the status of the service to the Case Manager. (DO NOT SKIP THIS STEP!)

Note that the “Transition Cost for THIS CSP” field now shows whatever amount (or sum of amounts) you indicated on the Transition Services screen, as shown below:

**TRANSITION SERVICES**

Transition Cost for THIS CSP

**Figure 4-11. Display Amount for Transition Services for THIS CSP.**

When you supply an Approved Date, the “Transition Cost Cumulative Plan Yr Total (Approved)” field will populate, as shown in the figure below:

**TRANSITION SERVICES**

Transition Cost for THIS CSP	<input type="text" value="\$145.00"/>	Transition Cost Cumulative Plan Yr Total (Approved): <input type="text" value="\$145.00"/>
Approved Date	<input type="text" value="03/19/2008"/>	
Pended Date	<input type="text"/>	
Denied Date	<input type="text"/>	
PA Number	<input type="text"/>	

**Figure 4-12. Display Cumulative Amount for Transition Services for Plan Year.**

Again, there is a \$5,000 limit for Transition Services, which is why there is a field that tracks the Plan Year total.

When you add a “Revision” CSP for the same Plan Year, the running total for that Plan Year will automatically appear in the field above, even if the Revision itself does not have any corresponding environmental modifications.

### Adding Therapeutic Consultations

Therapeutic Modifications are different than most of the other services in that there can be one or more types of therapeutic consultations associated with a given CSP. To accommodate that, you choose on a specific screen what those services are, and you indicate the number of units approved. Then, the system automatically sums up the total for you. The specifics of this receive attention below.

Before you add Therapeutic Consultations for someone, the Therapeutic Consultations fields on the CSP screen appear as shown below:

**THERAPEUTIC CONSULTATION**

Units for THIS CSP

Approved Date

Pended Date

Denied Date

PA Number

**Figure 4-13. Transition Service Fields on the CSP Screen.**

Do the following to add Therapeutic Consultations for someone:

- On the CSP screen, click the “GO THERAPEUTIC CONS” button shown above. Doing this will take you to the Therapeutic Consultations screen shown below:

Figure 4-14. Therapeutic Consultation Screen.

- Choose the first Therapeutic Consultation from the first “Ther Cons” dropdown list field.
- Then, indicate the corresponding number of units.
- Do the same for any other Therapeutic Consultations indicated for this person.
- When you have indicated all of the Therapeutic Consultation items and units, click either of the sets of double-arrows on the Toolbar to return to the CSP screen.
- See the “Reporting Service Statuses (Pend/Approve/Deny) and Qualifying Comments to Case Managers” subsection below for information on conveying the status of the service to the Case Manager. (DO NOT SKIP THIS STEP!)

Note that the “Units for THIS CSP” field now shows whatever number of units (or sum of units) you indicated on the Therapeutic Consultation screen, as shown below:

Figure 4-15. Display Units for Therapeutic Consultations for THIS CSP.

Now, the Therapeutic Consultation service resembles all of the others (except Environmental Modifications and Transition Services) in that you can supply a PA number, and an Approved, Pended, or Denied date, and the accumulation of totals is complete.

## Adding Non-line Item Services

For services other than Environmental Modifications, Therapeutic Consultations, and Transition Services, see the “Reporting Service Statuses (Pend/Approve/Deny) and Qualifying Comments to Case Managers” subsection below.

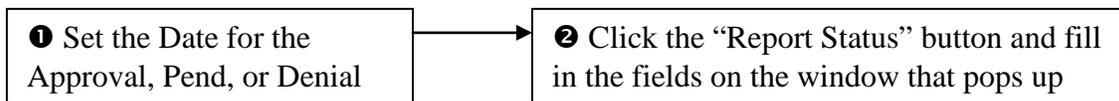
### **Reporting Service Statuses (Pend/Approve/Deny) and Related Comments to Case Managers**

Service statuses (Pend/Approve/Deny) have to be communicated to Case Managers. This is an assumption of working with the Children’s Mental Health program and its enrollees. Fortunately, the CMH database automates service-status communications between program coordinators and Case Managers in the form of a report called the “Case Manager Report” (described in the “Reports” section of this guide). ***NOTE: You should read about that report before you run it, since there is important related information that you need to know before you close out the report. And you should run the report on any day that you have entered status dates for one or more persons!***

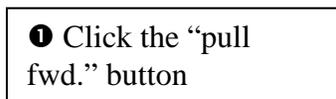
The following subsections outline the steps for reporting statuses by way of the Case Manager report:

#### Setting Service Statuses and Dates and Adding Comments

There are *two steps* (as described in the subsection below) for setting the status and corresponding date and addressing any comments when the service is a new service:



There is *one step* (as described in the second subsection below) for setting the status and corresponding date and addressing any comments when the service can be pulled forward because it is on a Revision plan:



See the subsections below for additional information on setting service dates, assigning statuses, and addressing comments so that all will show on the Case Manager Report. The above boxes intend only to present a broad overview; the specifics are detailed below.

**NOTE:** Be sure to read the steps for the category of service you are interested in (new or pull-forward).

#### **For a New Service**

To set the status and corresponding date for a new service so that both will show on the Case Manager report, do the following:

- On the CSP, enter the units and status date (Pend/Approved/Denied) in the applicable date field for that service. Figure 4-16 below shows an example of these fields:

**Figure 4-16. Example of Status Date Fields and “Report Status” button.**

- After setting the status date and units, click the “Report Status” button to go to the “Case Manager Comments” window shown in Figure 4-17 below:

**Figure 4-17. Case Manager Comments Screen.**

- On the Case Manager Comments window, choose the status that corresponds to the status date you entered (e.g., pend, approve, or deny) by clicking the dropdown list button for the “Status” field. (Note that the service name and units appear in corresponding display fields. Cost shows for Environmental Modifications only.)
- What you do next depends on the status you chose, as described below:
  - If you chose “Pend” or “Denied” for the status, then either choose a “Standard Comment” from the dropdown list, or type free-form comments in the “Comments” field—or do both. (You must indicate at least one comment for pended or denied items.)
  - If you chose “Approved” for the status, you can type a comment in the free-form “Comments” field if you want to, but you are *not required to*.
- Click the Save icon on the toolbar.
- Click the “CLOSE WINDOW” button on the Case Manager Comments window (shown in Figure 4-17 above). You have successfully reported the service now, and it will appear on the next running of the Case Manager Report.

### **For a Pull-forward Service**

To set the status and corresponding date for a pull-forward service so that it will show on the Case Manager report, do the following:

- Click the “pull-fwd.” button (as shown in Figure 4-16 above).
- What you do next depends on the following:

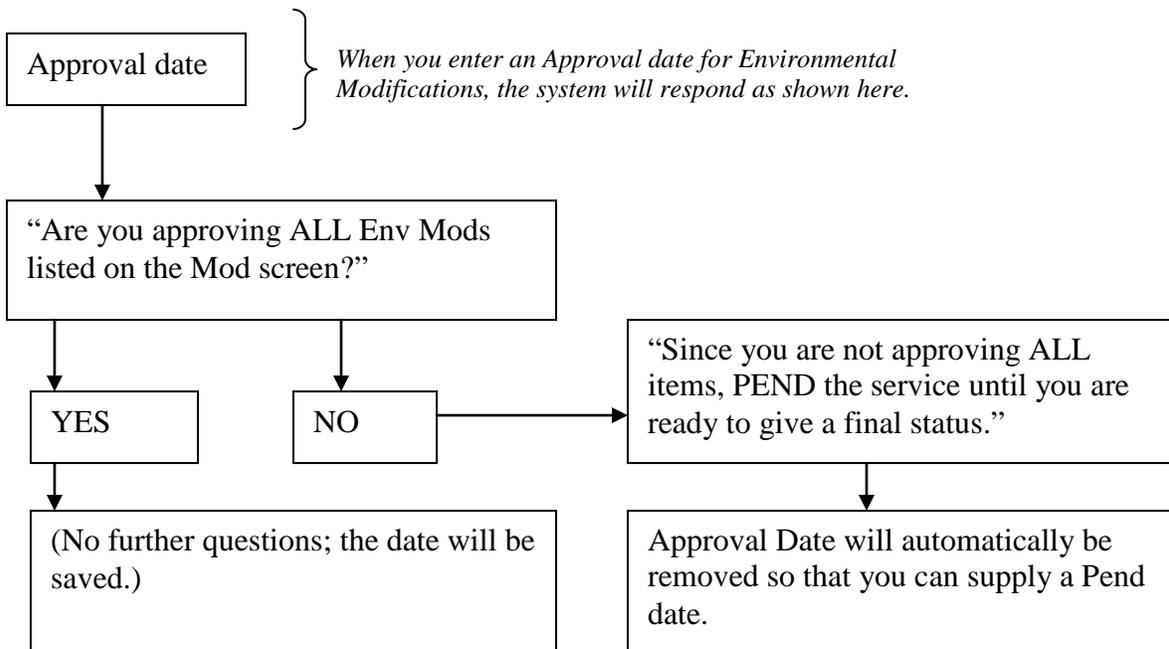
- If you have an additional pend comment to make for a service that persists in pend status, click the “Report Status” button (also shown in Figure 4-16 above). Then, do the following on the Case Manager Comments Window:
  - Choose “Pend” as the status.
  - Choose a “Standard Comment” or type a free-form comment in the “Comments” field (or do both).
  - Click the Save icon on the toolbar.
  - Click the “CLOSE WINDOW” button to return to the CSP/
- If you do *not* have an additional comment to make, then you do not need to do anything further. The pull-forward service will appear on the Case Manager Report.

### Reporting Environmental Modifications

Despite the prospect of multiple line items for Environmental Modifications there is only one date field for each prospective status: Pend, Deny, Approve. This means that all Environmental Modifications have to be treated as one. When you enter an Approve or Deny date for Environmental Modifications, the system will ask you to confirm your intent. In general, Environmental Modifications should be handled as indicated by the flowcharts below, for the statuses shown, and they should be pushed to the Case Manager report using the steps in the “For a New Service” subsection above:

### Approvals

When you enter an Approval date for Environmental Modifications, the following process will be kicked off behind the scenes. The system will ask you what you see in quotes in the boxes below, depending on your answers to the questions asked.



Now that you have established the Approval date for Environmental Modifications, see the “For a New Service” subsection above for information on pushing that status to the Case Manager report.

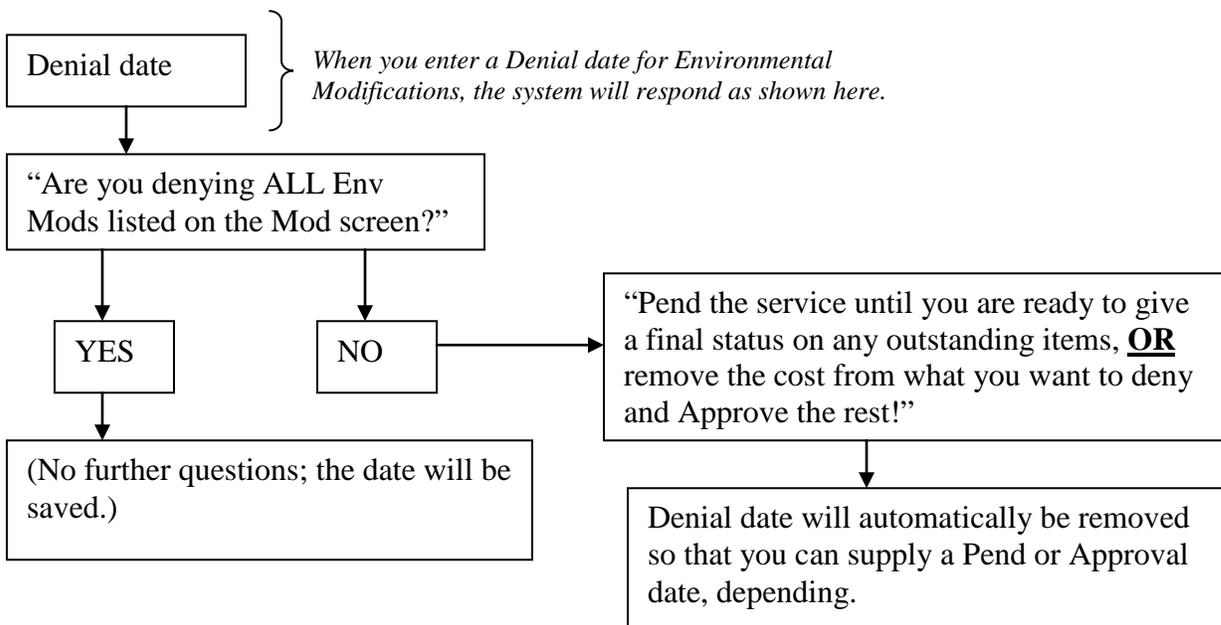
### Pends

When you enter a Pend date for Environmental Modifications, there are no background verification processes. The system interprets the Pend date to mean that you are pending all items.

When you have established the Pend date for Environmental Modifications, see the “For a New Service” subsection above for information on pushing that status to the Case Manager report.

### Denials

When you enter a Denial date for Environmental Modifications, the following process will be kicked off behind the scenes. The system will ask you what you see in quotes in the boxes below, depending on your answers to the questions asked.



Now that you have established the Denial date for Environmental Modifications, see the “For a New Service” subsection above for information on pushing that status to the Case Manager report.

## Adding New Pend or Deny Reasons to the Comments Window List Field

From time to time you may need to add a new Pend or Deny reason to the dropdown list on the “Case Manager Comments” window that comes up when you click the “Report Status” button for any service. See the “Adding/Editing Pend/Deny Reasons for Services” subsection in the “Working with the Maintenance Screen” section of this guide.

## Tracking Service Requests

Until November 1, 2010, the tracking of service requests for individuals and their plans of care was handled by KePRO. This process is now handled in-house by DMAS.

### Understanding Service Request Rules

There are some rules that apply to Service Requests. Glance at these before you begin, so that you will not be caught off-guard by any alert or error messages:

1. Services *must* have an approval at the CSP level before they can be logged as requests. (This is done using either the “Pull-forward” *or* the “Report Status” button for that service on the CSP screen, as appropriate.)
2. Only *one* Service Request record should exist per Plan Year per service per person unless one of the following is true:
  - a. The service is Therapeutic Consultations or Environmental Mods; or,
  - b. There is a new PA number.
3. The From / To Dates, Status, Status Date, Cost, and Units can all be changed as needed over time, to accommodate various accompanying circumstances. Changes to these fields are stored in a history table that is accessible by a report explained at the end of this subsection (but not in the “Reports” section).

### Logging a Service Request

Follow the instructions below to log a Service Request, bearing in mind the rules noted above:

- Click the “Track Service Requests” button on the main screen.
- On the Service Tracking screen shown (partially) in Figure 4-19 below, fill in the fields as described in Table 4-18 below, paying attention first to the notes below:
  - Notes:
    - Fields *not* named in Table 4-18 below will fill in automatically.
    - Fields required for saving the first time are noted in the “Required?” column.
    - If you receive any sort of pop-up message while entering the Service Request, read the message carefully and respond accordingly.

Field	How to Fill in	Required?
Req’st Date	Type the date that the Service Request was received. <i>Note that you cannot change this date once you save it.</i>	Y
Service	Press the “F9” key on your keyboard to select	Y

Field	How to Fill in	Required?
	from a list	
Provider	Same as above	
Units	Indicate the number of units requested	Y
Cost	Indicate the cost corresponding to the units	Y
From Date	Indicate the front-end date boundary for the service	Y
To Date	Indicate the back-end date boundary for the service	Y
PA #	Enter the VaMMIS PA Number for the Request	Required when the status is “A” (approved) or “D” (denied).
Status	Choose P, D, or A, for pend, approve, deny	N
Status Date	Indicate the date that corresponds to the status you chose	Required only when the Status field has been set; otherwise not required.
Comments	Click the “C” button at the far right of the Service Tracking Screen and shown in Figure 4-20 below. See the “Adding Comments for a Service Request” subsection below for details.	
Reason Code	Click the “RC” button at the far right of the Service Tracking Screen and shown in Figure 4-21 below. See the “Adding Reason Codes for a Service Request” subsection below for details.	Required when the status is “D” (denied).

**Table 4-18. Service Tracking Screen Data Entry Fields.**

**Service Tracking**  
NOTE: Shown below are only those service requests that were saved in the last 18 months. They are in order by service, then by descending order of saved date. Any Col  
Go to C

Req'st Date	Service (F9 to choose)	Provider (F9 to choose)	NPI	Units	Cost	From Date	To Date	CSP Anniv Date	PA #	Status	Status Date	ID #

**Figure 4-19. Service Tracking Screen.**

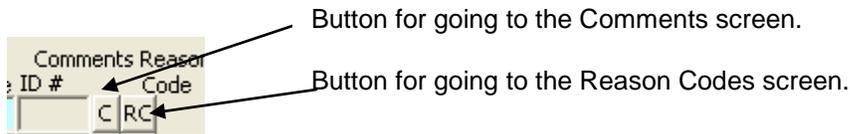
- Click the Save icon on the toolbar.
- Click either set of blue double arrows on the toolbar to return to the main screen.

### Adding Comments for a Service Request

Sometimes you may need to add explanatory comments for a Service Request.

Do the following to add comments to a Service Request:

- On the Service Tracking screen (shown in Figure 4-19 above), click the “Go to Comments” button at the far right end of the screen, as shown in Figure 4-20 below:



**Figure 4-20. Comments and Reason Codes Buttons on Service Tracking Screen.**

- On the comments screen, type your comments in the first empty “Comments” field on the screen (it has room for 5).
  - Note: Use the same “Comments” field for *all comments done on the same day by the same person*; otherwise use the next available “Comments” field.
- Click the Save icon to save the comment.
- Click either set of double blue arrows to return to the Service Tracking screen.

### Adding Reason Codes for a Service Request

You have to add at least one Reason Code when you deny a service request. To do this, you must first add the Reason Codes to the maintenance screen that stores them. See “Adding/Editing Service Request Reason Codes” subsection of the “Working with the Maintenance Screen” section of this manual to add Reason Codes for use with individual Service Requests. If you have already done this, follow the instructions below to associate a Reason Code with a Service Request.

Do the following to associate one or more Reason Codes with a Service Request:

- Read the introductory paragraph above to make sure you understand that you have to save Reason Codes to a maintenance screen before you can associate them with individual Service Requests. Proceed to the next bullet point below if you know that the Reason Code you need has already been added to the Maintenance Screen.
- On the Service Tracking screen (shown in Figure 4-19 above), click the “RC” button (at the far-right of the screen, shown in Figure 4-20 above) for the Service Request record for which you want to associate one or more Reason Codes.
- On the Decision Reason Codes screen (shown in Figure 4-21 below), put your cursor in the first available “Code” field and click the “LIST” button beside it to view the list of available codes and choose the desired code. (Doing this will automatically populate the “Description” field.)

Decision Reason Codes			
Code	Description	Saved By	Saved Date
<input type="text"/>	LIST		

**Figure 4-21. Decision Reason Codes Screen.**

- If you need to add one or more additional Reason Codes, repeat the step above and then proceed to the step below. If you do not need to add one or more additional Reason Codes, proceed to the step below.
- Click either set of double blue arrows on the toolbar to simultaneously save the Code and return to the Service Tracking screen.

### Comparing CSP-level Approved Units with Approvals of Requested Units

See the “Compare Approved Service Requests to CSP Approvals” report in the “Reports” section of this user guide for instructions on running a report that compares the number of units approved with the number of units requested (and approved), for all services on a person’s *current* CSP.

### Generating a “Timely Service Request Response” Report for CMS

See the “Service Request Response Time Summary Info (for CMS)” report in the “Reports” section of this user guide for instructions on running a report that supplies statistics on the number of Service Requests received for a user-defined period, how many had overdue initial responses, how many days the first response took on average, and how many total Service Requests there were in the period.

### Viewing the History of Changes for a Service Request

To view the history of changes for a given Service Request, do the following:

- Click the “View History for a Request” button shown in Figure 21a below.
- At the prompt, supply the ID # for the Service Request whose history you want to see by looking in the “ID #” field (shown in Figure 4-21 above) for that Request.



**Figure 4-21a. View History for a Request Button.**

### Viewing Service Utilization Levels

See the “Service Utilization Summary Report” in the “Reports” section of this manual for instructions on a generating a summary of service requests for a specified time frame. Run this report when you want to know *which services were requested, for what cost and for how many units, over a certain period of time, and what the current status (e.g., Pend, Approve, Deny) of those requests is.*

## ***Sending out Notices when Annual CSPs are Coming Due***

A new CSP is required at the start of each person’s plan year as identified by the “Begin Date” and “Anniversary Date” fields on the CSP screen. Each person’s plan year is specific to him or her; there is no rule that makes everyone’s start and end dates the same.

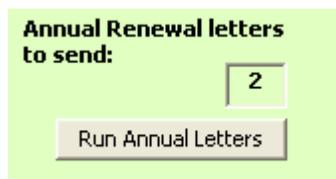
To facilitate timely receipt of Annual plans, the CMH database has a batching process that identifies whose Annuals are coming due in the next 30 days and generates a letter to the “Contact Name” person for each Recipient.

There are two ways to generate the letters: one is automatic, the other is manually driven. The automatic method is described in the “Automatic Reports” subsection of the “Reports” section of this guide. The manual method is described below:

### **Generating the Notices Manually**

Do the following to manually generate Annual renewal notices for CSPs:

- In the upper-right area of the main screen, click the “Run Annual Letters” button shown in Figure 4-22, *but only if the number shown is greater than 0*. If the number shown is 0, then no one requires a renewal CSP.



**Figure 4-22. “Run Annual Letters” Button.**

- When the first letter pops up, save it as a .pdf to a drive folder *if that is required as part of your business process* by following the steps below. If it is not required, skip the four sub-steps below and proceed to the next bullet point.

#### *Saving the letter as a .pdf:*

- Click the “File” menu on the letter.
  - Choose “Generate to File”
  - Choose PDF
  - Browse for the location where you want to save the file, and save it
- Print the letter and close it.
  - Print the envelope that pops up after you close the letter.
  - Repeat this process for each letter.

## ***Adding a Revision or Annual CSP for Someone***

When you add the first CSP for someone, you have to supply the “Date First CSP Begins” date, shown below:

CMH CSP	
Date Received	Date First CSP Begins
03/15/2008	03/16/2008

Figure 4-23. "Date First CSP Begins" Field.

Follow-up CSPs, however, do not require you to add that date, because they will inherit the Begin and Anniversary dates derived from that date (shown below).

<b>Plan Year Dates</b> -----> Begin Date 03/16/2008 Anniversary Date 03/16/2009 are calculated automatically based on the "Date First CSP Begins"
--

Figure 4-24. Plan Year Dates.

What follow-up CSPs do require you to do is indicate whether they are Revisions or Annual follow-ups. See the subsections below for more information on both types.

### Revision CSPs

A "Revision" CSP is defined as follows:

A Revision CSP is a CSP that is received within *an already defined plan year*, and it supersedes the last CSP on record with one or more modifications to the services indicated on that last CSP.

Do the following to add a Revision CSP:

- Make sure you have current Entrance dates and a current CANS form.
- Click the CSP button shown in Figure 4-1 above. Doing this will take you to an already-existing CSP for the person (meaning that you will not arrive on a blank CSP).
- On the CSP screen, click the "Insert Record" icon on the Toolbar. Doing this will cause the system to ask you the following question:

Figure 4-25. Revision or Annual? Pop-up Box.

- Click the "Revision" button. (Doing this will return you to the CSP screen, with the new Revision CSP in place.)

- Supply the “Date Received” (shown below again), and note that the Begin and Anniversary Dates have been filled in for you:

The screenshot shows a yellow header bar for 'CMH CSP'. Below it, there are several fields: 'Date Received' (a blue box), 'Date First CSP Begins' (03/16/2008), 'Plan Year Dates' (a note that they are calculated automatically based on the 'Date First CSP Begins'), 'Begin Date' (03/16/2008), and 'Anniversary Date' (03/16/2009).

**Figure 4-26. Date Received and Begin/Anniversary Date Fields.**

- Fill in the two required signature and date fields at the bottom of the screen and click the Save icon on the toolbar.
- Fill in the service units, dates, etc., and click the Save icon on the toolbar. If you need to add Environmental Modifications, Therapeutic Consultations, or Transition Services, see the corresponding subsections above.

### “Pulling Forward” Existing Services on Revision CSPs

Sometimes a Revision will be the same as the CSP that preceded it, except for one or two services.

For your convenience in preserving Units/Dates for services that were already approved (or denied, as the case may be) in a previous CSP for the same Plan Year, there are “pull fwd.” buttons beside most of the services. Clicking those buttons pulls in the information from the preceding CSP, in the same Plan Year, for that service.

Note that Environmental Modifications, Therapeutic Consultations, and Transition Services do not have “pull fwd.” buttons.

Figure 4-27 below shows one of the “pull fwd.” buttons and the pop-up message that confirms that the information has been pulled in. In this example, the user clicked the “pull fwd.” button for In-Home Care, and after pulling in the units, approved date, and PA Number, the system generated the message shown below.

The screenshot shows the 'IN-HOME CARE' section of a form. There is a 'pull fwd.' button. To its right are fields for 'Annual Units' (20), 'Approved Date' (01/15/2008), 'Pended Date', 'Denied Date', and 'PA Number' (98988887766). A blue 'Forms' pop-up window is overlaid on the form, displaying a red 'X' icon and the text 'Pull-forward COMPLETE!' with an 'OK' button.

**Figure 4-27. “Pull Forward” Confirmation Message.**

If you decide that you clicked the “pull fwd.” button in error, simply click it again. It is a toggle switch that pulls in the information and clears it out.

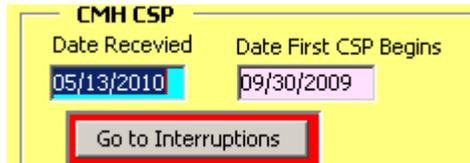
## Working with CSP Interruptions

A Plan of Care may experience an interruption for hospitalization, incarceration, or detention. The CMH database allows you to log the start, conclusion, and reason for these interruptions.

### Logging the Start of an Interruption

Do the following to log the start of a CSP interruption:

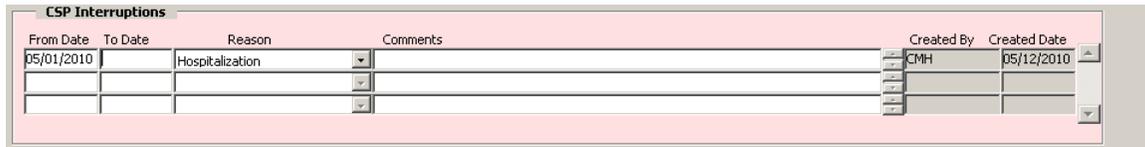
- On the CSP screen, click the “Go to Interruptions” button shown in Figure 4-28 below.



The screenshot shows a yellow background with the text "CMH CSP" at the top. Below it are two date fields: "Date Received" with the value "05/13/2010" and "Date First CSP Begins" with the value "09/30/2009". A button labeled "Go to Interruptions" is highlighted with a red border.

Figure 4-28. Go to Interruptions Button.

- On the “CSP Interruptions” screen (shown in Figure 4-29 below), indicate the date the interruption began in the “From Date” field.



The screenshot shows a table titled "CSP Interruptions" with the following columns: From Date, To Date, Reason, Comments, Created By, and Created Date. The first row contains the following data: From Date: 05/01/2010, To Date: (empty), Reason: Hospitalization, Comments: (empty), Created By: CMH, Created Date: 05/12/2010. There are also some small icons on the right side of the table.

Figure 4-29. Interruptions Screen.

- Choose the applicable reason from the “Reason” field.
- Add comments in the “Comments” field as needed.
- Click the Save icon on the toolbar.
- Click the right-pointing blue double-arrow icon on the toolbar to return to the CSP screen.

### Logging the End of an Interruption

Do the following to indicate the end of a CSP interruption:

- Follow the steps in the subsection above to arrive at the “CSP Interruptions” screen shown in Figure 4-29 above.
- Indicate the date that the interruption ended in the “To Date” field (also shown in Figure 4-29 above).
- Click the Save icon on the toolbar.
- Click the right-pointing blue double-arrow icon on the toolbar to return to the CSP screen.

### Viewing the “Interrupted CPSs” Report

The CMH database provides an automated report (at login) that shows you whose plan is currently interrupted.

Names drop off the report when the interruptions receive an end date.

### ***Adding Case Manager Names to the “Case Manager” List Field***

See the “Adding/Editing Case Managers” subsection in the “Working with the Maintenance Screen” section of this guide for information on adding names to the list to be chosen for a CSP.

## Working with Discharges and Appeals

Eventually, everyone leaves the CMH program, either because they no longer have a qualifying status or because they have completed the program. In both cases, an Appeal letter goes out that indicates appeal rights, and the Recipient has 30 days to respond to the letter. If the Recipient does not respond, then it is your job to supply a “Termination Date” on the “Appeal/Termination” screen.

### *Discharging a Recipient*

Do the following to initiate the discharge/termination process, which is begun with a reason and an auto-generated Appeal letter:

- Perform a query to find the desired Recipient.
- On the Recipient screen, click the “CREATE A MISC TERMINATION” button shown below:



Figure 5-1. CREATE A MISC TERMINATION Button.

- On the Misc Terminations screen (shown below), choose a discharge/termination reason from the dropdown list field:

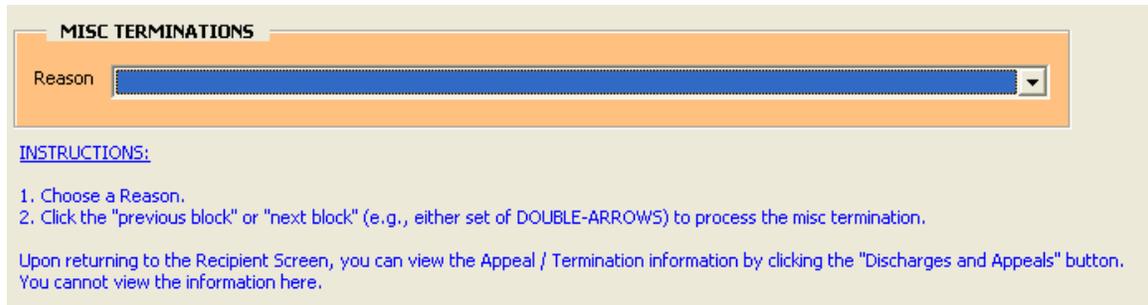


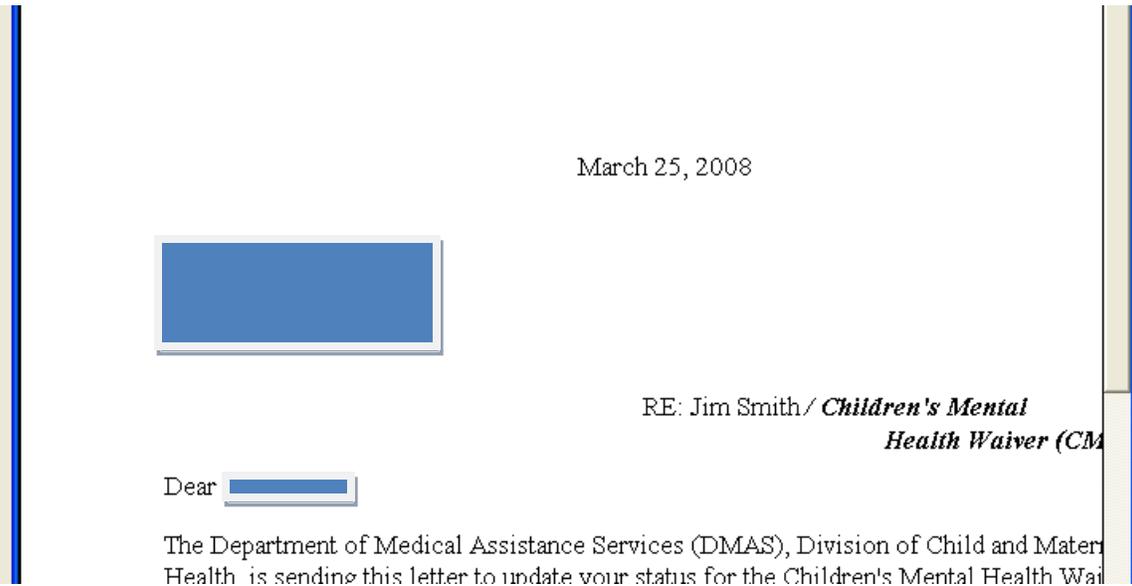
Figure 5-2. MISC TERMINATIONS Screen.

- Click either set of double-arrows to return to the Recipient screen. Doing this will cause the message shown below to appear:



Figure 5-3. Appeal Letter Message.

- Click “OK” to dismiss the message. Doing this will cause the Appeal letter to pop up on your screen as shown (partially) below:



**Figure 5-4. Appeal Letter.**

- Click the Print icon on the Toolbar to print the letter.
- Click the “X” in the upper-right corner of the letter to dismiss it. Doing this will cause the envelope to appear.
- Click the Print icon on the Toolbar to print the envelope.
- Click the “X” in the upper-right corner of the envelope to dismiss it.
- Note that the current day’s date will appear in the “Appeal Letter Sent” field of the “Current Dates – View Only” area of the screen. As with the other dates in that section, this is strictly for your convenience.



**Figure 5-5. Display-only Appeal Letter Sent Date.**

## ***Processing a Recipient Appeal***

If a Recipient responds to an Appeal letter by submitting an Appeal within 30 days, you have to track that, as well as the progress and conclusion of the Appeal as it proceeds.

Do the following to access the Appeal/Termination Screen:

- Perform a query to find the desired Recipient.
- Click the “Terminations and Appeals” button shown below:

## TERMINATIONS and APPEALS

Figure 5-6. Terminations and Appeals Button.

- On the Appeal/Termination Screen, fill in the information that you have received:

The screenshot shows a web application interface titled "APPEAL / TERMINATION". It is divided into several sections:

- Preliminary Info (VIEW ONLY):** Contains a text box for "Appeal Letter Sent" with the value "03/25/2008" and a text box for "Reason" with the value "multiple attempts to reach you have failed."
- Appeal Info:** A large green section containing:
  - RECIPIENT LETTER INFO:** Three input fields for "Recip Letter Date", "Received by Appeals Date", and "Received by CMH Date".
  - SUMMARY INFO:** Input fields for "Summary Due Date", "Summary Author", "Summary Mailed Date", and "Date Summary Delivered to Appeals Division".
  - HEARING INFO:** Input fields for "Hearing Officer", "Hearing Type" (with a dropdown arrow), and "Hearing Date".
  - DISPOSITION:** A separate box with a dropdown for "Disposition" and an input field for "Disposition Date".
  - Comments:** A large white text area on the right side of the "Appeal Info" section.
- Termination:** A section at the bottom with an input field for "Termination Date".
- Footer:** A note in red text: "NOTE: Only the 'Comments' field can be entered AFTER a Termination Date has been set!". It also shows "Created By" as "CMH" and "Created Date" as "03/25/2008".

Figure 5-7. The Appeal/Termination Screen.

- As the Appeal proceeds, continue to log the information here.
- At the conclusion of the Appeal, indicate its disposition and disposition dates. If the outcome is "Sustained," note that the system will flag you to enter a date in the "Termination Date" field. This is because when DMAS's decision is sustained, that equates to a termination of the Recipient's participation in the program.

### ***Terminating a Recipient Who Did Not Submit an Appeal***

If a Recipient does not respond within the 30 days allowed by the Appeal letter, you must go into the system and "terminate" that Recipient's participation in the program.

Do the following to terminate a Recipient:

- Perform a query to find the desired Recipient.
- Click the "Terminations and Appeals" button shown in Figure 5-6 above.

- Type a date in the “Termination Date” field shown in Figure 5-7 above.
- Click the Save icon on the Toolbar.
- Click either set of double arrows on the Toolbar to return to the Recipient screen.
- Note that the “terminated” status displays in red in the APPEALS/TERMINATIONS area of the “Current Signatures – View Only” area of the screen:

APPEALS / TERMINATIONS	
Appeal Letter Sent	03/25/2008
Recip Letter Date	
Disposition	
Disposition Date	
Termination Date	04/29/2008

**Figure 5-8. Display-only Termination Date.**

### ***Re-enrolling a Terminated Recipient***

The Children’s Mental Health database provides an easy mechanism for re-entry of persons who have left and return with the necessary Entrance Dates and Diagnosis for re-enrollment.

To re-enroll a withdrawn person, do the following:

- Click the “Entrance Dates and Diagnosis” button shown in Figure 2-1.
- On the Entrance Dates screen (shown in Figure 2-2), click the green plus sign on the toolbar to insert a blank record on top of the not-blank one you are seeing.
- Fill in the four fields on the new Entrance Dates record in accordance with the new enrollment information.
- Click either set of blue double-arrows on the toolbar to return to the main screen.
- Read the NOTE below to understand the visual indicators of a successful re-enrollment.

NOTE: Upon returning to the main screen you will notice that there is no longer a red background in the “Termination Date” field and that the “Referral” and “Choice Form” dates have green backgrounds. This signals the success of the re-enrollment, and you can proceed with entering the new CANS and CSP information using buttons 3 and 4

## Working with the Maintenance Screen

The Maintenance screen allows you to add values to List of Values fields in the system and view old CAFAS Forms for people whose entry to the program used a CAFAS form instead of a CANS Form.. “List of Values” fields are those fields that allow you to access a pre-determined list of acceptable values by doing the following:

- Placing your cursor in the field; and,
- Pressing the F9 key on your toolbar.

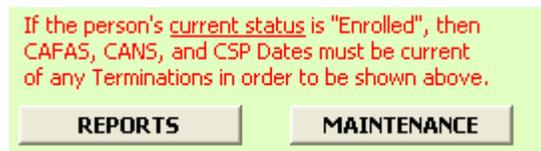
Alternatively, you can press the “LIST” button beside the field.

The “Diagnosis” field on the “Diagnoses” screen is a List of Values field. The Maintenance screen allows you to add items to that list, as described below.

### ***Adding AXIS I – IV Diagnoses***

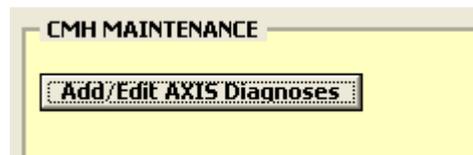
Do the following to add a diagnosis item to any of the four AXIS fields on the Entrance Dates and Diagnoses screen:

- On the Recipient screen, click the “MAINTENANCE” button shown in Figure 6-1 below:



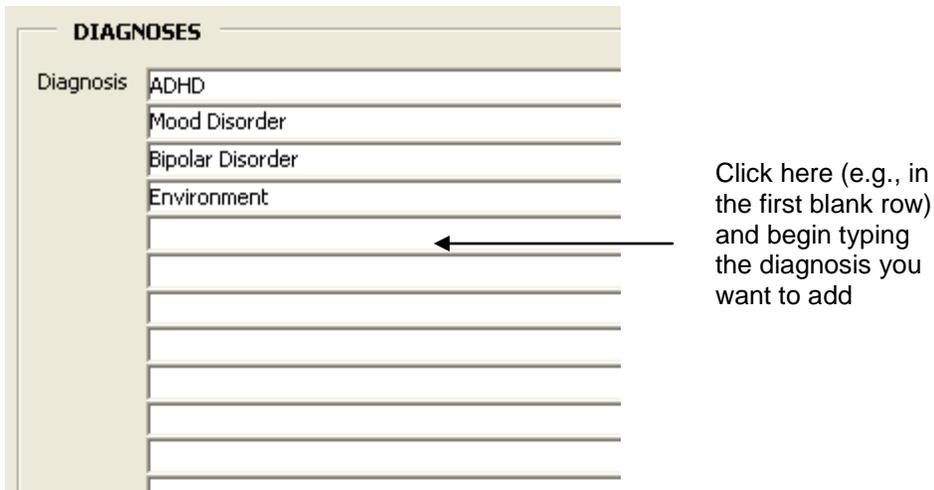
**Figure 6-1. MAINTENANCE Button.**

- On the CMH Maintenance Screen (shown partially below), click the “Add/Edit AXIS Diagnoses” button.



**Figure 6-2. AXIS Diagnoses Buttons on the Maintenance Screen.**

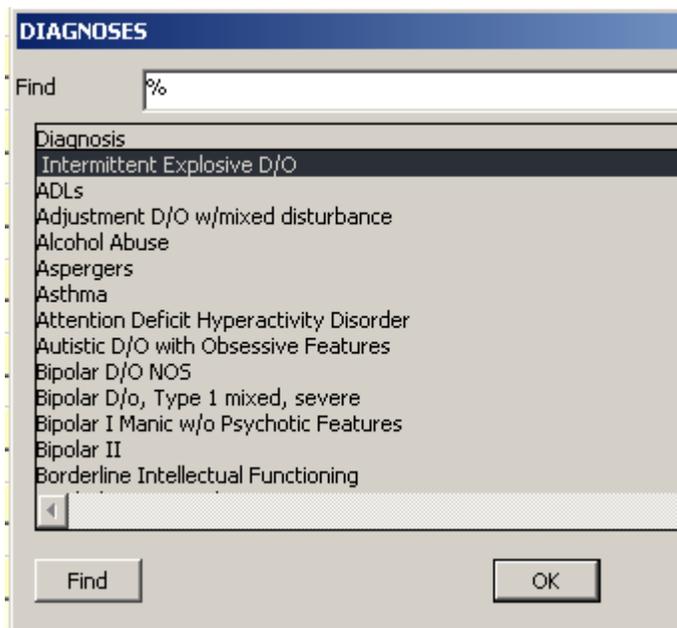
- On the “Diagnoses” screen (shown below) click in the first blank row and type the diagnosis you want to add. If there is no blank row, click the Insert Record icon on the toolbar.



**Figure 6-3. Diagnoses Screen.**

- Click either of the double arrows on the Toolbar to auto-save the record and return to the main screen.

Now, when you go to the “Diagnoses” screen to add an individual’s diagnoses, whatever you added here will appear when you access the list shown in Figure 6-3a below by way of the LIST button on that screen:



**Figure 6-3a. List of Diagnoses.**

### ***Viewing Old CAFAS Forms***

The Children’s Mental Health Program stopped using CAFAS screening forms in the summer of 2009, but the system retains the CAFAS forms that were on file for Recipients prior to that time.

To view CAFAS screening forms that preceded that cutoff date, do the following:

- Query for the Recipient whose CAFAS form you would like to view.
- Go to the Maintenance screen and click the CAFAS button shown in Figure 6-4 below.



Figure 6-4. CAFAS Button on Maintenance Screen.

### ***Adding New Complaints***

Sometimes you may need to add a new Complaint item to the system so that it will be available to you in the “Complaint” list field shown in Figure 1-7 in the first section of this guide. (If that is not what you want to do, see the “Logging Complaints / Critical Incidents” subsection of the “Working with Applicant Information” section of this guide.)

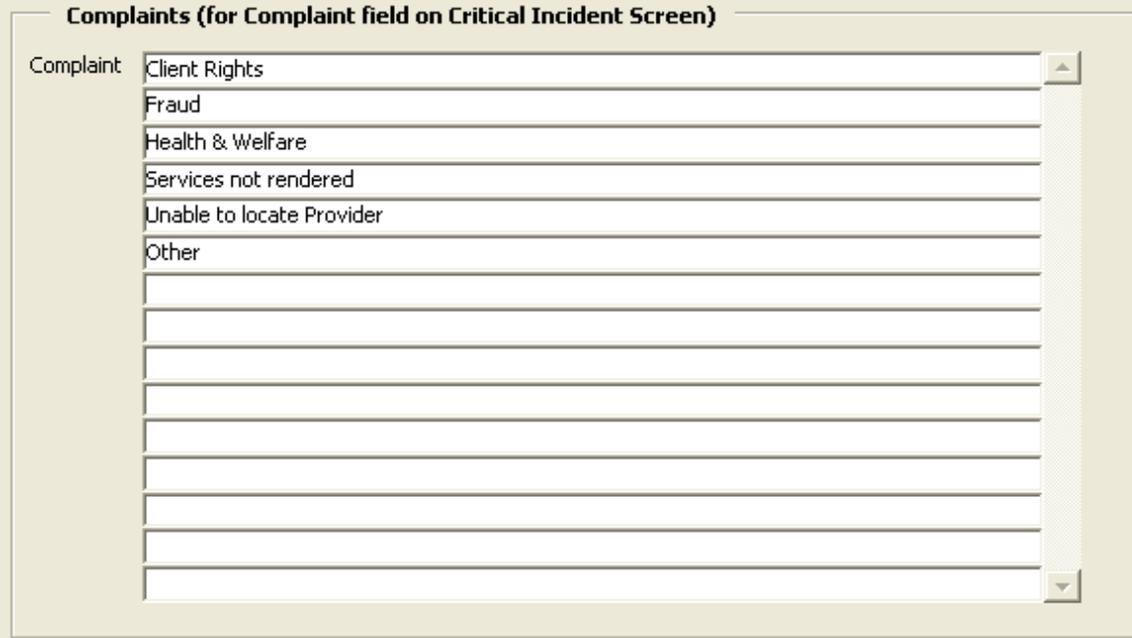
Do the following to add a new Complaint item:

- On the main screen, click the Maintenance button in the lower-right corner.
- On the Maintenance Screen, click the “Add/Edit Complaints (for Critical Incident Screen) button shown in Figure 6-5 below.



Figure 6-5. Complaint Button on Maintenance Screen.

- On the Complaints screen (shown in Figure 6-6 below), type the new Complaint item in the first blank row. If there are no blank rows shown because all have been used, click the Insert Record icon on the toolbar to insert a new, blank record. See Appendix A, “The Toolbar,” if you are not sure which is the Insert Record icon.



**Figure 6-6. Complaints Screen.**

- Click the Save icon on the toolbar to save the new Complaint.
- Click either set of double blue arrows on the toolbar to return to the main screen.

The next time you click the “LIST” button beside the “Complaint” field in the “Complaints / Critical Incidents” screen (shown in Figure 1-7), the item you just added will appear in the list.

### ***Adding New Critical Incidents***

Sometimes you may need to add a new Critical Incident item to the system so that it will be available to you in the “Critical Incident” list field shown in Figure 1-7. (If that is not what you want to do, see the “Logging Complaints / Critical Incidents” subsection of the “Working with Applicant Information” section of this guide.)

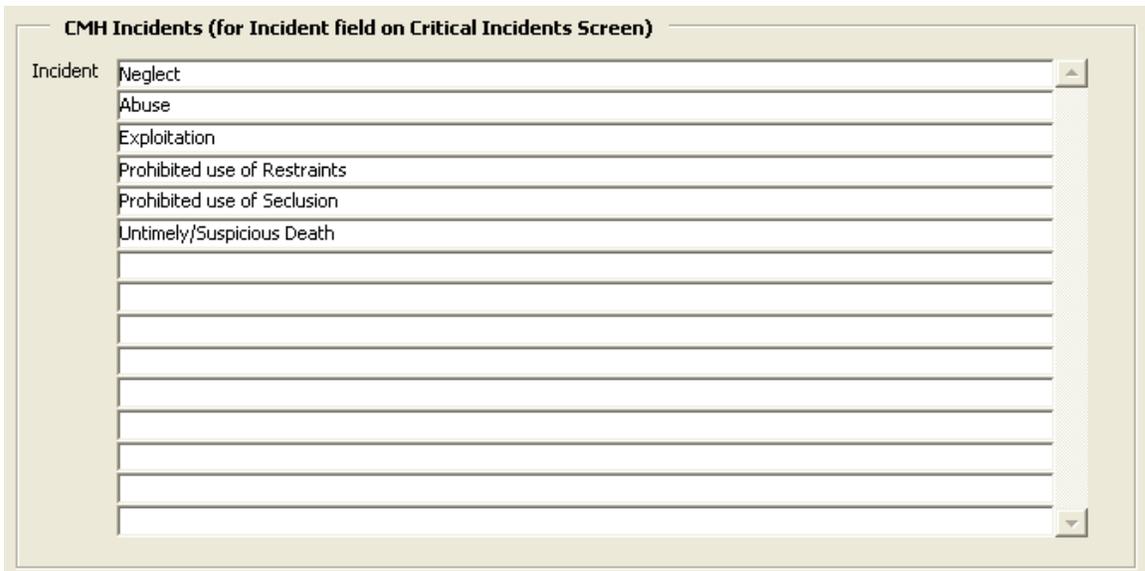
Do the following to add a new Critical Incident item:

- On the main screen, click the Maintenance button in the lower-right corner.
- On the Maintenance Screen, click the “Add/Edit Critical Incidents (for Critical Incident Screen) button shown in Figure 6-7 below.

**Add/Edit Critical Incidents (for Critical Incident Screen)**

**Figure 6-7. Critical Incident Button on Maintenance Screen.**

- On the Critical Incidents screen (shown in Figure 6-8 below), type the new Critical Incident item in the first blank row. If there are no blank rows shown because all have been used, click the Insert Record icon on the toolbar to insert a new, blank record. See Appendix A, “The Toolbar,” if you are not sure which is the Insert Record icon.



**Figure 6-8. Critical Incidents Screen.**

- Click the Save icon on the toolbar to save the new Critical Incident.
- Click either set of double blue arrows on the toolbar to return to the main screen.

The next time you click the “LIST” button beside the “Critical Incident” field in the “Complaints / Critical Incidents” screen (shown in Figure 1-7), the item you just added will appear in the list.

### ***Adding/Editing Case Managers***

The “Case Manager” field at the bottom of the CSP screen offers a list of values that are automatically pulled from a maintenance table that allows you to add Case Manager names, addresses, and phone numbers.

Do the following to add a new Case Manager to the list of Case Managers at the bottom of the CSP screen:

- Click the “Add/Edit Case Managers” button shown in Figure 6-9 below.



**Figure 6-9. Add/Edit Case Managers Button.**

- On the Case Managers screen shown in Figure 6-10 below, click the “Insert Record” icon on the toolbar to insert a new record.

**CMH Case Managers**

Name: NEW CASE MANAGER

API Number: [Empty]

Address1: 123 Main Street

Address2: Suite 222

City: Richmond

State: VA

Zip: 23220

Area Code: 804

Phone: [Empty]

Fax: 555-1632

**Figure 6-10. Case Managers Screen.**

- Fill in all of the information.
- Click the Save icon on the toolbar.
- Click either set of double arrows to return to the Maintenance Screen.

### ***Adding/Editing Pend and Deny Reasons***

From time to time you may need to add a new service-specific Pend or Deny reason so that it will show in the “Standard Comments” dropdown list field on the “Case Manager Comments” window shown below.

Service	Units	Cost	Status	Status Date	Standard Comments
Companion Care - Agency	60		Pended	06/17/2010	Need to address need on CSP (DMAS 802)

Comments: [Empty text area]

CLOSE WINDOW

**Figure 6-11. Case Manager Comments Window and Standard Comments Field.**

To add a new Pend or Deny reason so that it will show in the list for the applicable service, do the following:

- On the Maintenance Screen, click the “Add/Edit Pend/Deny Reasons” button shown in Figure 6-12 below.

#### **Add/Edit Pend/Deny Reasons for Services**

**Add/Edit Pend/Deny Reasons**

**Figure 6-12. Add/Edit Pend/Deny Reasons Button.**

- On the “Pend / Deny Reasons” screen shown below, click the “Insert Record” icon on the toolbar to insert a new, blank record as shown in Figure 6-13 below.

Pend / Deny Reasons	
Service (Press F9 to Choose)	Pend or Deny Reason
Transition Services	Please Submit CSP (DMAS802)
Transition Services	Please Submit Appendix A of CSP
Transition Services	Signature needed from individual/family member on CSP (DMAS 802) and/or Choice Form (DMAS 801)
Transition Services	Please submit current CANs
Transition Services	Please submit Pre-Release referral Form (DMAS 800)
Transition Services	Transition Coordinator please submit ISAR (DMAS 803) and/or ISP (DMAS 804)
Transition Services	Case Manager please submit ISP (DMAS 805)
Transition Services	Need to submit ISAR: Env Mods (DMAS 806)
Transition Services	Need to submit ISAR: Family / Caregiver Training (DMAS 807)

**Figure 6-13. Pend/Deny Reasons Screen.**

NOTE: The new, blank record is inserted below the first record; this is fine.

- Put your cursor in the “Service” field and press F9 on your keyboard to bring up the list of services shown in Figure 6-14 below.

The image shows a window titled "CMH Services List". At the top, there is a "Find" field containing a "%" symbol. Below this is a list of services: "Service", "Companion Care - Agency" (highlighted), "Companion Care - Cons", "Env Mods", "Family / Caregiver Training", "In-home Care", "Respite Care - Agency", "Respite Care - Cons", "Therapeutic Cons", and "Transition Services". At the bottom of the window are two buttons: "Find" and "OK".

**Figure 6-14. CMH Services List Window.**

- Scroll to the desired service and click OK to pull the service name into the “Service” field as shown in Figure 6-15 below.

Service (Press F9 to Choose)	
Transition Services	Please Submit CSP (DMAS802)
Respite Care - Agency	
Transition Services	Please Submit Appendix A of CSP

**Figure 6-15. Newly Selected Service.**

- Type the comment information in the “Pend or Deny Reason” field.
- Click the Save icon on the toolbar.
- Click either set of double arrows to return to the Maintenance Screen.

## ***Adding/Editing Service Request Reason Codes***

The Service Tracking screen has a button labeled “RC” that leads to a Reason Codes screen, where you associate Reason Codes with specific Service Requests. The Reason Codes are available there by way of a List of Values that must first be populated using the Reason Codes Maintenance Screen.

Do the following to add a Reason Code using the Reason Codes Maintenance Screen:

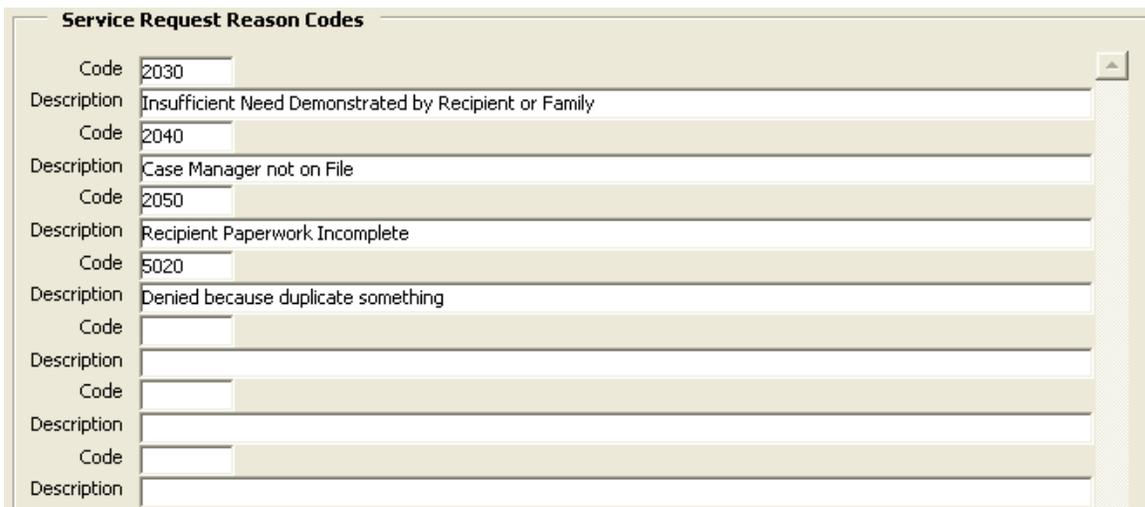
- On the Maintenance Screen, click the “Add/Edit Service Request Reason Codes” button shown in Figure 6-16 below.

### **Add/Edit Service Request Reason Codes**

**Add/Edit Service Request Reason Codes**

**Figure 6-16. Add/Edit Service Request Reason Codes Button.**

- On the Service Request Reason Codes screen (shown in Figure 6-17 with made-up Reasons and Codes), put your cursor in the first blank “Code” field and type the Code.



The screenshot shows a window titled "Service Request Reason Codes" with a list of entries. Each entry consists of a "Code" field and a "Description" field. The first entry has Code "2030" and Description "Insufficient Need Demonstrated by Recipient or Family". The second entry has Code "2040" and Description "Case Manager not on File". The third entry has Code "2050" and Description "Recipient Paperwork Incomplete". The fourth entry has Code "5020" and Description "Denied because duplicate something". There are four more empty rows below, each with a blank Code field and a blank Description field. A scrollbar is visible on the right side of the list.

Code	Description
2030	Insufficient Need Demonstrated by Recipient or Family
2040	Case Manager not on File
2050	Recipient Paperwork Incomplete
5020	Denied because duplicate something

**Figure 6-17. Service Request Reason Codes Screen.**

- Put your cursor in the corresponding “Description” field and type the description that corresponds to the Code.
- Click either set of double blue arrows on the toolbar to simultaneously save the new Reason Code and return to the Maintenance Screen.

**NOTE:** If you edit a Code or its corresponding Reason, any Service Requests that have that Reason Code associated with it will automatically be updated to reflect the change.

## Reports

With a few exceptions, reports are accessible under the “REPORTS” button on the main screen, shown in Figure 7-1 below.



Figure 7-1. REPORTS Button.

Exceptions to the reports found under the above button are noted in the subsections below.

### **Automatic Reports**

The following reports will generate *automatically at login* in response to their conditions being met:

#### Overdue Termination Report

The condition for this report is as follows: One or more persons have an “Appeal Letter Sent” date that is more than 33 days in the past, and there is no date in either the “Recip Letter Date” or the “Termination Date” field on the Appeal record for that person. When this report comes up, the person(s) on it should be withdrawn immediately. If you are not sure how to withdraw someone, see the “Working with Discharges and Appeals” section of the manual.

#### Overdue Missing Info Report

This report shows the names of Recipients for whom missing application information was logged as being requested 10 or more days ago but has not been logged as being received.

#### CSP Interruption Report

This report shows the names of Recipients whose current CSPs are interrupted as indicated by having a “To Date” but NOT a “From Date” on the “CSP Interruptions” screen.

#### Need Follow-Up Response for Complaint or Critical Incident

This report shows any Complaints or Critical Incidents for which a follow-up item has not been chosen from the dropdown list of follow-up responses. If no follow-up occurs because a Complaint was handled in-house, the response, “No follow-up required” can be chosen. The intent of this report is to not allow Complaints or Critical Incidents to linger without a proper follow-up response as required by applicable regulations.

#### Pending Over 30 Days (90 for Env Mods) Report

This report shows services that have been pending over 30 days (90 for Env Mods) and indicates the Recipient they belong to as well as the Case Managers associated with the

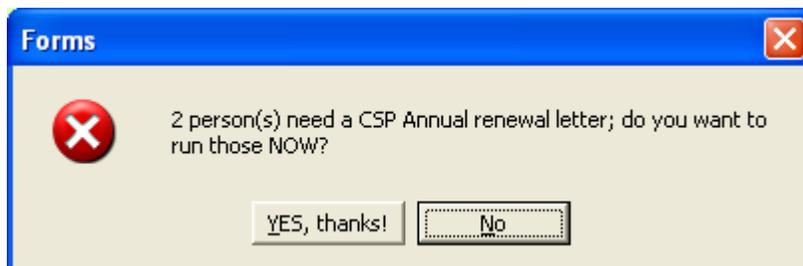
Recipients. The intent of the report is to enable timely follow-up on services that are lingering in a non-definitive status.

### People Due for a 180-day CSP Report

This report shows those persons whose current CSP will be over 180 days old in the next 30 days. The report groups its results by Case Manager, also providing the Case Managers' phone numbers. Information about recipients includes name, SSN, the date the person's last CSP was received at DMAS, and Medicaid ID.

### Annual CSP Notices

Because a new CSP is required annually for CMH enrollees, the database provides an automatic reminder of whose plans are coming due, and it offers automatic generation of renewal notices at login. At the end of a series of automatic reports you will see the message below if any enrollees have an annual CSP coming due in the next 30 days:



**Figure 7-2. Annual Renewal Notice Message at Login.**

If you click "No" in response to the question shown in Figure 7-2 above, you can use the manual method of generating the letters described in the "Sending out Notices when Annual CSPs are Coming Due" subsection of the "Working with CSPs" section of this manual.

If you click "Yes, thanks!" in response to the question shown in Figure 7-2 above, you should then follow the steps below:

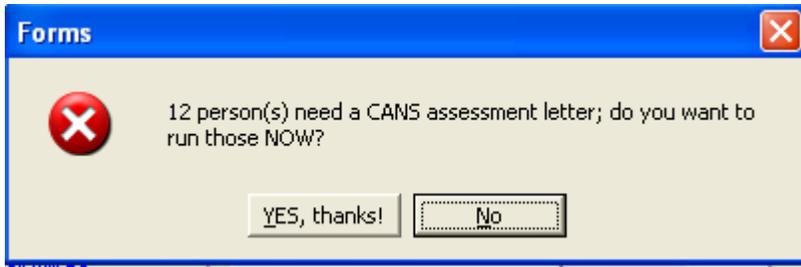
- When the first letter pops up, save it as a .pdf to a drive folder *if that is required as part of your business process* by following the steps below. If it is not required, skip the four sub-steps below and proceed to the next bullet point.

*Saving the letter as a .pdf:*

- Click the "File" menu on the letter.
  - Choose "Generate to File"
  - Choose PDF
  - Browse for the location where you want to save the file, and save it
- Print the letter and close it.
  - Print the envelope that pops up after you close the letter.
  - Repeat this process for each letter.

## Annual CANS Notices

Because a new CANS form is required annually for CMH enrollees, the database provides an automatic reminder of whose annual CANS forms are coming due, and it offers automatic generation of renewal notices at login. At the end of a series of automatic reports you will see the message below if any enrollees have an annual CANS coming due in the next 30 days:



**Figure 7-3. Annual Renewal Notice Message at Login.**

If you click “No” in response to the question shown in Figure 7-3 above, you can use the manual method of generating the letters described in the “Sending out Notices when Annual CANS are Coming Due” subsection of the “Working with CANS Forms and QA Surveys” section of this manual.

If you click “Yes, thanks!” in response to the question shown in Figure 7-3 above, you should then follow the steps below:

- When the first letter pops up, save it as a .pdf to a drive folder *if that is required as part of your business process* by following the steps below. If it is not required, skip the four sub-steps below and proceed to the next bullet point.

*Saving the letter as a .pdf:*

- Click the “File” menu on the letter.
  - Choose “Generate to File”
  - Choose PDF
  - Browse for the location where you want to save the file, and save it
- Print the letter and close it.
  - Print the envelope that pops up after you close the letter.
  - Repeat this process for each letter.

## ***Environmental Modifications Cumulative Plan Year Total Report***

At any time, you can see a Recipient's cumulative Plan Year total for Environmental Modifications by clicking the "View Approved Ems for This Plan Yr" button (shown below) on the CSP screen.

The screenshot shows a yellow background with the title "ENVIRONMENTAL MODIFICATIONS" in blue. On the left, there are five rows of data: "Env Mod Cost for THIS CSP" with a value of "\$500.00", "Approved Date" with "03/18/2008", "Pended Date" with an empty field, "Denied Date" with an empty field, and "PA Number" with an empty field. On the right, there is a box titled "Env Mod Cumulative Plan Yr Total (Approved):" containing a value of "\$500.00". At the bottom, there are two buttons: "GO ENV MODS" (highlighted with a green border) and "View Approved Ems for This Plan Yr" (highlighted with a purple border).

Figure 7-4. View Approved Ems for This Plan Yr Button.

## ***Transition Services Cumulative Plan Year Total Report***

At any time, you can see a Recipient's cumulative Plan Year total for Transition Services by clicking the "View Approved Trans Svcs for This Plan Yr" button (shown below) on the CSP screen.

The screenshot shows a yellow background with the title "TRANSITION SERVICES" in purple. On the left, there are five rows of data: "Transition Cost for THIS CSP" with a value of "\$145.00", "Approved Date" with "03/19/2008", "Pended Date" with an empty field, "Denied Date" with an empty field, and "PA Number" with an empty field. On the right, there is a box titled "Transition Cost Cumulative Plan Yr Total (Approved):" containing a value of "\$145.00". At the bottom, there are two buttons: "GO TRANSITION SERVICES" (highlighted with a purple border) and "View Approved Trans Svcs for This Plan Year" (highlighted with a purple border).

Figure 7-5. View Approved Transition Svcs for This Plan Yr Button.

## ***Recipient Call Log Report***

At any time you can view all calls received in reference to a specific individual by clicking the "VIEW / PRINT PHONE LOG" on the Call Log screen. If you are not sure how to access that screen, please see the "Logging Phone Calls" subsection of the "Working with Recipients" section of the manual.

Figure 7-6. VIEW / PRINT PHONE LOG Button on Call Log Screen.

### ***CSP Comment Report***

At any time you can view all comments for a specific CSP by clicking the “VIEW / PRINT ALL COMMENTS FOR THIS CSP” button on the CSP Comments screen. If you are not sure how to get to the CSP Comments screen, please see the “Adding CSP Comments” subsection of the “Working with CSPs” section of the manual.

Figure 7-7. VIEW / PRINT ALL COMMENTS FOR THIS CSP Button on CSP Comments Screen.

### ***Average CSP Cost Report***

This report shows the average CSP cost for plans that have a “Begin Date” between the two dates supplied by the person running the report.

### ***Current CSPs (All Persons/All Statuses) Report***

This report shows the current CSP for all persons and all statuses. While only the CSPs for Enrolled persons continue to involve the exchange of services for money, a CSP can be associated with persons of any status as long as a CSP was ever submitted. For this reason, all CSPs appear in the report. The report groups the CSPs according to Recipient status so that CSPs for Enrolled persons, for example, can be easily located.

### ***Cost History (All Persons / All Statuses) Report***

This report shows the Total CSP Cost value for each of a Recipient's CSPs. The report groups the CSPs according to Recipient status and orders the CSPs in descending date order, so that the current CSP for a Recipient appears first in his or her list of plans.

### ***Reasons / Counts for CSP Interruptions (for CMS)***

Using CSPs that have a "Begin Date" between the dates supplied by the person running the report, this report shows a count of interruption reasons (e.g., Incarceration, Detention, and Hospitalization) for interruptions that *have concluded*, and indicates the average number of days for each of the reasons. (As an example, there might be 6 Incarceration interruptions that had an average of 49 days for the interruption time.)

For interruptions *not yet concluded* the report provides a count of the types. (As an example, there might be 5 Hospitalization interruptions and 3 Detentions not yet concluded.)

### ***Count of Axis I Diagnoses for Enrolled Persons Report***

This report identifies the Axis I diagnoses in the database and provides a count of how many times each one is identified for currently Enrolled individuals. Note that each Enrolled person can have more than one Axis I diagnosis, so the sum of the Axis I diagnoses identified in the report can be a larger number than the number of currently Enrolled individuals.

### ***Average Length of Time Receiving Services Report***

This report calculates average lengths of time receiving services for two groups: Terminated persons and Enrolled persons.

For Terminated persons the number is an average of the "Termination Date" minus the "First CSP Begin Date" values. For Enrolled persons the number is an average of the current day's date minus the "First CSP Begin Date" value for each Enrolled person.

### ***CMH Survey Report***

This report provides counts and corresponding percentages for Recipient responses to the CMH Survey.

### ***Critical Incident/Complaint Report***

Using a date range supplied by the user, this report provides counts of how many Critical Incidents occurred, along with counts of each type of Critical Incident and counts of each type of follow-up response. If a follow-up response has not yet been indicated, the report identifies such as "(As Yet Unreferred)".

The report provides the same information about Complaints received during the period.

## Count of Youths Returning to a PRTF Report

Using a date range supplied by the user, this report counts the number of times a youth left the program to return to a PRTF as indicated by corresponding Termination reasons for the period.

## Case Manager Report

The “Case Manager Report” provides the final step of the automation of service-status communication to the various Case Managers. When you run this report, it shows all status changes for all services, with corresponding dates and comments.

Note that the Case Manager report pulls its information from the table that ties to the “Case Manager Comments” screen shown in Figure 7-8 below:

Service	Units	Cost	Status	Status Date	Standard Comments
Companion Care - Agency	60		Denied		Need to address need on CSP (DMA5 802)

Comments

Figure 7-8. Case Manager Comments Screen.

**IMPORTANT NOTE:** Figure 7-8 shows the service-related values that appear on the Case Manager report: service name, number of units or cost (depending on the service), status, status date, and any qualifying comments. *This is why clicking the “Report Status” button for all services that are not pull-forwards is essential. If you do not do that, the service information shown above will NOT make its way to the Case Manager report!*

Do the following to generate the Case Manager report:

- On the Reports screen, click the “Case Manager Report” button shown in Figure 7-9 below.



Figure 7-9. Case Manager Report Button on Reports Screen.

- When the report comes up, print it but do NOT close it yet.
- Save it as a .pdf, named with the current days’ date, as follows:

Saving the report as a .pdf:

- Click the “File” menu on the report
- Choose “Generate to File”
- Choose PDF

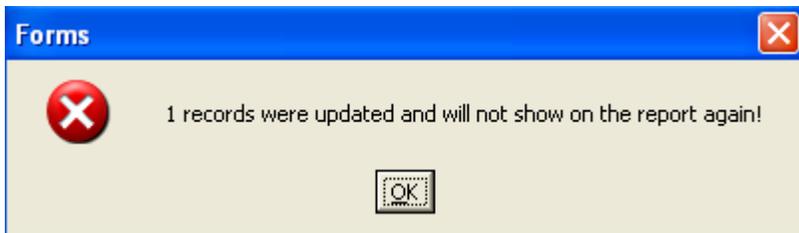
- Browse for the location where you want to save the file, and save it using the current day's date in the file name (for easy reference)
- Dismiss the report by clicking the “X” in the upper-right corner.
- Click “YES, I printed and saved it!”



**Figure 7-10. Confirmation for Case Manager Report.**

- Fax the report to the various Case Managers represented on it.

**IMPORTANT NOTE:** When you click “YES, I printed and saved it!” the database automatically updates all of the records that showed on the report, *so that they will not show a second time*. The report is in real-time, with results showing only ONCE. This is why after you click “YES” to confirm that you saved the report and printed it for faxing, you will see the following message, telling you the number of record that were on the report and that they will not appear again:



**Figure 7-11. Update Message.**

Because of the programmatic consequences of choosing “YES” in Figure 7-10 above, the default (as indicated by the darker border around the other button) is “No, I forgot!”. That way, you don’t accidentally update all of the records to not show on the report again. It has to be your deliberate choice to make that happen, and you do so by clicking “YES, I printed and saved it!”

***Finally, you should run the Case Manager report on any day that you have entered status dates for one or more persons! It is fine to run the report one time for many persons/services, since the output is grouped by Case Manager, with only one Case Manager per page.***

### ***Compare Approved Service Requests to CSP Approvals Report***

This report is on the Service Tracking screen, because it shows the utilization for the person that you have on the screen at the time. When you click the button for this report, you will see the following information for the current CSP for the person whose Requests you are looking at:

- Service names and the number of units approved for corresponding Request(s)
- Units approved at the CSP level for those same services
- Percentage of utilization (e.g., requested units divided by CSP-level approved units) that each Request represents (as compared to the CSP-approved amount).

### ***Service Request Response Time Summary Info (for CMS) Report***

This report provides metrics that are of concern to CMS, using a date range supplied by the user. The report shows numbers that reflect the following information:

- Average length of time to respond to a Service Request
- Number of Service Requests whose initial responses were overdue (e.g., more than 5 business days)
- Total number of Service Requests for the period

### ***Service Utilization Summary Report***

For each service requested during the time frame indicated by the user, the report shows the following information:

- Service name for all services requested during the time frame indicated
- Number of requests for each status (Approved, Pended, Denied, or no status as yet) for each Service
- Cost and number of units for each individual request within each status category
- Total cost and total number of units for all requests within each status category
- Total cost, total number of units, and total number of requests for each service
- Total cost, total number of units, and total number of requests for the period

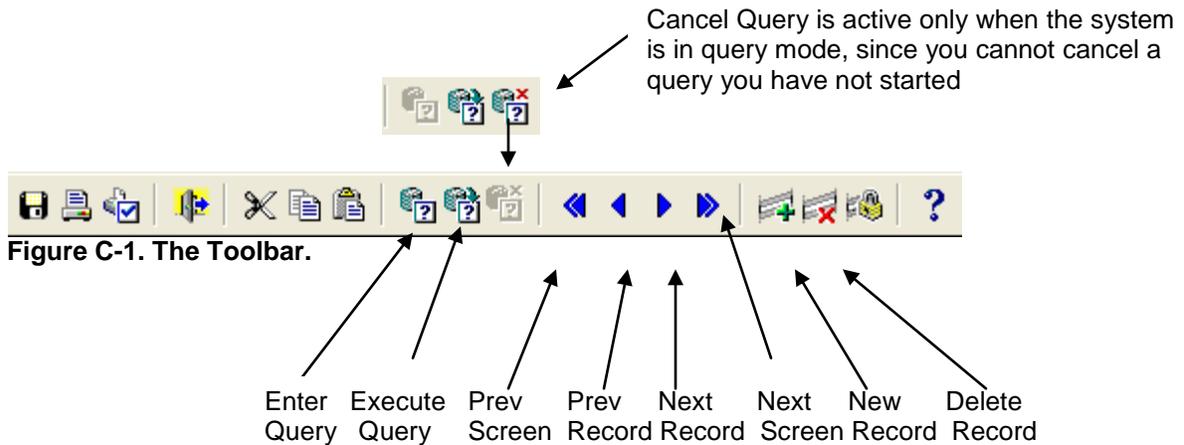
## Appendix A: The Toolbar

The following subsections describe the non-standard items on the toolbar and the concept of a “list of values” field, how it works, and where to find it.

### Toolbar Icons

Using the toolbar effectively is another important part of using CMH. To do this, you have to know what each toolbar icon is for.

Note that the explanation below focuses only on those toolbar icons that are not standard Windows icons.



① Note: By “record” we mean an “instance” of whatever screen you are on. If you are on the Recipient screen, then a record is an Recipient, such as Johnny Doe’s record. If you are on the CANS screen, then a record is a CANS record, such as Jenny Horn’s CANS for this year. If you are on the CSP screen, then a record is Tony Jones’ CSP for this year.

## Enter Query



Clicking the Enter Query icon places the CMH database in “query mode” so that you can search for a record based on no criteria, a whole piece of criterion, or a partial piece of criterion. Clicking Enter Query automatically clears out any data on the screen (without deleting it) and causes the following message to appear in the lower-left corner of the screen:

Enter a query; press F8 to execute, Ctrl+q to cancel.



You will always see this message in the lower-left corner of your screen when CMH is in “query mode”.

Note that you cannot add a new record, edit a record, or delete a record while the system is in query mode. (You have to either execute or cancel the query first.)

An alternate way to put CMH in query mode is to click the F7 function key on your keyboard.

## Execute Query



Clicking the Execute Query icon will execute a query. In order to execute a query with one or more pieces of criteria, you must first put CMH in query mode (by either clicking the Enter Query icon or pressing the F7 key on your keyboard) and supplying zero or more pieces of search criteria. See Appendix B for additional information on performing queries.

## Cancel Query



This toolbar icon is only active when CMH has been put in query mode by way of either the F7 key on the keyboard or the Enter Query icon on the toolbar. Click this icon when you want to get out of query mode without executing a query.

## Previous Block



Click this icon to return to the screen you were previously on. For example, click this icon to move from the Entrance Dates and Diagnoses screen back to the Recipient screen.

## Previous Record



Click this icon to return to move to the previous record in a given set of records on one of the screens. This strange-sounding concept is best illustrated with an example. See the example below for clarification.

### Example

Suppose you query on the Recipient screen for the last name “SMITH,” and the query returns 17 records; and suppose you have scrolled (using either the down arrow (↓) on your keyboard or the Next Record icon) through the 17 records to the 9<sup>th</sup> one, but you realize the person you want is the 8<sup>th</sup> one. To return to that 8<sup>th</sup> record, you would click the Previous Record icon.

## Next Block



Click this icon to advance backwards (sounds strange, but it’s true) to the screen where you came from. For example, click this icon from the Decline screen to advance back to the Recipient screen.

## Next Record



Click this icon to advance to the next record in a given set of records on one of the screens. This strange-sounding concept is best illustrated with an example. See the example below for clarification.

### Example

Suppose you query on the Recipient screen for the last name “SMITH,” and the query returns 17 people; and suppose you want to scroll through the records to find “JASON SMITH”. To scroll through the records, you would click the Next Record icon.

## Insert Record



The Insert Record icon gives you a blank record for adding new information. The type of blank record you get depends on the screen you are on. For example, if you are on the CSP screen and you click this icon, you will get a blank record for adding a new CSP.

## Save



Clicking the Save icon will save any changes you have made.

## Remove Record



The Remove Record icon will delete a record. (The deletion will not be saved unless you subsequently click the Save icon.)

## Exit



Clicking the Exit icon will take you out of the CMH database from any screen.

## Appendix B: Performing Queries

Querying is the key to effective use of the database, because it allows you to find things you have already put in it. For the most part, you will do your querying on the Recipient screen:

- Press **F7** on your keyboard to put the system in “Query Mode”.
- Type your criteria; usually this will be the SSN on Recipient screen.

① Note that you can type more than one piece of criteria, such as first and last names on the Recipient screen.

- Press **F8** on your keyboard to execute the query.

① Note that if you used fairly general criteria, such as the last name of “Smith,” your query may return more than just the record you want. Press the “down” arrow (↓) on your keyboard to scroll through multiple records.

Alternatively, you can click the “Enter Query” icon on the toolbar instead of pressing **F7**, and you can press the “Execute Query” icon instead of pressing **F8**.



Figure B-1. Query Items on the Toolbar.

Enter Query icon      Execute Query

“Cancel Query” is active only when the system is in query mode, since you can’t cancel a query you haven’t started

### ***Case-sensitivity of Queries***

Queries are case-sensitive. This means that if “Sue Johnson” is in the database as “Sue Johnson,” you will not find her if you supply “SUE JOHNSON” as your query criteria. Nor will you find her if you supply “sue johnson” or “sUe Johnson”. Bear this in mind as you query. It does not matter for numbers, but it does matter for alpha characters.

### ***Date Format for Queries***

All dates in the database are in the ‘MM/DD/YYYY’ format. This means that if you query using a date, you must use this format for the date you supply.

## **Wildcard Characters in Queries**

Oracle “forgives” you for not knowing an entire piece of search criteria. Maybe you remember the year that something occurred, but not the month or day; maybe you remember that someone’s last name ended in ‘-son’ but do not remember the first part of the last name. You can still find records for which you do not know a full piece of search criterion by supplying ‘%’ **in place of zero or more characters you do not know.** Note the examples below:

<b>Field / Screen</b>	<b>Criterion Supplied</b>	<b>Results</b>
Last Name / Recipient	&son	Aaronson Richardson Donelson Thomson Apperson Jameson

**Table B-2. Sample Query Results.**

Use the “down” arrow on your toolbar to scroll through the results when you use a wildcard character. Because the ‘%’ stands in place of one or more characters, you are probably going to get more than one record when you use it (as