Centralized Data system
User Manual
January 2019

Centralized Data System
User Manual
System Information

Updated 2019-01

System Information

Introduction

Welcome to the Centralized Data System (CDS). We ask that you keep an open mind and keep the pathway of communication open in your experience using CDS. Any feedback on improvements to the system is greatly appreciated.

Purpose

The primary purpose of the Centralized Data System is to track and report data describing the Division of Behavioral Health (DBH) funded treatment. This is not to be confused with funding through Medicaid for behavioral health services, or any other payer source.
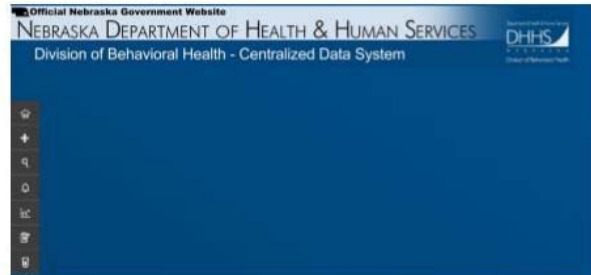
Test vs. Production Sites

CDS has two sites. The Test site is recognizable by the striped background. The Production (or live site) has a uniform background. Do not place PHI in the Test site. Use the Test site for educational and training purposes only. Use aliases or made up names (and numbers) on the Test site. Occasionally, new features appear on the Test site before placement on the Production site. The Production (or live site) contains real information, also known as Protected Health Information (PHI). For consumers served by state behavioral health funds, exercise great care when using the Production site so as not to expose PHI. Do not allow others to use your login credentials for either site. Both sites use the same credentialing process, so once you receive your credentials, you should be able to access either site.

The Test Site URL: https://dbhcds-tst-dhhs.ne.gov
The Production Site URL: https://dbhcds-dhhs.ne.gov

General Site Information

Data Warehouse

The Data Warehouse used by CDS updates data every fifteen (15) minutes. Any data entered in the system is not accessible by data warehouse reports for a maximum of fifteen (15) minutes.

Data Accuracy

The Division of Behavioral Health relies on the data entry of contracted agency staff. Questions about the meaning of elements within a drop down menu, data elements being captured, or any of the processes of CDS should be brought to the attention of the DBH through the CDS Help Desk, or through regional data user groups. Accuracy is of paramount importance, and in that spirit, changes to data elements can be made using the processes outlined in this manual. The CDS Support Desk can be reached at 800-324-7966.

Browsers

General Information

If the screen looks as if it cutting off the edges, it is possible that your browser needs to be zoomed out. For instructions, please search for your respective browser for instructions about zooming capabilities.

Internet Explorer

Internet Explorer is the recommended browser for CDS. The system is built to be compatible with IE9 and above. Should you find any issues with your browser, please contact the CDS Help Desk.

Google Chrome

Google Chrome is a supported browser. We have done extensive testing using Google Chrome; however, we cannot guarantee that the browser will stay compatible due to a vigorous amount of updates. Should you find any issues with your Google Chrome browser, please contact the CDS Help Desk and revert to using Internet Explorer.

Firefox

During the development phase, Firefox was tested and the system responded well to this browser. However, this browser may not necessarily continue to be supported. Should you find any issues with your Firefox browser, please contact the CDS Help Desk and revert to using Internet Explorer.

Microsoft Edge

During the development phase, Microsoft Edge was tested and the system responded well to this browser. However, this browser may not necessarily continue to be supported. Should you find any issues with your Microsoft Edge browser, please contact the CDS Help Desk and revert to using Internet Explorer.

Help Desk

For issues with the operation of the Centralized Data System, please call the CDS Support Desk at (800) 324-7966, or complete the Support Desk request found at the login page, or under the drop down menu that appears under the end user's name.

For help with login, especially when logging in for the first time, or after an extended absence, please call the DHHS Help Desk: 800-722-1715.

Updates to end user passwords require the use of the PASSMAN application located at HTTPS://passman-dhhs.ne.gov

The Division of Behavioral Health relies on the information from the end user to be as accurate as possible. For that reason, CDS does have the capacity to accept updates to most all variables during the course of treatment. Additionally, CDS reminds end users of the need to keep records updated on a periodical basis, through the CDS alerts system. See the segment on **Alerts** for more information.

Acknowledgement

Division of Behavioral Health acknowledges the work of our CDS Team including partner organizations Orion Health Care Technology and H-4.

Centralized Data System
User Manual
Definitions and
Variable Explanations

Updated 2019-01

Centralized Data System Definitions

General Definitions
42 CFR – Code of Federal Regulations Title 42 Part 2 – Confidentiality of Alcohol and Drug Abuse Patient Records. Stringent regulations designed to maintain confidentiality of alcohol and drug abuse consumer information.

Compass Data System – a proprietary data collection system and customized instance of Compass (H4 Technology LLC). The system is a web-based, cloud solution that offers reporting and analysis capabilities. The background operating system for the centralized data system (CDS).

Centralized Data System (CDS) – The Division of Behavioral Health's data system for tracking number of consumer in service and their progress.

DBH – The Division of Behavioral Health within the Department of Health and Human Services at the State.

DHHS – Department of Health and Human Services. The parent department to the Division of Behavioral Health.

H4 Technology LLC – the sub-contractor on the NE DBH CDS implementation that was chosen by Orion Healthcare to handle the custom development.

HIPAA – Health Insurance Portability and Accountability Act – Federal legislation that establishes accountability, disclosure and confidentiality standards for health services.

HUD -- US Department of Housing and Urban Development.

IS&T – Information Systems and technology. Typically referred to as IS&T, in this case is representing DHHS IS&T.

Orion Healthcare – the contractor chosen by the NE DBH to organize, implement, and maintain the CDS.

CDS Definitions Used in this Manual
Consumer Tabs – The series of TABS located on the status window that provide diagnostic, social and demographic information in support of the consumer's admission to treatment.

Left Index Tabs – The left most tabs on the home screen that initiate various functions of the CDS. These are sometimes referred to as Chiclets.

Managed Encounter Window – The Window that appears with the encounter number in the upper left hand corner designed to keep a history of the encounter.

Update History Table – A table within the Managed Encounter Window that contains the order of events related to data entry for an encounter.

EBS: Electronic Billing System – an automated system that supplies information to the Division of Behavioral Health on budgets, reimbursements and units of service by agency location to support requests for payment.

Encounter – an Encounter is defined, within CDS, as a period of time over which a service takes place. Not to be confused with a visit. The CDS defined encounter could have several visits, over a period of time. Ex.: John Doe received 6 months of Outpatient Psychotherapy. John may have visited every day for 6 months, but John's encounter was the entire stretch of service.

NOMS – National Outcome Measures – select variables collected and reported to a national data repository to describe the improvement of mentally ill and substance use disordered consumers program participation and improvement. NO PHI is divulged.

Registration – creating a record and beginning to fill out all the information for a consumer, before an admission.

Variables and Drop Down Menu Explanations

Admission – admitting a consumer into the service. This is when the clock begins on the service that is being rendered.

Authorization – the approval for payment of service. This does not necessarily mean the admission has occurred.

Discharges – discharging a consumer from a service

Address - two lines are available for recording the consumer's address. Record the consumer's home address. Home address is that place to which the consumer will be returning upon completion of treatment. Do not enter into CDS the address of a residential treatment center (consumer survey uses the home address). Consumers who are homeless (having no address) are recorded as NO PERMANENT ADDRESS on the address line. Complete the city and zip code based on the current treatment service location (i.e. a consumer residing at Lincoln Homeless Shelter and receiving outpatient services from a downtown treatment entity in Lincoln should be recorded as NO PERMANENT ADDRESS, Lincoln, NE, 68508).

Admission Date – the date the consumer, as represented by the encounter, began to receive NBHS/Region funded service. Multiple admissions can occur on a single day if the consumer enrolls into more than one service. Each service has its own encounter.

Cluster -- before using this box training is required on cluster analysis. Using the drop down menu, select the cluster that best describes the consumer.

```
M1: Men who expect others to meet their many perceived needs
M2: Men who are unable to deal with high expectations for their performance
M3: Men who use threats & intimidation to get their needs met
M4: Men who are more culturally isolated & see little need to change their substance use behavior
M5: Men addicted to opiates or pain medications
M6: Younger men addicted to heroin or cocaine & who have ended up out on the street
M7: Men with serious substance abuse, mental health & community living problems (SAMI)
M8: Men with severe substance abuse problems & less severe MH problems
W1: More mature women addicted to crack, narcotics and other street drugs
W2: Women addicted to the exciting lifestyle
W3: Women addicted to medications or other drugs (and may have avoided legal consequences for years)
W4: More mature women who abuse alcohol
W5: Women with more severe mental health problems (SAMI)
W6: Women with MH issues whose histories of trauma make it difficult for them to move forward
W7: Women whose lives have been controlled by others and their expectations limited
W8: Younger women who have used drugs to deal with family & social problems
W9: Women who have become unintentionally dependent upon drugs
W10: Younger women who seem worn down from generational poverty & addiction
1: Adults with chronic & serious health conditions & psychiatric disabilities
2A: Adults with serious substance abuse, mental health & community living problems
2B: Adults with severe substance abuse problems & less severe mental health problems
3A: Adults whose psychiatric problems have caused them to miss out on opportunities
3B: Adults whose illnesses began more recently and are not convinced of the usefulness of treatment
4A: Adults with trauma histories, anxiety & depression, who have difficulty moving forward
4B: Adults who struggle with anxiety and tend to focus on their physical health conditions
5: Adults who have functioned well in their communities
1: Youth who have ADHD or other neuro-behavioral conditions
2: Vulnerable youth who are depressed and/or suicidal
3: Youth with serious behavior problems
4: Youth who have been sexually, physically or emotionally abused
5: Youth affected by traumatic events
6: Youth with substance abuse issues
7: Very anxious youth
8: Youth not adjusting to stressful life events or crises
9: Youth involved in sexual offenses
10: Youth with both cognitive limitations and behavioral problems
```

Cluster Certainty –

```
Unknown
Don't know well enough
Very certain
Certain
Somewhat uncertain
Very uncertain
Doesn't fit in any cluster
```

Continuance of Service – this is an event in which the consumer was contacted in a telephone conversation, face to face contact, or teleconference specifically for the purpose of determining the future of the service relationship.

Date of Last Contact – the date the consumer was last contacted for the continuance of service, whether or not additional administrative services occurred after that date.

Discharge Date – the date in which the organization formally released the consumer from service as represented by the encounter.

Discharge Type:

Administrative DC – Actions of an agency to discharge a consumer, and having no record of the consumer's intent to discharge, or for whom contact has been lost.	Other – E.g. moved, illness, hospitalization, or other reasons somewhat out of consumer's control.
Aged out (youth) – Consumers between 17 and 19 years who, because of age/maturity, have been admitted to adult services.	Terminated by Facility – this differs from an administrative DC, in that the program participant violated rules sufficient to jeopardize the safety/recovery of others in the program.
Change in Funding – Consumer's insurance or Medicaid status changes such that they no longer qualify for NBHS funds.	Transferred to Different Location, Same Agency – Consumer transferred from one location operated by an agency to another. No change in service, just location.
Chose to decline additional Tx – The consumer, meeting with staff has chosen to discontinue treatment although they may have met continued stay criteria.	Transferred to Another SA Tx Prgm – Did Report: Consumer was transferred to another substance abuse treatment program, provider or facility, and reported or it is not known whether consumer reported
Client seen for Assess Only- 1x Contact – One or more contacts specifically for an assessment.	Transferred to Another SA Tx Prgm - Did not Report: Consumer was transferred to another substance abuse treatment program, provider or facility, and it is known that consumer did not report.
Death, not Suicide	Transferred to another MH Tx Pgm – and did report - Consumer was transferred to another mental health treatment program, provider or facility, and reported or it is not known whether consumer reported.
Death, Suicide Completed	Transferred to Another Service – Within an agency, the consumer required a different service.
Did not Show for First Appointment	Treatment Completed – the consumer and program staff agree that the consumer has made sufficient recovery such the consumer no longer meets the continued stay requirements.

Incarcerated – consumers with whom the agency no longer has contact, and it is known they were sent to prison or jailed or are on house confinement for offenses.	Unknown - Consumer status at discharge is not known because, for example, discharge record is lost or incomplete. DO NOT use this category for consumers who drop out of treatment, whether reason for drop-out is known or unknown.
Left Against Prof Advice (Drop Out) – consumer did not come back to appointments/residence and has not spoken to staff.	

Education – Select the last grade completed. Education is a NOMS variable.

```
Less Than One Grade Completed or No Schooling
Nursery School, Preschool
Kindergarten
Grade 1
Grade 2
Grade 3
Grade 4
Grade 5
Grade 6
Grade 7
Grade 8
Grade 9
Grade 10
11 Years
12 Years = GED
1st Year of College or University
2nd Year of College or Associate Degree
Some Graduate Study - Degree Not Completed
3rd Year of College or University  4th Year
Bachelor's Degree
Post Graduate Study
Master's Degree
Doctorate Degree
Vocational School
Technical Trade School
Self-contained Special Education Class
Special Education Class
Unknown
```

Employment Definition and Explanation

Persons in the Labor force
Employed – this is a broad category of full or part time employment under the competitive labor market environment and supported employment. Includes armed services/active duty military.
Full Time – working 35 hours or more each week, including active duty members of the uniformed services
Part Time – working fewer than 35 hours each week
Unemployed – looking for work during the past 30 days or on layoff from a job. According to the U.S. Department of Labor: Persons are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work.

Persons Not in labor force – consumers who are not employed, not actively looking for employment during the past 30 days or a student, homemaker, disabled, retired, or an inmate of an institution. Includes consumers who work in non-competitive employment settings, such as sheltered workshops or other sheltered employment.

Health Insurance Status – the consumer's status of other sources of insurance. This does not exclude consumers from receiving funding, but it is important to know the population served.

```
-- Select --
No Insurance
Child Welfare
HMO
Indian Health Services
Medicaid
Medicare
PPO
Private Self Paid
Veterans Administration
Other Direct Federal
Other Direct State
Other Insurance
Unknown
```

Household Income – Annual Taxable – Annual Taxable income is defined as alimony, wages, tips or other money received for a food or service. This information can be obtained by review of, paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the consumer. For purposes of the Eligibility Worksheet, the taxable income of the consumer and other adult dependents should be used to determine Taxable Monthly Income. For the purposes of completing the Eligibility Worksheet, the following items are NOT included as taxable income: SSI, SSDI, Child support or monetary assistance received from family or non-family members. Calculate Monthly figure and multiple by 12 to determine annual taxable income. Enter only the digits for the thousands ($25,000 is entered as "25").

Household Income - Gross Annual – determined based on the receipt of those various forms of income including wages, earned interest income, SSI, SSDI payments, etc. Used for housing assistance encounters.

Impact on School Attendance – select the statement that best describes the impact of service on school attendance.

```
-- Select --
Greater Attendance
About the Same
Less Attendance
Does Not Apply-Expelled From School
Does Not Apply-No problem Before Service
Does Not Apply-Too Young to be in School
Does not Appy-Other
Does not Apply-Home Schooled
Does not Apply-Dropped out of School
N/A (at admission)
No Response-(Unable to Assess)
Unknown
```

Juvenile Service Status – indicate if the consumer is enrolled in one of the listed juvenile services

```
-- Select --
Drug Court
OJS State Ward
Other Court Involvement
Probation
Not Involved with Juvenile Services
Unknown
```

Language Used And Preferred Language – Select from the list of languages

```
-- Select --
Arabic
Chinese
Dakota
English
Farsi
French
German
Hebrew
Hindi
Ho-Chunk
Italian
Japanese
Korean
Lakota
Laotian
Neir
Ponca
Portuguese
Russian
Sign language
Spanish
Tagalog
Umonhon
Vietnamese
Other
Unknown
```

Legal Status – Select from among available choices.

```
-- Select --
Civil Protective Custody (CPC)
Court Order
Court: Competency Evaluation
Court: Juvenile Commitment
Court: Juvenile Evaluation
Court: Mentally disordered sex offender
Court: Presentence Evaluation
Emergency Protective Custody (EPC)
Juvenile High Risk Offender
MHB Commitment
MHB Hold/Custody Warrant
Not responsible by reason of insanity
Parole
Probation
Voluntary
Voluntary by Guardian
Ward of the State
Unknown
```

Living Arrangements (At Admission and Discharge) – This is a NOMS measure.
See the **NOMS** description in this manual.

```
-- Select --
Child Living with Parents/Relative
Child Residential Treatment
Crisis Residential Care
Foster Home
Homeless
Homeless Shelter
Jail/Correction Facility
Other 24 Hr Residential Care
Other Institutional Setting
Private Residence Receiving Support
Private Residence w/Housing Assistance
Private Residence w/o Support
Regional Center
Residential Treatment
Youth Living Independently
Other
Unknown
```

Medicaid/Medicare Eligibility –

Det. to Be Inelig-NA – Determined to be ineligible (Not Applicable). The consumer's income and dependent classification clearly shows the consumer not to be eligible for these benefits.	Elig/Recv. Payments – Eligible and could be Receiving Payments. Consumers who are found to be eligible and may not be receiving benefits, or consumers who may be eligible and receiving benefits.
Elig/Not Recv. Benefits – Eligible but not receiving benefits. Consumers who are eligible but who are not now receiving benefits.	Potential. Eligible – Potentially Eligible. Those consumers who at first review may be potentially eligible for benefits. No determination has been officially made.

Marital Status – select the description that most fits the consumer's situation.

Cohabitating – Individuals who are living together and having no marital relationship but who through roles and maintenance of responsibilities typically associated with marriage maintain an association similar to marriage, but where there is not legally recognized marriage.	Never Married – includes those consumers whose marriage has been annulled.

Divorced – having been married and now having a decree of divorce and having no subsequent marriage.	Separated – includes those separated legally or otherwise absent from spouse because of marital discord.
Married – includes those who are living together in an officially recognized marital relationship.	Widowed – Having been married and experiencing the death of the marital partner without any further marriage.

Number of Dependents – a dependent is defined as any person, married or cohabitating, with the consumer, or any child under the age of 19, who depends on the consumer's income for food, shelter, and care. Dependents may include parents, grandparents, or adult children if the individual(s) are living with the consumer, and they are dependent on the consumer's income for their food, shelter or care.
If there is no one dependent upon the consumer's income other than the consumer, then enter one (1).
If the consumer is a child and is dependent upon others for support, then enter zero.
If the consumer is in a "cohabitating" relationship and does not rely on the support of the other individual(s) of the relationship, and has no other source
of support, then enter one (1).

Type of Phone – select from available choices:
- Land Line
- No Phone
- Pay by minute cell phone
- Unlimited Subscription Cell phone
- Unknown

*If the phone type is unknown, then the phone number is not required.

Primary Income Source – select from the drop down menu that best describes the consumer's situation.

Disability – Payments made to the consumer because of disability (SSI/SSDI etc).	Other – Include here interest income and other sources of income not elsewhere identified whether legal or illegal. Include here Child Support or Alimony as well as any support from family members of a monetary nature.
Employment – Any employment regardless of number of hours worked.	Public Assistance – County, State or Federal payment to support the consumer.
None – no income	Retirement/Pension – Systematic saving plan being drawn down in support of the consumer because of previous employment.

Unknown – No information is known about this data element. Please update when information becomes available.	

Race – this is a multi-select variable – select all that apply.

American Indian – origins in any of the original people of North American and South America (including Central America) and who maintain cultural identification through tribal affiliation or community attachment.	Native Hawaiian - Persons whose origin is in any of the original peoples of Hawaii.
Asian – Origins in any of the original people of the Far East, the Indian subcontinent, or Southeast Asia, including Cambodia, China, India, Japan, Korea, Malaysia, Philippine Island, Thailand and Vietnam.	Other Pacific Islander – Origins in the pacific islands of Guam, Samoa or other Polynesian islands.
Alaska Native – Origins of any of the original people of Alaska.	White – (Caucasian) Origins in any of the original people of Europe, North Africa or the Middle East.
Black American – (Negro) Origins in any of the black racial groups of Africa.	

Referral Source (at admission and discharge)

```
-- Select --
Self (e.g. Self/Internet/Yellow Pages)
Community: Community/Social Services Agency
Community: Employer or Employee Assistance Program (EAP)
Community: Family or Friend
Community: Homeless Shelter
Community: Nebraska Vocational Rehabilitation
Community: School
Community: Self-Help Group
Community: Tribal Elder or Official
Deceased - Not Suicide
Deceased - Suicide
Emergency/Crisis MH Services
Emergency/Crisis SUD Services
Justice System: Pre-trial Diversion
Justice System: Corrections
Justice System: Court Order
Justice System: Court Referral
Justice System: Defense Attorney
Justice System: Drug Court
Justice System: Law Enforcement Agency (e.g. Police/Sheriff/Highway Patrol)
Justice System: Mental Health Court
Justice System: Parole
Justice System: Probation
Justice System: Prosecutor
MH Commitment Board
```

```
Provider: Medical/Health Care Provider
Provider: MH Services Provider
Provider: SUD Services Provider
Provider: Transfer Inter Agency
Regional Center/State Psychiatric Hospital
No Referral Made
Other
Unknown
```

School Absences – from the list of times, select the most appropriate response that describes this consumer's situation. This is a NOMS indicator.

```
1 day every 2 weeks
1 day per week
1 or less days per month
2 or more days per week
Home Schooled
Not Enrolled
```

SED – Seriously Emotionally Disturbed

NE State SED Definition: Client is age 3-17 years AND has at least one of the following ICD-10 diagnoses: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10,   F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.8, F34.9, F39, F44.89, 300.01, 300.21, 300.3, 301.13, 307.1, 307.23, 307.51, 309.81, 312.34, 314, 314.01, 314.1, 314.2, 314.8, 314.9,

F40.01, F41.0, F42, F43.10, F43.11, F43.12, F44.89, F50.00, F50.01, F50.02, F50.2, F63.81, F90.0, F90.1, F90.2, F90.8, F90.9, F95.2
AND meets at least one of the following criteria: is SSI/SSDI eligible or potentially eligible; was admitted to Professional Partner Services, Special Education Services, Day Treatment, Intensive Outpatient, Therapeutic Consultation/School Wrap, or Respite Care
OR Client is age 3-17 years AND Provider selected YES for Consumer Meets NE SED Criteria.
OR Client is age 3-17 years AND provider has indicated three or more functional deficits of physical functioning, community living skills, vocational/education attainment, personal care skills, mood, interpersonal relationship, psychological status, daily living skills and/or social skills.

SMI – Serious Mentally Ill

NE State SMI Definition: Client is age 18 or older AND has at least one of the following ICD-10 diagnoses: F20.0, F20.1, F20.2, F20.3, F20.5, F20.81, F20.89, F20.9, F22, F23, F24, F25.0, F25.1, F25.8, F25.9, F28, F29, F30.10, F30.11, F30.12, F30.13, F30.2, F30.3, F30.4, F30.8, F30.9, F31.0, F31.10, F31.11, F31.12, F31.13, F31.2, F31.30, F31.31, F31.32, F31.4, F31.5, F31.60, F31.61, F31.62, F31.63, F31.64, F31.70, F31.71, F31.72, F31.73, F31.74, F31.75, F31.76, F31.77, F31.78, F31.81, F31.89, F31.9, F32.0, F32.1, F32.2, F32.3, F32.4, F32.5, F32.8, F32.9, F33.0, F33.1, F33.2, F33.3, F33.40, F33.41, F33.42, F33.8, F33.9, F34.8, F34.9, F39, F44.89
AND meets at least one of the following criteria:
GAF score less than 60; indicated a functional deficit AND is SSI/SSDI eligible or potentially eligible;
OR Client is age 18 or older AND Provider selected YES for Meets SMI Criteria.
OR provider has indicated three or more functional deficits of physical functioning, community living skills, vocational/education attainment, personal care skills, mood, interpersonal relationship, psychological status, daily living skills and/or social skills.

Social Supports – this should be selected if, in the past 30 days, the consumer has participated in recovery activities, such as self-help groups or support groups (defined as attending self-help group meetings, attending religious/faith affiliated recovery or self-help group meetings, attending meetings of organizations other than organizations described above, or interactions with family members and/or friends supportive of recovery).

```
-- Select --
No Attendance in past month
1-3 times in past month
4-7 times in past month
8-15 times in past month
16-30 times in past month
Some attendance in past month
Unknown
```

SSD/SSDI Eligibility –

Det. to Be Inelig-NA – Determined to be ineligible (Not Applicable). The consumer's income and dependent classification clearly shows the consumer not to be eligible for these benefits.	Elig/Recv. Payments – Eligible and could be Receiving Payments. Consumers who are found to be eligible and may not be receiving benefits, or consumers who may be eligible and receiving benefits.
Elig/Not Recv. Benefits – Eligible but not receiving benefits. Consumers who are eligible but who are not now receiving benefits.	Potential. Eligible – Potentially Eligible. Those consumers who at first review may be potentially eligible for benefits. No determination has been officially made.

Stable Environment – select the best fit describing the consumer's situation.
Emancipated minor
Guardian
Parent(s)
Ward of the State

Centralized Data System
User Manual
CDS Fields and NOMS

Updated 2019-01

CDS Fields and National Outcome Measures (NOMS)

Centralized Data System (CDS) and Federal Reporting

After the close of each quarter, the Division of Behavioral Health (DBH) submits a dataset to Substance Abuse and Mental Health Services Administration (SAMHSA) called the Treatment Episode Data Set (TEDS). TEDS is a compilation of demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of consumers who are receiving substance abuse and/or mental health services funded by DBH. It does not contain any personal identifying information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The state's role in submitting the data to SAMHSA is critical since TEDS is the only national data source for consumer-level information on consumers who use Behavioral Health treatment services. This reporting framework supports SAMHSA's initiative to build a national behavioral health dataset (with appropriate confidentiality protection) for comparisons and trends on the characteristics of consumers receiving substance abuse and mental health treatment services. TEDS provides outcomes data in support of SAMHSA's program, performance measurement, and management goals.[1]

Overview of National Outcome Measures

SAMHSA administers mental health and substance abuse prevention and treatment block grant funding for each state, with a focus on performance and management, and making states accountable for outcomes based on key measures. The agency developed and implemented ten (10) National Outcome Measures (NOMs) domains that indicate "meaningful, real-life outcomes for people who endeavor to attain and sustain recovery and become reintegrated into their communities. All states are required to report the ten (10) NOMs domains."[2]

We have listed the ten (10) NOMs domains and their related fields within CDS on the following pages. For fields which have dropdown lists with multiple response options, descriptions have been included to help users understand the intended meaning of each response. We have noted where some measures, such as those related to customer satisfaction which is collected through the Annual Consumer Survey, are determined by other data sources. All screenshots are from the CDS Test Site and reflect test data.

REFERENCES

[1] SAMHSA, Center for Behavioral Health Statistics and Quality. Combined SAMHSA Treatment Episode Data Set (TEDS) State Instruction Manual – Version 4.2, with Data Submission System (DSS) Guide. June 2017.
[2] New York State Office of Alcoholism and Substance Abuse Services (OASAS). https://apps.oasas.ny.gov/reportsdoc/OASASclinicianscourse/NYC10101/NYC101010030.html. Accessed 6/12/2018.
[3] Ohio Department of Mental Health Definitions: Records and Data Entry Fields in Treatment Episode Outcomes. ODMH Program and Policy Development/Office of Research & Evaluation. December 2011.

NOM DOMAIN: ABSTINENCE – Reduced symptomatology from mental illnesses or abstinence from drug use and alcohol abuse.

Outcome Used To Measure NOM DOMAIN – Abstinence from alcohol/drug use.

CDS Field – Frequency of Use (Admission) vs. Frequency of Use (Discharge).

Field Location – Substance Use tab

Field Description – Specifies the frequency of use of the corresponding substance at admission and at discharge.

Frequency of Use Options	Description (if additional detail needed)
Daily	
3-6 Times In Past Week	
1-2 Times In Past Week	
1-3 Times in Past Month	
No Use In Past Month	
No Use In Past 3 Months	
No Use In Past 6 Months	
No Use In Past 12 Months	
No Use In Past 1-3 Years	
No Use In Past 4-5 Years	
No Use In More Than 5 Years	
Not Applicable	"Not Applicable" should be used when use is not relevant to treatment, such as when the service being provided is a mental health service, or when the consumer does not use a substance.
Unknown	Frequency of use is unknown.

NOM DOMAIN: EMPLOYMENT/EDUCATION – Getting and keeping a job, or enrolling and staying in school.

Outcome Used to Measure NOM DOMAIN – Increased/retained employment, or return to/stay in school.

CDS Field – Employment Status at admission *and* at discharge (Adults); School Absences at admission *and* at discharge (Youth).

Field Location – Demographics tab

Field Description – Employment Status specifies the consumer's employment status. It is meant to reflect employment in the past 30 days. This data element is reported to SAMHSA for all consumers16 years old and over who are receiving services in non-institutional setting. Institutional settings include correctional facilities like prison, jail, detention centers, and mental health care facilities like state hospitals, other psychiatric inpatient facilities, nursing homes, or other institutions that keep a consumer, otherwise able, from entering the labor force. *'Not in the Labor Force' is defined as not employed and not actively looking for work during the past 30 days. 'Not in Labor Force' also includes any person who is a student, homemaker, volunteer, disabled, retired, in non-competitive employment, or an inmate of an institution.*[1]

Employment Status Options	Description (if additional detail needed)[1]
Active/Armed Forces (< 35 Hrs)	Consumer is employed by armed forces, and working less than 35 hours per week in the past 30 days.
Active/Armed Forces (35+ Hrs)	Consumer is employed by armed forces, and working over 35 hours per week in the past 30 days.
Employed Full Time (35+ Hrs)	Consumer is employed, and working more than 35 hours a week in the past 30 days. If employed by armed forces, and working more than 35 hours a week in the past 30 days, please use "Active/Armed Forces (35+ Hrs)".
Employed Part Time (< 35 Hrs)	Consumer is employed, and working less than 35 hours a week in the past 30 days. If employed by armed forces, and working less than 35 hours a week in the past 30 days, please use "Active/Armed Forces (< 35 Hrs)".
Unemployed - Laid Off/Looking	Consumer who is not employed, but was actively seeking employment in past 30 days.
Unemployed - Not Seeking	Consumer who is not employed, and was not actively seeking employment in the past 30 days.
Disabled	
Homemaker	
Resident of Institution	Consumers receiving services from institutional facilities such as hospitals, jails, prisons, long-term residential care, etc.
Retired	

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Sheltered Workshop	Sheltered/Non-Competitive Employment.
Student	
Volunteer	
Unknown	Employment Status is unknown.

Field Description – School Absences specifies the frequency of school absences for school-aged children and adolescents (3-17 years old), including young adults (18-21 years old) who are protected under the Individuals with Disabilities Education Act (IDEA), and receiving mental health services. These young adults are in Special Education Program and continue to receive mental health services through the state's Children Mental Health system. It is not the intent of this data element to identify children who are in Special Education. The intent is to ensure reporting of consumers who are 18-21 years old who meet the IDEA eligibility criteria. It is to reflect attendance over the past three months, counting from the day the information is collected.[1]

School Absences Options	Description (If additional detail needed)
Absent 2 or More Days per Week	
Absent 1 Day per Week	
Absent 1 Day Every 2 Weeks	
Absent 1 or Less Days per Month	
Home schooled	
Not Enrolled	
Unknown	Frequency of absences is not known.

NOM DOMAIN: CRIME & CRIMINAL JUSTICE – Decreasing involvement with the criminal justice system.

Outcome Used to Measure NOM DOMAIN – Decreased criminal justice involvement.

CDS Field – <u>Num Arrests in Past 30 Days</u> (at admission *and* at discharge).

Field Location – <u>Demographics</u> tab

Field Description – Specifies the number of arrests in the past thirty (30) days. This item is intended to capture the number of times the consumer was arrested for any cause. Any formal arrest is to be counted, regardless of whether incarceration or conviction resulted, and regardless of the status of the arrest proceedings.

NOM DOMAIN:STABILITY IN HOUSING - Finding safe and stable housing.

Outcome Used to Measure NOM DOMAIN – Increased stability in housing.

CDS Field – Living Arrangements (at admission *and* at discharge).

Field Location – Demographics tab

Field Description: Identifies whether the consumer is homeless, a dependent (living with parents or in a supervised setting), or living independently on his or her own.

Living Arrangements Options	Description (if additional detail needed) [1,3]
Child Living with Parents/Relative	Consumer is an adolescent (youth 17 years or younger) living with parents, relatives, or a legal guardian. This does NOT include foster care.
Child Residential Treatment	Consumer is an adolescent (youth 17 years or younger) living in a residential treatment setting.
Crisis Residential Care	Consumer is in a time-limited residential stabilization program that delivers services for acute symptom reduction.
Foster Home	Consumer resides in a foster home, i.e. a home that is licensed by a county or state department to provide foster care to children, adolescents, and/or adults. This category includes therapeutic foster care facilities, a service that provides treatment for troubled children within private homes of trained families.
Homeless Shelter	Consumer has no fixed address and IS residing in a shelter that provides overnight lodging for homeless persons.
Homeless	Consumer has no fixed address and IS NOT residing in a shelter that provides overnight lodging for homeless persons. For consumers residing in shelters, please select "Homeless Shelter."
Jail/Correction Facility	Consumer resides in a jail, correctional facility, detention center, prison, or other institution under the justice system, with care provided on 24 hours/day, 7 days/week.
Other	Consumer lives in a setting not indicated by any other available Living Arrangements options.
Other 24 Hr Residential Care	Consumer lives in a 24-hour supervised setting not indicated specified by Living Arrangements options.

Other Institutional Setting	EXCLUDING REGIONAL CENTERS, consumer resides in an institutional care facility providing care 24 hours/day, 7 days/week. This may include skilled nursing/intermediate care facility, nursing homes, institute of mental disease (IMD), inpatient psychiatric hospital, psychiatric health facility, veterans' affairs hospital, or Intermediate Care Facility/MR. If consumer resides in the Lincoln Regional Center, Hastings Regional Center, or Norfolk Regional Center, please select "Regional Center."
Private Residence Receiving Support	Consumer lives alone or with others in a private residence, and needs assistance in daily living. This includes consumers who receive case management services. This does NOT include youth (17 years old or younger) living with parents, relatives, or guardians or in foster care or adults (18 years old or older) who receive supported housing assistance. If consumer receives supported housing services, select "Private Residence w/ Housing Assistance".
Private Residence w/Housing Assistance	Consumer lives in a private residence, receiving supported housing assistance.
Private Residence w/o Support	Consumer lives alone, or with others, without supervision. This includes adult children (age 18 and over) living with parents but does NOT include adolescents (youth 17 years old or younger) living independently.
Regional Center	Consumer resides in Lincoln Regional Center, Hastings Regional Center, or Norfolk Regional Center.
Residential Treatment	Consumer lives in a setting designated for residential treatment.
Youth Living Independently	Consumer is an adolescent (17 years or younger), and lives alone or with others, without supervision.
Unknown	Consumer's living arrangement is unknown. Please update this field once living arrangements are known.

NOM DOMAIN: ACCESS/CAPACITY – Increased access to services.

Outcome Used to Measure NOM DOMAIN – Increased access to services (service capacity).

CDS Field – Date of Birth, Gender, Race, Ethnicity.

Field Location – Demographics tab.

Field Description –
Date of Birth – used to determine age.
Gender – selection should align with the consumer's biological sex (per instructions from SAMHSA).
Race – identifies the consumer's most recent reported race.
Ethnicity – identifies whether or not the consumer is of Hispanic or Latino origin, based on the consumer's most recent reported ethnicity.

Race Options *Check boxes. Multiple options can be selected.*	Description (if additional detail needed) [1]
American Indian/Alaska Native	Persons having origins in any of the original peoples of North America and South America, including Central America and the original peoples of Alaska.
Asian	Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black/African American	Persons having origins in any of the black racial groups of Africa.
Native Hawaiian/Other Pacific Islander	Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White	Persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Other	Persons not identified in any category above, or whose origin group, because of area custom, is regarded as a racial class distinct from the above categories.
Two or More Races	****When multiple options are selected, the person is coded as being of Two or More Races.****

Gender Options
Female
Male

Ethnicity Options	Description (if additional detail needed) [1]
Hispanic	Person is of known Spanish culture or origin including Central America, South America, Puerto Rico, Mexico, Cuba, or Spain, regardless of race.
Non-Hispanic	Person is not of Hispanic or Latino origin.
Unknown	Person's ethnicity is unknown.

NOM DOMAIN: RETENTION - Retention in substance abuse treatment or decreased inpatient hospitalizations for mental health treatment.

Outcome Used to Measure NOM DOMAIN – Increased retention in treatment in Substance Use Disorder (SUD) services, or reduced utilization of psychiatric inpatient beds (MH).

CDS Field – Admission Date, Discharge Date, Service.

Field Location – Status tab

Field Description – This NOM collects information regarding the length of stay of consumers completing treatment.

NOM DOMAIN: SOCIAL CONNECTEDNESS – Improving social connectedness to others in the community.

Outcome Used to Measure NOM DOMAIN – Increased social supports or social connectedness.

CDS Field – Social Supports at admission *and* at discharge.
DBH Annual Consumer Survey is also used to address this outcome, but data from the survey is not housed within CDS.

Field Location – Demographics tab

Field Description – Specifies the frequency of attendance at a self-help group in the thirty (30) days prior to the reference date (the date of admission or date of discharge). It includes attendance at any self-help groups, or peer/mutual support groups focused on recovery. Examples are: Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, Al-Anon/ALATEEN.

Social Supports Options	Description (if additional detail needed) [1]
No Attendance in past month	
1-3 times in past month	Equivalent to less than once a week in past thirty (30) days.
4-7 times in past month	Equivalent to about once a week in past thirty (30) days.
8-15 times in past month	Equivalent to two (2) to three (3) times a week in past thirty (30) days.
16-30 times in past month	Equivalent to at least four (4) times a week in past thirty (30) days.
Some attendance in past month	It is known that consumer attended, but the number of times and frequency are not known.
Unknown	Attendance is not known.

NOM DOMAIN: PERCEPTION OF CARE – Consumer's perception of care.

Outcome Used to Measure NOM DOMAIN – Person perception of care.

CDS Field – ***DBH Annual Consumer Survey. Not collected through CDS***

Field Location – N/A.

Field Description –

Survey items were grouped into scales consistent with the groupings required for the SAMHSA's Uniform Reporting System. Below are the scales and the survey questions included in each scale.

ADULT SURVEY QUESTIONS AND MHSIP SCALES

Access:
1. The location of services was convenient (parking, public transportation, distance, etc.).
2. Staff were willing to see me as often as I felt it was necessary.
3. Staff returned my call in 24 hours.
4. Services were available at times that were good for me.
5. I was able to get all the services I thought I needed.
6. I was able to see a psychiatrist when I wanted to.

Quality and Appropriateness:
1. I felt free to complain.
2. I was given information about my rights.
3. Staff encouraged me to take responsibility for how I live my life.
4. Staff told me what side effects to watch out for.
5. Staff respected my wishes about who is and who is not to be given information about my treatment.
6. Staff here believe that I can grow, change and recover.
7. Staff were sensitive to my cultural background (race, religion, language, etc.).
8. Staff helped me obtain the information I needed so that I could take charge of managing my illness.
9. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).

Outcomes:
As a direct result of services I received:
1. I deal more effectively with daily problems.
2. I am better able to control my life.
3. I am better able to deal with crisis.
4. I am getting along better with my family.
5. I do better in social situations.
6. I do better in school and/or work.
7. My housing situation has improved.
8. My symptoms are not bothering me as much.

Participation in Treatment Planning:
1. I felt comfortable asking questions about my treatment and medication.
2. I, not staff, decided my treatment goals.

General Satisfaction:
1. I like the services that I received here.
2. If I had other choices, I would still get services from this agency.
3. I would recommend this agency to a friend or family member.

2017 SAMHSA Uniform Reporting System (URS) Output Tables

CONSUMER SURVEY RESULTS, FY 2017

STATE: Nebraska   Reporting Period: 7/1/2016 To: 6/30/2017

Indicators	Children: State	Children: U.S. Average	States Reporting	Adults: State	Adults: U.S. Average	States Reporting
Reporting Positively About Access	84.4%	87.4%	46	82.5%	89.2%	49
Reporting Positively About Quality and Appropriateness	■■■	■■■	■■■	85.3%	90.9%	49
Reporting Positively About Outcomes	57.0%	73.1%	46	66.6%	82.8%	49
Reporting on Participation in Treatment Planning	84.1%	88.6%	48	76.4%	87.4%	49
Family Members Reporting High Cultural Sensitivity of Staff	93.1%	93.3%	47	■■■	■■■	■■■
Reporting positively about General Satisfaction with Services	73.1%	88.2%	48	86.0%	90.8%	49

Note: U.S. Average Children & Adult rates are calculated only for states that used a version of the MHSIP Consumer Survey

NOM DOMAIN: COST EFFECTIVENESS – Cost-effectiveness.

Outcome Used to Measure NOM DOMAIN – Cost effectiveness (average cost).

CDS Field – <u>Service to be Provided</u>, with information on cost from the Electronic Billing System (EBS).

Field Location – <u>Create New Encounter</u>, <u>Status</u> tab.

Field Description – Count served by service type; average cost per consumer.

NOM DOMAIN: EVIDENCE-BASED PRACTICES (EBPs) – Use of evidence-based treatment practices.

Outcome Used to Measure NOM DOMAIN – Use of evidence-based treatment practices.

CDS Field **–** Service to be Provided.

Field Location**:** Create New Encounter, Status tab

Field Description – Count served by service type; number served in specific EBP services, i.e. Supported Housing, Supported Employment, Assertive Community Treatment (ACT), Multi-Systemic Therapy (MST).

Centralized Data System
User Manual
Obtaining User ID and CDS Security

Security Levels

The table below depicts the four security levels for end users in the Centralized Data System (CDS). Super Users provide CDS assignments based on a person's role within the agency. Super Users keep assignments up to date for the agency/location.

Security Level	Description of Security Level
Read Data	Permissions to only view data, can't update data.
Update Data	Can view and update data.
Report Data	Can access reports that are permitted to be access at the appropriate level.
Access PHI	Permits the user to view data fields identified as containing Personal Health Information (PHI). Otherwise, these fields will be masked or omitted.

The **System Documentation and Training** website contains the spreadsheet used to assign security levels, and a confidentiality agreement that all end users must sign and provide to the Division of Behavioral Health (DBH).

Security settings for the test site may differ from those of the production site. Not all end users have access to the test site.

Obtaining a User ID
CDS requires a User ID and password. To obtain a User ID, contact your local agency Super Users. The Super User and persons seeking a User ID will determine the individual's role in the agency, and security settings needed, based on the user's work responsibilities. Each potential user must sign a confidentiality statement available from the agency/location Super User. The agency Super User sends the spreadsheet and confidentiality statement to DBH and the Regional Super User. Once received, DBH works together with the DHHS Help Desk to assign a User ID and temporary password.

Due to confidentiality requirements, timely submission of changes to User ID information is important. One task of a Super User includes keeping in touch with their human resource administrators, so that changes to CDS user accounts occur immediately. New User IDs can take up to ten (10) working days to be added to the production and test sites. Those people who change positions within an organization may require changes to security levels. Super Users are to report any CDS users who no longer work for an organization and are in need of removal. Removal protects CDS from possible misuse.

User ID and Passwords
DHHS Information System and Technology (IS&T) staff assign User IDs. Once established, new users receive a secure e-mail that contains the User ID and a

temporary password. The secure e-mail contains instructions for first login. On first login, new users create their own password and set their security questions. The website URL for changing or resetting a password is https://passman-dhhs.ne.gov.

CDS Passwords Changes

Passwords cannot be changed during the first thirty (30) days. The DHHS Help Desk (800-722-1715) can assist end users having difficulty with their log-in.

CDS requires password change every sixty (60) days. Fifteen (15) days prior to the expiration of a user's password, Passman generates a reminder e-mail to the end user to change his/her password. Failure to complete the password change in a timely manner will result in the loss of access to the CDS.

DHHS IS&T Help Desk telephone number: 800-722-1715

Centralized Data System
User Manual
Home Page View

Updated 2019-01

Home Page View

This is a view of the login page for the Centralized Data System (CDS). Enter your user name and password and click on <u>Login</u>. If you need additional help, click on the green <u>Show Help</u> button, or use the <u>Web Support</u> tool in the lower window of the login page. When e-mailing the Help Desk, do not send protected health information (PHI). The initial contact with the Help Desk from the login page is not HIPAA compliant.

View of Initial landing page to the Centralized Data System (CDS):
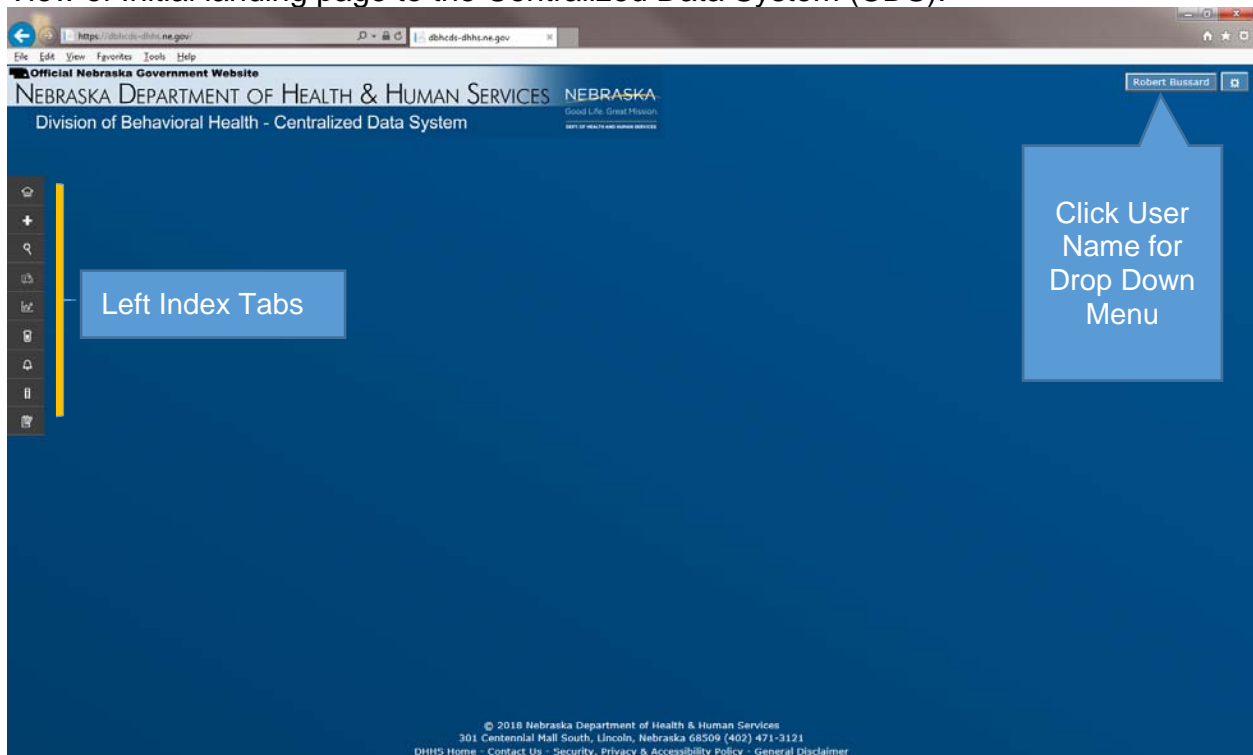
Expanded view of the Left Index tabs and drop down menu under the user name:
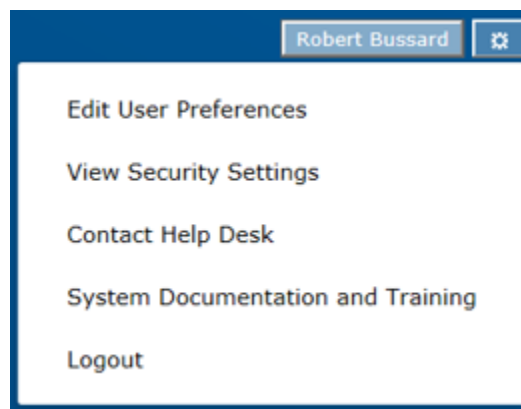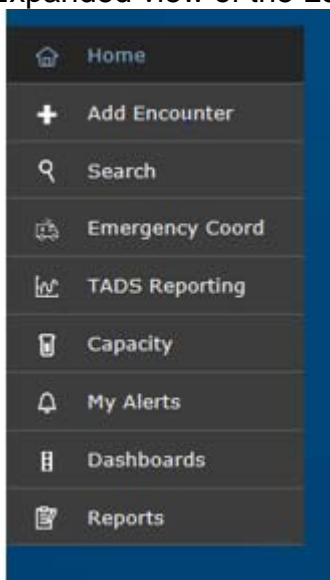
Left Index Tabs

Each of the index tabs will be described in more detail in sections of the **User Guide**. The following offers a short description of each tab. Exact tabs available are dependent on end user permissions.

Home - brings you back to this landing page.

Add Encounter - is the first step in recording services for an individual. Click this button to start a new encounter, and to search for an individual's name in order to begin a new encounter for a specific consumer.

Search – this button brings up the search features of the Home page and is useful for determining consumer activity.

Emergency Coord – used by emergency coordinators of the Regional Behavioral Health Authorities to record counts of people in certain services and situations.

TADS Reporting –Turn Around Documents (TADS) are used to generate billing documents that are counts of services (recorded as units) performed during a month.

Capacity – is used to record the number of potential service available against the number used during reporting weeks in CDS.

My Alerts – provides quick access to a listing of alerts for the named user.

Dashboard – self-service tool used to review data and generate reports from CDS.

Reports – gateway to system-generated reports.

User ID drop down menu choices

More detail is found in the sections of this document for the drop down menu under the user name.

Edit User Preferences – used to set the default for the end user's home page.

View Security Settings – lists the location and level of security for the named end user.

Contact Help Desk – brings up contact information to contact the Help Desk, along with a form for reporting system issues.

System Documentation and Training – is an index of training and instructional documents and videos designed to enhance the end user experience on CDS.

Logout – will end the current CDS session and return the end user to the sign on page for CDS.

Centralized Data System
User Manual
Left Index Tabs

Left Index Tabs

Most actions within the Centralized Data System (CDS) begin with clicking on one of the Left Index Tabs.
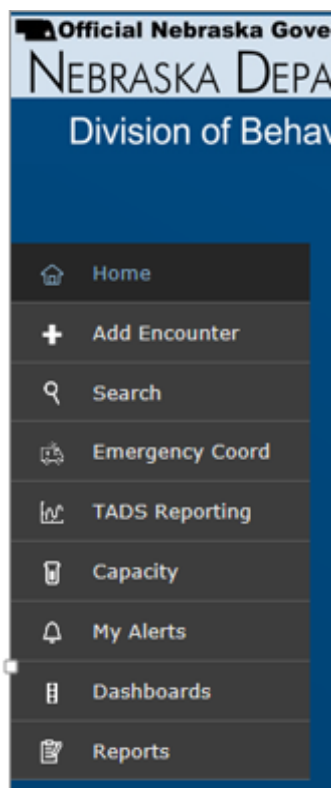
The Left Index tabs constitute the major sections of this manual.

Within each of the sections will be subsections that focus on specific activities. Example: working with the Add Encounter section will have subsections on adding, searching, discharging, etc. The Add Encounter section is the largest of the sections.

Dashboards section is available by invite to a select number of end users.

Reports section is under development, and will be added as report definitions and structures are finalized.

The **CDS User Manual** is a living document and modifications can be found posted in the **System Documentation and Training** section of the CDS website.

Not all Left Index tabs will be available to all end users. The end users security level will determine the number of Left Index tabs.

Here is a brief description of each tab:
Home – this is the first page when the end user signs onto CDS. The Home page can be adjusted by using the Settings of the drop down menu when the end user clicks on their name in the upper right hand corner.

Add Encounter – to start a new encounter, click on the Add Encounter Left Index tab.

Search – this Left Index tab opens a variety of search functions within CDS.

Emergency Coord – this Left Index tab is used by emergency coordinators of the regions to enter important information about activity of the emergency system.

TADS Reporting – The Turn Around Documents (TADS) serves as a utilization, billing and reporting tool for agencies, regions and the state. End users will enter units of service for which reimbursement is requested by encounter and by service level.

Capacity **–** this Left Index tab opens the CDS Capacity and Utilization Management portal. Agencies/Locations enter capacity levels of services under contract with the division or regions. The forms are filed weekly, and contain counts of the previous week's actual utilization.

My Alerts – end users will find this tool useful for determining when to review records. Alerts are sent about continued care reviews, continued stay reviews, and appealed authorization action.

Dashboard **–** this is a self-service data management tool that is available to select end users.

Reports – end users will find a large number of canned reports listed that generate data for review by multiple levels of end users. This section of the **CDS Manual** is under development.

Centralized Data System
User Manual
Action Buttons

Updated 2019-01

Action Buttons

Action buttons usually appear in CDS in orange or green. These buttons perform a function upon the information contained in the CDS window. Each button has a specific function depending on where it occurs within the sequence of windows of CDS.

Cancel Buttons

CDS provides several Cancel buttons for use on encounters. Each button has a specific purpose. The Cancel buttons appear on the top of the window on the status line.

Green Cancel Button
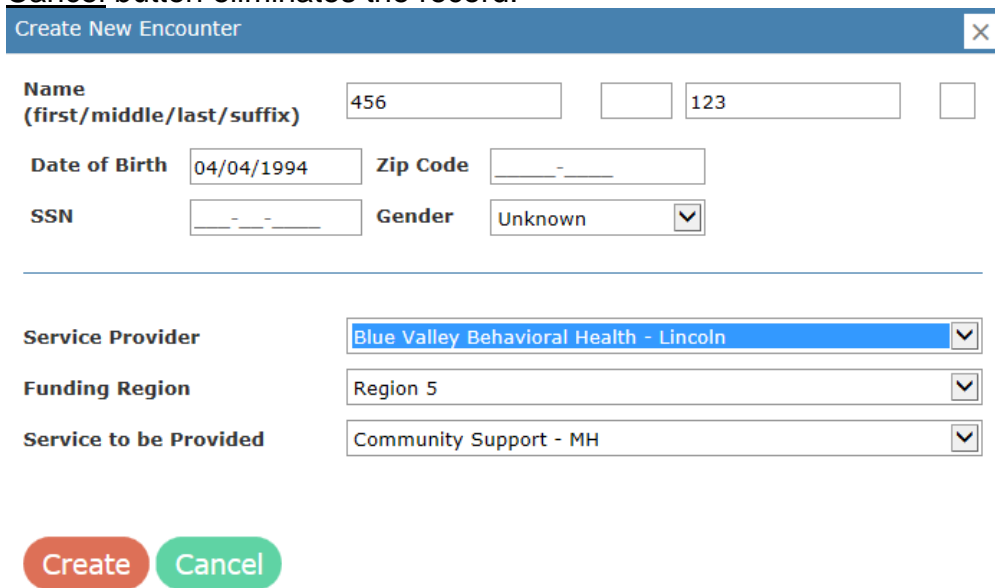
Use the green Cancel button in the same manner as you would closing out a web page by clicking on the red X button. This action closes the screen, and any information not previously saved will be lost. The green Cancel button works the same way throughout the CDS – clicking it cancels the action, and returns the user to the previous window. Here is a Cancel button on the Status bar of a discharge-ready encounter:

Here is the Cancel button on the Manage Encounter screen of an authorized encounter, just before the decision to Submit for Authorization or to Add to Waitlist. Note that there is a button to Cancel Without an Admission as well as to Remove Encounter.
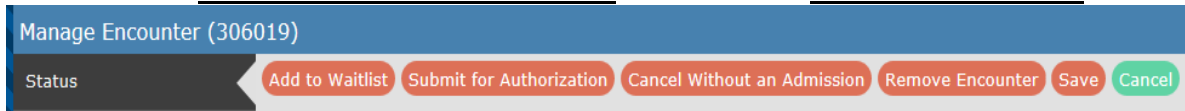
Cancel Without an Admission retains the encounter in the database, and includes the encounter in counts for reporting purposes. Clicking on the Remove Encounter button retains the encounter in CDS, but the encounter is not included in any counts.

The Create New Encounter window also has a green Cancel button. Clicking the Cancel button eliminates the record.

There is a Cancel button at the bottom of the Appeal Decision window. Any information entered in the form will be lost when hitting the Cancel button.

Once submitted, this appeal request does not require further action on your part. This requested appeal will be reviewed by the Division of Behavioral Health in accordance with timelines set forth in the DBH CDS User Manual. Upon review of the submitted information, it may be necessary for the Division of Behavioral Health to contact the requesting clinician to obtain additional or clarifying information. The requesting provider will be alerted to the review determination via CDS notification.
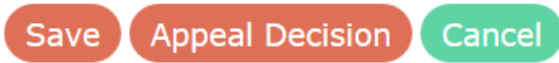
Cancel Request

This will completely cancel any request for funding or tracking a service. Once Cancel is confirmed, you cannot add or edit the encounter. Cancel or Cancel Without an Admission serve as acknowledging the acceptance of a denial during an authorized service request.

Here is the Cancel button on the Capacity Management screen. Hitting the Cancel button returns the user to the previous screen, and does not save any of the information entered into the form.

Save Button

The <u>Save</u> button saves the information entered in the window, and returns the end user to the previous page, or the history matrix of the Manage Encounter window. <u>Save</u> is sometimes hidden when one scrolls down the page; be sure to scroll up to the top of the page to click on the <u>Save</u> button. The <u>Save</u> button on the Manage Encounter page is a final check to ensure that the end user did not forget to <u>Save</u> on any of the Consumer Index tabs as the end user enters information. Use this button to save the work from all the Consumer Index tabs.

The <u>Save</u> button is also located on the top of the TADS report. <u>Save</u> completes the action once an end user enters the number of units requested for reimbursement.

Again, if the list of open records is long, it is necessary to scroll up to the <u>Save</u> button at the top of the service listings.

On the Capacity Management window, the <u>Save</u> button is located near the upper right hand corner of the window. To complete the data entry, the end user concludes by clicking on the <u>Save</u> button.

Run Report and Run Report in New Window

The two buttons used after entering the parameters of a report create a new window, or show the reports in the current window. <u>Run Report</u> shows the report information in the current window.

Reports

Back ADMIN004 New EPC Admissions by Provider

Title [ ]
Date Range [Month ▼] from [1/2017] [12/2018]
Region [-- All Regions -- ▼]
Duplicated [ ]
Run Report   Run Report in New Window

The <u>Run Report in New Window</u> opens a new web browser window, and shows the information there. The selection of a new window or not is a personal preference. When running multiple reports at once, this can be a nice feature to use, as it allows access to each report generated through use of multiple web windows.

Add to or Remove from Waitlist

Manage Encounter (205742)
Status   Add to Waitlist   Submit for Authorization   Cancel Without an Admission   Remove Encounter   Save   Cancel

As the name implies, when working with the waitlist, the end user can select from <u>Add to Waitlist</u>, or <u>Remove from Waitlist</u>.

Manage Encounter (338542)
Status   Remove from Waitlist   Cancel Without an Admission   Remove Encounter   Save   Cancel
Consumer   Current State   Waitlisted   Copy Encounter   Report a Data Issue
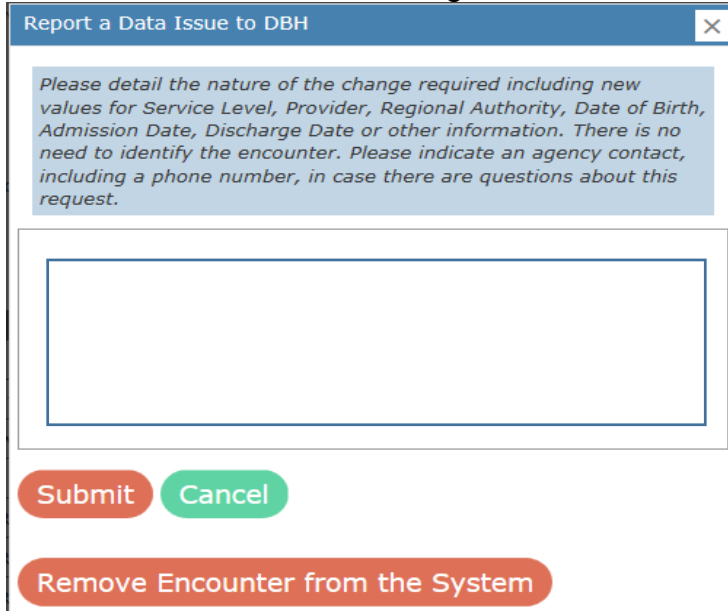
Report a Data Issue

Contained on the Status line of every Manage Encounter window are two green buttons: <u>Copy Encounter</u> and <u>Report a Data Issue</u>. <u>Report a Data Issue</u> is used to alert CDS administrators that a change within an encounter is needed. The end user can change most variables while the encounter is in an active status. Once the encounter is discharged, the variables are locked, and only a CDS administrator can make changes. Certain variables, even when the encounter is open, such as Admission date, Social Security Number, and Consumer Number, cannot be changed by the end user. Use the <u>Report a Data Issue</u> button if changes are needed in these fields. The <u>Report a Data Issue</u> button sends a secure e-mail to CDS administrators, meaning that end users may include PHI/PII information via this operation; however, it should be noted that the need to do so would be rare, as all reported data issues are tracked by the exact encounter number.

Manage Encounter (174866)
Status   Discharge   Save   Cancel
Consumer   Current State   Admitted   Copy Encounter   Report a Data Issue

Once the end user clicks on the <u>Report a Data Issue</u> button, a popup screen appears for the end user to list the change needed on the encounter.

Report a Data Issue to DBH ☒

Please detail the nature of the change required including new values for Service Level, Provider, Regional Authority, Date of Birth, Admission Date, Discharge Date or other information. There is no need to identify the encounter. Please indicate an agency contact, including a phone number, in case there are questions about this request.

Submit   Cancel

Remove Encounter from the System

Click the <u>Submit</u> button to send the request to the CDS system administrators. The <u>Remove Encounter from the System</u> button is also available, and will remove the encounter, but retain the information of the encounter. The encounter will not be counted for the purpose of reports.

Copy Encounter

The <u>Copy Encounter</u> button is located on the Consumer line of the Manage Encounter page. Clicking on the <u>Copy Encounter</u> button will make a copy of the existing encounter, and create a new encounter with a new encounter number, under the same Consumer ID. This is useful for end users who might be enrolling a consumer in multiple services, or a consumer who is returning after a short absence. The <u>Copy Encounter</u> button does not copy associated forms from the old encounter to the new encounter, only data fields across the Consumer tabs. Forms such as those associated with the youth template, completed questionnaires, and progress reports of the encounter used to create a copy do not carry over to the new encounter created.

Once the end user clicks on the <u>Copy Encounter</u> button, a popup window will appear. This window allows for changes in the <u>Service Provider</u>, <u>Funding Region</u>, and <u>Service to be Provided</u> for the new encounter. This is handy to correct errors on the initial encounter selection from among these variables; however, there are implications to making such corrections. Carefully select the choice from those available to the end user.

Copy an Encounter ☒

If any of the fields below need to be updated prior to copying the encounter, please do so now.
Note: The region and provider cannot be changed after an encounter is copied.

Service Provider	Lutheran Family Services - Omaha, 120 S 24th St ▾
Funding Region	Region 6 ▾
Service to be Provided	Medication Management - MH ▾

[Copy]   [Cancel]

See also **TADS Reporting** for changes that may be necessary to synchronize between EBS and CDS.

Centralized Data System
User Manual
Search

Updated 2019-01

Using Centralized Data System Search Function

The Home page includes the Left Index tabs, the user name and special features in the drop down menu, and for administrators, a gateway to administrative functions.
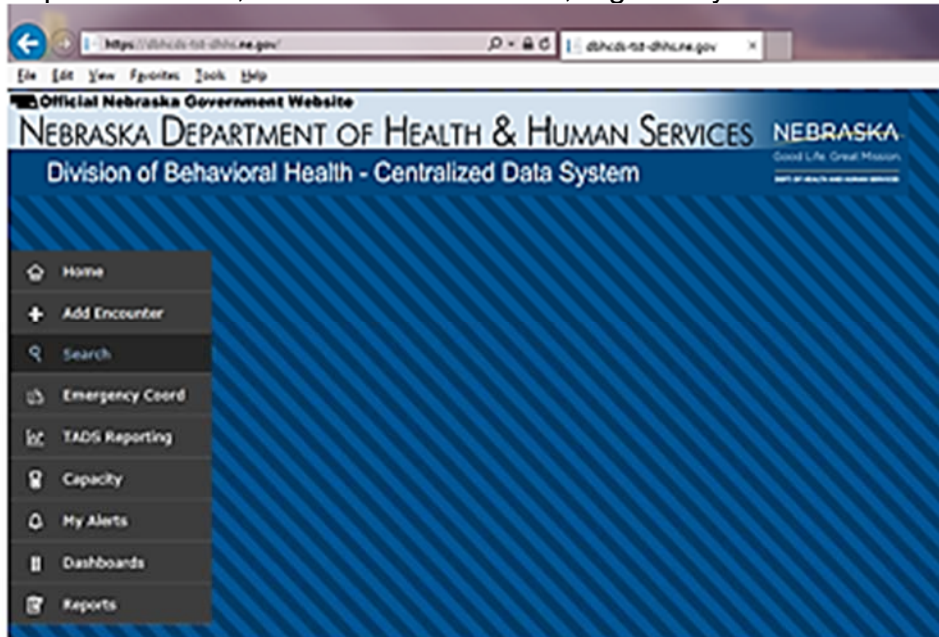
Start by selecting the Search tab on the Left Index tabs.

The following screen will appear:

There are variations of the Search function for Encounters, Admissions, Appeals, Reviews and Discharges. Each of these specialized searches have dates, along with the generalized search parameters.

Search Encounters

In CDS, any variable of the Search function can be used to create parameters for a search. For instance, you could look for all people with a specific first or last name. The results shown will be specific to the location and the permissions granted to the end user conducting the search. The more information that the end user enters into the search functions, the more specific the output. If the end user enters a SSN, all records for that SSN will show. Likewise for any of the consumer identification parameters.

Searching for an encounter number will bring up that encounter for review. Always click on the Search button to see the results. Search shows the first 200 results, while Export will export *all* records that meet the criteria at the location, and based on the end user's permissions. The exported file will be an Excel CSV file in a popup window.

Conduct searches by consumer specific variables or Encounter Status, Service Provided, Funding Region, Provider, Priority Population, or County of Residence. Except for the consumer variables, drop down menus provide help in selecting from among the various choices.

Here are the drop down choices for <u>Encounter Status</u>:

```
-- Any Status --
-- Any Active Status --
Pre-admitted - ANY
Pre-admitted - Waitlisted
Pre-admitted - Pending Appeal
Pre-admitted - Appeal Requested
Pre-admitted - Appeal Denied
Pre-admitted - Authorized
Admitted - ANY
Admitted - Continuation of Care Review
Admitted - Continued Stay Review
Admitted - CSR Pending Appeal
Admitted - CSR Appeal Requested
Admitted - CSR Authorized
Cancelled - ANY
Cancelled - Removed
Cancelled - Not Admitted
Discharged
```

<u>Service Provided</u>, <u>Funding Region</u>, <u>Provider</u>, <u>Priority Population</u>, and <u>County of Residence</u> all have drop down menus. Limit your search by using more than one of the search criteria, and its associated drop down choices.

Search Admissions

Search for <u>Admissions</u> has the added variables that creates a date or date range.

Search Appeals

As with Admissions, the Appeals search function has the added feature of inserting a date or date range.
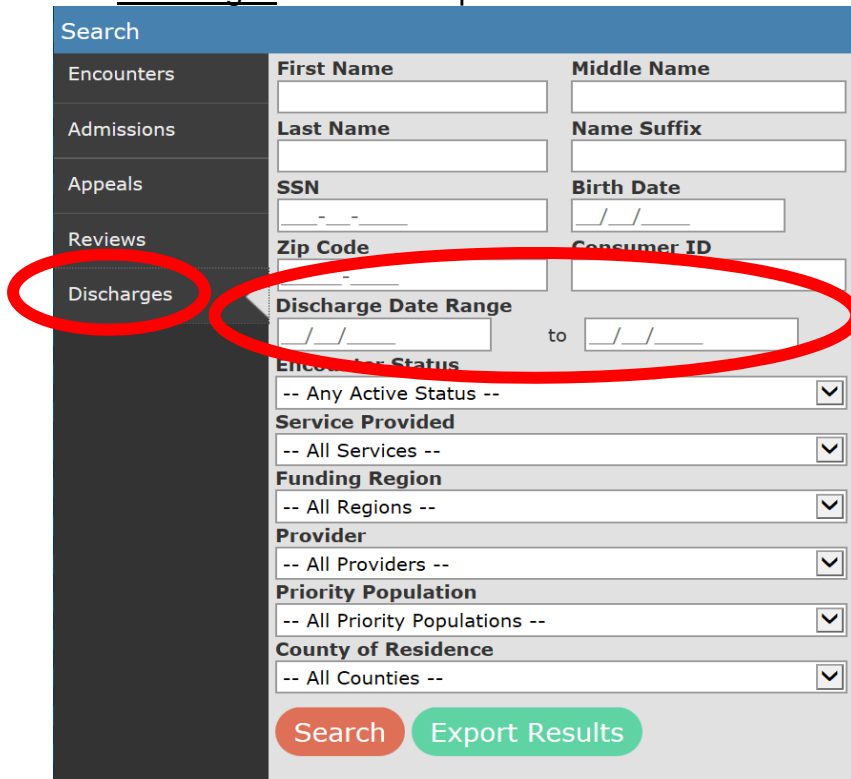
Search Reviews

A date or date range is also available when searching for Reviews.

Search Discharges

The Discharges search also permits the use of a date or date range.

Export Results

The Export Results button will create a CSV export file in a popup window. A message warning of the creation of the CSV displays. Click OK to receive the export file in a popup window.
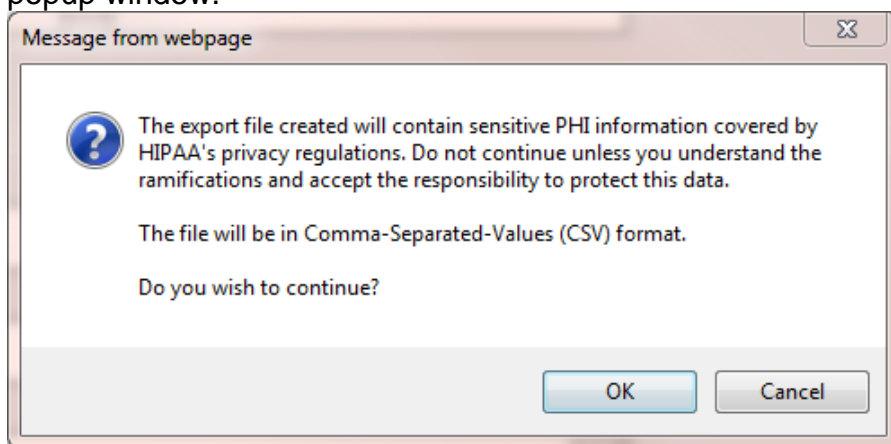
In the case of the computer being used to create these examples, the popup window is displayed at the bottom of the CDS window.

Priority Population

-- All Priority Populations --

Do you want to open or save **search_export.csv** (640 bytes) from **dbhcds-tst-dhhs.ne.gov**?   [Open]   [Save] [▼]   [Cancel]   ✕
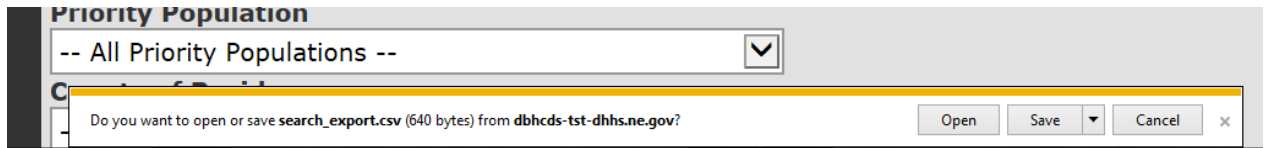
Click <u>Open</u> to open the file, or <u>Save</u> to place the file in another location for further review.

Centralized Data System
User Manual
Create an Encounter

Updated 2019-01

Create An Encounter
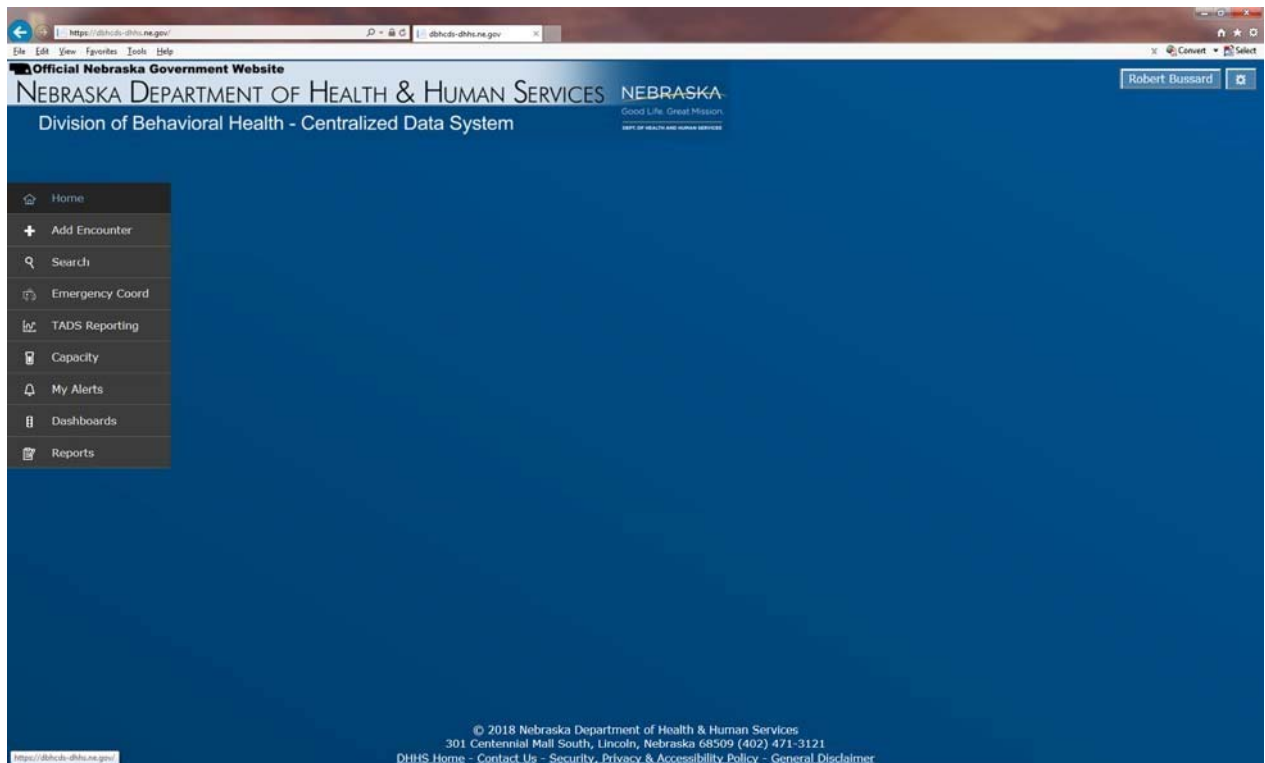
Create Encounter

Creating an encounter is the first step toward admitting a person to any of the services. The data elements listed uniquely recognize each consumer being funded by regional/state funds for mental health or substance use disorder (behavioral health) services within the state. Except as outlined in the waitlist instructions, only persons receiving, or anticipated to receive, regional/state support are required to be entered into the Centralized Data System (CDS) of the Department of Health and Human Services, Division of Behavioral Health.

If funding is uncertain and the service being requested requires an authorization, the authorization must be obtained at the initiation of services. Once funding is determined, the encounter can be admitted with a current admission date, or if other funding is to be used, the consumer encounter can be Cancelled – Not Admitted. The admission date can be changed using the Report Data Issue button if needed.

Please use the following steps when adding an encounter to CDS.

Moving to New Encounter Screens
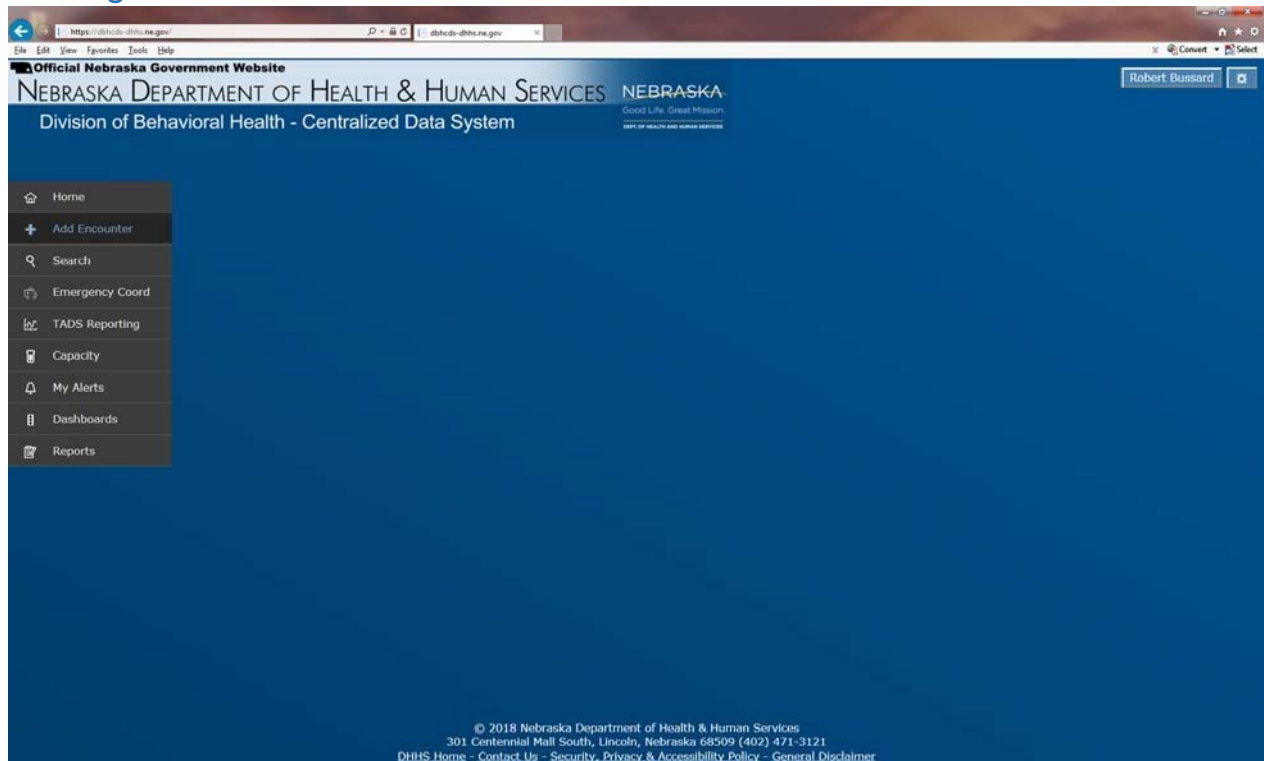
After successfully logging into the CDS, scroll and click on the <u>Add Encounter</u> on the index tab found on the left side of the CDS Home page.

Establishing Consumer Identification

After clicking the <u>Add Encounter</u> tab, the CDS displays the first screen of creating a new encounter, the "Consumer Identification" pop up window.

Please note the following data elements are required:
Last Name, First Name, and Date of Birth or Consumer ID.

Consumer ID

The Consumer ID is a system-generated ID that is unique to the combination of the person's last name, first name, date of birth, and Social Security Number. Please use

only the system generated consumer ID for the CDS. If you do not know this number, leave this variable blank, and CDS will either locate a previously established Consumer ID, or create a new one where one does not already exist. CDS uses a Master Patient Index (MPI) to link across agencies and regions. Because each end user can see only the information for which they have permission, end users may not know that an individual is already in the system. Carefully enter as much information as you can verify, using documentation made available to you by the consumer.

Master Patient Index (MPI)). The MPI links encounters for an individual, using common identifying information such as last name, date of birth, first name, Social Security Number, zip code of residence, gender etc. This system works by looking at the commonality of data entered, and associating it across the state. So Bobbi Buzzard in Region 1 will be linked with Bobby Buzzard in Region 6, or Robert Buzzard in Region 3. The links come from data entered into the variables. Last Name, First Name and Date of Birth are required fields. As much information as the end user has available should be placed into each variable, thus reducing the chance for a missed association. When last name, date of birth and first name are the same for separate encounters, there is a high certainty of an appropriate match. Certainty diminishes with each missing element. Social Security Number adds to the certainty. The results of the MPI is the Consumer ID located on the Managed Encounter page.

The explanation above provides the importance of taking great care in entering data into CDS. Providers are encouraged to use government-issued documents with identifying information (i.e. state ID card, driver licenses, Medicaid or Social Security cards, etc.) to verify information prior to entry into CDS.

Again, end users only see the information they have permission to see. If the end user only has location-specific permission, they will see only that information for that location. If the agency has multiple locations, and the end user has permission at each location, then they will see the agency-wide information, and may have greater information on which to compare a new encounter to an existing encounter for a consumer.

Last Name (REQUIRED)

Carefully enter the consumer's last name. Last name is used to help identify each unique person in CDS.

First Name (REQUIRED)

Carefully enter the consumer's first name. First name is used to help identify each unique person in CDS.

Date of Birth (REQUIRED)

Describes the date of birth of the consumer. If a birthdate is entered and the system determines the consumer is a youth, there are fields about school attendance in the

demographics tab that need to be completed. If you have no idea – leave blank, but estimates are encouraged.

Regarding unknown date of birth: Every effort should be made to obtain needed information using copies of official documentation. In the event of a consumer who is not able to provide such documentation, estimating their age using 01/01/CCYY is an alternative. Even establishing a month (MM) and year of birth (CCYY) using MM/01/CCYY would assist in the system in identifying the consumer. Because reimbursement occurs on a monthly schedule, emergency and registered service providers might delay data entry while waiting for identifying information. Authorized services require full information or alternative means before an authorization is given. *(In this example CC=Century, YY=Year, MM=Month and DD=Day each in 2 digit format.)*

SSN (PREFERRED)

The Social Security Number (SSN) is used to verify information and to uniquely identify each individual within CDS. The use of single digits (all 9's, 6's etc.) or sequential number (1234 etc.) or any other schema, other than the consumer's actual SSN, is not permitted. If you do not have the SSN, please leave the entry blank.

Zip Code (optional)

Enter the consumers' home zip code. If not available, leave blank.

Click on Search or Create New Patient Record

Click on Search if you want to search for the consumer using available data. The search will be conducted based on end user permissions. The search will bring up a listing of known cases with a close fit to the information given. Click on the appropriate consumer listed. If the list does not generate a match, click on Create a New Patient Record.

Create New Encounter							

Consumer ID

OR

Last Name	a		First Name	a
Date of Birth	__/__/____		Zip Code	_____-____
SSN	___-__-____		Gender	Unknown

Search   Create New Patient Record

	Consumer ID	Last Name	First Name	DOB	SSN	Gender	Zip Code
Select	000012432	ARCHIBQUE	AH	05/19/1975	xxx-xx-2432	Male	68508
Select	000017398	AKPUNONU	AYE	03/17/1937	xxx-xx-7398	Male	68503
Select	000019743	ALMEIDA	A.B.	07/08/1975	xxx-xx-9743	Male	68107
Select	000000000	aaa	aaa	03/03/2018	xxx-xx-2341	Female	

Results are examples from the CDS TEST site and are fake data.

If you know that this is a new consumer to your location, then you can skip the search step and click on Create New Patient Record button to begin a new encounter.

Create New Encounter – Provider Information

Please note the following data elements:

Service Provider

Describes the rendering provider at the service location level. The end user may or may not have limited options. By choosing the service location, the end user is instructing the system to query the contracts for this location. The following two fields are determined by the user's selection. If the user does not see a service provider in the "Service Provider" drop down menu (i.e. a different location within the user's agency), the user must contact the agency super user to get his/her permissions edited, or to determine next steps to discover why the location is missing.

Funding Region

Describes the Region contract to be utilized for the encounter.

Service to be Provided

Describes the service that CDS is tracking for the consumer in this encounter.

Click Create

CDS creates the new encounter and returns the end user to the Manage Encounter window.

Centralized Data System
User Manual
Manage Encounter Window

Updated 2019-01

Manage Encounter Window

Once an encounter is begun, the system defaults back to the Manage Encounter window. The window consists of several parts:
- Action Buttons
- Consumer Information
- Consumer Index Tabs
- Update History

Action Buttons
Described elsewhere in this manual are the Add to Waitlist, Admit for a Registered Service, Cancel Without an Admission, Remove Encounter, Save, and Cancel buttons.

Consumer Information
The Manage Encounter window includes Current State, Name, Consumer ID, SSN, Date of Birth, Service Provider, Funding Region, and Service to be Provided. Name, SSN, Consumer Number, Date of Birth, Service Provider, Funding Region, and Service to be Provided are repeated here so the end user knows what the encounter represents. These variables were set during Create Encounter actions.

Current State – This is a brief statement of the position of the encounter within the flow of CDS. These positions include:
- New – this encounter has just been created and is awaiting the next action.
- Admitted – the encounter has been admitted to an authorized or registered service.

- Pending Appeal – an encounter that has gone through an initial authorization request, been denied, and is waiting for the next action of the end user.
- Appealed Denied – an encounter denied an authorization upon appeal.
- Waitlisted – an encounter that has been added to the agency/service waitlist and is awaiting further action.
- Authorized – an encounter approved through the authorization process, and awaiting the end user to click the Admit for Authorized Service button and complete the admission window.
  WARNING: Clicking on any other button breaks the chain of events and the authorization will need to be attempted again.
- Continuation of Care Review – an encounter Current State of Continuation of Care Review requires the end user to review all the consumer tabs, and acknowledge that the consumer remains in service. Continuation of Care Reviews occur on a scheduled basis, depending on the service.
- Continued Stay Review – the service authorization period will or has expired, requiring a new authorization. Warnings for Continued Stay Review occur ahead of the expiration of the previous authorization.
- CSR Pending Appeal – similar to Pending Appeal, the encounter re-authorization was denied.
- CSR Appeal Requested – a reauthorization request that was denied, and the end user is now appealing the automated decision.
- CSR Authorized - an encounter approved through the authorization process, and awaiting the end user to click the Admit for Authorized Service button.
  WARNING: Clicking on any other button breaks the chain of events and the authorization will need to be attempted again.
- Removed - removed encounters are not included in calculations for data tables.
- Not Admitted – encounters showing Not Admitted are included in counts for certain data tables.
- Discharge – encounter discharged from the service. End users cannot make changes. Any changes need to be requested via the Report a Data Issue button.

The status row can contain two additional buttons:
- Copy Encounter – Makes a copy of an encounter. A new encounter number is assigned, and changes to the location, service or funding source can be made.
- Report a Data Issue – Secure method of reporting needed changes to data elements that cannot be changed by the end user.

Update History – This table will show the date of an action on the encounter. Any time a save is performed, the table is updated. Elements of the table include:

- Update Date –the date and time of the event.
- State – what state the update represents.
- Event – what was done to the encounter.
- Updated By – the user ID of the person making changes. If you are an agency that has multiple individuals using the same encounters for different activities, use the Update History to see who changed what.
- View Details – a summary of the changes made.

Centralized Data System
User Manual
Add to or Remove from Waitlist

<div align="right">Updated 2019-01</div>

Waitlist Overview

Waitlist is used to document a consumer who has been assessed/evaluated as needing the level of care provided by the agency but who is awaiting admission due to lack of capacity available or consumer needs. The waitlist and consumers on the waitlist are continuously monitored by the agency/location as identified in the agency policies and procedures.

The Division of Behavioral Health (DBH) and Regions require all agencies receiving any funds for specific services from the DBH to maintain a waitlist using CDS. All consumers waiting for the designated levels of care are to be included on the agency/location waitlist regardless of anticipated payer source (private insurance, Medicaid, Medicare, voucher, etc.).

Purpose of Treatment Waitlist Management

- To reduce the wait time and ensure consumers receive access to services;
- To ensure compliance with State and Federal requirements on the placement of priority populations into treatment services, including the provision of Federal interim services;
- To place consumers into the appropriate recommended treatment services as soon as possible; and
- To provide information necessary in planning, coordinating, and allocating resources.

Waitlist management involves data collection to assist in identifying specific categories of consumers meeting specific priorities that are awaiting treatment, and identifies available network treatment services/facilities for these consumers.

State and Federal laws require the State of Nebraska to collect and maintain waitlist data. For more information on this, please see the last page of this chapter.

Services Requiring Use of Waitlist

Specific services requiring waitlist data entry *as of April 2018* include:

MENTAL HEALTH SERVICES

ACT (Assertive Community Treatment – MH)
Community Support – MH
Day Treatment – MH
Mental Health Respite – MH
Professional Partner – MH
Psychiatric Residential Rehabilitation – MH
Secure Residential – MH
Supported Employment – MH

Supported Housing – MH **

SUBSTANCE USE DISORDER SERVICES

Community Support – SUD
Halfway House – SUD
IOP (Intensive Outpatient / Adult – SUD)
Intermediate Residential – SUD
Short Term Residential – SUD
Supported Employment – SUD
Supported Housing - SUD
Therapeutic Community – SUD

DUAL DISORDER SERVICES

Dual Disorder Residential – MH
Dual Disorder Residential – SUD

** Please note special instruction for Supported Housing are contained elsewhere within the CDS system documentation and training site.

Adding a Consumer to the Waitlist

The following explains the process for adding consumers to your agency's waitlist.

Create the Encounter – you must start by creating an encounter (see **Add Encounter**).

Special Instructions to Address Consumer PHI (Protected Health Information) – Division of Behavioral Health (DBH) and Regions seek information on all consumers waiting for admission to the services listed above, regardless of payer.

For DBH Funded Consumers and/or Consumers with Alternative Funding and a Release of Information on File – to begin all cases, select Add Encounter and enter combinations of the following consumer information (based on the consumer information you have available): consumer's first and last name, date of birth (DOB), Social Security Number (SSN). If any of these are not known, leave the field blank. Click Search.

- If the search results in a match:
  - The screen will show a list of consumers in the system from your office or agency that meet your search criteria. Click Select beside the appropriate consumer encounter in the table that appears. The "Create New Encounter" screen will pop up with some of the fields already completed. Change Provider Location, Region, or Service dropdown fields as appropriate. Then click Create to initiate a new encounter.
  - Remember, creating an encounter does not admit the consumer to service. It simply allows the provider to add the consumer to the agency's waitlist.

- If there is no match, and the consumer is funded in whole or part by DBH or a release of information has been obtained, click <u>Create New Patient Record</u> and finish completing the encounter fields for <u>Provider Location</u>, <u>Region</u> and <u>Service</u> to be provided.

For Consumers Not Funded by DBH and No Release of Information on File –
If the consumer is definitely not going to be funded by DBH/Regions, you may choose to create an alternative identifier using the following instructions:
- First name – place four x's (XXXX).
- Last name – place four x's followed by "f" if female, "m" if male, or "u" unknown. (XXXXf, XXXXm, XXXXu)
- Date of Birth – enter Waitlist/Service Confirmation month and day with consumer birth year (if 90 or older use "1901" for year).
- SSN, Zip Code and Gender – can be left blank.

An example: Bobbie Buzzard was born in 1947, has insurance, and is not eligible for DBH/Region funding. She was confirmed as appropriate for service and began waiting on 9-27-2018.
First Name: XXXX
Last Name: XXXXf
Date of Birth: 09/27/1947

After completing, you will be able to add the consumer to the waitlist. Remember to always click on <u>Save</u> before moving on to other encounters or exiting the CDS system, so you don't lose data entered.

Click <u>Add to Waitlist</u>

Complete the "Add Consumer to the Waitlist" window that appears.

Fill out Waitlist Information

The following screen will appear:

Waitlist/Service Confirmation Date

The Waitlist/Service Confirmation Date is used to measure wait times across services and providers. This is the date in which wait time for service entry begins, or, if no wait is needed, the date service appropriateness was confirmed. For a consumer to be considered as "Waiting for Service", providers must enter the Waitlist/Service Confirmation Date.

A Waitlist/Service Confirmation Date should only be entered AFTER the necessary assessments have taken place, the appropriateness of service has been established, and the consumer him/herself has directly stated the intent to be admitted for the service.

IMPORTANT – *If the consumer is incarcerated*, the provider must also ensure that the consumer's expected release date is within two weeks before entering a Waitlist/Service Confirmation Date. If the consumer's release date is more than 2 weeks in the future OR the release date is not known, enter the date the consumer was referred for service in the Referral Date field. For consumers not funded by DBH/Regions, use the month and day of the referral date for the month and day in Date of Birth field, along with the consumer's birth year.

Complete other date fields as applicable:
- Commitment Date
- Interim Services Delivered Date – review the **User Manual** for requirements
- Assessment Date
- Referral Date – complete when someone other than the consumer contacts the provider about admitting the consumer for service, and when a consumer is

incarcerated at the time he/she was referred for service. See above for more explanation.

Priority Population

There are priority populations for admission to Mental Health and to Substance Use Disorder treatment services and programs. A combination of the service type and field selections determines the consumer's priority level.

MH Priority Populations (ranked from highest priority)

If consumer is waiting for admission to a Mental Health Service:
1st – MHB Discharged from Regional Center
2nd – MHB Inpatient Commitment
3rd – MHB Outpatient Commitment

SUD Priority Populations (ranked from highest priority)

If consumer is waiting for admission to a Substance Use Disorder Service:
1st – Pregnant IV Drug User
2nd – Pregnant Drug User
3rd – IV Drug User
4th – Woman With Dependent Children

MHB Status – select the appropriate response in the MHB Status field.

Commitment Date – date that the Mental Health board ordered a commitment.

Interim Services Delivered Date –
Date that the interim service was performed.

Interim services for IV users must include counseling and education about:
- HIV and TB. Interim services must also include *referrals* for HIV and TB services, if necessary.
- The risks of needle sharing.
- The risks of transmission to sexual partners and the fetus.
- Steps that can be taken to ensure that HIV transmission does not occur.

Interim services may also include federally-authorized methadone maintenance.
- Interim services for pregnant women should also include referrals for prenatal care, and counseling on the effects of alcohol and drug use on the fetus.

<div style="border:1px solid black; padding:10px;">

Interim Services or Interim Substance Abuse Services means services that are provided until a consumer is admitted to a substance abuse treatment program. The purposes of the services are to reduce the adverse health effects of such abuse, promote the health of the consumer, and reduce the risk of transmission of disease. At a minimum, interim services include counseling and education about HIV and tuberculosis (TB), about the risks of needle-sharing, the risks of transmission to sexual partners and infants, and about steps that can be taken to ensure that HIV and TB transmission does not occur, as well as referral for HIV or TB treatment services if necessary. For pregnant women, interim services also include counseling on the effects of alcohol and drug use on the fetus, as well as referral for prenatal care.

</div>

Engagement Service – the service that the consumer will receive while he/she is waiting for admission. Select from the drop down menu:

-- Select --
Emergency Community Support
Inpatient (EPC/Acute/Subacute/IPPC)
Outpatient
Peer Support
Recovery Support
Secure Residential
Short-Term Residential
Social Setting Detox
Not Applicable
Other
Unknown

Assessment Date – the date of the assessment that indicates the consumer requires this level of care.

Referral Date – date of the referral to service (which could reflect intent given by someone other than the consumer).

For incarcerated consumers, a Referral Date (rather than the Waitlist / Service Confirmation Date) should be used if a release date has not yet been confirmed, or is more than 2 weeks out.

Referral Source – choose the type of service provider or entity referring this consumer to the agency from the drop down menu.

Expected Admit Date – the projected date that the consumer is to be admitted to the service.

Primary Funding Source – select from the drop down menu:

If funding is uncertain, and the service being requested requires an authorization, the authorization must be obtained at or prior to admission. Once funding is determined, the encounter can be admitted with a current admission date or removed/not admitted. An authorization is not needed to waitlist a consumer, but must be obtained before the consumer can be admitted.

Add to Waitlist – click Add to Waitlist to add the encounter to waitlist. If you do NOT want to add the encounter to the waitlist, click Cancel. No information will be saved, and you will return to the previous screen.

Removing a Consumer from Waitlist – click Remove from Waitlist on the Manage Encounter status tab.

The "Remove Consumer from the Waitlist" window will open. Complete each of the fields.

Waitlist Removal Date – date of the removal of the consumer from the waitlist. Always complete this field with the day that the decision was made to remove the consumer from the waitlist, because of either an admission, consumer choice, or other removal reason.

Waitlist Removal Reason – select the reason for consumer's removal from the waitlist. Below are descriptions for each option:

```
-- Select --
Admitted to Program
Admitted to Program - Other Funding
Admitted to Other Program
Cannot be Located
Refused Treatment
Succeeding at a Lower Level of Care
Requires a Higher Level of Care
Deceased
Incarcerated
No longer qualifies for program
```

- Admitted To Program – the consumer was admitted to the service as described in the initial service to be provided for this encounter.
- Admitted to Program – Other Funding – the consumer has been admitted to the program, but funds other than Behavioral Health funds were used.
- Admitted To Other Program – the consumer has been admitted to another program, and this encounter is being cancelled without an admission.
- Cannot Be Located – after several attempts, the agency is not able to locate the consumer, and is closing the encounter.
- Refused Treatment – the consumer has declined to participate in the service listed, and the encounter is being cancelled without an admission, or the encounter is being removed.
- Succeeding At A Lower Level Of Care – the consumer has participated in another less-intense level of care and is doing well. The encounter can be removed or cancelled without an admission.
- Requires A Higher Level Of Care – after further assessing the consumer's situation, agency staff determine that a higher level of care is required. This encounter can be removed or canceled without an admission.
- Deceased – the consumer has died.
- Incarcerated – the consumer is in a lockup facility, and will not be available for the service over an extended period of time. The record can be removed or cancelled without an admission.
- No Longer Qualifies for Program – the consumer is not qualified for the program because of changing conditions, either programmatically or financially. The encounter can be cancelled without an admission.

MHB Status – select the appropriate response or update if necessary.

Commitment Date – date on which a Mental Health Board ordered a commitment (if applicable) or needs updating.

Additional Notes – space for additional notes regarding this encounter. This is a free form text box used to notate special circumstances for the record.

Remove from Waitlist – to complete the removal, click Remove from the Waitlist. You will be taken to the "Manage Encounter" screen.

What to Do After Removing Encounter from Waitlist – after removing an encounter from the waitlist, you must decide what to do with the encounter, by clicking one of the buttons at the top of the "Manage Encounter" screen.

Unless you intend to add the encounter back to the waitlist, the button you click should match the Waitlist Removal Reason you selected on the Remove Consumer from the Waitlist window.
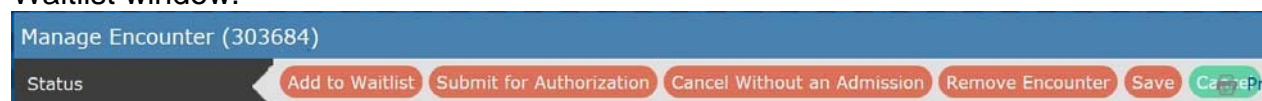
Add to Waitlist – returns the encounter to the waitlist; complete new waitlist information.

Submit for Authorization (only appears if service is an authorized services) – requests an approval for authorization to admit the consumer to a service. See **User Manual** for detail on Authorized Services.

Admit to Registered Service (only appears if service is a registered service) – encounter is ready for admission to service. You will be taken to the Admission window. Additional consumer information is required for entry at admission to service.

Cancel Without an Admission – the encounter is NOT removed from CDS, but it will be cancelled without admission to any program within CDS. Examples of this include, but are not limited to: instances when alternative funding such as private insurance or Medicaid will be used to pay for services, cases where a consumer has been admitted to a different provider program, and cases when a consumer cannot be located or is unable to admit to program for other reasons.

Remove Encounter – completely removes the encounter from CDS. This would be used in cases where information is entered in error, and needs to be completely removed from CDS as if the encounter had never been created.

State and Federal Requirements to Collect and Maintain Waitlist Data

State Level – per NAC206, the Division of Behavioral Health (DBH) and Regional Behavioral Health Authorities (RBHA) are required to monitor, review, and perform programmatic, administrative, quality improvement and fiscal accountability, and oversight functions on a regular basis with all subcontractors.

Both entities are required to review to promote an appropriate array of services/continuum of care within the state and the region. This includes gathering and maintaining waitlist and capacity data, which should be continuously reviewed to determine the State and RBHA's continued capacity for providing an appropriate array of services/continuum of care.

Federal Level – in addition, the Federal Substance Abuse Block Grant regulations (45 CFR Part 96) require that each state develop a process to report treatment capacity and waitlist information, ensure the maintenance of reporting, and to make that information available.

Centralized Data System
User Manual
Manage Encounter Window
Consumer Index Tabs
General Template

Consumer Index Tabs (General Template)

CDS uses three templates: General, Youth, and Emergency. This section will describe the General template. The Consumer Index tabs are located within the Manage Encounter window. Except for the authorized service questionnaire and specialized service tabs, all Consumer Index tabs are the same on the general template, and updatable by end users at any time. Remember to save all entries before going on to the next Consumer Index tab. The Save button is located on the status bar. The Save button may be hidden as you scroll down the page, so scroll up to the status bar to see and click on the Save button. Each save creates a new line in the history table. For more detailed explanation of drop down lists for variables, please see the **Definitions and Variable Explanations** section of this user guide.

Manage Encounter (355757)

Status	
Consumer	
Demographics	
Health Status	
Trauma History	
Diagnosis	
Substance Use	
Questionnaire	
Authorizations	
Reviews	
Notes	

Discharge   Save   Cancel

Current State	Admitted Copy Encounter Report a Data Issue
Name	Etiene EDDINGS
Consumer ID	661512545
SSN	
Date of Birth	4/24/1991
Service Provider	Behavioral Health Specialists, Inc. - Norfolk, 900 W Norfolk Ave
Funding Region	Region 4
Service to be Provided	Community Support - MH
Admission Date	9/7/2018 12:00 AM

Update History

Update Date	State	Event	Updated By	Actions
9/10/2018 8:52 AM	Admitted	Consumer Admitted	BF200LNK\kkratoc	View Details
9/10/2018 8:42 AM	Authorized	Authorization Approved (automated)	BF200LNK\kkratoc	View Details
9/10/2018 8:42 AM	Authorization Submitted	Authorization Requested	BF200LNK\kkratoc	View Details
9/10/2018 8:40 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:39 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:38 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:38 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:36 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:34 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details
9/10/2018 8:33 AM	New	Encounter Edited	BF200LNK\kkratoc	View Details

This section will discuss in detail the following Consumer Index tabs:
- Consumer
- 24-hour Crisis Response

- Demographics
- Health Status
- Trauma History
- Diagnosis
- Substance Use
- Reviews
- Notes

Additionally, specialized tabs occur for (explanations for which are in other areas of **User Manual**):
- ACT
- Crisis Response
- Employment (Supported Employment)
- Questionnaire (Initial, Update, and Discharge)

Consumer Tab

Name (First, Middle, Last) – are set during the Add Encounter event. In the event of errors, the names can be changed by end users until discharge.

Address – two lines are available for recording the individual's address. Record the individual's home address. Home address is that place to which the individual will be returning upon completion of treatment. Do not enter into CDS the address of a residential treatment center (consumer survey uses the home address). Consumers who are homeless (having no address) are recorded as NO PERMANENT ADDRESS on the address line. Complete the city and zip code based on the current treatment service location (i.e. a person residing at Lincoln Homeless Shelter and receiving outpatient services from a downtown treatment entity in Lincoln should be recorded as

NO PERMANENT ADDRESS, Lincoln, NE, 68508).

City/State/Zip – record these variables using statement under address as a guide.

SSN – the Social Security Number (SSN) is used to verify information, and to uniquely identify each consumer within CDS. The use of single digits (all 9's, 6's etc.) or sequential number (1234 etc.) or any other schema (other than the consumer's actual SSN) is not permitted. If you do not have the SSN, please leave the entry blank.

Birth Date – a key element established with the encounter; can be change by the end user if necessary. See **Definitions Section** for Date of Birth issues.

County of Residence – the county in which the consumer resides or last known county.

County of Admission - the county that the service provider is locate in.

Is Relative or Significant Other of Primary Client - check the box if the individual is a relative or significant other of another primary consumer.

Phone Number - the phone number of the consumer (used for telephone surveys).

Phone Type – select from available choices:

- Land Line
- No Phone
- Pay by minute cell phone
- Unlimited Subscription Cell phone
- Unknown

    *If the phone type is unknown, then the phone number is not required.

E-Mail Address – used to invite consumer to internet based consumer surveys.

Referral Source	Self (e.g., Self, Internet, Yellow Pages)	▼
Preferred Language	English	▼
SSI/SSDI Eligibility	Determined to be Ineligible -N/A	▼
Medicaid/Medicare Eligibility	Potentially Eligible	▼
Health Insurance Type	No Insurance	▼
Primary Income Source	Employment	▼

Referral Source – select from among the drop down choices. Choose from the list by eliminating choices not appropriate, and selecting from remaining elements. See **Definitions** located elsewhere in the manual for more information.

MH Commitment Board
Provider: MH Services Provider
Provider: SUD Services Provider
Provider: Medical/Health Care Provider
Provider: Transfer Inter Agency
Regional Behavioral Health Authority
Regional Center/State Psychiatric Hospital
Other
Unknown

Preferred Language – select from the available choices.

SSI/SSDI Eligibility – select the most appropriate response from the drop down menu.

Medicare Status – select the most appropriate response from the drop down menu.
Insurance Status – the consumer's status of other sources of insurance. This does not exclude consumers from receiving funding, but it is important to know the population served.

Primary Income Source – select the income source that is most important in the consumer's economic situation.

Demographics Tab

Fields on Demographics Tab

Priority Population – the status of whether or not the consumer is considered a priority population. The priority populations change based on the service type received:

- Mental Health Priority Population:

Priority Population	None
	MHB Discharged from LRC
Gender	MHB Committed IP
Pregnancy Status	MHB Committed OP

- Substance Use Disorder Priority Population

Priority Population	None
	Pregnant IV Drug User
Gender	Pregnant Drug User
	IV Drug User
Disability Code	Woman with Dependent Children

Gender – select from Male, Female or Unknown.

Pregnancy Status – only viewable if the consumer is female. Select from Yes, No, Up to Six Weeks Post-Partum, or Unknown.

Disability Code – select from the available options of observable disabilities.

Disability Code	☐ Blindness or Severe Impairment	☐ Deafness or Severe Impairment
	☐ Developmental Disabilities	☐ Non-use/Amputation of Limb
	☐ Non-Ambulation	☐ None

Education Level – select the grade level last completed.

Employment Status – select from the available choices. See **Definitions** elsewhere in this manual for a complete explanation of choices.

Race – select one or more of the available choices.

Ethnicity – select from Hispanic, Non-Hispanic or Unknown.

Is US Citizen (checkbox) – this field is required. Answer "Yes" for a U.S. citizen, and "No" if not. The consumer must be a U.S. citizen (or have the proper paperwork to validate residency) to be authorized for authorized level of care. There are exceptions to this rule if the consumer is a mental health board commitment. Not all levels of care require this field.

Is Veteran (checkbox) – click the checkbox if the consumer is a Veteran.

Social Supports – this should be selected if, in the past thirty (30) days, the consumer has participated in recovery activities such as self-help groups or support groups (defined as attending self-help group meetings, attending religious/faith affiliated recovery or self-help group meetings, attending meetings of organizations other than organizations described above or interactions with family members and/or friends supportive of recovery).

-- Select --
No Attendance in past month
1-3 times in past month
4-7 times in past month
8-15 times in past month
16-30 times in past month
Some attendance in past month
Unknown

Legal Status – select from among the available choices:

```
-- Select --
Civil Protective Custody (CPC)
Court Order
Court: Competency Evaluation
Court: Juvenile Commitment
Court: Juvenile Evaluation
Court: Mentally disordered sex offender
Court: Presentence Evaluation
Emergency Protective Custody (EPC)
Juvenile High Risk Offender
MHB Commitment
MHB Hold/Custody Warrant
Not responsible by reason of insanity
Parole
Probation
Voluntary
Voluntary by Guardian
Ward of the State
Unknown
```

Mental Health Board Date – the date a Mental Health Board met to determine the consumer's status.

Commitment Date – the date the Mental Health Board committed the individual. County of Commitment – the Mental Health Board that committed the individual. Use the drop down list.

Num Arrests in Past 30 days – indicate the number of arrests in the last thirty (30) days. An arrest is when a person is taken to a correctional facility and booked.

Living Arrangements – see **Definitions** elsewhere in this manual for explanations. Select the best fit for the consumer's living situation at the time of admission and/or discharge. This is a NOMS indicator.

Marital Status – select from the available choices.

Annual Taxable Household Income – Annual Taxable income is defined as alimony, wages, tips or other money received for a food or service. This information can be obtained by review of paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the client. For purposes of the Eligibility Worksheet, the taxable income of the consumer and other adult dependents should be used to determine Taxable Monthly Income. For the purposes of completing the Eligibility Worksheet, the following items are NOT included as taxable income: SSI, SSDI, child support, or monetary assistance received from family or non-family members. Calculate Monthly figure and multiple by 12 to determine annual taxable income. Enter only the digits for the thousands ($25,000 is entered as "25").

Number of Dependents – a dependent is defined as any person married or cohabitating with the consumer, or any child under the age of 19, who depends on the consumer's income for food, shelter, and care. Dependents may include parents, grandparents, or adult children, if the individual(s) are living with the consumer and they are dependent on the consumer's income for their food, shelter or care.

If there is no one dependent upon the consumer's income other than the consumer, then enter one (1).

If the consumer is a child and is dependent upon someone other than self for support, enter zero (0).

If the consumer is in a "cohabitating" relationship and does not rely on the support of the other individual(s) of the relationship, and has no other source of support, enter one (1).

The following variables appear for consumers under 19 years of age:

School Absences

Stable Environment

Juvenile Services Status

Impact on School Attendance

Is Receiving Professional Partnership

Is Receiving Special Education

School Absences –

```
1 day every 2 weeks
1 day per week
1 or less days per month
2 or more days per week
Home Schooled
Not Enrolled
```

Stable Environment – select the statement that best describes the youth's environment.

```
Emancipated minor
Guardian
Parent(s)
Ward of the State
```

Juvenile Services Status – select if the youth is involved in any of the depicted services.

```
Drug Court
Not involved with Juvenile Services
OJS State Ward
Other Court Involvement
Probation
```

Impact on School Attendance –

```
About the same
Does Not Apply-Expelled From School
Does Not Apply-No problem Before Service
Does Not Apply-Too Young to be in School
Does not Appy-Other
Does not Apply-Home Schooled
Does not Apply-Dropped out of School
Greater Attendance
Less Attendance
N/A (at admission)
No Response-(Unable to Assess)
```

Is Receiving Professional Partnership – check if the consumer is enrolled in Professional Partner Program.

Is Receiving Special Education – check if the consumer is in a special education program.

Health Status Tab

Fields on Health Status Tab:

PCP (Primary Care Physician) Last Seen – may include any physical health care screening or evaluation at a health clinic by a qualified person.

Height – indicate the consumer's height in feet and inches.

Weight – indicate the consumer's weight in pounds.

Is Tobacco User – select "Yes" or "No". If "Yes" is selected, complete the next set of tobacco related questions:

- Has Tried to Quit Past 12 months? -- Select "Yes" or "No".
- Is Nicotine Dependent -- This is not a diagnosis, but a professional opinion, using the guidelines of the DSM 5.
- Is Aware of Quitline -- Select "Yes" or "No".
- Quitline Contacted -- Select "Yes" or "No".

DDS (Dentist) Last Seen – may include any evaluation of diseases of the mouth, gums, or teeth by a qualified person. Select from the available time periods.

Has Attempted Suicide 30 days? Select "Yes" or "No".

Num Opioids Rx Per Day – indicate the number of prescriptions, not the number of pills, taken daily.

Num Non-Opioid Rx Per Day – indicate the number of prescriptions, not the number of pills, taken daily.

Num Psychotropic Rx Per Day – indicate the number of prescriptions, not the number of pills, taken daily.

Poor Health Days in Last 30 days (Physical) – enter the number of days of poor health, as reported by the consumer.

Poor Health Days in Last 30 days (Mental) – enter the number of days of poor mental health, as reported by the consumer.

Why now? Please select all that apply – select the situations listed that best describe the consumer's reasons for seeking treatment at this time.

Trauma History Tab

Please note: Trauma history should be explored during counseling opportunities. Update this page based on reports of trauma history by the consumer during the period of service. Select the appropriate response from the drop down menu regarding any suspected trauma history.

An important consideration in discovery of trauma history of the consumer is not to cause additional adverse reactions. Approach trauma history with caution. When the consumer is willing to discuss events of their life, update the trauma history matrix, and indicate by "Yes" in the suspected trauma history question. The "Yes" will initiate a matrix in which the end user can mark those events disclosed by the consumer, either as an adult or as a child. Update trauma history at any time by updating the table. Click on the <u>As an Adult?</u> or <u>As a Child?</u> column for the event acknowledged by the consumer.

Trauma history is not needed at admission, but should be explored during counseling opportunities. This page can be updated based on reports of trauma history by the client during the period of service.

Any suspected trauma history? Yes ▼

Type of Trauma	As an Adult?	As a Child?	Type of Trauma	As an Adult?	As a Child?
Child Neglect	☐	☐	Physical Assault	☐	☐
Child Physical Abuse	☐	☐	Prostitution / Sex Trafficking	☐	☐
Sexual Assault Rape	☐	☐	Sanctuary Trauma While Institutionalized	☐	☐
Victim / Witness to Community Violence	☐	☐	Serious Accident Injury	☐	☐
Victim of Crime	☐	☐	Sexual Abuse	☐	☐
War / PoliticalViolence / Torture	☐	☐	Traumatic Loss of Loved One	☐	☐
Disasters - Tornado / Earthquake	☐	☐	Victim of Terrorist Act	☐	☐
Emotional Abuse	☐	☐	Witness to Domestic Abuse	☐	☐
Life Threatening Medical Issues	☐	☐			

Diagnosis Tab

A diagnosis is required for all service types: Mental Health, Substance Use Disorders, and Dual. The diagnosis must relate to the service offered; a mental health diagnosis for mental health services, a substance use diagnosis for substance abuse services, and both a mental health and substance abuse diagnosis for dual services.

Diagnosis Date – the most recent date the consumer received a diagnosis.

Does this diagnosis meet the state criteria for SED/SMI? – indicate whether or not this consumer's diagnosis meets the State's definition of serious emotional disturbance or serious mental illness. Check the box if "Yes". See the **Definitions** page of the **CDS Manual** for further explanation.

System of Care involved youth? – check the box to indicate if the consumer is a System of Care involved consumer.

Cluster – before using this box, training is required on cluster analysis. Using the drop down menu, select the cluster that best describes the consumer.

Cluster Certainty – select the level of certainty for the cluster selected.

Diagnosis Codes

Diagnosis (ICD-10 Codes) – list up to four (4) diagnoses. It is important that the diagnosis in position "A" match the service type offered: a SUD diagnosis for a SUD service and a MH service for a MH diagnosis. The diagnosis in position "B" must be either a SUD or MH diagnosis for a dual diagnosis service. Positions "B", "C", or "D" can be any from the ICD-10 listings found in the **System Documentation and Training** website ICD-10 code listing, and do not necessarily need to be a MH or SUD diagnosis. The last two positions allow codes to further explain the consumer's situation.

- Primary (MH for MH Service; SUD for SUD service)
- Secondary (primary if co-occurring)
- Secondary
- Secondary

The Diagnosis Codes only allow ICD-10 CM. The system also checks formatting. For example: "F33.3" must read exactly as it shows; "F33.30" or "F_33.3" will not work. System codes are grouped into MH and SUD codes. Check the **System Documentation and Training** website for a list of ICD 10 CM codes by service type; whether mental health, substance use disorder or both.

After typing in the code, use the tab key to move to the next diagnosis field. If the field turns amber yellow and flashes, your code wasn't found. If the field turns solid amber yellow, the code is in the other coding list (i.e., a SUD diagnosis for a MH service), based on the service you are requesting. If the field stays white, your entry is correct per the service type.

Here is an example of a code that does not match in the system:

Up-to-date DSM IV R codes are required to be translated into ICD-10 codes. Codes other than ICD-10 CM are not acceptable. This is especially critical for any requests for continued stay review authorizations, and when using the Copy Encounter button. Federal law requires the use of ICD-10 CM codes in CDS going forward.

When registering or authorizing an SUD service, the SUD diagnosis is required on the consumer Diagnosis tab, and reflected in the Substance Abuse consumer tab.

First Treatment for diagnosis – indicate if this is the first treatment for this diagnosis by checking the check box.

12 months or longer duration – do you, as a clinician, perceive this diagnosis to last 12 months or longer? If "True", check the box. This helps DBH understand SED/SPMI population.

As a result of the entire diagnosis, please check all that apply: -- check all current functional deficits that are a result of the diagnosis.

Optional GAF Score – GAF scores are not required. The provider may choose to use the DSM-IV GAF score, or another GAF determination process, such as from the World Health Organization as outlined in the DSM 5.

Substance Use Disorder Tab

The Substance Use consumer tab should relate to the Diagnosis consumer tab. That is, if the person is being seen for an alcohol problem, the primary, secondary, or tertiary substance would indicate alcohol problem, and one of the diagnosis codes would include an ICD-10 CM code for alcohol.

Fields on Substance Use Tab:

Total Num Prior Treatments – the total number of prior treatments for any SUD problem, if known.

Number of days waiting to enter treatment – indicate the number of days the consumer has been waiting to enter treatment. This might be the number of days on a waitlist, or other possible scenarios, including time it took to get back into treatment once the consumer approached a provider.

Medication assisted treatment planned – this includes the use of any of the Medication Assisted Treatment options now available to assist in the recovery process.

Substance Used – Marijuana substitutes such as K-2, spice, etc., list as "Other Drugs". See the complete list of drugs maintained on the **System Documentation and Training** website.

> *Primary Substance –indicate the drug that is the primary reason for attending treatment. Follow the drug over the course of treatment. This is a NOMS indicator.
> *Secondary Substance –list the drug secondary to the treatment occurrence. Follow the drug over the course of treatment. This is a NOMS indicator.
> *Tertiary Substance – List the third most important drug to this treatment occurrence. Follow the drug over the course of treatment. This is a NOMS indicator.

Age of First Use – for each drug listed, indicate the consumer's age of first use.

Frequency of Use (Admission) – indicate from the drop down menu the frequency of use at this admission. The choices include no-use intervals for more uniformity in describing the consumer' current situation. This is a NOMS indicator.

```
Daily
3-6 Times In Past Week
1-2 Times In Past Week
1-3 Times in Past Month
No Use In Past Month
No Use In Past 3 Months
No Use In Past 6 Months
No Use In Past 12 Months
No Use In Past 1-3 Years
No Use In Past 4-5 Years
No Use In More Than 5 Years
Not Specified
Not Applicable
```

Frequency of Use (Discharge) – this field only shows up after admission, and contains the same choices as that found in the drop down menu for admission. This is a NOMS indicator.

Volume of Use – this is an open text box. Indicate the volume using words such as: 2 joints per setting; six pack nightly; 1.5 liter per afternoon, etc.

Route of Use – select from the drop down menu the route of administration for this substance.

```
IV
Nasal
Oral
Other
Smoke
```

> *IV – includes any use of needles with subcutaneous, injection, intramuscular, etc.
> *Nasal – is any action through the nose.

*Oral – in some manner placed in the mouth, whether swallowed or not.
*Smoke – any of the several methods of heating, lighting or creating fumes that are then consumed by the individual.

Authorizations or TADS History

The <u>TADS History</u> tab is for registered services; <u>Authorizations</u> tab is for authorized services. This tab reviews the number of services billed, or if an authorized service, reviews billings against authorized units or time period.

| Diagnosis |
| Substance Use |
| Questionnaire |
| Authorizations |
| Reviews |
| Notes |

| Diagnosis |
| Substance Use |
| TADS History |
| Reviews |
| Notes |
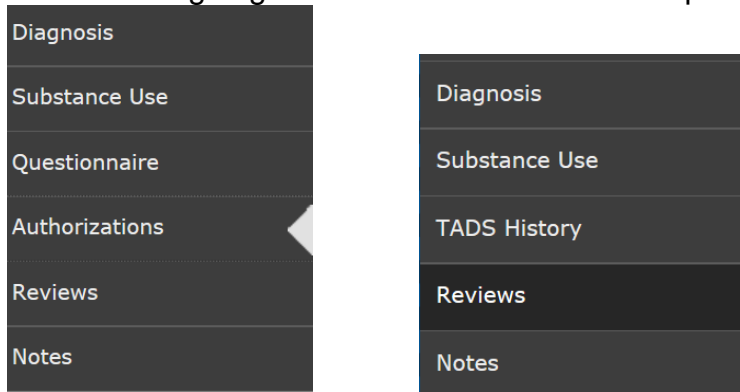
TADS History view for registered services:

Number of Units in TADS	Units Type	Posted to EBS	Utilization Month	Created By
1.00	50 minute	12/5/2017 12:02:18 AM	11/2017	bf200lnk\asteve4
2.00	50 minute	1/4/2018 12:03:56 AM	12/2017	bf200lnk\klitter
Total: 3.00				

Authorization tab view for authorized services:

Authorizations

Auth ID	Start Date	End Date	Number of Units Authorized	Auth Date/Time
66241	10/30/2017	4/27/2018	180.00	10/30/2017 7:34 PM

TADS History

Data is fake from CDS test site

Auth ID	Start Date	End Date	Number of Units Authorized	Auth Date/Time	Number of Units in TADS	Units Type	Posted to EBS	Utilization Month	Created By
66241					2.00	Per Diem	11/7/2017 12:02:48 AM	10/2017	bf200lnk\carmstr
66241					30.00	Per Diem	12/7/2017 12:01:47 AM	11/2017	bf200lnk\kqueen
66241					31.00	Per Diem	1/6/2018 12:01:04 AM	12/2017	bf200lnk\kqueen
66241	10/30/2017	4/27/2018	180.00	10/30/2017 7:34:28 PM	Total: 63.00				

Reviews

This is an open text box allowing the user to add notes or comments to the Encounter. Authorizations under appeal use the Reviews tab to add additional notes.

To view the details of the event, click on View Details button.

Notes

The Notes tab allows the user to add notes to an Encounter record, using the Consumer tab to alert staff of special circumstances or processes that are needed.

The Notes log is a free text entry screen in which end users can enter information important to the advancement of the consumer in treatment, or to other staff members regarding treatment needs. Click Record New Note to activate the note section. Click Save once completed.

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Youth Template

Updated 2019-01

Youth Template

Services that use the Youth Template include Professional Partner Program, Family Peer Support, and Family Navigator.

The depiction above shows the Consumer tabs, Action buttons, and Update History for the youth template. Consult the section of this user manual about the **Manage Encounter** window.

Consumer Index Tabs (Youth Template)

CDS uses three templates: General, Youth and Emergency. This section will describe the Youth Template. The Consumer Index tabs are located within the Manage Encounter window. Remember to save all entries before going on to the next Consumer Index tab. The <u>Save</u> button is located on the status bar. The <u>Save</u> button may be hidden as you scroll down the page, so scroll up to the status bar to see and click on the <u>Save</u> button. Each save creates a new line in the history table. Detailed explanation of the drop down choices are available in the **Definitions and Variable Explanations** section of this manual.

Descriptive Information Questionnaire (DIQ)

The following fields are required:

- County of Residence
- County of Admission
- Ethnicity
- Who has legal custody of the child?
- For how many months in the past 6 months did the child live at home?
- Total number of children living in the household where the child is living?
- Total number of people living in the household where the child is living?
- What were the presenting problems leading to services?

- Race
- Gender

The following forms are required. See the **System Documentation and Training** website and the **Professional Partner Program Guide** for more complete information.

Name (First, Middle, Last) – taken from the Consumer Identification variables of the create encounter windows.

Name Suffix – indicate any suffix such as Jr., Sr., III, etc. This is important in identifying families with a tradition of using names from one generation to another.

Previous Last Name – list any last names that have changed because of marriage, divorce or other actions.

Address -- two lines are available for recording the consumer's address. Record the consumer's home address: Home address is that place to which the consumer will be returning upon completion of treatment. Do not enter into CDS the address of a residential treatment center (consumer survey uses the home address). Consumers who are homeless, having no address, are recorded as NO PERMANENT ADDRESS on the address line. Complete the city and zip code based on the current treatment service location (i.e. a consumer residing at Lincoln Homeless Shelter and receiving outpatient services from a downtown treatment entity in Lincoln should be recorded as NO PERMANENT ADDRESS, Lincoln, NE, 68508).
Record these variables using statement under address as guide.

Social Security Number (SSN) – list the consumer's Social Security Number. See discussion elsewhere regarding missing SSN.

Date of Birth – a key element established with the encounter, can be changed by the end user if necessary.

See **Definitions** section for Date of Birth issues.

Gender – select Male, Female or Unknown:

Race – select one of more of the available choices as necessary.
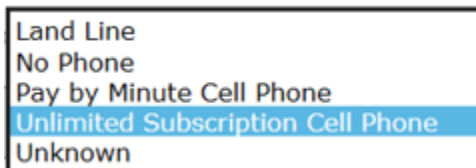
Ethnicity – select from Hispanic, Non-Hispanic or unknown.

County of Residence – the county in which the consumer resides, or last known county of residence. Select from the available drop down menu.

County of Admission – the county that the service provider is locate in. Select from available drop down menu.

Phone Number – the phone number of the consumer. Used for telephone surveys.

Phone Type – select from available choices:

*If the phone type is unknown, then the phone number is not required.

E-Mail Address – used to invite the consumer to internet-based consumer surveys.

Is US Citizen – this field is required. Answer "Yes" for a U.S. citizen, and "No" if not. The consumer must be a U.S. citizen (or have the proper paperwork to validate residency) to be authorized for authorized level of care. There are exceptions to this rule if the consumer is a mental health board commitment. Not all levels of care require this field.

Number Arrests in Past 30 Days --
Enter a number from zero (0) to ninety nine (99).

Is US Citizen	☑
Num Arrests in Past 30 Days	0
Living Arrangements	-- Select -- ▾
Current Medications	Laxative, Seroquill, Vyrance, Abilify
Education Level	-- Select -- ▾
Employment Status	-- Select -- ▾
Social Supports	-- Select -- ▾
Was a translator used?	☐
Preferred Language	English ▾
Other Preferred Language	
Language Used	English ▾
Other Language Used	
Annual Taxable Household Income	24,000
Is Relative or Significant Other of Primary Client	☐

Living Arrangements --
Select from available choices. Living arrangements is a NOMS indicator.
See **Living Arrangements** discussion in the **Definitions and Variables Explanation** section of this manual.

Current Medications – list current medications, paying special attention to psychotropic medications.

Education Level – select the last grade completed, or if home schooled, the equivalent grade level.

Employment Status – select from the available choices. Employment Status is a NOMS indicator. See **Employment Status** discussion in **Definitions and Variables Explanation** section of this manual.

Social Supports – this should be selected if, in the past thirty (30) days, the consumer has participated in recovery activities such as self-help groups or support groups (defined as attending self-help group meetings, attending religious/faith affiliated recovery or self-help group meetings, attending meetings of organizations other than organizations described above, or interactions with family members and/or friends supportive of recovery).

Was a translator used?	☐	**School Absences**	-- Select -- ▾
Preferred Language	-- Select -- ▾	**Stable Environment**	-- Select -- ▾
Other Preferred Language		**Juvenile Services Status**	-- Select -- ▾
Language Used	-- Select -- ▾	**Impact on School Attendance**	-- Select -- ▾
Other Language Used			
Annual Taxable Household Income	,000		

-- Select --
No Attendance in past month
1-3 times in past month
4-7 times in past month
8-15 times in past month
16-30 times in past month
Some attendance in past month
Unknown

Was a Translator Used? -- mark the check box if a translator was used.

Preferred Language – select the preferred language of the family.

Other Preferred Language – select if family uses an alternative language.

Language Used – indicate the language used for communication with this family.

Other Language Used – indicate if another language is also used to communicate with the family.

Annual Taxable Household Income – Annual Taxable income is defined as alimony, wages, tips or other money received for a food or service. This information can be obtained by review of, paycheck records, SSI/SSDI eligibility, Medicaid eligibility, and/or a signed statement from the consumer. For purposes of the Eligibility Worksheet, the taxable income of the consumer and other adult dependents should be used to determine Taxable Monthly Income. For the purposes of completing the Eligibility Worksheet, the following items are NOT included as taxable income: SSI, SSDI, Child support or monetary assistance received from family or non-family members. Calculate Monthly figure and multiple by 12 to determine annual taxable income. Enter only the digits for the thousands ($25,000 is entered as "25").

The next series of questions deals with the youth's school attendance.

School Attendance – indicate the number of days that the consumer was absent from the drop down menu.

-- Select --
Absent 2 or More Days per Week
Absent 1 Day per Week
Absent 1 Day Every 2 Weeks
Absent 1 or Less Days per Month
Home Schooled
Not Enrolled
Unknown
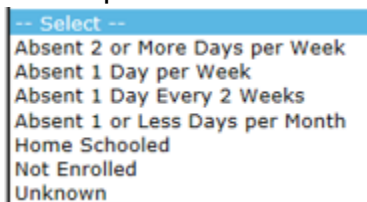
Stable Environment – select from the available listings in the drop down menu.

-- Select --
Emancipated minor
Guardian
Parent(s)
Ward of the State
Unknown
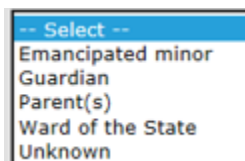
Juvenile Service – Indicate if the consumer is enrolled in one of the listed juvenile services.

```
-- Select --
Drug Court
OJS State Ward
Other Court Involvement
Probation
Not Involved with Juvenile Services
Unknown
```

Impact of Service on School Attendance – select the statement that best describes the impact of service on school attendance.

```
-- Select --
Greater Attendance
About the Same
Less Attendance
Does Not Apply-Expelled From School
Does Not Apply-No problem Before Service
Does Not Apply-Too Young to be in School
Does not Appy-Other
Does not Apply-Home Schooled
Does not Apply-Dropped out of School
N/A (at admission)
No Response-(Unable to Assess)
Unknown
```

Is Relative of Significant Other of Primary Client? – check if a relative or significant other of primary consumer.

Number of Dependents – a dependent is defined as any person married or cohabitating with the consumer, or any child under the age of 19 who depends on the consumer's income for food, shelter, and care. Dependents may include parents, grandparents, or adult children if the individual(s) are living with the consumer, and they are dependent on the consumer's income for their food, shelter or care.
- If there is no one dependent upon the consumer's income other than the consumer, enter one (1).
- If the consumer is a child and is dependent upon someone other than self for support, enter zero (0).
- If the consumer is in a "cohabitating" relationship and does not rely on the support of the other individual(s) of the relationship and has no other source of support, enter one (1).

Poor Health in Last 30 Days (Mental) – enter a number between zero (0) and thirty (30) for the number of days the consumer has experienced poor mental health.

Poor Health in Last 30 Days (Physical) – indicate the number of days the consumer has experienced poor physical health in the last thirty (30) days. Use number between zero (0) and thirty (30).

Diagnosis

Does this diagnosis meet the state criteria for SED/SMI? – indicate whether or not this consumer's diagnosis meets the State's definition of serious emotional disturbance or serious mental illness. Check the box if "Yes". See the **Definitions** section of the **CDS Manual** for further explanation.

System of Care Involved Youth? – check the box to indicate that the consumer is a System of Care-involved consumer.

Cluster – before using this box, training is required on Cluster Analysis. Using the drop down menu, select the cluster that best describes the consumer.

Cluster Certainty – select the level of certainty for the cluster selected.

Diagnosis (ICD-10 Codes) – list up to four (4) diagnoses. It is important that the diagnosis in position "A" matches the service type offered: a SUD diagnosis for a SUD service, and a MH service for a MH diagnosis. The diagnosis in position "B" must be either a SUD or MH diagnosis for a dual diagnosis service. Positions "B", "C", or "D" can be any from the ICD-10 listings found in the **System Documentation and Training** website ICD-10 code listing, and do not necessarily need to be a MH or SUD diagnosis.

The last two positions allow codes to further explain the consumer's situation.
- Primary (MH for MH Service; SUD for SUD service)
- Secondary (primary if co-occurring)
- Secondary
- Secondary

The Diagnosis codes only allow ICD-10 CM. The system also checks formatting. For example: F33.3 must read exactly as it shows; F33.30 or F_33.3 will not work. System codes are grouped into MH and SUD codes. Check the **System Documentation and Training** website for a list of ICD-10 CM codes by service type, whether mental health, substance use disorder, or both.

After typing in the code, use the Tab key to move to the next diagnosis field. If the field turns amber yellow and flashes, your code wasn't found. If the field turns solid amber yellow, the code is in the other coding list (i.e., a SUD diagnosis for a MH service), based on the service you are requesting. If the field stays white, your entry is correct per the service type.

First Treatment for diagnosis – indicate if this is the first treatment for this diagnosis by checking the box.

12 months or longer in duration – do you, as a clinician, perceive this diagnosis to last 12 months or longer? If true, check the box. This helps DBH understand SED/SPMI population.

As a result of the entire diagnosis – check all current functional deficits that are a result of the diagnosis.

As a result of the entire diagnosis, please check all that apply:
- ☐ Causing "Physical Functioning" deficit
- ☐ Causing "Community Living Skills" deficit
- ☐ Causing "Vocational/Education" deficit
- ☑ Causing "Personal Care Skills" deficit
- ☐ Causing "Mood" deficit
- ☐ Causing "Interpersonal Relationships" deficit
- ☐ Causing "Psychological State" deficit
- ☐ Causing "Daily Living" deficit
- ☐ Causing "Social Skills" deficit
- ☐ Not Applicable

Optional GAF Score – GAF scores are not required. The provider may choose to use the DSM-IV GAF score or another GAF determination process, such as from the World Health Organization as outlined in the DSM 5.

Child and Family History – this section describes the child and family history.
- For home, many months in the past six (6) months did the child live at home?

  Indicate a number from zero (0) to six (6).
- Total Number of people in the household where the child is currently living?

  Enter a number between zero (0) and ninety nine (99).
- Total number of children in the household where the child is currently living?

  Enter a number between zero (0) and ninety nine (99).

Who has legal custody of the child? – select the best response from the options available in the drop down menu.

Select from the available choices those that describe the presenting problems leading to services (check all that apply).

Select as many of the services the child has received in the last 12 months from the list presented.

Child's History – from the list provided, select those items that describes the child's history.

Child's Biological Family – select the statements that describe the child's biological family.

Scroll up to the top of the form to click on Save.

Child and Adolescent Functional Assessment Scale (CAFAS) OR Preschool and Early Childhood Functional Assessment Scale (PECFAS)

Select to add new information, and complete the worksheet. Consult **Youth** manuals to determine frequency of the CAFAS or PECFAS.

Suicide Behavior Questionnaire – Revised (SBQ-R).

To add an SBQ-R report, click on the +Add SBQ-R Report button. To waive the form, click on the +Waive This Form button. Consult **Program Manual** for frequency of completing forms.

Complete the SBQ-R as appropriate. Select the appropriate answer from the various drop down menus.

Click the Save button to complete and save the form into the record. Once saved, click on the Details button to see previous results.

Early Identification, Referral and Follow-up (EIRF)

EIRF's are conducted at certain time periods when the consumer is in service. Select the time period from among the three (3) buttons and complete the form. The three (3) and six (6) month follow-up

forms are the same. The Referral form is different as depicted following the three (3) and six (6) month form.

Three and Six month EIRF Followup Form

EIRF Followup Form

Date form completed   12/20/2018

In the 3 months following the date of referral, did the youth receive mental health services as a result of the mental health referral?   Yes ▼

What services did the youth receive? (select all that apply)
☐ Mental Health Assessment
☐ Substance Use Assessment
☐ Mental Health Counseling
☐ Substance Use Counseling
☐ IP or Residential Psychological Services
☐ Medication
Other Service: [   ]

Date of appointment   __/__/____
Zip code of appointment location   _____-____

Save   Cancel

The Referral EIRF Followup Form:

EIRF Followup Form

Date form completed   12/20/2018

Zip code of screening   ____-____

Was the youth referred for either mental health or non-mental health related services?

Yes, the youth was referred to mental health and nonmental health related services. ▼

Where was the youth recommended for nonmental health support? (Select all that apply.)
☐ School or other academic organization
☐ Family or extended family
☐ Community based organization, recreation, religious, or afterschool program
☐ Physical health provider (e.g., medical, vision, hearing, dental)
☐ Law enforcement or juvenile justice agency
☐ Child welfare agency or shelter

Other (please describe) [_____]

Date of MH referral   __/__/____

Where was the child referred for mental health related services? (select all that apply).
☐ Public mental health agency or provider
☐ Private mental health agency or provider
☐ Psychiatric hospital/unit
☐ Emergency room
☐ Substance abuse treatment center
☐ School counselor
☐ Mobile crisis unit
☐ Crisis hotline

Other (please describe) [_____]

Save   **Cancel**

Protective Factors Survey (PFS)

The Protective Factors Survey (PFS) is another evaluative tool used in programs serving youth and families. Click on Complete New PFS Survey or Waive this Form button to begin.

The PFS is a form that is more than one screen in length. Once the form is completed, click the Save button on the bottom of the form.

Protective Factors Survey (PFS)   ✕

Program Information

How was this survey completed?
Completed in face to face interview ▼

Date form completed   12/20/2018

Who is answering this survey? [_____]

Has the Participant had any involvement with Child Protective Services? Yes ▼

Participant's Attendance: (hours)   0

Type of Services: Select services that most accurately describe what the participant is receiving.

☐ Parent Education	☐ Parent Support Group	☐ Parent/Child Interaction
☐ Advocacy (self, community)	☐ Fatherhood Program	☐ Planned and/or Crisis Respite
☐ Homeless/Transitional Housing	☐ Resource and Referral	☐ Family Resource Center
☐ Skill Building/Ed for Children	☐ Adult Education (i.e. GED/Ed)	☐ Job Skills/Employment Prep
☐ Pre-Natal Class	☐ Family Literacy	☐ Marriage Strengthening/Prep
☐ Home Visiting	☐ Other	

Demographic Information

Marital Status   Cohabitating ▼

Family Housing   Own ▼

Family Income $0-$10,000 ▼

Highest Level of Education   Less Than One Grade Completed or No Schooling ▼

Which, if any, of the following do you currently receive? (Check all that apply)
☐ Food Stamps   ☐ Medicaid (State Health Insurance)   ☐ Earned Income Tax Credit
☐ TANF   ☐ Head Start/Early Head Start Services   ☐ None of the above

To complete the form, indicate the type of contact that was made. Date the form, indicate who is answering the survey, and whether the participant had any involvement with Child Protective Services. Then indicate the number of hours of attendance.

Select the services that most accurately describe what the participant is receiving. This variable allows for multiple selections.

Complete the demographic information by selecting from the drop down choices as presented in the variable choices. Finally, which, if any, should be selected for additional social services currently received. Check all that apply.

Please tell us about the children living in your household. First, how many are there?

| 4 | ▼ |

	Gender	Birth Date	Your Relationship To Child
Child 1	Female ▼	__/__/____	Birth parent ▼
Child 2	Female ▼	__/__/____	Birth parent ▼
Child 3	Female ▼	__/__/____	Birth parent ▼
Child 4	Female ▼	__/__/____	Birth parent ▼

Additional background question indicate how many children there are in the household. Up to four children can be indicated by Gender, Birth Date and Relationship questions. Use the drop down menus for <u>Gender</u> and <u>Your Relationship to Child</u> to complete this part of the PFS.

Survey Questions
Part I
In each of the survey questions, select the best answer by clicking on the oval of the frequency response. Only one frequency response can be made per indicator.

Survey Questions

Part I. Please select the option that describes how often the statements are true for you or your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
In my family, we talk about problems.	○	○	○	○	○	○	○
When we argue, my family listens to "both sides of the story."	○	○	○	○	○	○	○
In my family, we take time to listen to each other.	○	○	○	○	○	○	○
My family pulls together when things are stressful.	○	○	○	○	○	○	○
My family is able to solve our problems.	○	○	○	○	○	○	○

Part II
As in Part I, click on the oval that matches your agreement or disagreement to the statements.

Part II. Please select the option that describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
I have others who will listen when I need to talk about my problems.	○	○	○	○	○	○	○
When I am lonely, there are several people I can talk to.	○	○	○	○	○	○	○
I would have no idea where to turn if my family needed food or housing.	○	○	○	○	○	○	○
I wouldn't know where to go for help if I had trouble making ends meet.	○	○	○	○	○	○	○
If there is a crisis, I have others I can talk to.	○	○	○	○	○	○	○
If I needed help finding a job, I wouldn't know where to go for help.	○	○	○	○	○	○	○

Part III and Part IV

Part III. Please select the option that describes how much you agree or disagree with the statement.

	Strongly Disagree	Mostly Disagree	Slightly Disagree	Neutral	Slightly Agree	Mostly Agree	Strongly Agree
There are many times when I don't know what to do as a parent.	○	○	○	○	○	○	○
I know how to help my child learn.	○	○	○	○	○	○	○
My child misbehaves just to upset me.	○	○	○	○	○	○	○

Part IV. Please select the option that describes how often the following happens in your family.

	Never	Very Rarely	Rarely	About Half the Time	Frequently	Very Frequently	Always
I praise my child when he/she behaves well.	○	○	○	○	○	○	○
When I discipline my child, I lose control.	○	○	○	○	○	○	○
I am happy being with my child.	○	○	○	○	○	○	○
My child and I are very close to each other.	○	○	○	○	○	○	○
I am able to soothe my child when he/she is upset.	○	○	○	○	○	○	○
I spend time with my child doing what he/she likes to do.	○	○	○	○	○	○	○

Save Changes   Submit Final Form   Cancel

As in Parts I and II, select the degree of agreement or frequency that best describes each situation with the consumer.

Once the form is completed, click on Save Changes, Submit Final Form or the Cancel button. Cancel will erase any answers and put the end user back to the Manage Encounter page.

Reviews

This consumer tab allows the end user to determine what reviews have been conducted, and the status of the review. It is similar to the Update History table of the Manage Encounter window, in that it provides the opportunity to review authorization history.

Manage Encounter (245155)

Status	Add to Waitlist Submit for Authorization Cancel Without an Admission Remove Encounter Save Cancel
DIQ	**Review Events**
PECFAS/CAFAS	**Private Authorizer Notes**
SBQ-R	
EIRF	
PFS	
Reviews	
Waitlist	

Date/Time	Encounter Status	Encounter State	Event	Actions
3/29/2017 1:32:10 PM	Pre-Admitted	Authorized	Authorization Approved (automated)	View Details
3/29/2017 1:32:10 PM	Pre-Admitted	Authorization Submitted	Authorization Requested	View Details

Waitlist

Either because of program capacity or family/consumer readiness, the encounter may be waitlisted. Waitlisting is not a bad thing, and can be used to manage agency resources.

Adding To Wait List

Add Consumer to the Waitlist

Waitlist/Service Confirmation Date	6/4/2018
Priority Population	None
MHB Status	Unknown
Commitment Date	__/__/____
Interim Services Delivered Date	__/__/____
Engagement Service	Outpatient
Additional Client Engagement	
Assessment Date	__/__/____
Referral Date	__/__/____
Referral Source	Unknown
(Offered) Admit Date	__/__/____
Primary Funding Source	Unknown
Faith-based request/charitable choice	Unknown

Date of First Contact

Face to Face – Complete Admission

Referral Date

NEBRA
Good Life. Gre
DEPT. OF HEALTH AND H

Add to the Waitlist   Cancel

Use the slide as a guide to understanding the request dates for <u>Confirmation Date</u>, <u>Assessment Date</u>, <u>Referral date</u> and <u>(Offered) Admit Date</u>. See more detailed discussion in this manual section about **Wait List**.

Click on <u>Add to the Waitlist</u> button once the form is completed.

To remove the family/consumer from the wait list, click on <u>Remove from the Waitlist</u> button and complete the resulting form.

The Waitlist Removal Reason has several choices:

Click on Remove from the Waitlist button to finalize the record for removal. Once removed, or if not waitlisted, the record can be authorized into the program or admitted to registered service. See **Authorization** segment of the manual for more details.

Click on the appropriate button on the Status line.

Notes

The Notes tab allows staff to write brief notes about the activity and progress of an encounter to other staff. Type in the information (up to 360 characters) and then click on the Record New Note button.

Discharging Encounter

The Discharge screen includes updating many variables that are distinctly in use on the Youth Service template. If the DIQ was updated prior to discharge, the Discharge screen will reflect those updates; otherwise, complete the discharge screen with the most available information.

Discharge Consumer and Close the Encounter ✕

Discharge Summary

Discharge Date	__/__/____ __:__ __
Residential Status	With Parents ▾
Reason for Discharge	ES - Family Expressly Refused Services ▾
To what extent does the Partner agree with this discharge?	1 - Not at All ▾
To what extent does the Youth agree with this discharge?	1 - Not at All ▾
To what extent do the Parent(s) agree with this discharge?	1 - Not at All ▾
To what extent does the Child Family Team agree with this discharge?	1 - Not at All ▾
School Absences	-- Select -- ▾
Impact on School Attendance	-- Select -- ▾
Num Arrests in Past 30 Days	0
Education Level	-- Select -- ▾
Employment Status	-- Select -- ▾
Has Attempted Suicide 30 Days?	-- Select -- ▾
Any suspected trauma history?	-- Select -- ▾

Desired Outcomes and Expectations Achievement

Priority Goals	Category	Intake Problem Rating	Outcome Rating
Goal 1	No Response ▾	No Response ▾	No Response ▾
Goal 2	No Response ▾	No Response ▾	No Response ▾
Goal 3	No Response ▾	No Response ▾	No Response ▾
Goal 4	No Response ▾	No Response ▾	No Response ▾

Comments:

Centralized Data System
User Manual
Manage Encounter
Crisis Template

Updated: 2019 -01

Crisis Template

Services that use the Crisis Template include crisis response and 24-hour crisis line. Encounters for these services allow for a minimum amount of information to be collected to document the service interaction having taken place. This document will show the differences in the variables used for these services.

Examples from the CDS TEST site are fake data.

Consumer Information

The Manage Encounter window includes Current State, Name, Consumer ID, SSN, Date of Birth, Service Provider, Funding Region and Service to be Provided. Name, SSN, Consumer Number, Date of Birth, Service Provider, Funding Region and Service to be Provided are repeated here so the end user knows what the encounter represents. These variables were set during Create Encounter actions.

Consumer Index Tabs (Crisis Template)

The CDS uses three templates: General, Youth and Crisis. This section will describe the crisis template.

Create Encounter

Creating an encounter is the first step toward admitting a consumer to any of the services. The data elements listed uniquely recognize each consumer being funded by regional/state funds for mental health or substance use disorder (behavioral health) services within the state. Except as outlined in the waitlist instructions, only consumers receiving or anticipated to receive regional/state support are required to be entered into the Centralized Data System (CDS) of the Department of Health and Human Services, Division of Behavioral Health.
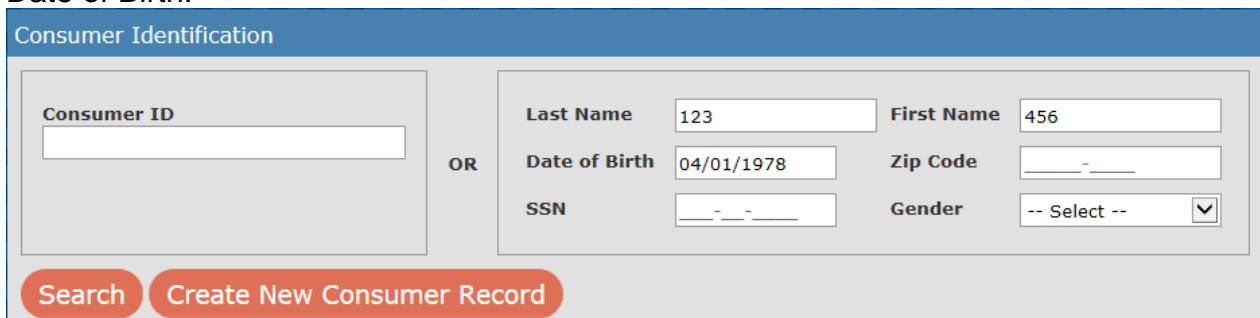
After successfully logging into CDS, scroll and click on the Add Encounter on the index tab found on the left side of the CDS Home page.
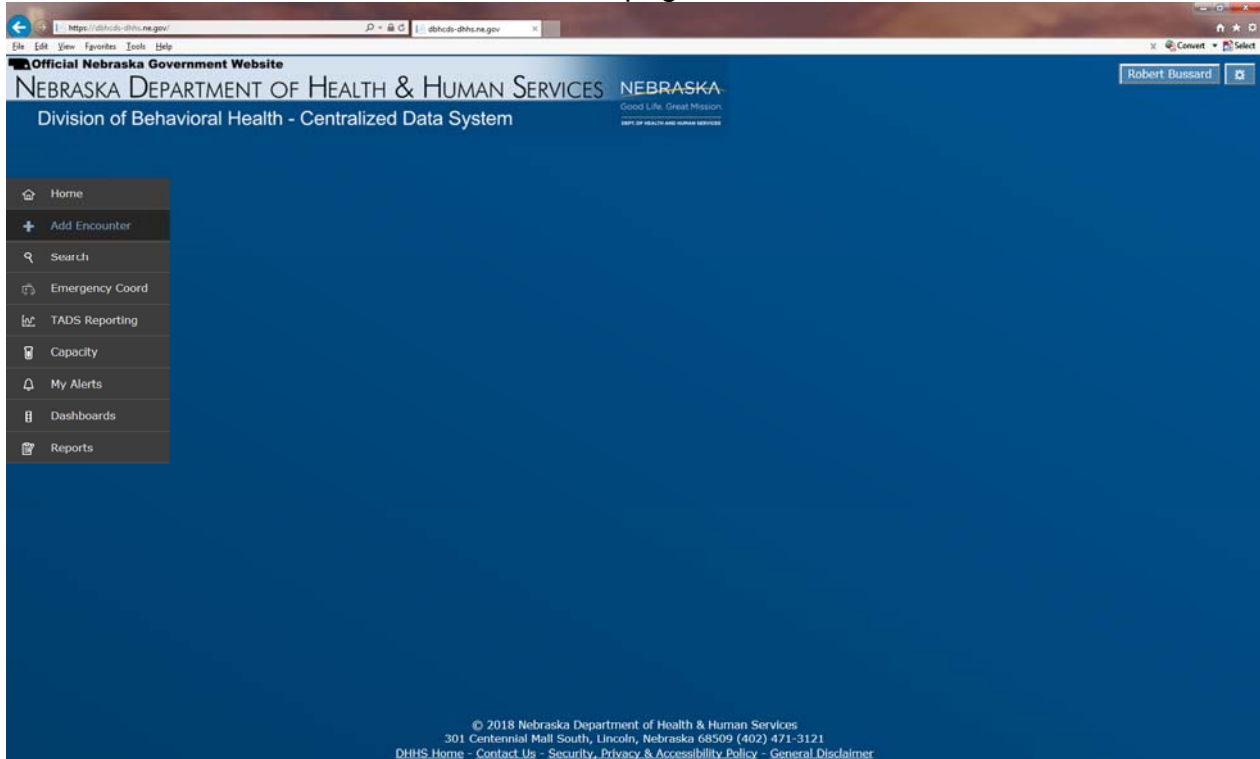
Establishing Consumer Identity

After clicking the Add Encounter tab, CDS displays the first screen of creating a new encounter, the "Consumer Identification" pop-up window.

Please note that the following data elements are required: Last Name, First Name, and Date of Birth.

Consumer ID

The Consumer ID is a system-generated ID that is unique to the combination of the consumer's last name, first name, date of birth, and Social Security Number. Please take care to use only the system-generated Consumer ID for CDS. If you do not know this number, leave this variable blank and CDS will either locate a previously

established Consumer ID, or create a new one where one does not already exist. CDS uses a Master Patient Index (MPI) to link people across agencies and regions. Because each end user can see only the information for which they have permission, end users may not know that a consumer is already in the system. Carefully enter as much information as you can verify, using documentation made available to you by the consumer.

Again, the end user only sees the information they have permission to see. If the end user only has location specific permission, they will see only that information for that location. If the agency has multiple locations, and the end user has permission at each location, then they will see the agency-wide information, and may have greater information on which to compare a new encounter to an existing encounter for a consumer.

Last Name (REQUIRED) – carefully enter the consumer's last name. The last name helps to identify each unique consumer in CDS.

First Name (REQUIRED) – carefully enter the consumer's first name. The first name helps to identify each unique consumer in CDS.

Date of Birth (REQUIRED) – describes the date of birth of the consumer.
*Regarding unknown Date of Birth: Every effort should be made to obtain needed information, using copies of official documentation. In the event of a consumer who is not able to provide such documentation, estimating age using 01/01/CCYY is an alternative. Even establishing a month (MM) and year of birth (CCYY) using MM/01/CCYY would assist CDS in identifying the consumer. Because reimbursement occurs on a monthly schedule, emergency and registered service providers might delay data entry while waiting for identifying information.
(In this example CC=Century, YY=Year, MM=Month and DD=Day each in 2 digit format.)

SSN (PREFERRED) – the Social Security Number (SSN) is used to verify information, and to uniquely identify each consumer within CDS. The use of single digits (all 9's, 6's etc.) or sequential numbers (1234 etc.) or any other schema, other than the consumer's actual SSN, is not permitted. If you do not have the SSN and have exhausted options to collect, please leave the SSN entry blank.

Zip Code and Gender (optional) – enter the consumer's home zip code. If not available, leave blank.
For gender, use the consumer's gender at their time of birth.

*A note about limited information: Crisis forms may use numbers or letters for first and last name in the event that the name is not available from the consumer. End users are encouraged to get as much information as possible from the consumer seeking crisis assistance. Completing the year and month of birth helps in consumer identification.

Likewise, the last four digits of the Social Security Number helps to create uniqueness among crisis participants.

Click on Search or Create New Patient Record

Click on Search if you want to search for the consumer using available data. The search will be conducted based on end user permissions. The search will bring up a listing of known cases with a close fit to the information given. Click on the appropriate consumer listed. If the list does not generate a match, click on Create New Patient Record.

Results are examples from the CDS TEST site and are fake data.

If you know that this is a new consumer to your location, then you can skip the search step and click on Create New Patient Record button to begin a new encounter.

Create New Encounter – Provider Information

Service Provider – describes the rendering provider at the service location level. The end user will have limited options, based on established user permissions and contracted options for each provider location. By choosing the service location, the end user is instructing the system to query the contracts for this location. The following two fields are determined by the user's selection. If the end user does not see a service

provider in the Service Provider drop down menu (i.e. a different location within the user's agency), the end user must contact the agency super user to get his/her permissions edited, or to determine next steps to discover why the location is missing.

Funding Region – describes the Region contract funding this encounter.

Service to be Provided – describes the service that CDS is tracking for the consumer in this encounter. Click on Crisis Response. To be a Crisis Response encounter, one of the service expectations is: "Perform a crisis assessment including brief mental health status, risk of dangerousness to self and/or others assessment and determination of appropriate level of care." (Service definitions 4/11/15)

Click Create
CDS creates a new encounter.

Complete the Crisis Response Form
Once the consumer and service provider are selected, clicking on the Create Encounter brings up the Crisis Response form. For Crisis Response encounters, complete as much information as you have available at the time of creating the encounter (which can be somewhat delayed from when the Crisis Response actually took place in order to allow time to gather the information following the actual response). Once a Crisis Response form is saved, the encounter automatically discharges the consumer from this particular service. The same is true for any 24 Hour Crisis Response call.

Name – established on the Consumer Identification window and repeated here. End users can make changes until the <u>Save</u> button is clicked.

Address – complete the address information for the consumer. If the consumer is homeless indicate NO PERMANENT ADDRESS. If address is unknown, enter "Unknown" in the address line.

City, State and Zip Code – enter information as known. If the consumer is homeless, use the city and zip code where the incident took place.

County of Residence – this is the county of the consumer's home residence.

County of Admission – this is the county of the crisis situation.

Phone number – enter phone number, if available.

Type – using the drop down menu, select the type of phone service.

No Phone
Land Line
Pay by Minute Cell Phone
Unlimited Subscription Cell Phone
Unknown
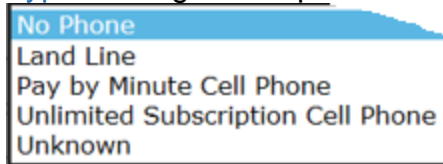
E-mail Address – if known, enter the consumer's e-mail address. If unknown, leave blank.

SSN – enter the consumer's Social Security Number if known. If unknown, leave blank.

Date of Birth – date of birth from the consumer identification window will repeat here.

Race – select all that apply from among the choices presented in the drop down menu.

Ethnicity – select either "Hispanic" or "Non-Hispanic", unless unknown.

Gender – select the consumer's gender at birth from the drop down menu.

Marital Status – select from among the available choices in the drop down boxes:

-- Select --
Cohabitating
Divorced
Married
Never Married
Separated
Widowed
Unknown
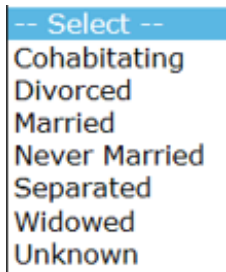
Employment Status – indicate the consumer's employment status. See **Employment Status Definitions** elsewhere in this manual.

```
-- Select --
Active/Armed Forces (< 35 Hrs)
Active/Armed Forces (35+ Hrs)
Disabled
Employed Full Time (35+ Hrs)
Employed Part Time (< 35 Hrs)
Homemaker
Resident of Institution
Retired
Sheltered Workshop
Student
Unemployed - Laid Off/Looking
Unemployed - Not Seeking
Volunteer
Unknown
```

Living Arrangements – select from the choices in the drop down menu. See **Living Situation Definitions** elsewhere in the manual.

```
-- Select --
Child Living with Parents/Relative
Child Residential Treatment
Crisis Residential Care
Foster Home
Homeless
Homeless Shelter
Jail/Correction Facility
Other 24 Hr Residential Care
Other Institutional Setting
Private Residence Receiving Support
Private Residence w/Housing Assistance
Private Residence w/o Support
Regional Center
Residential Treatment
Youth Living Independently
Other
Unknown
```

Service Provider	Blue Valley Behavioral Health - Beatrice
Funding Region	Region 5
Service to be Provided	24-Hour Crisis Line - MH
Admission Date	12/21/2018 9:32 AM
Crisis Location	-- Select --
Crisis Situation	-- Select --
Referral Source	-- Select --

Service Provider – copied from the second window of the New Encounter set-up.

Funding Region – this selection is repeated from the second window of the New Encounter set-up.

Service to be Provided – copied from the second window of the New Encounter set-up.

Type of Assessment (On Crisis Response Form Only) – select from the three (3) menu choices: Face to Face, Phone, Telehealth.

Type of Assessment

| Face to Face |
| Phone |
| Telehealth |

Admission Date

Admission Date – accept the date as posted, or change to the actual date of encounter, when entering at a later date.

Crisis Location – select from the available choices in the drop down menu.

| -- Select -- |
| Residence |
| Hospital |
| Jail |
| Other |
| Unknown |

| -- Select -- |
| Action of a Sexual Nature |
| Disorderly |
| Intoxication |
| Neglect of Self Care |
| Other |
| Suicide Attempt or Threat |
| Theft or Property Crime |
| Threats or Violence |
| Unknown |

Crisis Situation – select from the available choices in the drop down menu.

Crisis Dangerousness (On Crisis Response Form only) – check the box that most closely describes the crisis dangerousness.

Crisis Dangerousness

☐ Unpredictable, impulsive, violent

☐ History of violent or impulsive behavior

☐ Ambivalent suicidal/homicidal ideas or gestures

☐ Suicidal/Homicidal ideation with control

☐ Unable to meet needs in manner threatening to self

☐ No violent or impulsive ideation or behavior

Referral Source – select from the drop down menu (see **Referral Source Definitions** elsewhere in this manual or on the **System Documentation and Training** website).

```
-- Select --
Self (e.g. Self/Internet/Yellow Pages)
Community: Community/Social Services Agency
Community: Employer or Employee Assistance Program (EAP)
Community: Family or Friend
Community: Homeless Shelter
Community: Nebraska Family Helpline
Community: Nebraska Vocational Rehabilitation
Community: School
Community: Self-Help Group
Community: Tribal Elder or Official
Emergency/Crisis MH Services
Emergency/Crisis SUD Services
Justice System: Law Enforcement Agency (e.g. Police/Sheriff/Highway Patrol)
Justice System: Corrections
Justice System: Court Order
Justice System: Court Referral
Justice System: Defense Attorney
Justice System: Drug Court
Justice System: Mental Health Court
Justice System: Parole
Justice System: Pre-trial Diversion
Justice System: Probation
Justice System: Prosecutor
MH Commitment Board
Provider: MH Services Provider
Provider: SUD Services Provider
Provider: Medical/Health Care Provider
Provider: Transfer Inter Agency
Regional Behavioral Health Authority
```

Substance Use Matrix – complete if information is available for each of the primary, secondary and tertiary drugs of choice.

Officer Name (On Crisis Response Form Only) – list the names(s) of responding officer(s).

Badge Number (On Crisis Response Form Only) – list the name(s) of responding officer(s).

Current Medications – list medications by name or class of drugs, if known. If not available, leave blank.

Is Med Compliant – check the box if the consumer is medication compliant.

Psychiatric History – briefly describe the consumer's psychiatric history. If none, state "None".

Criminal History – briefly describe the consumer's criminal history. If none, state "None".

Support System Types – check the types of support the consumer has available to them that can influence progress toward recovery.

Support System Types
- [ ] Family, friends or other support available
- [ ] Family, friends or other support questionable
- [ ] Some support but difficult to mobilize
- [ ] Some support but effectiveness is limited
- [ ] No family, friends, agency or other support

Ability to Cooperate – indicate the consumer's ability to cooperate in recovery.

Ability To Cooperate
- [ ] Willing and able to cooperate
- [ ] Wants help but is ambivalent or unmotivated
- [ ] Passively accepts help
- [ ] Little interest or comprehension
- [ ] Unable or unwilling to cooperate

Currently Receiving Services – indicate if the consumer is currently receiving behavioral health services ("Yes") or if not receiving ("No"). If unknown, select "Unknown".

Currently Receiving Services	Yes ▾
Services Receiving	
System of Care involved youth? ☐	

Save **Cancel**

Services Receiving – list the type of services the consumer is receiving from the behavioral health system. If not receiving any services, state None.

Crisis Disposition (On Crisis Response Form Only) – select the choice that best fits this encounter's disposition from the available drop down menu.

```
-- Select --
EPC (Emergency Protective Custody)
CPC (Civil Protective Custody)
Voluntary Hospitalization
Medical Hospitalization
No EPC, Agreed to Post-Crisis Services
No EPC, Declined Post-Crisis Services
Arrest/Jail
No Further Action/Refused
Unknown
```

System of Care Youth – indicate if the consumer and subject of this crisis encounter is a System of Care youth. In other words, if this Crisis Response is to be funded using System of Care funds, check the box.

Once the end user has entered all pertinent information in the desired fields within the "Crisis Response" form, the end user will click the Save button. Once the end user clicks the Save button, the encounter is then saved, and CDS discharges the encounter.

Please try not to be interrupted while completing a record, as doing so creates an orphan record and the end user must start over in completing the form.

**Once saved, this record is no longer able to be edited by the end user.
**Once <u>Save</u> is clicked, the system automatically "discharges" from this service.

You can view the entries in the <u>Crisis Response</u> tab in the Manage Encounter module.

Centralized Data System
User Manual
Questionnaire

Updated 2019-01

Questionnaire

Introduction to Questionnaire

This chapter deals with the Centralized Data System (CDS) authorization questionnaires. Two distinct questionnaires have been developed: one for use with mental health authorized level of services, and one for use with substance use disorder authorized level of services. Questionnaires must be completed by a provider to obtain:

- New Authorizations
- Continued Stay Reviews
- Discharge from an authorized services.

End users complete the authorization questionnaire as the last step in obtaining an authorization. Complete the Consumer tabs such as Consumer, Demographics, Health Status, Trauma History, Diagnosis and Substance Use before completing the questionnaire. The automated authorization processes uses information contained across multiple Consumer tabs to evaluate the consumer's qualification for an authorized service.

To prepare for an authorization, end users should consult the **Utilization Guidelines and Service Definitions** of the Division of Behavioral Health found on the agency website. Authorizations are required for all authorized level of services; however, they are not required for registered services.

There are several steps in preparing for an authorization:
1. Complete or update the Consumer tabs, paying special attention to diagnosis, functional deficits, and/or substance use history.
2. Complete an Initial Questionnaire (or in the case of a reauthorization, a Progress Report).
3. Submit for Authorization or Continued Stay, and receive a system response indicating an authorization approval or denial.
4. Act on the system response:
   a. If approved, Admit to Authorized Service, or
   b. View Details in case of a denial.

An initial authorization begins with creating an encounter, followed by completing the Consumer tabs and an Initial Questionnaire. Continued stay reviews begin with review of the Consumer tabs (updating data fields as needed) and completing a Progress Report. To discharge an authorized encounter, review Consumer tabs (updating data fields as needed) and complete a Discharge Report**.**

The authorization and re-authorization process are semi-automated within CDS, using prebuilt logic to determine approvals and denials.

Questionnaires compare end user input against a logarithm that considers severity of the consumer's condition and the service being sought. To get an authorization, end users select the most appropriate responses to all components of the authorization

questionnaire, taking into account the consumer's condition at the time of authorization request. End users must evaluate the consumer's condition as it compares to the general population, not just those with mental health or substance use disorders. Once the system approves an authorization, the end user then clicks on the Admit for Authorized Service button. Doing anything else stops the approval process. Once stopped, end users must complete another questionnaire.

End users can make three (3) attempts to gain automated approval. If the three (3) attempts continue to result in a denial, end users may appeal the automated decision. Check the View Details of the Managed Encounter window's Encounter History to see a listing of reasons for denials. End users can appeal results of any of the three (3) attempts.

Uncertainty in Funding

Providers must track consumer funding eligibility status, and secure necessary authorization through the appropriate funding source, even when a consumer's eligibility changes during the course of a treatment episode. Providers are accountable for accurately identifying, seeking authorization, and billing the appropriate payer source consistent with ongoing consumer eligibility.

Division of Behavioral Health is the payer of last resort, and shall not pay for services shared with Medicaid for Medicaid-eligible consumers.

Authorizations are required at the beginning of service. If an agency is uncertain about funding, obtain the authorization from CDS before admission. While the authorization is valid only up to 7 days, if alternative funding should fail, the agency has knowledge of authorization approval, and can backdate the admission. If backdating is required in excess of ninety (90) days from the current date, admit the encounter with the current date, then Report a Data Issue and request that the admit date be corrected.

Complete a Questionnaire

Open the Consumer tab Questionnaire and click on the type of questionnaire required (Initial Status Report or Progress Report). Use + Add Initial Status Report at the beginning of treatment for authorization requests. Use + Add a Progress Report for re-authorization requests.

Initial Status Reports – include any of the first three attempts to secure authorization. Use the View Detail button on the Action column of the Update History spreadsheet on the Manage Encounter window to review the reasons for any denials.

Progress reports – are made at each continued stay review. The system sends an alert to end users two (2) weeks in advance of the end date of an authorization. As with initial status reports, continued stay reviews can be attempted up to three (3) times. Each attempt requires a new progress report. Review the detail of any denials by clicking on the View Details button on the Action column of the Update History spreadsheet on the

Manage Encounter window to review the reasons for denial. An approved re-authorization begins the day after the end date of the previous authorization.
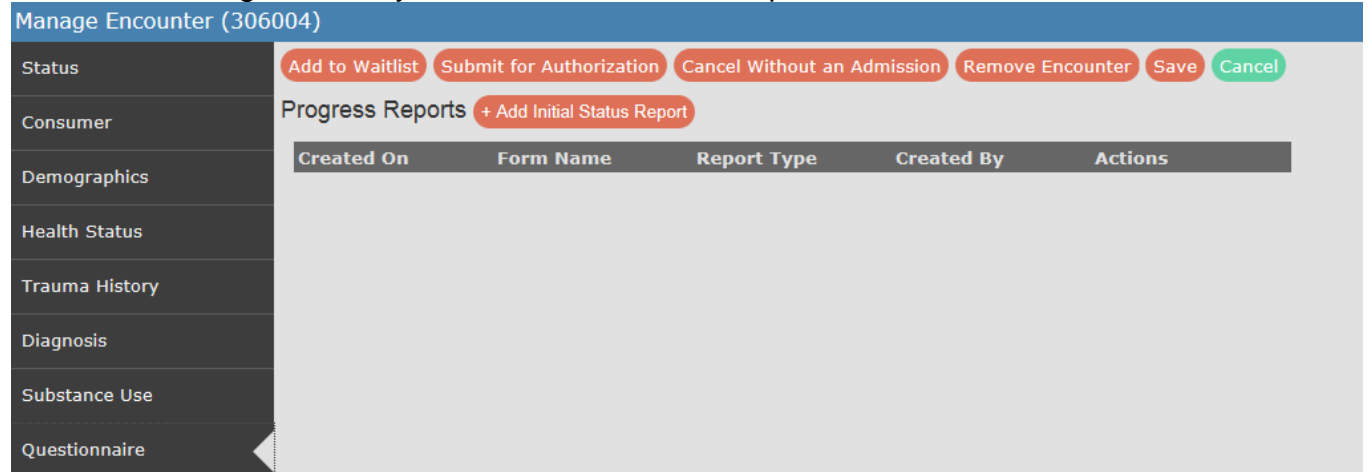
Again, an authorization questionnaire is required for any new authorization requests, and a progress report is required for continued stay reviews. A Discharge report is required at discharge. The questionnaires are located in the consumer tab labeled <u>Questionnaire</u>.

Submit for Authorization Button

This will begin the process of an authorization request. This button appears at the top of the Manage Encounter screen. For a registered service, you will not see this button.
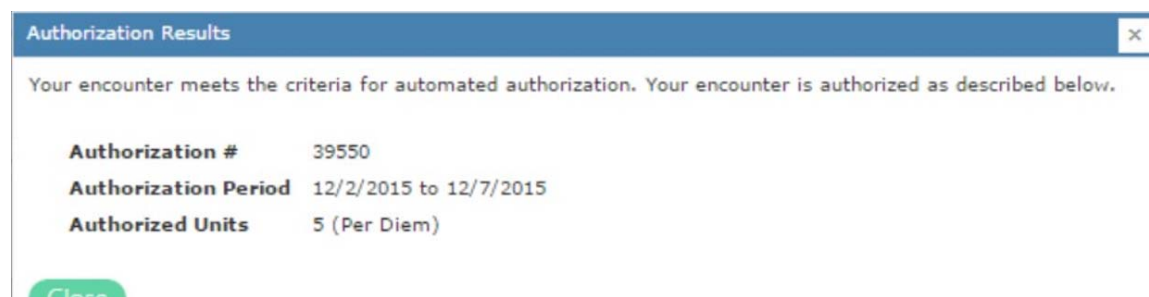
If approved, *immediately* click on the Admit to Authorized Service button. Doing anything else terminates the authorization, and you must request a new authorization.

*Admission must occur within seven (7) days of the authorization. Authorizations expire seven (7) days after approval. For admission more than seven (7) days after the authorization approval, end users must start a new authorization, using the information previously entered, along with any new updates to the consumer disposition. This seven (7) day overlap creates opportunity for interagency coordination of care.
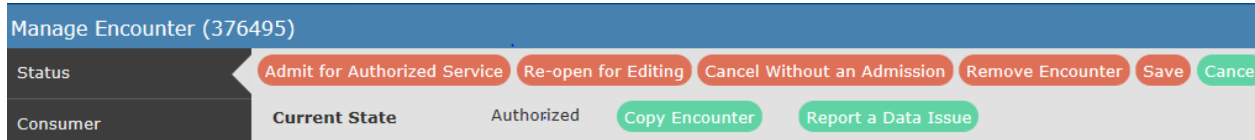
Manage Encounter (376495)						
Status	Admit for Authorized Service	Re-open for Editing	Cancel Without an Admission	Remove Encounter	Save	Cance
Consumer	Current State	Authorized	Copy Encounter	Report a Data Issue		

There are three general reasons for a denial:
- Medicaid eligibility,
- Conflicting service, or
- Inappropriate level of care.

Review the details of the denial by clicking on the View Details button to the right of the denial statement on the Manage Encounter window found on the Status tab.

Update Date	State	Event	Updated By	Actions
3/	ppeal	Encounter Edited	BF200LNK\hmurdoc	View Details
6/ Test Data Example	ppeal	Authorization Denied (automated)	bf200lnk\ngardne	View Details
6/27/20	tion Submitted	Authorization Requested	bf200lnk\ngardne	View Details

Medicaid Denial – If the only reason for denial is Medicaid eligibility, see the next section for further instructions. Do not repeat the authorization request. Do not appeal the authorization decision.

Conflicting Service – If the error reports a Conflicting Service, contact the region for further instructions. Do not repeat the authorization request until the conflicting service is resolved.

Authorization Results

Result	Denied
Denial Reasons	• Service Exclusion - The consumer is currently receiving a conflicting service. Note that this service may be provided by another agency.

Other – A list of other denial reasons appears in the View Details next to the denial report. Correct any errors by using these statements as a guide. Read the denial report carefully to be assured you are making all corrections necessary, and responses match clinical expectations for the particular service in which an authorization request is being made. If uncertain, refer to the **Utilization**

Guidelines and Service Definitions found in the **System Documentation and Training** webpage. *End users can attempt three (3) requests for authorization.* After the third denial, agencies can appeal the automated decision, or <u>Cancel Without Admission</u>, and select/recommend another service level. To appeal the automated decision, click on the <u>Appeal Decision</u> button, and complete a response to the information requested on the appeal form.

About the Questionnaires

All questionnaires have similar parts:
- The scale designed to indicate severity (Likert 0-9).
- Statements designed to describe the consumer's situation.

Each set of questions begins with the end user selecting a level of severity, and then answering questions about the consumer's response to their condition.

Each authorized service uses a different set of responses that reflect the severity of the consumer's condition against the population at large. Substance Use Disorder questionnaires are different from Mental Health questionnaires. The six dimensions of The *ASAM Criteria, Third Edition* form the basis of the SUD questionnaire. Mental health uses a set of six domains appropriate to mental health disorders, and which describe the clinical criteria as reflected in the **Utilization Guidelines and Service Definitions**. End users can find the entire set of questions by domain or dimension in the **System Documentation and Training** website of CDS.

End users begin each section by selecting the severity of the consumer's condition on a scale of zero (0) to nine (9). For mental health, the end user selects from a list of statements that further define the consumer's clinical presentation, along with related functional deficits and activity. The system compares the answers of the end user to the service definitions and utilization criteria to automatically approve or deny an authorization.

☐ The consumer has demonstrated a lack of capacity to resolve his or her problem(s). Treatmen

☐ The consumer has been resistant to work on the trea ... from anoth

☐ The individual does not require a more intensive leve

☐ This level of care is appropriate and there is reasona ... nefits demo

Risk of Harm
Please select the number that most appropriately co   's current

0 - No problems indicated	1	2
◉	○	○

☐ Previous periods of suicidal ideation or previous suici

☐ Consumer reports chronic suicidal ideation there is n ... uency or int

☐ Remote history of physically aggressive behavior tow ... ion or previo

☐ Consumer's ability to care for self has deteriorated t ... for significa

☐ Consumer presents with intermittent episodes of dangerous self-harm or suicidal ideation whic
requested level of care is expected to lead to improvement of these symptoms.

(Pop-up overlay text):
No current suicidal or homicidal ideation, plan, intentions or severe distress, but may have had transient or passive thoughts recently or in the past. Psychiatric symptoms are impeding consumer's ability to properly care for self to the degree that requires behavioral health intervention but does not prevent consumer from living in community setting. Does not experience significant episodes of potentially harmful behaviors due to substance use.

Pop-up statements on each of the mental health severity indices help to describe the severity of the consumer's condition. Severity ranges from zero (0) to nine (9). The depiction above is for the 1-3 severity index for Risk of Harm in the Mental Health questionnaire for ACT. These statements should be used as a general guide when determining what scale section to select. Not every detail of the statement may be true for every consumer.

Add Initial Status Report
Mental Health Questionnaire –

- Risk of Harm
- Historical Responsiveness to Treatment
- Functional Status
- Co-Morbidity
- Level of Support
- Engagement in Treatment

Risk of Harm
Please select the number that most appropriately corresponds to the consumer's current risk of harm.

0 - No problems indicated	1	2	3	4	5	6	7	8	9 - Extreme problem indicated
●	○	○	○	○	○	○	○	○	○

☐ Previous periods of suicidal ideation or previous suicide attempts or history of self-harm behavior but current risk for significant self-harm or suicide risk is low.

☐ Consumer reports chronic suicidal ideation there is no change in the duration, frequency or intensity of these ideations to evidence increased risk for suicide or self-harming currently.

☐ Remote history of physically aggressive behavior toward others, property destruction or previous attempts to harm others but no current risk identified.

☐ Consumer's ability to care for self has deteriorated to the degree that they are risk for significant self-neglect without the service(s) requested.

☐ Consumer presents with intermittent episodes of dangerous self-harm or suicidal ideation which have not improved despite multiple treatment attempts of various intensity and the requested level of care is expected to lead to improvement of these symptoms.

☐ Consumer presents with intermittent episodes of dangerous behavior toward others which have not improved despite multiple treatment attempts of various intensity and the requested level of care is expected to lead to improvement of these symptoms.

☐ Consumer presents with chronic psychiatric instability, with or without treatment compliance, which has not improved despite multiple treatment attempts of various intensity and the requested level of care is expected to lead to improvement in these psychiatric symptoms.

Historical Responsiveness to Treatment
Please select the number that most appropriately corresponds to the consumer's responsiveness to treatment.

0 - Not Applicable	1	2	3	4	5	6	7	8	9 - Negligible response to treatment
●	○	○	○	○	○	○	○	○	○

☐ Consumer has a history of high utilization of psychiatric inpatient and emergency services.

☐ Response to previous levels of treatment and rehabilitation interventions have been unsatisfactory.

☐ Despite previous unsuccessful attempts at treatment, this service setting is expected to promote improvement in the consumer's condition to the degree that services will no longer be necessary.

Functional Status
Please select the number that most appropriately corresponds to the consumer's functional status and mark all functional deficits present as a result of the mental health diagnosis.

0 - No functional impairment indicated ◉	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 - Severe functional impairment indicated ○

Co-Morbidity
Please select the number that most appropriately corresponds to the consumer's level of co-morbidity.

0 - No Co-morbidity ◉	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 - Severe Co-morbidity ○

Level Of Support
Please select the number that most appropriately corresponds to the consumer's level of support.

0 - No professional support needed ◉	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 - High level of professional support needed ○

☐ Consumer's medical and mental health can be adequately monitored and managed by the staff of the facility requesting the authorization.

☐ The consumer requires a level of structure and supervision beyond the scope of the program.

☐ Consumer demonstrates a high need for professional structure, intervention and observation.

☐ Consumer demonstrates a high risk for re-hospitalization without 24-hour monitoring and intervention capability.

☐ Consumer has functional deficits of such intensity the solution requires professional interventions in a structured day setting 5-7 days per week.

☐ Consumer has functional deficits of such intensity the solution requires extensive professional multidisciplinary treatment and multiple professional contacts per week.

☐ Consumer has functional deficits of such intensity the solution requires professional interventions in a 24-hour psychiatric residential setting and prevents them from being safely treated outside of a residential setting.

☐ The consumer's presenting condition is best explained by the presence of a medical / physical health condition which requires medical stabilization.

☐ The consumer can safely reside in the community but requires 1:1 intervention to meet the identified rehabilitation goals.

Engagement in Treatment
Please select the number that most appropriately corresponds to the consumer's engagement in treatment.

0 - Completely Engaged ◉	1 ○	2 ○	3 ○	4 ○	5 ○	6 ○	7 ○	8 ○	9 - Completely Unengaged ○

☐ Failure to reverse/stabilize with less intensive treatment that was accompanied by services of alternative delivery systems.

☐ Passive or active opposition to treatment and the risk of severe adverse consequences if treatment is not pursued.

☐ There has been a positive change in the consumer's ability and/or motivation to engage in treatment services.

Save Cancel

American Society of Addiction Medicine (ASAM) Criteria National Practice Guidelines Dimensions –

- Acute Intoxication and/or Withdrawal Potential
- Biomedical Conditions and Complications
- Emotional, Behavioral, or Cognitive Conditions and Complications
- Readiness to Change
- Likelihood of Relapse, Continued Use, or Continued Problem potential
- Danger level and supportiveness of Recovery Environment

Complete the initial status report by indicating the level of severity in the Likert scale, and clicking on the dimension statements that further describe the consumer's situation and level of treatment need.

After completing the questionnaire, click on the Save button.

Finally, click on the Submit for Authorization button. The results of the request for authorization are shown within a minute in the Update History table on the Manage Encounter window.

If approved, immediately click on the Admit to Authorized Service button. Doing anything else terminates the authorization, and you must request a new authorization.

If the system issues a denial, click on the <u>View Details</u> button to see the system response. Carefully check the denial reasons and complete the necessary revisions.

New Status   Pre-Admitted / Pending Appeal

Authorization Results

Result	Denied
Denial Reasons	• Dimension Value - 'Functional Status - Please select the number that most appropriately corresponds to the consumer's functional status and mark all functional deficits present as a result of the mental health diagnosis.' does not meet criteria. • Service Exclusion - The consumer is currently receiving a conflicting service. Note that this service may be provided by another agency. • Service Exclusion - The consumer is currently receiving a conflicting service. Note that this service may be provided by another agency.

Review end user responses on the questionnaire for each area triggering a denial reason. Correct any deficiencies or errors in entry, and submit a new questionnaire with corrections made. Observe in the above example that the overriding denial is that the consumer is currently authorized in another service. All conflicting services must be discharged before another attempt is made at an authorization.

Add a Progress Report

The Progress Report uses the same dimension statements, along with a progress section, to review the current needs of a consumer in treatment. As with the initial status report, end users select a severity index and the statements that best describe the

consumer's situation. Begin with statements that summarize the consumer's progress. Do not forget to update all the consumer tabs before completing the progress report.

Manage Encounter (376495)

Status	Admit for Authorized Service	Re-open for Editing	Cancel Without an Admission	Remove Encounter	Save	Cance
Consumer	Current State	Authorized	Copy Encounter	Report a Data Issue		

Progress Report for Mental Health first section:

Progress Report

Progress Report
Select the best option to describe the consumer's progress.

The consumer is making progress.	The consumer is not yet making progress.	The consumer has presented with new problems during the course of treatment.	The consumer has experienced an intensification of his or her problem(s).	The individual has achieved the goals articulated in his or her individual treatment plan.
●	○	○	○	○

The consumer's progress has been ○ Minimal ○ Acceptable ○ Substantial

☐ The consumer has achieved the goals articulated in his or her treatment plan.

☐ The consumer's treatment plan has been adjusted to focus on specific behaviors presented during treatment.

☐ Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

☐ The treatment plan addresses the consumer's changing condition with realistic and specific goals and objectives stated.

☐ The consumer has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

☐ The consumer has been resistant to work on the treatment plan and would benefit from another level of care or type of service.

☐ The individual does not require a more intensive level of service.

☐ This level of care is appropriate and there is reasonable likelihood of substantial benefits demonstrated by measurements of improvement in functional areas and this will continue.

☐ Continues to require 24-hour awake staff to assist with psychiatric rehabilitation.

Progress Report for Substance Use Disorder first section:

Progress Report

Progress Report
Select the best option to describe the consumer's progress.

The consumer is making progress.	The consumer is not yet making progress.	The consumer has presented with new problems during the course of treatment.	The consumer has experienced an intensification of his or her problem(s).	The individual has achieved the goals articulated in his or her individual treatment plan.
●	○	○	○	○

The consumer's progress has been ○ Minimal ○ Acceptable ○ Substantial

☐ The consumer has achieved the goals articulated in his or her treatment plan.

☐ The consumer's treatment plan has been adjusted to focus on specific behaviors presented during treatment.

☐ Continued treatment at this level of care is assessed as necessary to permit the individual to continue to work toward his or her treatment goals.

☐ The treatment plan addresses the consumer's changing condition with realistic and specific goals and objectives stated.

☐ The consumer has demonstrated a lack of capacity to resolve his or her problem(s). Treatment at another level of care or type of service is therefore indicated.

☐ The consumer has been resistant to work on the treatment plan and would benefit from another level of care or type of service.

As with the initial status report, the Progress Report continues with the end user selecting responses to each of the dimensions. End users will save the Progress Report and then click on the Submit for Continued Stay button. If the progress report is approved, immediately click on the Admit for Continued Stay button.

Discharge Progress Report

Like the Progress Reports, end users will complete an update of the Consumer tabs and a new Discharge Progress Report. The Discharge Progress Reports are similar to Progress Reports in that the end user selects from the Likert scales the status of a consumer as they conclude the service level. The Discharge Report also has statements that further define the consumer's situation. Lastly, the Discharge Progress Report request information on the Discharge Criteria.

Discharge questionnaires conclude with statements about the consumers discharge.

Discharge Criteria

☐ Treatment plan goals and objectives have been substantially met.

☐ The consumer no longer meets admission Guidelines or meets Guidelines for a less intensive level of care.

☐ The consumer's physical condition necessitates transfer to a medical facility.

In many cases, the Discharge Criteria are very broad. End users having difficulty discharging an authorized encounter can select "The consumer no longer meets admission Guidelines or meets Guidelines for a less intensive level of care." This response is appropriate for an encounter where the funding has, or is going to, shift to another payer source.

Mental Health Community Support:

Discharge Criteria

☐ Maximum benefit has been achieved and consumer can function independently without extensive support (Deficits in daily living have improved. Deficits in functional areas have improved and now manageable without extensive supports).

☐ Rehabilitation goals have been substantially achieved and the consumer can function independent of active supports.

☐ Services are primarily monitoring in nature.

☐ Sustainability plan for supports is in place.

☐ Formal and informal supports have been established.

☐ A crisis relapse plan is in place.

☐ The consumer requests discharge from the service.

☐ The consumer is not making progress toward rehabilitation goals despite alterations to the treatment plan and/or increased contacts.

☑ The consumer no longer agrees to participate at the necessary level of intensity for rehabilitation.

Mental Health Day Rehab:

Discharge Criteria

☐ Maximum benefit has been achieved and consumer can function independently without extensive supports. (Deficits in daily living have improved. Deficits in functional areas have improved and now manageable without extensive supports.)

☐ Services are primarily monitoring in nature. Consumer can function such that she/he can live successfully in the residential setting of his/her choice.

☐ Sustainability plan for supports is in place.

☐ Formal and informal supports have been established.

☐ A crisis relapse plan is in place.

☑ The consumer requests discharge from the service.

ACT Program:

Discharge Criteria

☐ Maximum treatment/rehabilitation benefit and goals have been achieved. The consumer can function independently without extensive professional multidisciplinary supports. (Deficits in daily living have improved. Deficits in functional areas have improved and now manageable without extensive supports.) Services are primarily monitor in nature and can be sustained with a lesser level of care.

☐ Sustainability plan for supports is in place.

☐ Formal and informal supports have been established.

☐ A crisis relapse plan is in place.

☐ The consumer requests discharge.

☑ The consumer relocates out of the ACT team's geographic area.

☐ The consumer is admitted to a higher level of care (inpatient, residential levels of care) for a period to exceed 10 days.

MH Day Treatment:

Discharge Criteria

☑ The consumer's documented treatment plan, goals and objectives have been substantially met.

☑ The consumer no longer meets Continued Stay Guidelines, or meets Guidelines for a less or more restrictive level of care.

☑ Symptoms are stabilized.

Centralized Data System
User Manual
Supported Employment

Supported Employment MH and SUD

Create Encounter

As with any service, going to the Add Encounter tab is the first step when admitting a consumer to supported employment services. Be sure to double check that the consumer is not already in the system by selecting the Search option first.

Once Create New Consumer Record is selected, a separate pop-up window will open titled "Create New Encounter". The consumer information entered on the previous page should auto-populate.

Select the appropriate Service Provider site if you have access to multiple sites.
Funding Region should auto-populate based on the chosen Service Provider.
Service to be Provided should be "Supported Employment – MH" or "Supported Employment – SUD".

- "Supported Employment – MH" – this service will be selected if the consumer has primary mental health diagnoses and has been receiving other mental health services.
- "Supported Employment – SUD" – this service will be selected if the consumer has primary substance use diagnoses and has been receiving other substance use services.
- If the consumer has both mental health and substance use disorders, then choose the funded service

Supported Employment Consumer Tab

After selecting <u>Create</u>, the Status page will be displayed. Double check that the <u>Service to be Provided</u> is Supported Employment of some form. On the left are the Consumer Index tabs. Review each tab to ensure information is correct, and make changes as necessary. The remainder of this chapter will deal with the Employment consumer tab.

Employment Tab

The Employment tab page has a number of text box entries and check box lists, allowing for multiple selections across the five milestones of Supported Employment. Once the end user has completed the electronic form, a printout is available to place in agencies files. The printout adds encounter-identifying information to the electronic form.

Encounter # -- taken from the initial registration for the consumer.

Name, Consumer ID, Service Provider, Funding Region – taken from the initial pages of the encounter.

Referred to VR Date – enter the date that the referral to Vocational Rehabilitation was made.

VR Office – enter the name of the Vocational Rehabilitation office to which the referral was made.

Projected Supports – this is a multiple select variable. Select all the supports that the consumer needs to successfully enter the workforce.

Other Projected Supports – select anticipated supports that will be necessary to allow the consumer to be successful in obtaining or maintaining employment.

Measure (M1)
Enter the Referral/Initiate Service Date.

Measure (M2)

M2 – Start Date – enter the start date for Milestone 2 in Month/Day/Year (four digit) format (MM/DD/YYYY).

Employment Goal – state the employment goal of the consumer.

Employment Barriers – this is a free text field to list any employment barriers.

M2 - End Date (Job Start) – enter the date that the job starts. This start corresponds to the end of Milestone 2.

Job Placement Date	__/__/____
Employer	
Job Title	
Type of Work Acquired	
Hourly Wage	
Hours Per Week	

Job Placement Date – enter the job placement date as Month/Day/Year (4 digit) format (MM/DD/YYYY).

Employer – enter the employer name (company or individual).

Job Title – enter the consumer's job title.

Type of Work – list the type of work for the consumer (i.e. Plumber, Support Staff, Janitorial, Housekeeper, etc.).

Hourly Wage – list the consumer's wage in dollar.cent format (i.e. 10.45).

Hours Per Week – how many hours in an average week will the consumer work?

Employer Benefits Offered – check the employer benefits being offered. Check all that apply.

Employer Benefits Offered (Check all that apply)	☐ None ☐ Health Insurance ☐ Dental ☐ Paid Sick Leave ☐ Paid Vacation ☐ Retirement Plan ☐ Other
Date of Review of Benefits Plan / Work Incentives Plan	__/__/____
Benefits Service Provider	

Date of Review of Benefits Plan/Work Incentives Plan – enter the date in Month/Day/Year (4 digit) format (MM/DD/YYYY).

Benefits Service Provider – list the benefits service provider.

Job Search Support – topics may be skills that the service provider taught the consumer, educational materials provided, how often they were in contact, review of job application materials etc. Check all that apply.

Job Search Supports Provided (Check all that apply)		
☐ Weekly Contact	☐ Application Assistance	
☐ Interview Skills	☐ Symptom Management / Coordination with Mental Health Providers	
☐ Job Leads / Information	☐ Personal / Appearance Needs	
☐ Networking	☐ Problem Solving	
☐ Employer Advocacy / Follow-up	☐ Cover Letter / Resume	
☐ Internet Search Training / Computer Access	☐ Transportation Assistance	
☐ Other		

Involvement with Employer (Check all that apply)	
☐ We May Contact Employer / Supervisor About Work Performance	
☐ Employer is Aware of Disability	
☐ Employer is Aware of SE Provider Involvement	
☐ No Employer Contact per Client Requests	
☐ Employer Contact	

Job Placement Support Provided (Check all that apply)		
☐ Worksite Accommodation Needs	☐ Employer Advocacy / Follow-up	
☐ Transportation Plan	☐ On the Job Coaching / Support	
☐ Personal Appearance Needs	☐ Review of Job Safety Risks and Safety Precautions	
☐ Symptom Management / Coordination with Mental Health Providers	☐ Support / Training / Assistance to Report Income	
☐ Problem Solving	☐ Other	

Involvement with Employer – topics should be areas that the service provider discussed with the employer, and the level of contact that the consumer wants the service provider to have with the employer. Check all that apply.

Job Placement Support – topics cover the ways that the service provider assisted the consumer – from problem-solving work issues, discussing personal barriers, and trainings. Check all that apply.

Measure (M3)

M3 - Job Stabilization Date	/ /	
Stabilization Criteria (Check all that apply)	☐ Consumer Satisfied with Job and Progress	
	☐ On the job Minimum of 30 Days	
	☐ Consumer Performance Meets Employer Expectations / Employer Satisfied	
	☐ Supports are Sufficient to Maintain Job	
Support Provided Through Stabilization (Check all that apply)	☐ Job Coaching On-Site	☐ Job Coaching Off-Site
	☐ Implementation of Transportation Plan	☐ Personal Appearance Needs
	☐ Assistance Learning the Job	☐ Problem Solving
	☐ Conflict Resolution	☐ Symptom Management / Coordination with Mental Health Providers
	☐ Attendance Skills	☐ Assistance in Reporting Income
	☐ Worksite Accommodations	☐ Develop Work / Life Balance
	☐ Consumer Contact Face To Face	☐ Consumer Contact Phone, Email, Text
	☐ Employer Contact	☐ Other

Milestone three (M3) covers job stabilization and the date that this milestone began. This should be entered in MM/DD/YYYY format.

Stabilization Criteria – assess why the consumer qualified for transition to M3.

Support Provided Through Stabilization – covers the various assistance, contacts, and other skills coached throughout M3. Providers should be focusing in on these areas and trying to accomplish as many of these as possible during this milestone.

Measure (M4)

M4 – VR Closure Date	__/__/____	
Closure criteria (Check all that apply)	☐ Consumer Satisfaction	☐ On the Job at Least 90 Days
	☐ Employer Satisfaction	☐ Long Term Supports Identified
	☐ Number of Work Hours is Steady and in Line with Goal	
Supported Employment Services Following Stabilization (Check all that apply)	☐ Advocacy with Employer	☐ Job Coaching On-Site
	☐ Job Coaching Off-Site	☐ Social Skills / Interpersonal Relationships on the Job
	☐ Problem Solving	☐ Employer Contact: Calls
	☐ Employer Contact: Face to Face	☐ Job Skill Performance
	☐ Transportation Plan Support	☐ Income Reporting Process Developed / Implemented
	☐ Symptom Management	☐ Work / Life Balance
	☐ Consumer Contact Face to Face	☐ Consumer Contact Phone, Email, Text

The fourth milestone (M4) closes out VR involvement, and should be updated once this is approved.

Closure Criteria – assesses information from M3 as to why the consumer now qualifies for M4.

Supported Employment Services Following Stabilization – focus on various interactions with the consumer that further promote job skills and continued contact with the consumer. This assessment should occur reflecting back on the previous milestone when closing M4.

Measure (M5)

M5 - Long Term Supports Start Date	__/__/____	
Initial Job Retention Plan Date	__/__/____	
Job Retention Plan Updated Date	__/__/____	
Consumer Long Term Supports (Check all that apply)	☐ Work Performance Skills	☐ Work Related Social Skills
	☐ Work / Life Balance	☐ Problem Solving
	☐ Job Attendance	☐ Conflict Resolution
	☐ Continuity of Worksite Accommodations	☐ Coping Skills
	☐ Personal Appearance	☐ Transportation Plan Implemented
	☐ Symptom Management	☐ Natural Supports
	☐ Interpersonal Relationships (Employer, Supervisor, Co-workers)	☐ Continued Income reporting (SSA / Medicaid / Housing / SNAP) / Implementation of Work Incentive Plan (WIP)
	☐ Bi-Monthly Check-ins	☐ Other

The final milestone of Supported Employment (M5) focuses on the consumer continuing job placement that has been obtained throughout the other milestones. The service provider should provide dates in MM/DD/YYYY format on the start of the long term supports and discussion of job retention.

Consumer Long Term Supports – cover additional skills that the consumer has been taught at this time to maintain the job. This category also covers implementation of check in's and other follow-ups.

Centralized Data System
User Manual
Assertive Community Treatment (ACT)

Updated 2019-01

Assertive Community Treatment (ACT)

Create New Encounter

As with any service, going to the Add Encounter tab is the first step when admitting a consumer to supported employment services. Be sure to double check that the consumer is not already in the system by selecting the Search option first.

Once you have selected Create New Consumer Record, a separate pop-up window will open titled "Create New Encounter". The consumer information entered on the previous page should auto-populate.

Select the appropriate Service Provider site, if you have access to multiple ones.

Funding Region should auto-populate based on the chosen Service Provider.

Service to be Provided should be "Assertive Community Treatment-MH".

ACT Tab

After selecting Create, the "Status" page will be displayed. Double check that the Service to be Provided is "Assertive Community Treatment". On the left are the

Consumer Index tabs. Review each tab to ensure the information is correct, and make changes as necessary. The remainder of this chapter will deal with the ACT consumer tab.
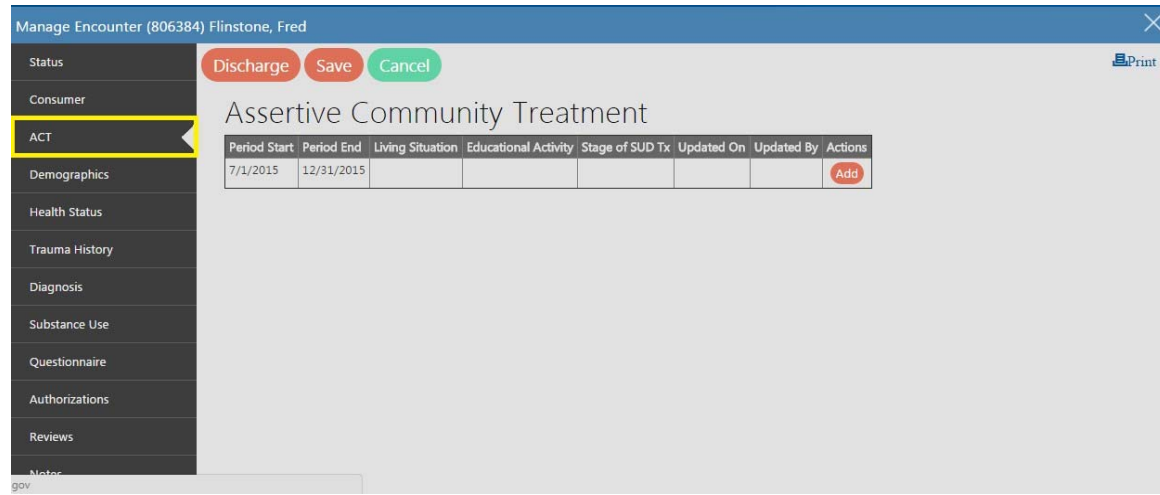
The ACT tab functions as a report. This report captures information regarding the progress consumers make in Assertive Community Treatment.

Once authorized and admitted, select the ACT tab.

Select Add to report on a 6-month period.

- NOTE: For each encounter, ACT reports are required every six (6) months. The system sends an alert two (2) weeks before the six (6) month deadline for reporting, as a reminder to the end user.

How many days has the client been: – enter the number of days associated with each condition in the table, the number of incidents, and the number of days not reimbursed in the matrix.

Which of the following services have been used: – select the appropriate checkboxes to indicate services used.

Living Arrangements – select the appropriate response from the drop down menu.

Child Living with Parents/Relative
Child Residential Treatment
Crisis Residential Care
Foster Home
Homeless
Homeless Shelter
Jail/Correction Facility
Other
Other 24 Hr Residential Care
Other Institutional Setting
Private Residence Receiving Support
Private Residence w/Housing Assistance
Private Residence w/o Support
Regional Center
Residential Treatment
Youth Living Independently

Educational Level – select the appropriate response from the drop down menu.

Less Than One Grade Completed or No Schooling
Nursery School, Preschool
Kindergarten
Grade 1
Grade 2
Grade 3
Grade 4
Grade 5
Grade 6
Grade 7
Grade 8
Grade 9
Grade 10
11 Years
12 Years = GED
1st Year of College or University
2nd Year of College or Associate Degree
3rd Year of College or University 4th Year
Bachelor's Degree
Some Graduate Study - Degree Not Completed
Post Graduate Study
Master's Degree
Doctorate Degree
Technical Trade School
Vocational School
Self-contained Special Education Class
Special Education Class
Unknown

PCP Last Seen – using the drop down menu, select the most recent physical health service.

< 1 month
1-6 months
6-12 months
> 12 months

DDS Last Seen – using the drop down menu, select the most recent dental service.

< 1 month
1-6 months
6-12 months
> 12 months

Stage of Substance Treatment – using the drop down menu, select the most appropriate response.

NA
Pre-engagement
Engagement
Early Persuasion
Late Persuasion
Early Active Treatment
Late Active Treatment
Relapse Prevention
In Remission or Recovery

Educational Activity – summarize the education activity during this reporting period.

No Participation
Pre-educational Exploration
Basic Educational Skills
Attending Vocational or High School
Avocational Involvement
Attending college: 1-6 hours
Attending college: 7 or more hours
Working on GED
Working on English (ESL)
Other

Comorbidities – select the relevant comorbidities of the consumer.

Comorbidities ☐ Diabetes ☐ Cardiovascular Disease ☐ Obesity ☐ COPD
Other: [   ]

Save   Cancel

Once the matrix is completed, click the Save button.

Centralized Data System
User Manual
Housing

Updated 2019-01

Housing Tab
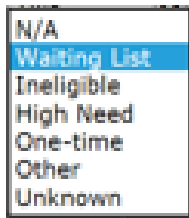
This tab records information to support the consumer's housing choice. Housing coordination staff complete the information in conjunction with all other consumer tabs, including the waitlist. Waitlist is used for supported housing in an effort to measure the length of time a consumer has to wait until they begin receiving housing assistance.

Housing Priority – from the drop down menu, select One, Two, Three, or Unknown.
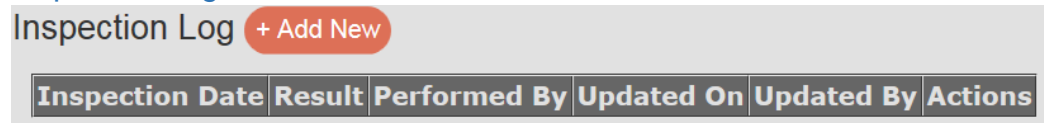
Section 8 Status – from the drop down menu, select the consumer's level of need.

Number of Individuals in the Household – in the space provided, indicate the consumer's household size.

Inspection Log

Click on Add New to begin the log. This log will assist the housing coordinator to determine the frequency of inspections required, and results of those inspections in support of the consumer. Add New creates a new row.

Housing Offer Date	10/13/2017
Housing Offer Result	Accepted
(Expected) Move in Date	10/16/2017
Housing Notes	

Payments (+ Add New)

Payment Date	Type	Amount ($)	Location	Updated Date	Updated By	Actions

Housing Offer Date – the date housing was offered to the applicant/consumer.

Housing Offer Result – indicate the results of the offer to the consumer.

(Expected) Move in Date – indicate the date the consumer is anticipated to occupy the rental unit.

Housing Notes – free-text field to make notes to support the housing choice.

Payments – this matrix is used to list payment made in support of the consumer's housing. Click on Add New to create a new row in which to list payments.

Additional BH Services

Month	ACT – Assertive Community Treatment	CS(MH) – Community Support MH	CS (SA) – Community Support SA	DR – Day Rehabilitation	ECS(MH) – Emergency Community Support MH	MM – Medication Management	SE – Supported Employment	OP – Outpatient Therapy	O – Other

Additional BH Services -- indicate, by month, the services that the consumer is engaged in.

Click Save to complete your work.

Centralized Data System
User Manual
Edit Encounter

Updated 2019-01

Edit Encounter

Editing the Encounter

Except for the following variables, end users can change information on an encounter without having to Report a Data Issue:

- Admission Date
- Social Security Number
- Date of Birth

All other data elements are under the control of the end user until discharge.

Once discharged, an encounter is locked, and any changes require end users to Report a Data Issue. The Report a Data Issue button is located on the Manage Encounter window on the Current State row.

Centralized Data System
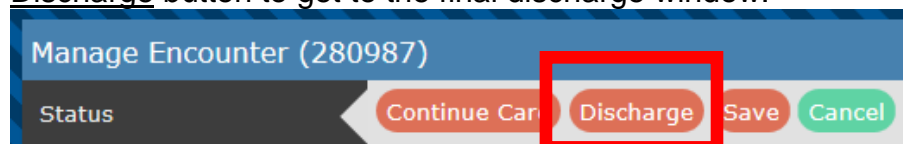## User Manual
Discharge Encounter

Updated 2019-01

Discharge Encounter

General Discharge Information

To discharge an encounter, begin with a review of the consumer tabs. Update information for each variable. The <u>Substance Abuse</u> tab has an added discharge feature for the frequency of use of the selected substances, as known at the time of discharge from service. While making updates, click the <u>Save</u> button on each tab. In performing these reviews, the end user will also need to update fields related to the National Outcome Measures (NOMS).

Discharge may occur because of several reasons, including but not limited to: change in funding source, improvement at this level of care, or consumer has chosen not to continue services. Once Consumer tabs are updated, click on the <u>Discharge</u> button to get to the final discharge window.

First Part of Final Discharge Window

Discharge Date – the date the discharge from service occurred. You cannot discharge in the future, but can discharge up to ninety (90) days back from the current date. Discharges older than ninety (90) days will need to be requested through the <u>Report a Data Issue</u> button. See **Definitions** section for more information.

Last Contact Date – date of last contact with the consumer. See **Definitions** section for more information.

Discharge Type – Select from the list of discharge types. Refer to the **Definitions** section of this manual for additional information.

```
-- Select --
Treatment Completed
Seen For Assessment Only/One-Time Contact
Aged Out (Youth)
Change in Funding
Death - Not Suicide
Death - Suicide Completed
Declined Additional Treatment
Did Not Show For First Appointment
Incarcerated
Left Against Professional Advice (Drop Out)
Terminated by Facility
Transferred To Different Location - Same Agency
Transferred to Another Service
Transferred to Other MH Tx program
Transferred To Other MH Tx Program - Did Not Report
Transferred To Other SUD Tx Program
Transferred To Other SUD Tx Program - Did Not Report
Other
Administrative Discharge
Unknown
```

Select from among the available choices from this chart with explanations. Community-based providers do not use selections beginning with RC, as these are for Regional Center discharges only.

Administrative DC: Actions of an agency to discharge a consumer and having no record of the consumer's intent to discharge, or certain cases where contact has been lost.	Other: E.g. moved, illness, hospitalization, or other reasons somewhat out of consumer's control.
Aged out (youth): Consumers between 17 and 19 years who because of age/maturity have been admitted to adult services.	Terminated by Facility: This differs from an Administrative DC in that the program participant violated rules sufficient to jeopardize the safety/recovery of others in the program.
Change in Funding: Consumer's insurance or Medicaid status changes such that they no longer qualify for NBHS funds.	Transferred to Different Location, Same Agency: Consumer transferred from one location operated by an agency to another. No change in service, just location.
Chose to Decline Additional Tx: The consumer, meeting with staff has chosen to discontinue treatment although they may have met continued stay criteria.	Transferred to Another SA Tx Prgm – Did Report: Consumer was transferred to another substance abuse treatment program, provider or facility, and reported or it is not known whether consumer reported
Consumer seen for Assess Only - 1x Contact: One or more contacts specifically for an assessment.	Transferred to Another SA Tx Prgm - Did not Report: Consumer was transferred to another substance abuse treatment program, provider or facility, and it is known that consumer did not report.

Death, Not Suicide	Transferred to Another MH Tx Pgm – and Did Report: Consumer was transferred to another mental health treatment program, provider or facility, and reported or it is not known whether consumer reported
Death, Suicide Completed	Transferred to Another Service: Within an agency, the consumer required a different service.
Did Not Show for First Appointment	Treatment Completed: The consumer and program staff agree that the consumer has made sufficient recovery such the sonsumber no longer meets the continued stay requirements.
Incarcerated: Consumers with whom the agency no longer has contact and it is known they were sent to prison or jailed or are on house confinement for offences.	Unknown: Consumer status at discharge is not known because, for example, discharge record is lost or incomplete. DO NOT use this category for consumers who drop out of treatment, whether reason for drop-out is known or unknown.
Left Against Prof Advice (Drop Out): Consumer did not come back to appointments/residence and has not spoken to staff.	

Discharge Referral – select from the available drop down menu. The choices are broad generalities of community resources that a consumer has available to continue recovery.

```
-- Select --
Self (e.g. Self/Internet/Yellow Pages)
Community: Community/Social Services Agency
Community: Employer or Employee Assistance Program (EAP)
Community: Family or Friend
Community: Homeless Shelter
Community: Nebraska Vocational Rehabilitation
Community: School
Community: Self-Help Group
Community: Tribal Elder or Official
Deceased - Not Suicide
Deceased - Suicide
Emergency/Crisis MH Services
Emergency/Crisis SUD Services
Justice System: Pre-trial Diversion
Justice System: Corrections
Justice System: Court Order
Justice System: Court Referral
Justice System: Defense Attorney
Justice System: Drug Court
Justice System: Law Enforcement Agency (e.g. Police/Sheriff/Highway Patrol)
Justice System: Mental Health Court
Justice System: Parole
Justice System: Probation
Justice System: Prosecutor
```

```
MH Commitment Board
Provider: Medical/Health Care Provider
Provider: MH Services Provider
Provider: SUD Services Provider
Provider: Transfer Inter Agency
Regional Center/State Psychiatric Hospital
No Referral Made
Other
Unknown
```

Destination After Discharge – select from the available choice of the drop down menu.

```
-- Select --
HOME - No Further Services
MH Outpatient
MH Inpatient - Voluntary
MH Inpatient - Involuntary
MH Inpatient - Unknown if Voluntary/Involuntary
MH Residential
SUD Outpatient
SUD Intensive Residential (Therapeutic Community)
SUD Residential (Halfway House)
SUD Short Term Residential
Hastings Regional Center
Lincoln Regional Center
Norfolk Regional Center
Jail
Medical
Other
Unknown
```
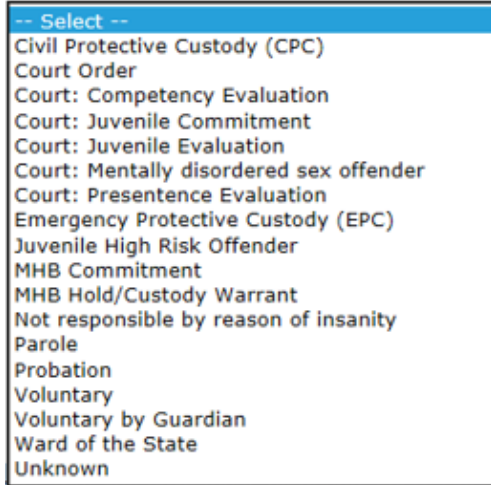
Num Arrests in Past 30 Days – enter the number of arrests that the consumer has had in the past thirty (30) days.

Primary Care Physician (PCP) Last Seen – may include any physical health care screening or evaluation at a health clinic by a qualified clinician. Select from the available times in the drop down menu.
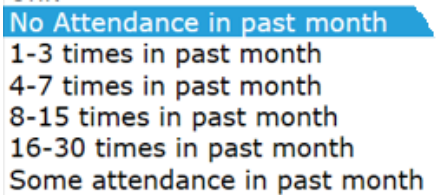
```
-- Select --
< 1 Month
1-6 Months
7-12 Months
> 12 Months
Unknown
```

DDS (Dentist) Last Seen – may include any evaluation of diseases of the mouth, gums or teeth by a qualified clinician. Select from the available times in the drop down menu.

Legal Status – the legal status of the consumer upon discharge from this encounter.

```
-- Select --
Civil Protective Custody (CPC)
Court Order
Court: Competency Evaluation
Court: Juvenile Commitment
Court: Juvenile Evaluation
Court: Mentally disordered sex offender
Court: Presentence Evaluation
Emergency Protective Custody (EPC)
Juvenile High Risk Offender
MHB Commitment
MHB Hold/Custody Warrant
Not responsible by reason of insanity
Parole
Probation
Voluntary
Voluntary by Guardian
Ward of the State
Unknown
```

Social Supports – select from the available choices in the drop down box.

```
No Attendance in past month
1-3 times in past month
4-7 times in past month
8-15 times in past month
16-30 times in past month
Some attendance in past month
```

Second Part of Final Discharge Screen

MHB Status	-- Select -- ⌄
Commitment Date	__/__/____
Education Level	2nd Year of College or Associate Degree ⌄
Employment Status	Unemployed - Laid Off/Looking ⌄
Living Arrangements	Private Residence w/o Support ⌄
Any suspected trauma history?	Yes ⌄
Medication Prescribed at	

MHB Status – the status of the consumer at time of discharge, as related to mental health board commitments. Select from the available choices in the drop down menu.

No MHB Commitment
MHB Commitment - IP
MHB Commitment - OP
MHB Commitment - Unknown
MHB Discharged
Discharge With No Hold
90-Day Suspension
Transfer Prior to Legal Disposition
Unknown Type

Commitment Date – provide the commitment date from Mental Health Board records.

Education Level – select the level of education last completed by the consumer from the drop down menu.
Employment Status – select from the drop down menu the employment status of the consumer at the time of discharge.
Living Arrangements – using the definitions in the **Definitions** section of the manual, select from the drop down menu the living arrangement of the consumer at the time of discharge.

Third Part of Final Discharge Screen

Any suspected trauma history?	Yes ⌄
Medication Prescribed at Discharge?	☐
Is Medication Compliant?	☐
Has Attempted Suicide 30 Days?	No ⌄

Medication Prescribed at Discharge? – did your agency prescribe medication at discharge? If "Yes", check the box.

Is Medication Compliant? – is the consumer compliant with medication? If "Yes", check the box.

Has Attempted Suicide 30 Days? – indicate if the consumer has attempted suicide in the last thirty (30) days.

Variations of Discharge Questions

There are variations on the discharge questions, based on the services provided.

Has Attempted Suicide 30 Days?	No
School Absences	Absent 1 or Less Days per Month
Impact on School Attendance	N/A (at Admission)

For Youth:

Has Attempted Suicide 30 Days? – indicate if the consumer has attempted suicide in the last thirty (30) days.

School Absences – select from the drop down list the number of days that the consumer was absent from school during the last thirty (30) days.

```
-- Select --
Absent 2 or More Days per Week
Absent 1 Day per Week
Absent 1 Day Every 2 Weeks
Absent 1 or Less Days per Month
Home Schooled
Not Enrolled
Unknown
```

Impact on School Absences – this is an assessment of the impact of service on school absences. Select the statement that best describes the impact of services on school absences.

```
-- Select --
Greater Attendance
About the Same
Less Attendance
Does Not Apply-Expelled From School
Does Not Apply-No Problem Before Service
Does Not Apply-Too Young to be in School
Does Not Apply-Dropped Out of School
Does Not Apply-Home Schooled
Does Not Apply-Other
N/A (at Admission)
No Response-(Unable to Assess)
Unknown
```

For Youth SUD Assessment Discharge – discharges for youth substance use disorder assessment have added elements of the Comprehensive Adolescent Severity Inventory (CASI). Indicate the scores of the sections in the spaces provided. A zero (0) indicates that the inventory was not administered.

Assessment Recommended Service	oUTPATIENT TO START PERHAPS IOP
Waitlisted after Discharge?	☐
Casi Cutoff Score	0
Casi Impairment Score	0
Casi Symptom Count Score	0
Casi Symptom Severity Score	0

For Acute and Sub-Acute

Is Medication Compliant?	☐
Medication Management (MM) Appointment	First available for any provider ⌄
Medication Mangement Appointment Date	__/__/____

Is Medication Compliant? – check the box if the consumer is medication compliant.

Medication Management (MM) Appointment – select the most appropriate choice from the drop down menu.

First available for any provider
First available for preferred provider
First available for consumer's schedule
Other
No appointment needed

Medication Management Appointment Date – list the date of the medication management appointment.

Process Discharge

Lastly, once the discharge variables have been completed, click on the Process Discharge button. This will close the encounter and lock the information. If, after review of the information an error is found, Report a Data Issue and describe the change necessary.

By clicking "Process Discharge" you agree that you have made all updates necessary to each field in this encounter for this individual. The system keeps an admission record seperate from any quarterly updates or discharge record enabling the ability to view progress made in this encounter. Your agreement verifies the information has been updated since admission, if applicable, and is accurate to the best of your knowledge.

Process Discharge   Cancel

Centralized Data System
User Manual
Authorization and Appeals

Updated 2019-01

Initial Authorization and Continued Stay Review

Introduction to Authorizations and Continued Stay Review (CSR)

This chapter deals with the authorization process for both initial and continued stay reviews (CSR). An initial authorization begins with creating an encounter, completing or updating the consumer tabs, and completing an initial questionnaire. Continued stay reviews begin with review of the consumer tabs and completing a progress report. To prepare for an authorization, consult the **Utilization Guidelines and Service Definitions** of the Division of Behavioral Health found on the agency website. Authorizations are not required for registered services.

There are several steps in preparing for an authorization:
5. Complete or update the Consumer tabs, paying special attention to diagnosis and/or substance use history.
6. Complete an Initial Questionnaire (or in the case of a reauthorization, a Progress Report).
7. Submit for Authorization or Continued Stay and receive a system response.
8. Act on the system response.

This chapter will not delve into how to complete an initial questionnaire or a progress report. After receiving a response from the system, the questionnaire expires. A new questionnaire must accompany each request. End users can make three (3) attempts to gain automated approval. If the three (3) attempts results in a denial, end users may appeal the automated decision. Check the View Details of the Managed Encounter window's Encounter History to see a listing of reasons for denials.

Uncertainty in Funding

Providers must track member eligibility status and secure necessary authorization through the appropriate funding source, even when a member's eligibility changes during the course of a treatment episode. Providers are accountable for accurately identifying, seeking authorization, and billing the appropriate payer source depending on ongoing member eligibility.

Division of Behavioral Health is the payer of last resort, and shall not pay for Medicaid-eligible services provided to Medicaid consumers.

Authorizations are required at the beginning of service. If an agency is uncertain about funding, obtain the authorization from CDS *before* admission. While the authorization is valid only up to seven (7) days, if alternative funding should fail, the agency has knowledge of authorization approval and can backdate the admission. If backdating is required in excess of ninety (90) days from the current date, Report a Data Issue after admitting the encounter with the current date to request the admit date be corrected.

Complete a Questionnaire

Open the Questionnaire tab and click on the type of questionnaire required (Initial Status Report or Progress Report). Use + Add Initial Status Report at the beginning of treatment for an authorization. Use Add a Progress Report at re-authorization.

Initial status reports include any of the first three attempts to secure authorization. Use the View Detail button on the Action column of the Update History spreadsheet on the Manage Encounter window to review the reasons for any denials.

Progress reports are made at each continued stay review. As with initial status reports, continued stay review can be attempted up to three (3) times. Each attempt requires a new progress report. Review the detail of any denials by clicking on the View Details button on the Action Column of the Update History Spreadsheet on the Managed Encounter window to review the reasons for denial.

Manage Encounter (306004)					
Status	Add to Waitlist Submit for Authorization Cancel Without an Admission Remove Encounter Save Cancel				
Consumer	Progress Reports + Add Initial Status Report				
Demographics	**Created On**	**Form Name**	**Report Type**	**Created By**	**Actions**
Health Status					
Trauma History					
Diagnosis					
Substance Use					
Questionnaire					

A questionnaire is required for any new authorizations, and a progress report is required for continued stay reviews. The questionnaires are located in the consumer tab labeled Questionnaire.

Submit for Authorization Button

This will begin the process of an authorization request. This button appears at the top of the Manage Encounter screen. For a registered service, you will not see this button.

If approved, immediately click on the <u>Admit to Authorized Service</u> button. Doing anything else breaks the authorization, and you must request a new authorization. *Admission must occur within seven (7) days of the authorization. If admission is more than seven (7) days, a new authorization will be required.*

There are three general reasons for a denial:
- Medicaid eligibility,
- Conflicting service, or
- Inappropriate level of care.

Review the details of the denial by clicking on the View Detail button to the right of the denial statement on the Manage Encounter window.

Update Date	State	Event	Updated By	Actions
3/ ...	Appeal	Encounter Edited	BF200LNK\hmurdoc	View Details
6/ ...	Appeal	Authorization Denied (automated)	bf200lnk\ngardne	View Details
6/27/2...	...tion Submitted	Authorization Requested	bf200lnk\ngardne	View Details

Test Data Example

Medicaid Denial – if the only reason for denial is Medicaid eligibility, see the next section of these instructions. Do not repeat the authorization request.

Conflicting Service – if the error reports a Conflicting Service, contact the region for further instructions. Do not repeat the authorization request until the conflicting service is resolved.

Authorization Results

Result	Denied
Denial Reasons	• Service Exclusion - The consumer is currently receiving a conflicting service. Note that this service may be provided by another agency.

Other – A list of Other denial reasons appears in the View Details next to the denial report. Correct any errors by using these statements as a guide. Read the denial report carefully to assure you are making the corrections necessary, and refer to the **Utilization Guidelines and Service Definitions** found in the **System Documentation and Training** webpage. *End users can attempt three (3) requests for authorization.* After the third denial, agencies can appeal the automated decision, or select another service. To appeal the automated decision, click on the Appeal Decision button and briefly complete the information requested on the appeal form (see below).

Funding Region	Region 1
Service	Intensive Outpatient / Adult - SUD
New Status	Pre-Admitted / Pending Appeal

Authorization Results

Result	Denied
Denial Reasons	• Dimension Value - 'Dimension One - Acute Intoxication and/or Withdrawal Potential' does not meet criteria. • Dimension Value (ADMIN) - The rating entered for dimension 'Dimension One - Acute Intoxication and/or Withdrawal Potential' was 7. To qualify for this service, the score on this dimension cannot be one of the following: 4, 5, 6, 7, 8, 9 • Dimension Value - 'Dimension Three - Emotional, Behavioral, or Cognitive Conditions and Complications' does not meet criteria. • Dimension Value (ADMIN) - The rating entered for dimension 'Dimension Three - Emotional, Behavioral, or Cognitive Conditions and Complications' was 6. To qualify for this service, the score on this dimension cannot be one of the following: 4, 5, 6, 7, 8, 9 • Dimension Value - 'Dimension Four - Readiness to Change' does not meet criteria.

Medicaid Information: After confirming conflicting information for Authorizations/Reauthorizations

Failed authorization due to consumer being Medicaid eligible:
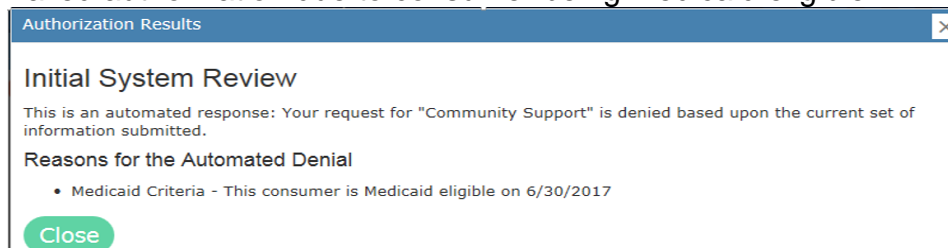
On Initial Month –
If you are seeking an authorization or continued stay authorization for services and the Medicaid eligibility is the ONLY reason for an authorization denial, do not appeal but instead please use the Report a Data Issue button to identify the encounter. Please indicate the date of the NMES/C1 eligibility check. You will resubmit for authorization after the first of the following month (month 2).

On Second Month – After the first of the month following the initial request, check NMES/C1 to see if the conflicting information continues. If you are seeking an authorization or continued stay authorization for services and the Medicaid eligibility is the ONLY reason for an authorization denial, you will need to wait for another month and again resubmit for authorization at the beginning of the next month (month 3).

On Third Month – After the first of the month, 2 months following the initial request, send to the Division a Report a Data Issue and indicate in the comment section that this encounter has remained in conflict with the NMES/C1 information for three (3) consecutive months. DBH will take the encounter up with Medicaid. Do NOT use the CDS appeals process.

Denial reason: Conflicting Service

When an encounter is requested for an authorized service and the consumer has a current admission to another authorized service, a Service Exclusion for conflicting service is issued by the system. If the conflict is known - such as when a consumer moves from a higher level of care to a residential level of care - and the conflict is the only reason for the denial, the agency can be assured of an authorization. Authorizations are effective for seven (7) days, so that a consumer can move from one authorized service to another without interrupting therapeutic activities. The first agency must discharge the consumer before the

second agency can get an authorization and admit. This type of care coordination is important for the smooth transition from one service provider to another.

Sometimes the consumer will present to an agency and will have forgotten previous engagements. In this case, a Conflicting Service denial happens. Agencies must contact their funding region, who will work with DBH staff and other regions to resolve the conflict. Once resolved, the agency can again submit for authorization and admit.

Verifying Authorization Units and Time

Review Authorizations by clicking on the Authorizations tab. This tab will show the authorizations along with any reimbursement requests. The total number of units of reimbursement requested cannot exceed the number authorized. Units reimbursed on a monthly basis when authorizations were approved (anytime other than the first of the month) will expire during the renewal month. That is, an encounter approved on the 15th of May will expire the next year on the 14th of May. Essentially, the service provider has to re-authorize units if reimbursement was requested in the first month of the authorization through April of the next year (12 months). *No units can be claimed for the 13th month.* Reauthorization requests occur during the renewal month and start a new authorization.

Appeal Automated Denial for Authorized Services

Up to three (3) attempts at authorizing a consumer's encounter are possible. An appeal can be made after the first or second attempt an encounter is denied. After the third denial, the agency/staff can either make an appeal, or review the need for the service and perhaps admit to another service. Appeals cannot be made on discharged encounters.

Appealing Automated Decision

On the status line of the Manage Encounter window, select Appeal Decision.
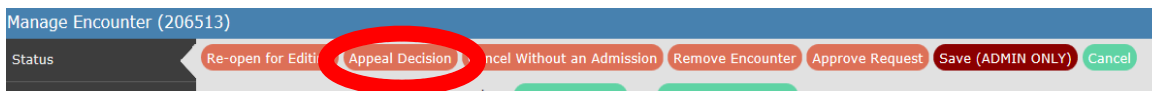
After selecting Appeal Decision, a separate window opens.

Start by entering the end user name, credentials, desired admit date, expected discharge date, and number of expected units of service to be provided. Use the **Utilization Guidelines and Service Definitions** to emphasize how this level of care best suits the consumer's needs. Due to space limitations, you must be thorough but brief.

Once entered, choose either Save or Appeal Decision. Save only saves the entered information, and does not submit the appeal. Save is useful for agency staff to review information before submission, and to gather more information. Clicking the Save button returns the encounter to the Manage Encounter window. To get back to the saved information, click on Appeal Decision on the status bar. Once staff are satisfied with the appeal form, click the Appeal Decision button at the bottom of the form to submit the request.

Check the Manage Encounter window for a decision. Anticipate decisions for emergency and hospital inpatient services within five (5) working days, all others within ten (10) working days. *Check back at least twice a week to review any decision and recommendations made by review staff.* Decisions are posted to the history spreadsheet of the Manage Encounter window. If approved, IMMEDIATELY click the Admit for Authorized Service button. Using any other button breaks the approval process, and the authorization expires.

Above is a sample of a denial of an appeal. Note that an alternative level of care is given as a suggestion to the agency. If you agree with the decision, return to the Managed Care window, and click on the Cancel without an Admission button. If you wish to appeal further, click on the Re-open for Editing button and complete a new appeal. Add any clarifying information to that already present in the appeal form.

Helpful Hints When Submitting For Appeal

- Include objective description of current psychological symptoms, mental status and psychosocial function.
- Address every denial reason in the narrative.
- Narrative should include details about reason for admission.
- Whenever possible, estimates of frequency and volume of substance use is helpful.
- Anytime mention is made of frequent substance use, the appropriate SUD diagnosis should be included on the diagnosis tab.
- If consumer was/is incarcerated, provide the reason for incarceration.
- Treatment plans should not be generic, but include specific details pertaining to that individual's situation and progress.
- Make sure to always read determination statements, and address any requests or identified gaps in the appeal narrative.

Informal Dispute Resolution

The agency can request an Informal Dispute Resolution (IDR) for denied appeals. To begin the IDR, click on Appeal Decision button again. Review information on the Encounter Event Summary page. An IDR includes gathering more information from the agency/staff, a phone conversation with a second reviewer, and a decision by the second reviewer. Time limits of the IDR include scheduling a phone call within ten (10) working days of the initiation of the request for IDR, and ten (10) additional working days for the decision to post to the encounter. *Keep watch on the encounter for notification.*

State Fair Hearing

The final appeal for an encounter is a "State Fair Hearing". This type of appeal is a quasi-court action in which an arbitrator reviews facts and holds a formal hearing. Requests for a State Fair Hearing must be made within thirty (30) days of the decision of the Informal Dispute Resolution. State Fair Hearing regulations are available on the DHHS website.

Centralized Data System
User Manual
Emergency Coordinator

Updated 2019-01

Emergency Coordination

Start by clicking <u>Emergency Coord</u> from the Left Index tabs located on the CDS Home page.
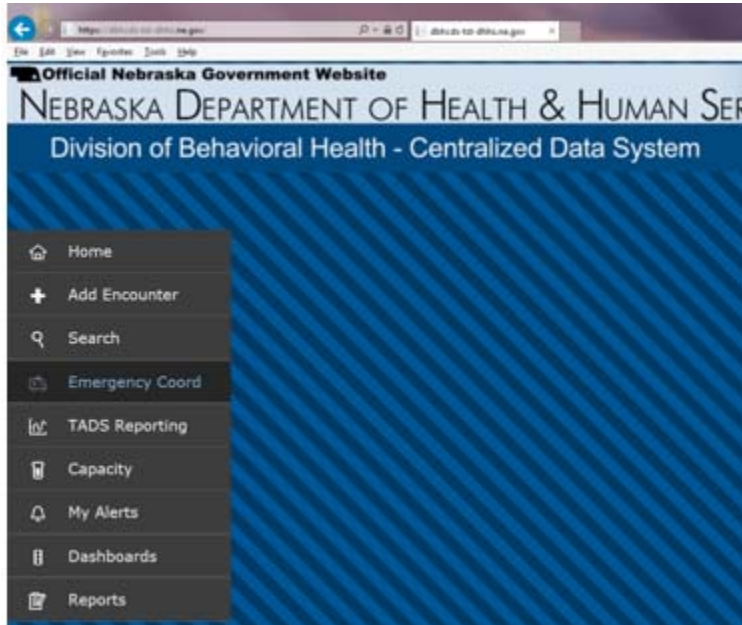
The "Emergency Coordination" screen comes up after the end user successfully clicks the <u>Emergency Coord</u> tab from the CDS Home page.

This is a form for data entry of specific information collected in support of the emergency system operated by the regions. Usually the regions report on the previous month during the first few days of the month. The division and regions use this information to monitor the flow of consumers into the emergency system.

Funding Region – the region making the report.
From–To – the time period to display on the report screen.
Month – the month of the report.
Updated – the most recent update to the month being reported.
EPC – Emergency Protective Custody placements in the month.

Dropped EPC – the number of EPC's that did not result in a commitment.

IP Commits – the number of inpatient commitments.

OP Commits – the number of outpatient commitments.

OP Warrants – outpatient warrants for the month.

Other Warrants – other warrants issued for the month by a Mental Health Board.

2 in 13 Months – the number of consumers with two (2) or more commitments that were EPC's this month.

3+ in 13 Months – the number of consumers with three (3) or more commitments that were EPC's in the month.
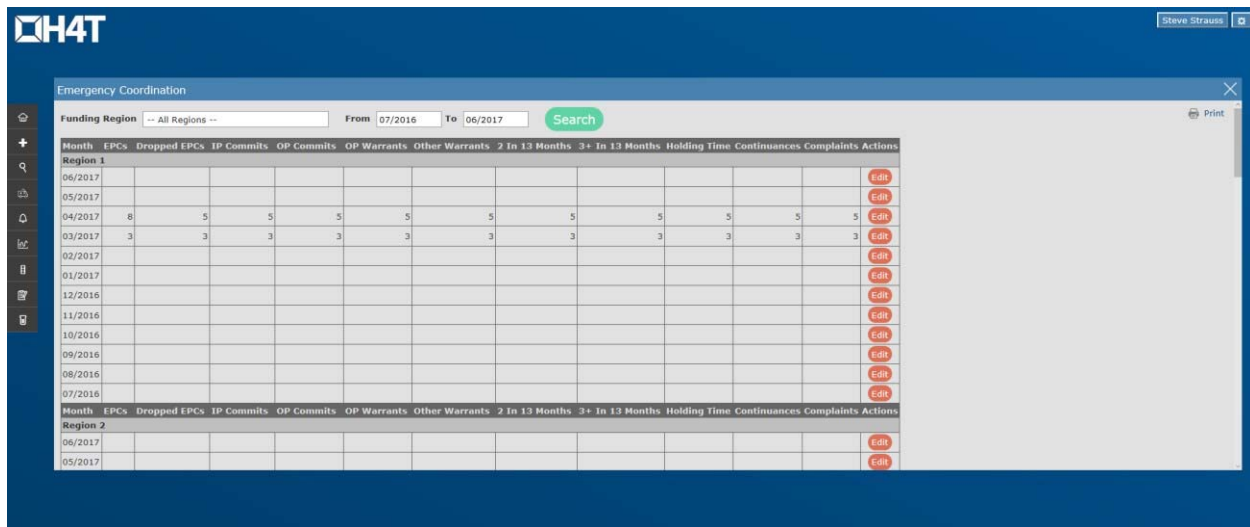
Holding Time – a measure of the amount of time needed to move a commitment to the treatment location.

Continuances – the number of consumers held for continuances during the month.

Complaints – the number of complaints received in the month.

Action – click on Edit to change monthly information. The update date will be changed.

Open the form through the Edit function in the Action column, and enter the information requested.
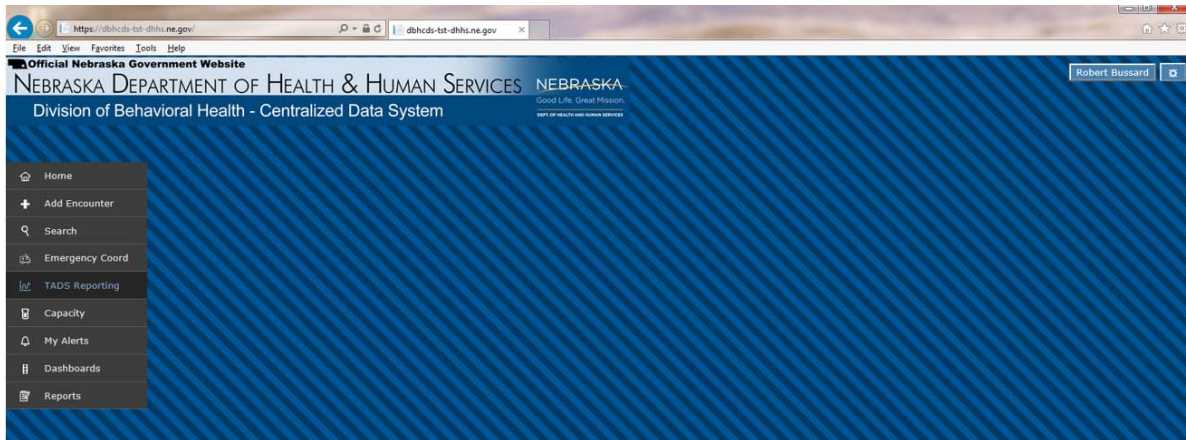

The Emergency Coordinator entry form carries a time stamp of the last save. You must Save the information to change the time stamp. This will help end users to determine the last update.

Centralized Data System
User Manual
TADS Reporting

Revised 2019-01

TADS Reporting

Start by clicking <u>TADS Reporting</u> from the left index tab located on the Home page.


Setting Up Your Report
The <u>TADS Reporting</u> screen is generated after end user successfully clicks the <u>TADS Reporting</u> left index tab from the Home page.

The end user has the option to select the following:
- <u>Service</u>
    - Default value = "---All Services---"
    - Or the end user can click the <u>Service</u> drop down menu to select a specific service.
- <u>Funding Region</u>
    - Default value = "---All Regions---"
    - Or the end user can click the <u>Funding Region</u> drop down menu to select a specific region.
- <u>Provider</u>
    - Default value = "---All Providers---"
    - Or the end user can click the <u>Provider</u> drop down menu to select a specific provider.
- <u>Month</u>
    - <u>Month</u> field defaults to and auto-fills the current month.
    - To change months, click in the <u>Month</u> field and enter the desired month and year (i.e. 06/2018).
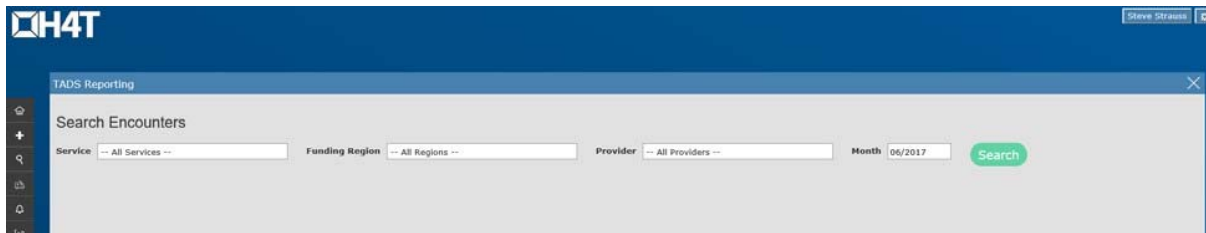
The end user then clicks the Search button.

CDS displays any encounters that were open (those recognized as "in service") during the month selected, whether or not any activity occurred. The end user may need to scroll down if there is a long list of records.
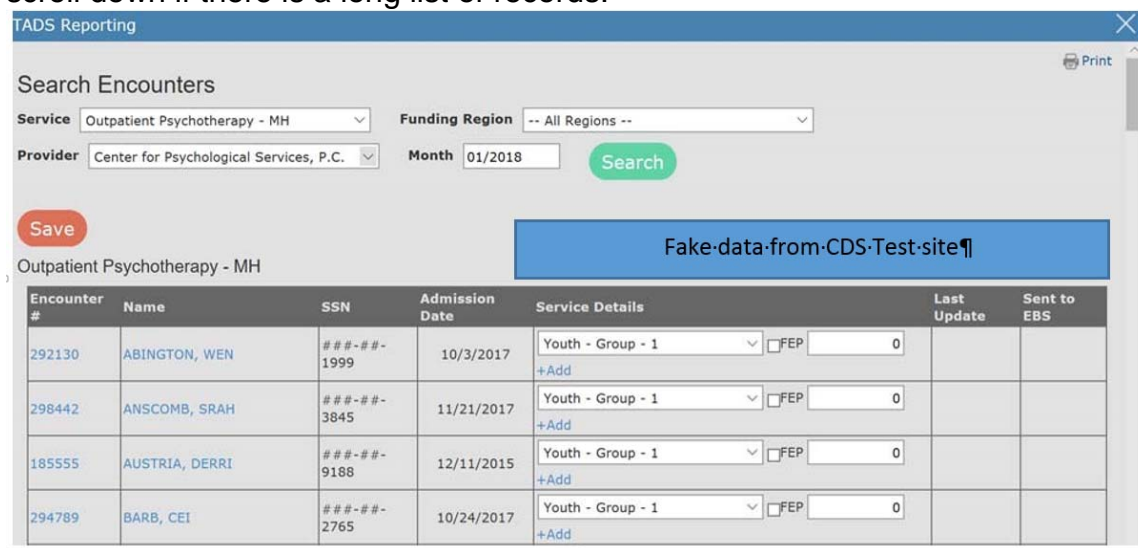
Please note: data in example is fake data, not actual consumer information.

The TADS Report
Each row represents one encounter and contains:
- Encounter #
- Consumers' Name
- SSN (last 4 digits)
- Admission Date
- Authorization Period (if an authorized service), or multiple Authorization Periods
- Units Authorized (if an authorized service), or multiple Authorization Periods
- Service Details
- Any check boxes for specialized funding
- Last update
- Sent to EBS

If desired, end users can print the list using the Print icon in the upper right corner of the window. End users may want to print the TADs and compare to the Monthly Utilization Report for the month selected. To get to the Utilization report, click on the Reports left index tab. Click on the Provider tab, and then click on either PROV003 Monthly

Utilization Report or PROV004 Monthly Utilization by Parent Organization. Select from the available drop down choices and run the report.

Encounter Number – Click on the number to bring up this encounter.

Client Name – As recorded in the Client Identification screen.

SSN – The last four digits of the consumer's social security number.

Admission Date – The date of the admission as established in the Admission window.

Authorization Period – The dates of the authorization from beginning to end. If there are re-authorizations for the encounter, each re-authorization period has its own line.

Units Authorized – Total number of units authorized. To assist the end user in determining units available, CDS provides a popup showing the number authorized units which have already been used in other months. A note about mid-month authorizations for encounters reimbursed on a single unit per month appears at the end of this chapter. If there are any reauthorizations, they will appear on their own line.

Service Detail – Displays the types of units available to select from such as Per Diem, 15 Minutes, 50 Minutes etc. When the drop down menu is available, click to select all the available service details, and select the appropriate type for the units of service provided during the month. Review **Contract Details** for additional meaning of the Service Details drop down menu. Available service details include HIPAA descriptions, and are specific to DHB/Region to service provider contracts.

Field to enter the number of units – Adjacent and to the right of the **Service Detail** is a field to enter the number of units provided during the month. This field is pre-populated with "0" (zero). CDS auto-populates this field and the value doesn't disappear when clicked in the field. So, the end user might inadvertently enter in "10" when meaning to enter in "1".

About entering units: Let's say that a service can be billed for multiple types of units within the same month. For that client, click the blue +Add button. A second row will appear beside the consumer's name. Select the appropriate service detail and enter in the number of units. In the example below, a billing for Halfway House-SUD shows either Adult Days or Adult Days Therapeutic Leave. Some clients used both types of units; click on the +Add button to add a row, and enter the units to be billed for the additional service detail.

CDS Check Boxes – TADS Checkbox Rules

Certain services have multiple funding sources. In these cases, check boxes designate the funding source. If multiple funding types are allowed, such as Women's Set Aside (WSA), Vocational Rehabilitation (VR) or First Episode Psychosis (FEP) a checkbox will appear, and should be selected as is the appropriate source for funding those particular units. If no check box is displayed, there is only one funding source.

Last Update – When unit revisions are made to an encounter row, and the information is saved, the detail on the date and time of the save will appear. End user must Save the information before the update occurs. End users can save multiple times across any one TADS.

Sent to EBS – EBS is the Electronic Billing System. EBS transmission occurs overnight. A red indicator will alert CDS users that the saved TADS has not yet been submitted to EBS. This TADs entry screen update will assist staff working on encounters and TADs to see the most recent updates by encounter. Don't forget to hit Refresh in EBS PRR screen in order to retrieve all unit updates that have come in

overnight! Refer to the **EBS Manual** on how to handle the finalization of information to complete the monthly billing process.
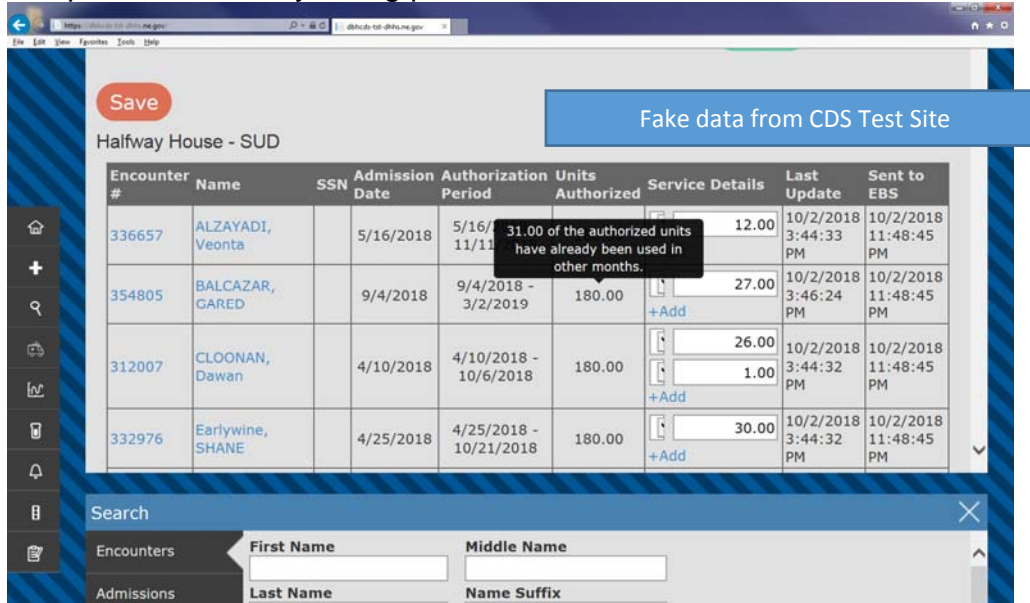
Save Button – Press the <u>Save</u> button just above the top of the first TADs. Any data entries not saved are lost. Multiple saves are allowed when working on TADS.

Print Button – The <u>Print</u> button produces a popup screen depicting the TADs as of the time of the print. End users can select how to save this information by clicking on the icon of a floppy disk in the header above the Nebraska Department of Health and Human Services masthead.
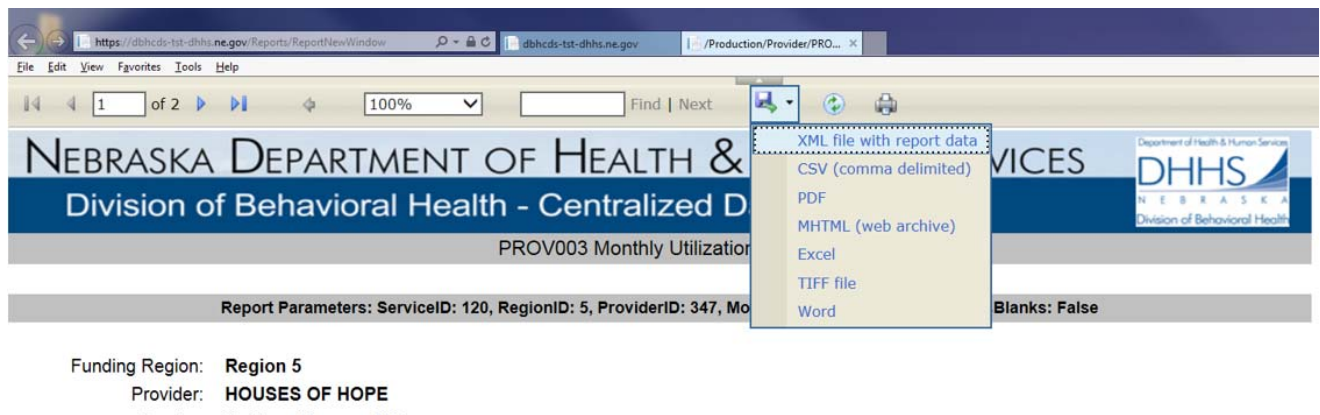
Available choices for saving to local computers include:
- XML file with report data
- CSV (comma delimited)
- PDF
- MHTML (web archive)
- Excel

- TIFF file
- Word

A full report will look similar to the following:

The end user can click on an option, and a box will show up at the bottom of the screen prompting you to <u>Open</u> or <u>Save</u> your document. We recommend clicking the down arrow beside <u>Save</u> and choosing <u>Save As</u> so that you can save your document in the location deemed appropriate for your agency.

Here is an example of the PDF document generated for the TADS we created. The date, time, name of the person who made the document, and the number of pages is generated at the bottom of each page. The text reading, "This report was prepared with security provisions per user and is not intended for public use. User is required to suppress data prior to public sharing where confidentiality concerns exist (i.e., sample sizes less than 5)" is not relevant to the TADS. All TADS info will appear in your reports. This text is currently auto-generated in CDS reports.
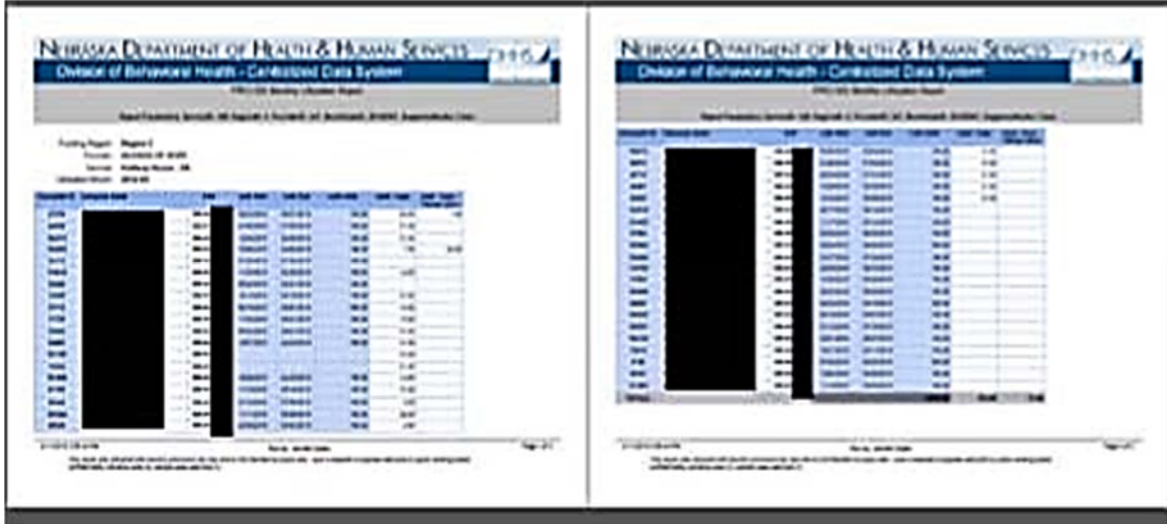
Revisions to TADS and effect on EBS/CDS

Save						
Intensive Outpatient / Adult - SUD			March 2017	Example from Test Site – Fake Data		
Encounter # Name		SSN	Admission Date Authorization Period	Units Authorized	Service Details	
236236	ABLERS, CAEDMON	###-##-8100	1/9/2017	1/9/2017 - 4/8/2017	90	Adult - Hours ☑ 16 +Add
246854	ALVAREZ RODRIGUEZ, Jama	###-##-7642	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours ☑ 20 +Add
241668	BLAZKA, EARL	###-##-9462	1/26/2017	1/26/2017 - 4/25/2017	90	Adult - Hours ☑ 18 +Add
242197	BONNO, INEZ	###-##-7637	1/30/2017	1/30/2017 - 4/29/2017	90	Adult - Hours ☑ 9 +Add
236580	CAMPBELL-II, JODY LEE	###-##-2836	1/17/2017	1/17/2017 - 4/16/2017	90	16 +Add
246850	DE LA CRUZ, JAMOCCA	###-##-7643	3/3/2017	3/3/2017 - 5/31/2017	90	Adult - Hours ☑ 4 +Add
240711	DICKIE, MAXIMILLIAN	###-##-9591	1/18/2017	1/18/2017 - 4/17/2017	90	Adult - Hours ☑ 4 +Add
247118	ESTELL, DELFINA	###-##-9451	3/6/2017	3/6/2017 - 6/3/2017	90	Adult - Hours ☑ 4 +Add

Above is the March 2017 billing for Intensive Outpatient/Adult – SUD service at Test agency.

In late May, the accountant reviewed insurance coverage, and determined that encounter 236580 was paid by another funding source. The TAD was changed.

The CDS system will send to the EBS a detail of negative 16 units to make the correction to EBS for March, when the March TADs is revised by the provider to "0". Providers should never enter negative numbers on the TADs. TADS can be altered up to three (3) months prior to the month for which reimbursement/payment is being billed, without requiring special permission. For instance: if requesting reimbursement for April, the TADs for January, February or March are allowed to be revised. This is also true for any units that require change from one month to the next. If the change is made from 16 units down to 6 units, providers will enter the correct number of "6" and EBS will receive from CDS the required change of -10 needed to correct the end amount to 6 units.

Revising a reimbursement request to "0" in the number of units to be reimbursed as a correction results in no information presented in either the "Last Update" or "Sent to EBS" columns. Review PRR in EBS to determine update success. The PRR detail will show negative reimbursement requests.

Regarding retro reimbursement from another payer source: If another payer source reimburses for all or part of the service for a month, revise the monthly TADS by entering the actual number of units reimbursed, using the Division/Region funding. Again, revisions will be calculated and sent to the EBS.

Medicaid Conflicting Information

After confirming conflicting information for Authorizations/Reauthorizations:
On Initial Month –
If you are seeking an authorization or continued stay authorization for services, and the Medicaid eligibility is the ONLY reason for an authorization denial, do not appeal but instead use the Report a Data Issue button to identify the encounter. Please indicate the date of the NMES/C1 eligibility check. You will resubmit for authorization after the first of the following month (month 2).

On Second Month –

After the first of the month following the initial request, check NMES/C1 to see if the conflicting information continues. If you are seeking an authorization or continued stay authorization for services, and the Medicaid eligibility is the ONLY reason for an authorization denial, you will need to wait for another month and again resubmit for authorization at the beginning of the next month (month 3).

On Third Month –
After the first of the month (two (2) months following the initial request), send a Report a Data Issue, and indicate in the comment section that this encounter has remained in conflict with the NMES/C1 information for three (3) consecutive months. DBH will take the encounter up with Medicaid. Do not use the CDS appeal process.

After Confirming Conflicting Information for Registered Services and TADs:
On First Month –
If you are seeking reimbursement for a registered service, where the TADs indicates that this month the encounter is Medicaid eligible, but you have checked the NMES/C1 line and found a conflict, use the Report a Data Issue button to identify the encounter and date the eligibility check was completed using NMES/C1.
On Second Month –
If the TADs continues to show a conflict between the information on the NMES/C1, you do not need to report a data issue. Try again after the first of the next month.
On Third Month –
After the first of the month, and after you have again checked the NMES/C1 information against the CDS indicator, send a Report a Data Issue and indicate in the comment section that this encounter has remained in conflict with the NMES/C1 information for three consecutive months. DBH will take the encounter up with Medicaid.
Single Unit Reimbursements Made for a Month – Authorizations are recorded from the beginning to end date. If the basis for reimbursement is a single unit for a calendar month, then the number of units cannot exceed the total number of months starting from the beginning date. That is, if an authorization is for twelve (12) calendar months, then the authorization will start on the admission day for 365 days. Encounters being reimbursed for that first month cannot be reimburse for the thirteenth (13th) calendar month. A Continuing Stay Authorization is required.

Updates to TADS and EBS **–** TADS are updated once the Save button is clicked. Wait up to fifteen (15) minutes for the update to show on the TADS. TADS transfer to EBS every night. Updates in EBS become available the next morning. Click on the Update PRR button to see if the updates are successful. Check **EBS Manual** for further details.

TADS and Monthly Utilization Report
The Monthly Utilization Reports derive their information from the TADS. The Monthly Utilization Report is contained under the Reports left index tabs. Click on the Provider tab at the top of the Reports menu. Once the Provider tab is showing, click on either the PROV003 Monthly Utilization Report or PROV004 Monthly Utilization by Parent Org. Complete the drop down menus on the Report window. If the end user wants to

suppress blank lines (encounters where no units have been entered for the month), there is a check box for this purpose just above the <u>Run Report</u> buttons.

The setup of the Utilization Report mirrors the various funding options of the TADs as established in the contracts for the location, but in a spreadsheet format.

Report Parameters: ServiceID: -99, RegionID: -99, ProviderID: -99, MonthDateID: 20181001, SuppressBlanks: False

Encounter ID	Consumer Name	Patient ID	Admit Date	Auth Start	Auth End	Auth Units	Adult - Per Diem	Adult - Per Diem - Therap Leave	Adult - Per Diem - Therap Leave - WSA	Adult - Per Diem - WSA
363287	Cherecwich, TEYLER					180.00	8.00			
362635	CLANG, Dayvion					180.00	8.00			
355406	De Conde Vega, STUCATO		2018-09-04	2018-09-04	2019-03-02	180.00	29.00			
331087	Duval, CHERRIE		2018-04-17	2018-04-17	2018-10-13	180.00	8.00			
355394	FUENTES, DESERAI		2018-08-28	2018-08-28	2019-02-23	180.00	31.00			

In the example above, the program has funding for Adult – Per Diem (with and without Therapeutic Leave), and for Women's Set Aside (WSA) for Per Diem (with and without Therapeutic Leave).

Centralized Data System
User Manual
Capacity and Utilization

Updated 2019-01

Section 1: Capacity Management

The home page includes the Left Index tabs, the user name, special features in the drop down menu, and for administrators, a gateway to administrative functions. Capacity Management entry can be found using the Capacity tab.
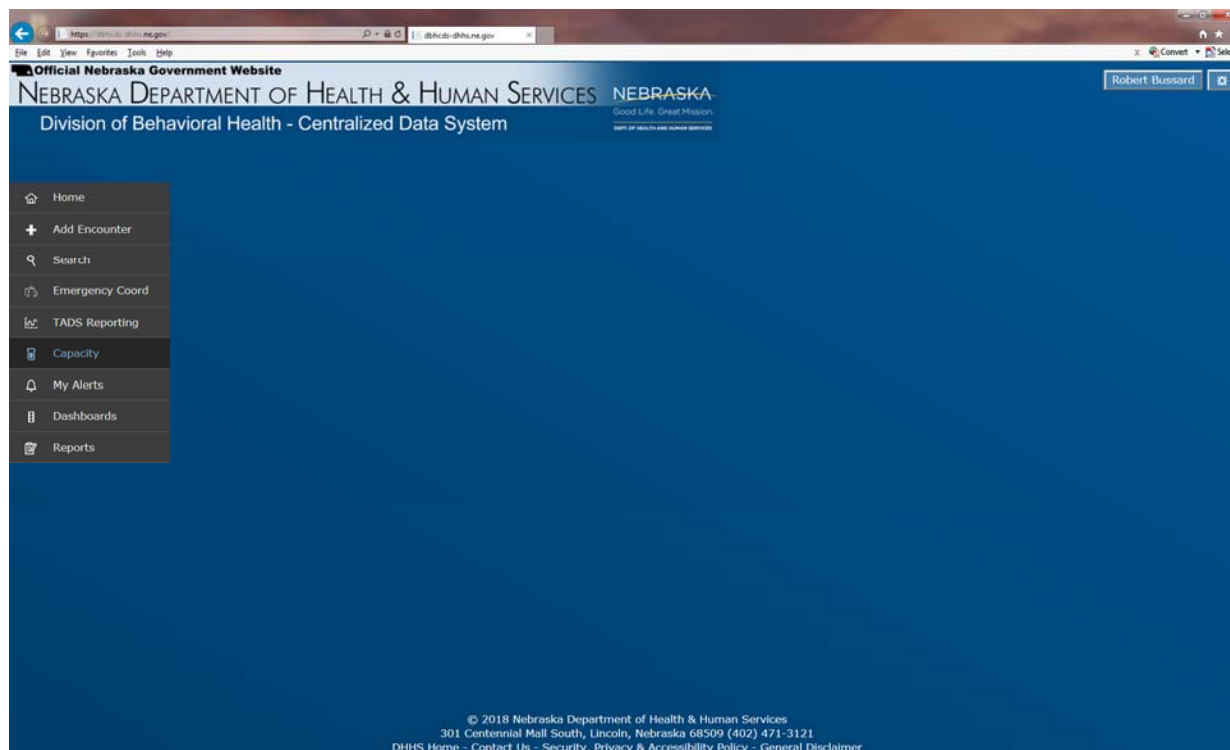
Overview of Capacity within the CDS

Capacity values are provided either in terms of "beds" or "units". "Beds" refers to the number of beds available or in use at any one time. "Units" refers to the number of sessions, appointments, etc. that can be provided within the full fiscal year. Units are then divided evenly to generate values for monthly and weekly values. Capacity entry in CDS is based on weekly-available and weekly-used beds and units. Information is collected at both the provider location level (regardless of funding source) and region level (for all regions funding the service at that provider location).

Capacity Management

Select the Provider Location and Reporting Week. For all services listed, please enter the Total Agency capacity available and Total Agency capacit[y] capacity available and Region capacity used for each Region in which you have a contract for services. Percent Used (capacity) will be auto-filled f[or] necessary.

Provider Location: [-- Select --]   Week (Monday-Sunday): [12/25/2017 - 12/31/2017]

Select a provider and a week.

(callout) Defaults to current week

(callout) The page populates after a provider is selected.

The initial Capacity Management screen includes a statement of the intent of this management system, drop down menus to select the provider/location and for the week for which the capacity management report is being completed or revised. The week defaults to the most recent past week, based on the date of access by the end user. Prior weeks (up to twelve (12) weeks in the past) can be accessed and amended by selection from the drop down menu. Reporting weeks end on Sunday. Report entry is requested to be made on Monday or early Tuesday for consideration by the Regions on Tuesday, and finalization by the State on Thursday. Capacity Formulas for Services and Data Entry Requirements in CDS are described in the **Weekly Capacity Reporting** found in Section 2 of this document.

(callout) This provider

(callout) Has contracts for these services

(callout) For this time period

(callout) For these regions

Provider Location: [Douglas CMHC - 4102 Woolworth Ave., Omaha]   Week (Monday-Sunday): [12/25/2017 - 12/31/2017]

Services	Provider Location <<				Region 1 <<				Region 6 <<			
	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated
Acute Inpatient Hospitalization - MH	0	0	0%	1/5/2018	0	0	0%	1/5/2018	0	0	0%	1/5/2018
Assessment - SUD	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Day Treatment - MH	0	0	0%	1/5/2018							0%	1/5/2018
Emergency Protective Custody - MH	0	0	0%	1/5/2018								1/5/2018
Intensive Outpatient / Adult - SUD	0	0	0%	1/5/2018							0%	1/5/2018
Medication Management - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Outpatient Psychotherapy - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Peer Support - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018

Definitions

Service – The services for which the provider location has contracts within the Centralized Data System (CDS) and Electronic Billing System (EBS), either for regions or directly with the state.

Provider Location Capacity Available – for a service is the number of beds, billable slots, etc. existing at the location for the service during the week, regardless of funding source.

Provider Location Capacity Used – for a service is the number of those beds, billable slots, etc. that were occupied or used during the week you are reporting on, regardless of funding source.

Percent Utilization – Describes the percentage calculated from these (Provider Capacity Used divided by Provider Capacity Available). The value entered in CDS for a service's Provider Location Capacity Available carries over each week, saving time on data entry. Providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes over a period of time or for a given week (i.e., changes in funding, loss of a prescriber, etc.) that affect the provider's capacity. However, *Provider Location Capacity Used* must be entered into CDS every week.

Region Capacity Available – for a service is the number of beds, billable slots, etc. your location has allotted to the Region per your contract.

Region Capacity Used – for a service is the number of those allotted beds, billable slots, etc. that were occupied or used during the week. The percentage calculated from these (Region Capacity Used divided by Region Capacity Available) is the Percent Utilization. As with Provider Location Capacity Available, the value entered in CDS for a service's Region Capacity Available carries over each week and providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes that affect the provider's capacity. However, *Region Capacity Used* must be entered into CDS every week.

Updated – Describes the date of the last saved update to the record. Recording capacity used can be done for the current week or prior weeks if changes need to be made. Once the form is saved, the update is changed to the current date.

Capacity For	Provider Location <<				Region 1 <<				Region 6 <<			
Services	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated	Capacity Available	Capacity Used	% Used	Updated
Acute Inpatient Hospitalization - MH	5	3	60%	1/5/2018	100	90	90%	1/5/2018	0	0	0%	1/5/2018
Assessment - SUD	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Day Treatment - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Emergency Protective Custody - MH	0	0	0%	1/5/2018					0	0	0%	1/5/2018
Intensive Outpatient / Adult - SUD	0	0	0%	1/5/2018					0	0	0%	1/5/2018

In this example, this provider only has a contract for one service in Region 1, so all of the other services show no values for Region 1.

Percentage note: Percentages over ninety (90) percent are highlighted in accordance with requirements to monitor capacity greater than ninety (90) percent. Capacities used can be greater than one hundred (100) percent, based on the number of capacity used vs. available. Region capacity used and available may not exceed overall provider capacity used or available.

Data are from test site and are fake.

Columns can be collapsed or expanded by clicking the ">>" and "<<" at the top of the column.

In this example, Provider is collapsed. Neither of the regions are.

Section 2: Capacity Formulas for Services and Data Entry Requirements in CDS

Refer to CDS System Documentation and Training section on the website for training videos and presentations offering in-depth review of Capacity and Utilization.

Overview

In general, Provider Location Capacity Available for a service is the number of beds, billable slots, etc. existing at the location for the service at any time during the week, regardless of funding source. Provider Location Capacity Used for a service is the number of those beds, billable slots, etc. that were occupied or used during the week you are reporting on, regardless of funding source. The percentage calculated from these (Provider Capacity Used divided by Provider Capacity Available) is the Percent Utilization.

The value entered in CDS for a service's Provider Location Capacity Available carries over each week, saving time on data entry. Providers will likely only enter Capacity Available values at the beginning of the fiscal year unless there are changes (i.e., changes in funding, loss of a prescriber, etc.) that affect the provider's capacity. However, Provider Location Capacity Used must be entered into CDS every week.

Region Capacity Available for a service is the number of beds, billable slots, etc. your location has allotted to the Region per your contract. Region Capacity Used for a service is the number of those allotted beds, billable slots, etc. that were occupied or used during the week. The percentage calculated from these (Region Capacity Used divided by Region Capacity Available) is the Percent Utilization.

As with Provider Location Capacity Available, the value entered in CDS for a service's Region Capacity Available carries over each week, and providers will likely only enter Capacity Available values at the beginning of the fiscal year, unless there are changes that affect the provider's capacity. However, Region Capacity Used must be entered into CDS every week.

Services and Formulas

Services That Require Only Counts of Weekly Capacity Used

For the following services, providers only need to enter Provider and Region Capacity Used values into the CDS unless required by your Region. Capacity Used for these services are simply counts for the week. In parentheses beside the name of the service is the item you will count for Capacity Used. Read the following for more detail on Provider Capacity and Region Capacity for these services. Additionally, see the **Crosswalk of Services and Units Indicate and Payments.**

Provider Location Capacity –

- Capacity Available: not required in CDS unless instructed by your Region to enter it.
- Capacity Used: number completed/number persons served/number persons enrolled as of the last day of the week, regardless of payer.
- % Capacity Used: not applicable.

Region Capacity –

- Capacity Available: Not required in CDS, unless instructed by your Region to enter it.
- Capacity Used: number completed/number persons served/number persons enrolled as of the last day of the week, where the Region is the payer.
- % Capacity Used: not applicable.

Services –

- 24-Hour Crisis Line - MH (# CALLS RECEIVED)
- 24-Hour Crisis Line - SUD (# CALLS RECEIVED)
- Assessment - MH (# COMPLETED)
- Assessment - SUD (# COMPLETED)
- Crisis Assessment - MH (# COMPLETED)
- Crisis Assessment - SUD (# COMPLETED)
- Crisis Inpatient - Youth - MH (# PERSONS SERVED - if person served more than once in week, count both)
- Crisis Response - MH (# EVENTS)
- Crisis Response - SUD (# EVENTS)

- Day Support - MH (# ENROLLED)
- Emergency Protective Custody - MH (# EVENTS)
- Emergency Psychiatric Observation - MH (# EVENTS)
- ERCS Transition - MH (# ENROLLED)
- Family Navigator - MH (# ENROLLED)
- Family Navigator - SUD (# ENROLLED)
- Family Peer Support - MH (# ENROLLED)
- Family Peer Support - SUD (# ENROLLED)
- Homeless Transition - MH (# PERSONS SERVED - if person served more than once in week, count both)
- Hospital Diversion Less Than 24 hours - MH (# PERSONS SERVED)
- Inpatient Post Commitment Treatment Days (IPPC) - MH (# PERSONS SERVED)
- Inpatient Post Commitment Treatment Days (IPPC) - SUD (# PERSONS SERVED)
- Peer Support - MH (# ENROLLED)
- Peer Support - SUD (# ENROLLED)
- Psychological Testing - MH (# COMPLETED)
- Therapeutic Consultation - MH (# COMPLETED)
- Urgent Medication Management - MH (PERSONS SERVED)
- Urgent Outpatient Psychotherapy - MH (# PERSONS SERVED)
- Youth Assessment - MH (# COMPLETED)
- Youth Assessment - SUD (# COMPLETED)
- Youth Transition Services - MH (# COMPLETED)
- Youth Transition Services - SUD (# COMPLETED)

Services with Bed-Based Capacity

For the following services, Provider Capacity Available is based on the number of beds the provider has available for the service regardless of payer source. Region Capacity Available is based on the number of beds the agency/provider is contracted with the Region to provide. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –

- Capacity Available: number of beds available during the week regardless of payer.

- Capacity Used: number of beds occupied on the last day of the reporting period regardless of payer.
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available.

Region Capacity –
- Capacity Available: number of beds available during the week where the region is payer.
- Capacity Used: number of beds occupied on the last day of the week where the region is payer.
- % Capacity Used: Region Capacity Used ÷ Region Capacity Available.

Services –
- Acute Inpatient Hospitalization - MH
- Civil Protective Custody - SUD
- Crisis Stabilization - MH
- Dual Disorder Residential - MH
- Dual Disorder Residential - SUD
- Halfway House - SUD
- Hospital Diversion Over 24 hours - MH
- Intermediate Residential - SUD
- Mental Health Respite - MH
- Psychiatric Residential Rehabilitation - MH
- Secure Residential - MH
- Short Term Residential - SUD
- Social Detoxification - SUD
- Sub-acute Inpatient Hospitalization - MH
- Therapeutic Community - SUD

Services with Slot-Based Capacity

For the following services, Provider Capacity Available is based on the number of billable slots the provider has available for the service regardless of payer source. Region Capacity Available is based on the number of billable slots the agency/provider is contracted with the Region to provide. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –
- Capacity Available: number of billable slots available during the week, regardless of payer
- Capacity Used: number of billable slots used during week, regardless of payer
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available

Region Capacity –
- Capacity Available: number billable slots available during the week where the region is payer

- Capacity Used: number of billable slots used during week where the region is payer % Capacity Used: Region Capacity Used ÷ Region Capacity Available

Services –
- Intensive Outpatient / Adult - MH
- Intensive Outpatient / Adult - SUD
- Intensive Outpatient / Youth - MH
- Intensive Outpatient / Youth - SUD
- Medication Management - MH
- Multi-Systemic Therapy - MH
- Opioid Treatment Program (OTP) - SUD
- Outpatient Dual Disorder - MH
- Outpatient Dual Disorder - SUD
- Outpatient Psychotherapy - MH
- Outpatient Psychotherapy - SUD
- Supported Housing - MH
- Supported Housing - SUD
- Supportive Living - MH
- Supportive Living - SUD

Case Rate-Based Capacity – Professional Partner Program Only

For Professional Partner Program, Capacity Available values are based on case rate and funding. Read the following for more detail on Provider Capacity and Region Capacity for Professional Partner Program (PPP).

Provider Location Capacity –
- Capacity Available – [Total Region funding ($) for ALL LEVELS of PPP divided by the case rate divided by 12] + [Total funding from CFS ($) for PPP divided by the case rate divided 12]
- Capacity Used – Total number of Region-funded youth enrolled in ALL LEVELS of PPP on the last day of the week + total number of youth enrolled in CFS-funded PPP on the last day of the week.
- % Capacity Used – Provider Capacity Used ÷ Provider Capacity Available.

Region Capacity –
- Capacity Available: Total Region funding ($) for ALL LEVELS of PPP divided by case rate divided by 12
- Capacity Used: Total number of DBH-funded youth enrolled in ALL LEVELS of PPP on the last day of the week
- % Capacity Used: Region Capacity Used ÷ Region Capacity Available

Services –
- Professional Partner Program - MH

Services with Ratio-Based Capacity

Capacity for the following services is based on Consumer-to-Staff ratio described in the **Lime Book,** which contains the **Utilization Guidelines** for the services. Read the following for more detail on Provider Capacity and Region Capacity for these services.

Provider Location Capacity –
- Capacity Available: based on service-specific staff-to-consumer ratio
- Capacity Used: based on service-specific staff-to-consumer ratio
- % Capacity Used: Provider Capacity Used ÷ Provider Capacity Available

Region Capacity –
- Capacity Available: based on service-specific staff-to-consumer ratio
- Capacity Used: based on service-specific staff-to-consumer ratio
 - % Capacity Used: Region Capacity Used ÷ Region Capacity Available

Services –
- Assertive Community Treatment - MH
- Community Support - MH
- Community Support - SUD
- Day Rehabilitation - MH
- Day Treatment - MH
- Emergency Community Support - MH
- Intensive Case Management - MH
- Intensive Case Management - SUD
- Intensive Community Services - MH
- Intensive Community Services - SUD
- Recovery Support - MH
- Recovery Support - SUD
  Supported Employment - MH
  Supported Employment - SUD

Centralized Data System
User Manual
Alerts

Updated 2019-01

My Alerts

The Centralized Data System has a feature to alert end users of encounters needing attention. My Alerts will list the type of action required to complete tasks for each encounter needing attention. Depending on the level of permission of end users, My Alerts provides all end users of an organization an opportunity to keep encounters up to date. Encounters with Expired Initial Authorizations, Continued Care Reviews, Continued Stay Reviews, ACT updates, those in Appeal, and any Appeals granted or denied are listed. The webpage lists the first 200 alerts, but a full list can be generated using the export function in the upper right hand corner of the window.
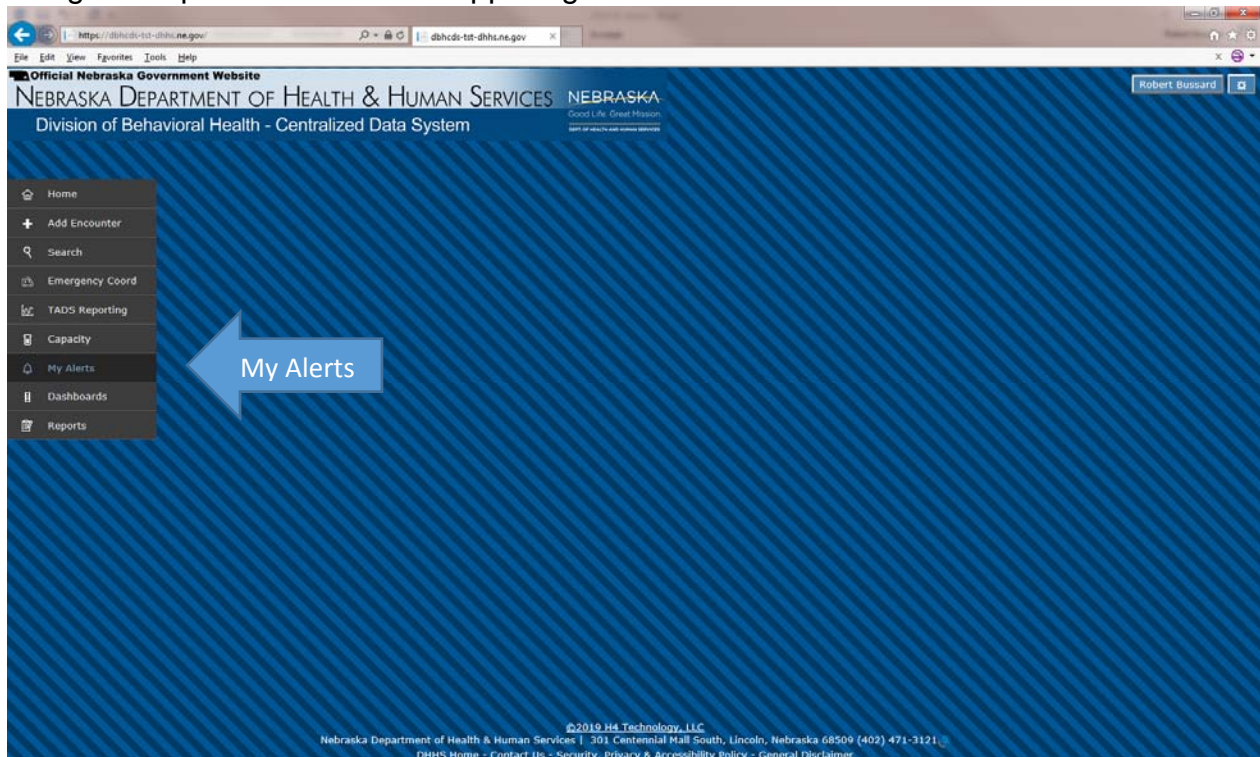
1. Start by clicking My Alerts from the Left Index tabs.
2. The end user will be notified to open the My Alerts screen by a number displayed on the My Alerts left index tab.
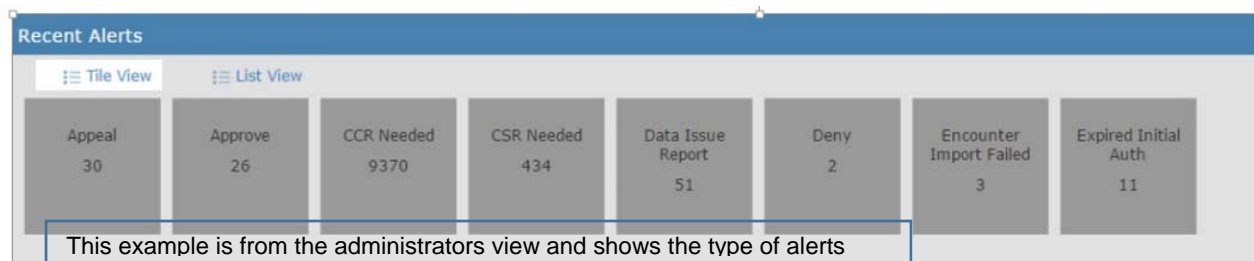
1. After clicking on My Alerts, the end user will find, in tile view, the type of alert and number of records requiring attention. List view reveals only the most recent 200 alerts, regardless of type.

2. The end user selects an alert by clicking on any grayed box displayed on the "Recent Alerts" screen.

CDS displays a list of messages after user clicks the gray box.

The end user can export the details of the message or messages by clicking on the green Export Alerts button in the upper right hand corner of the Alert window.

The Export Alerts button extracts the data. A popup window will invite the end user to save or open a file. This file contains an excel spreadsheet of the alerts. The end user can save the file locally if necessary. Administrators will appreciate the excel spreadsheet as it contains all alerts, which is useful to monitor encounter activity.